

Prescription Drugs and Biologics Rider

Your *Certificate of Coverage* is amended as described in this document. This Rider becomes a part of your Contract and is subject to all provisions. Please refer to all sections of your Contract, including your *Outline of Coverage*, for guidelines on coverage and Cost-Sharing details.

1. Covered Services

The chapter in your Certificate entitled “Covered Services” is hereby amended.

The following covered language is *ADDED*:

Prescription Drugs and Biologics

You must use a Network Pharmacy or Network home delivery pharmacy to receive benefits. To locate a Network Pharmacy, visit our website at www.bcbsvt.com and click on the “Find-A-Doctor” link.

We provide benefits for Medically Necessary Outpatient use of:

- Prescription Drugs and Biologics (including contraceptive drugs and devices that require a prescription) if the Food and Drug Administration approves them for the treatment, prevention or diagnosis of your condition;
- insulin and other supplies for people with diabetes (glucose testing materials including home glucose testing machines, needles and syringes).

Please note we cover Off-label Prescription Drugs and Biologics used to treat cancer as required by law. We may provide benefits for Prescription Drugs and Biologics that are not approved by the Food and Drug Administration for the treatment of your condition if their use meets the definition of Medical Necessity and is not considered Investigational.

Benefits are subject to the exclusions listed in this Rider and “General Exclusions” in your Certificate. Please refer to your *Outline of Coverage* for Cost-Sharing details of your Prescription Drugs and Biologics benefit.

Preferred and Non-Preferred Drugs

Your Plan may require different amounts of Cost-Sharing when you purchase generic, preferred brand or non-preferred brand drugs. Generally, generic drugs require lower Cost-Sharing and non-preferred drugs require the most Cost-Sharing.

The Preferred Brand-name drug list can change and will be updated from time to time. To get the most up-to-date listing, visit our website at www.bcbsvt.com/pharmacy or call the pharmacy phone number on the back of your ID card.

Home Delivery Service

Our home delivery pharmacy can provide you with Prescription Drugs and Biologics you take on an ongoing basis.

To use the home delivery service, you must complete and send a home delivery form and submit it with your prescription. You can find the home delivery form at www.bcbsvt.com/pharmacy/mail-order-pharmacy. You may receive drugs at your home or office address. You can order refills by phone, fax or on the internet.

You may also save money by using our home delivery service. See your *Outline of Coverage* for detailed Cost-Sharing information about home delivery. For more information about home delivery service, call the pharmacy phone number on the back of your ID card or visit our website at www.bcbsvt.com/pharmacy.

Limitations

We limit:

- coverage for controlled substances, antibiotics, Specialty Medications and compound drugs to a 30-day supply for each refill;
- for other medications, a 90-day supply for each refill;
- contraceptives up to a 12-month supply;
- Viagra, Cialis, or Levitra to six pills per month; and
- prescribed tobacco cessation drugs to a six-month supply per plan year.

Please also see the “Quantity Limits” section later in this document.

Prior Approval Program

You must get Prior Approval for the Prescription Drugs or Biologics on our Prior Approval drug list or your drugs will not be Covered. See your *Certificate of Coverage* for details regarding our Prior Approval Program.

Our Prior Approval drug list can change and will be updated from time to time. For the most up-to-date list, visit our website at www.bcbsvt.com or call pharmacy phone number at the number listed on the back of your ID card.

We require Prior Approval:

- for compounded medications;
- for brand name drugs when a therapeutically equivalent, generic drug is available (also known as “dispense as written” prescriptions); and
- when the Plan’s criteria necessitates a review of the drug’s clinical appropriateness.

How to Get Prior Approval for Your Drugs

To get Prior Approval for your Prescription Drugs or Biologics or have us adjust quantity limits or step therapy edits, your Provider must contact our pharmacy benefit manager or go to www.covermymeds.com with the following information:

- your name;
- your diagnosis;
- your ID number;
- clinical information explaining the Medical Necessity for the medication; and
- the expected frequency and duration of the medication.

If you have an emergency or an urgent need for a drug on the Prior Approval list, call the pharmacy phone number on the back of your ID card. If we deny your request for Prior Approval, see your *Certificate of Coverage* for instructions on how to appeal our decision.

Our quantity limits, step therapy and Prior Approval drug lists can change and will be updated from time to time. For the most up-to-date list, visit our website at www.bcbsvt.com/pharmacy to see if a specific drug needs Prior Approval or other review. You may also call the pharmacy phone number on the back of your ID card.

Quantity Limits

We review certain Prescription Drugs and Biologics for Medical Necessity if the amount of a drug your doctor has prescribed exceeds quantity limits. If your doctor prescribes a drug in an amount that exceeds certain criteria, such as the FDA-approved dosing, we may ask for documentation about why you need more of the drug. Visit our website at www.bcbsvt.com/pharmacy or call the pharmacy phone number listed on the back of your ID card to get the most up-to-date list of drugs covered by this review or to learn the quantity limit for a particular drug.

Step Therapy

Our step therapy program saves you money by encouraging patients and their doctors to try less expensive drugs in a therapeutic class before using the newest, most expensive ones. We may require Prior Approval if there is no information to show you first tried

a less expensive drug. Visit www.bcbsvt.com/pharmacy or call the pharmacy phone number listed on the back of your ID card to get a current list of drugs covered by this review or to learn the procedures to follow for review of your prescription use.

Cost-Sharing

Please refer to your *Outline of Coverage* to determine the specific Cost-Sharing requirements of your Prescription Drugs and Biologics benefit. You may have a Deductible, Co-insurance and/or Co-payments for Prescription Drugs and Biologics. We do not apply both Co-insurance and Co-payments to the same Prescription Drugs and Biologics purchase.

If your Provider determines that you should not take a generic drug (lowest-tier drug), then your Cost-Sharing responsibility for a preferred or non-preferred brand drug can be no greater than the amount that you would have paid for the lowest tier Co-payment or Co-insurance.

Aggregate Prescription Drug Out-of-Pocket Limit

Your Plan may have an Aggregate Prescription Drugs and Biologics Out-of-Pocket Limit. Please see your *Outline of Coverage* for details. If your Plan has this limit, and you are on a two-person, parent and child or family plan, once any combination of covered family members meets the Prescription Drugs and Biologics Out-of-Pocket Limit, we begin to pay eligible Prescription Drugs and Biologics at 100 percent of the Allowed Amount.

Compounded Prescriptions

Pharmacists must sometimes prepare medicines from raw ingredients by hand. These medicines are called compounded prescriptions. The pharmacist submits a claim using the National Drug Codes (NDC) for the ingredients. Your cost depends on the NDC submitted for the compounded drug.

Exclusions

We do not provide Prescription Drugs and Biologics benefits for:

- refills beyond one year from the original prescription date;
- devices of any type other than prescription contraceptives and insulin pumps, even though such devices may require a prescription including, but not limited to: Durable Medical Equipment, prosthetic devices, appliances and supports (although benefits may be provided under other sections of your Contract);
- any drug considered to be Experimental or Investigational, except for certain Off-label cancer drugs and drugs administered as part of certain clinical cancer trials;

- vitamins, except those which, by law, require a prescription;
- drugs that do not require a prescription, even if your doctor prescribes or recommends them;
- food and nutritional formulae or supplements except for “medical foods” prescribed for the Medically Necessary treatment of an inherited metabolic disease or prescription formulae and supplements administered through a feeding tube;
- any drugs on the list of Excluded Drugs with Unique Packaging and Therapeutic Alternatives. (You can view the list under the BCBSVT Open Formulary at www.bcbsvt.com/pharmacy/drug-lists or call the pharmacy phone number on the back of your ID card.); and
- Drugs newly approved by the Food and Drug Administration until they have been reviewed by our Pharmacy and Therapeutics Committee.

Replacement of lost, stolen or destroyed Prescription Drugs and Biologics

We will replace one lost, stolen or destroyed Prescription Drug or Biologic per Plan Year if not covered by an alternative entity (including but not limited to homeowners insurance and automobile insurance) if:

- the Prescription Drug or Biologic’s absence would put the Member at risk of death, disability or significant negative health consequences such as a hospital admission.

Note: In order to replace a stolen Prescription Drug or Biologic we require you to submit documentation, such as a police report, with the request.

Exclusions

We do not cover the replacement of a lost, stolen or destroyed Prescription Drug or Biologic:

- if the above criteria is not met; or
- more than one lost, stolen or destroyed Prescription Drug or Biologic per Plan Year.

2. Claim Filing

A Network Pharmacy will collect the amount you owe (Deductible, Co-payment and/or Co-insurance) and submit claims on your behalf. We will reimburse Network Pharmacies directly. You must use a Network Pharmacy or our Network home delivery pharmacy to receive benefits. However, if you need to request reimbursement for dispensed drugs, please attach itemized bills to a *Prescription Reimbursement Form*. Contact the pharmacy number on the back of your ID card for assistance.

3. Definitions

Network Pharmacy: any Pharmacy that has entered into an agreement with us.

Off-label Use of a Drug: use of a drug for other than the particular condition for which the Food and Drug Administration gave approval.

Prescription Drugs and Biologics: products that are:

- prescribed to treat, prevent or diagnose a medical condition;
- FDA-approved (or not FDA-Approved if the use meets the definition of Medical Necessity and is not considered Investigational); and
- approved by us for reimbursement for the specific medical condition being treated or diagnosed, or as otherwise required by law.

Specialty Medications: injectable and non-injectable drugs with key characteristics, including (but not limited to): frequent dosing adjustments and intensive clinical monitoring; intensive patient training and compliance assistance; limited product availability, specialized product handling and administration requirements. For a full list of specialty drugs, please visit www.bcbsvt.com/pharmacy.



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