Exclusive Specialty Medication Network 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*:

Specialty Medications

For some specialty drugs and supplies, you will need to receive your drug or supply from a covered pharmacy in BCBSVT's Exclusive Specialty Medication Network. You must get Prior Approval for some specialty drugs and supplies. If you fail to obtain Prior Approval, your drug or supply will not be Covered.

See **www.bcbsvt.com/pharmacy/rx-program/exclusive-specialty-pharmacy-program** for more information.

2. Definitions

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**.



Don C. George
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