

Prescription Drug Benefit Rider V

Your *Certificate of Coverage* is amended as described in this document. This Rider becomes a part of your *Certificate of Coverage* and is subject to all provisions of your Contract.

1. Covered Services

The Chapter in your Certificate entitled Covered Services is hereby amended by adding the following Covered Service if it is not in your Certificate, or *replacing* the following Covered Service if it is already included in your Certificate.

Prescription Drugs

We provide Benefits for Outpatient use of:

- Prescription Drugs (including contraceptive drugs and devices that require a prescription) if the Food and Drug Administration approves them for the treatment of your condition and you purchase them from a licensed Pharmacy;
- insulin and other supplies for people with diabetes (blood sugar testing materials including home glucose testing machines); and
- needles and syringes.

Benefits are subject to the exclusions listed in this Rider and General Exclusions in your Certificate of Coverage.

Payment Terms

Please refer to your Outline of Coverage to determine the specific payment requirements of your Prescription Drug Benefit.

Home Delivery Service

The home delivery pharmacy can provide you with drugs you take on an ongoing basis. This service offers convenience without extra cost.

To obtain prescriptions through the home delivery service, you must complete and send a home delivery form and submit it with your prescription. Drugs arrive at your home address, and you can order refills by phone, fax or on the Internet. For more information about our home delivery service, call the pharmacy phone number on the back of your ID Card.

Limitations

We cover up to a 90-day supply for each refill. Narcotics, antibiotics, Specialty Medications, Covered over-the-counter products and compound drugs (see below) are limited to a 30-day supply.

We limit Benefits for:

- prescribed tobacco cessation drugs to a three-month supply per Plan Year; and
- Tamiflu to 10 capsules per six months.

Exclusions

We provide no Prescription Drug Benefits for:

- refills beyond one year from the original prescription date;
- replacement of Prescription Drugs that are lost, destroyed or stolen;
- devices of any type other than prescription contraceptives, 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 (see Definitions);
- vitamins, except those which, by law, require a prescription;
- Viagra, Cialis, Levitra and other drugs to treat sexual dysfunction;
- drugs that do not require a prescription, except insulin and Covered over-the-counter products, even if your doctor prescribes or recommends them; and
- nutritional formulae, except for up to \$2,500 per year for "Covered medical foods" prescribed for the Medically Necessary treatment of an inherited metabolic disease or those administered through a feeding tube.

Our Preferred Brand-name Drug List can change and will be updated from time to time. We will inform you of changes using newsletters and other mailings. To get the most up-to-date listing, you may visit our

website at www.bcbsvt.com or call the pharmacy phone number on the back of your ID Card.

Prior Approval Program

Our Prior Approval drug list changes from time to time. Visit our website at www.bcbsvt.com for the most current list. We will inform you of changes using newsletters and other mailings. We require Prior Approval for the following drugs:

- Accretropin
- Actiq
- Amevive
- Antagon
- Apokyn
- Aranesp
- Arixtra
- Avastin
- Avonex
- Baraclude
- Benlysta
- Betaseron
- Botox/Myobloc
- Boniva IV
- Byetta
- Bystolic
- Cetrotide
- Cimzia
- Copaxone
- Copegus
- Emend
- Enbrel
- Epogen
- Erbitux
- Extavia
- Fertinex
- Flolan
- Fragmin
- Genotropin
- Gleevec
- Gnrrha
- Gonal-Frfrp
- Hepsera
- Humatrope
- Humira
- Immune Globulin (Carimune Nf, Flebogamma 5%, Gamimune N 10%, Gammagard S/D, Gammagard Liquid, Gammar-P Iv, Gamunex, Gammaplex, Octagam 5%, Panglobulin Nf, Polygam S/D, Privigen, Hizentra (Sq), Viaglobin (Sq))
- Innohep
- Iressa
- Jevtana
- Kineret
- Letairis
- Lidoderm
- Lovenox
- Lumigan
- Luveris
- Meridia
- Neulasta
- Neupogen
- Nexavar
- Norditropin
- Novarel
- Nutropin
- Nutropin Aq
- Nuvigil
- Omnitrope
- Orenzia
- Pegasys
- Peg-Intron
- Pergonal
- Procrit
- Pregnyl
- Profasi
- Prolia
- Protropin
- Provenge
- Rebetol

- Rebif
- Reclast
- Remicade
- Retin-A For Members Over Age 41
- Revatio
- Revlimid
- Rituxan
- Saizen
- Seroquel-Less Than 100 Mg
- Serostim
- Soliris
- Somatrem
- Somatropin
- Sporanox/Itraconazole
- Sprycel
- Sutent
- Synagis
- Synarel
- Tarceva
- Tekturna
- Temodar
- Tevropin
- Tracleer
- Transmucosal Fentanyl (Actiq And Fentora)
- Travatan
- Tykerb
- Tysabri
- Valtropin
- Vectibix
- Ventavis
- Vidaza
- Vpriv
- Vyvanse
- Xolair
- Xenical
- Zolinza
- Zorbtive
- Zyvox

- “Dispense as written” prescriptions
- Compounded Medications
- Medications without a National Drug Code (NDC) number
- Drugs that have been on the market less than 12 months

How to Get Prior Approval for Your Drugs

To get Prior Approval for your Prescription Drugs, your Provider must call, fax or use our website to provide us 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 our Prior Approval list, call the pharmacy phone number on the back of your ID Card. You may request a 14-day supply of a drug while we conduct our review. If we deny your request for Prior Approval, you must pay for your drugs. See page 3 for instructions on how to appeal our decision.

Our quantity limits, step therapy and Prior Approval drug lists change from time to time. We will inform you of changes using newsletters and other mailings. You may get copies of the most up-to-date list at our website at www.bcbsvt.com or from our customer service team. Check with your doctor or visit our website 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.

Step Therapy

We review certain Prescription Drugs if you do not first try a generic drug or Covered over-the-counter drug. Sign on to our member website at www.bcbsvt.com or call the Pharmacy phone number on the back of your ID Card to learn the guidelines for each drug. Our step therapy drug list changes from time to time. Visit our website at www.bcbsvt.com for the most current list. We will inform you of changes using newsletters and other mailings. We require Prior Approval for the following Prescription Drugs if we have no information indicating you first tried

a generic drug or Covered over-the-counter drug. If you do not get Prior Approval as required by our step therapy program, you must pay for your drugs.

Currently, we require step therapy for drugs in the following categories:

- Anti-migraine Agents (like Zomig®)
- Anti-Parkinson's Agents (like Requip XL®)
- Asthma-COPD combination inhalers (like Advair®)
- Attention deficit disorder drugs (like Intuniv®)
- Beta-blockers
- Benign prostatic hypertrophy medications
- Certain medications for depression (like Prozac Weekly®)
- Diabetic glucose monitoring strips
- Hyperglycemic agents
- Non-sedating antihistamines (like Allegra®)
- COX-2 inhibitors (like Celebrex®)
- Leukotriene antagonists (like Zflo®)
- Medications for stomach acid (like Nexium®)
- Medications for hypertension (like Cozaar®)
- Neuropathic pain medications (like Lyrica®)
- Nasal steroids (like Nasacort®AQ)
- Osteoporosis agents (like Boniva®)
- Overactive bladder medications
- Anti-viral medications
- Sleeping agents (like Lunesta®)
- Statins (cholesterol-lowering drugs)
- Triglyceride lowering agents

Quantity Limits

We will review certain Prescription Drugs for Medical Necessity if the amount of a drug your doctor has prescribed exceeds BCBSVT quantity limits. Quantity limits affect your Benefit levels; if your doctor determines that you need more than our limit, you may choose to purchase the remainder yourself. Sign on to our member website at www.bcbsvt.com or call the Pharmacy phone number on the back of your ID Card to learn the quantity limit for each drug. If the amount you are prescribed exceeds our limits, follow the steps for Prior Approval to have your prescription reviewed. Our quantity limits drug list changes from time to

time. Visit our website at www.bcbsvt.com for the most current list. We will inform you of changes using newsletters and other mailings. As of the printing of this Certificate, we limit the quantity of drugs in categories such as the following:

- antibiotics
- antidepressants
- anti-emetics
- anti-fungals
- anti-hypertensive agents
- antihistamines
- anti-inflammatory agents
- anti-virals
- atypical antipsychotics
- biologics
- diabetes agents
- estrogen
- fertility agents
- Hepatitis B agents
- inhalers
- injections
- low molecular weight heparin
- oncology agents
- osteoporosis agents
- overactive bladder
- pain medications
- proton pump inhibitors
- sleeping agents
- statins
- test strips
- triptans
- weight loss agents

Claim Filing

A Network Pharmacy will collect the amount you owe (Deductible and Co-payment) and submit claims on your behalf. We will reimburse Network Pharmacies directly. If you need to be reimbursed, attach itemized bills for the dispensed drugs to a Prescription Reimbursement Form. Contact the Pharmacy number on the back of your ID Card for assistance.

Don C. George

President and CEO
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President
Blue Cross and Blue Shield of Vermont