



The *signs*
of a healthier Vermont



*Our Prescription
Drug Programs*



SAMPLE



How Pharmacy Coverage Works

This brochure explains some of the programs we use to help you keep prescription drug costs down. We hope it will help you better understand your coverage. Your subscriber contract gives details about your benefits for prescription drugs. For example, your Outline of Coverage tells you your deductible amount and lists co-payment and coinsurance amounts.

Filling Your Prescriptions

The Plan provides a comprehensive, national network for your prescription drug needs. When you visit a network pharmacy, show the pharmacist your ID card. Most often, the pharmacist will tell you the amount you owe and you will have no paperwork to file. We may not cover drugs you buy at a non-network pharmacy. See your contract for details.

Convenient Refills by Mail

Our mail order pharmacy service is convenient and can provide you with drugs you take on an ongoing basis. To obtain prescriptions through home delivery, you must complete a prescription order form and mail it with your prescription to our network mail order service. More information is available on our website, www.bcsvt.com. If you need help submitting your order, you may call our customer service phone number on the back of your ID card.

Over-the-Counter Drug Coverage

Your prescription drug benefits also cover the following over-the-counter (OTC), non-prescription medications:

- Prilosec OTC® (prescription must be written as Prilosec OTC) for stomach acid and reflux disorders
- Claritin® for allergies
- Alavert® for allergies
- Any generic Loratadine for allergies
- OTC Zyrtec®

Please get a written prescription from a physician so we can provide coverage for these drugs under your pharmacy benefits. Take the prescription to the pharmacy, where the pharmacist will dispense up to a 30-day supply of the medication. The pharmacist will charge you the co-payment you usually pay for generic drugs.

Amounts You Pay

You share the cost of your drugs by paying deductibles, co-payments and/or coinsurance. Refer to your contract materials for definitions of these terms. Your Outline of Coverage lists your deductible, co-payment and coinsurance amounts.

Three-tier Plans

To find out if your prescription drug plan is a three-tier plan, see your Outline of Coverage. Your payments may vary depending on which “tier” your drug is on—generic, Preferred Brand-name or Non-preferred Brand-name. To find out what tier your drug is on, visit our website at www.bcsvt.com or call the customer service phone number listed on the back of your ID card.

If you have a three-tier pharmacy program, you pay the lowest amount for generic drugs. You pay a higher amount for drugs on our Preferred Brand-name Drug List. You pay the highest amount for Brand-name drugs that are not on our Preferred Brand-name Drug List (Non-preferred drugs).

The current Preferred Brand-name Drug List is on page four of this booklet. Use the list only if your Outline of Coverage lists the Three-tier Prescription Drug Benefits Rider.



Our Review of Certain Drug Classes Keeps Costs Down for You and Your Health Plan

Prior Approval

Our prior approval list changes periodically. The most current list can be found on the BCBSVT website or by calling our customer service department at the number listed on the back of your ID card. Prior approval is required for drugs that have been on the market less than 12 months and for medications without National Drug Code numbers. At present, we require prior approval for the following types of drugs:

- Biologics and other medications
- Chemotherapeutics
- Growth hormone replacement therapy
- Hepatitis C medications
- Low molecular weight heparin anticoagulants (for use in excess of 30 days per calendar year)
- Primary pulmonary hypertension therapy

Quantity Limits

If your doctor prescribes a drug in an amount that exceeds certain criteria, such as the manufacturer's recommendations, we may ask for documentation about why you need more of the drug. Visit our website at www.bcbstv.com or call our customer service department at the number listed on the back of your ID card to get a current list of drugs covered by this review or to learn the quantity limit for a particular drug. At present, we place quantity limits on the following types of drugs:

- Glucose test strips
- Inhalers (like Advair®)
- Pain medications (like OxyContin®)
- Anti-migraine medications (like Imitrex®)
- Sleeping agents (such as Ambien®)

Examples of Generic Drugs

- Albuterol
- Amoxicillin
- Atenolol
- Fluoxetine HCL
- Furosemide
- Hydrochlorothiazide
- Lisinopril
- Lorazepam
- Prednisone

Examples of Non-preferred Brand-name Drugs

- Clarinex®
- Diovan®
- Nasacort® AQ
- Prevacid®
- Strattera®
- Crestor®

Information You Can Trust from our Online Healthcare Advisor

Using our online Healthcare Advisor, you can compare drug treatment options for selected conditions and compare and research drugs used to treat commonly occurring conditions, from acne to ulcers. You can also request information about a specific drug or check your medications for possible interactions. Sign on to our secure website for access to easy-to-use tools and trusted information about drugs and other health topics.

Step Therapy

Our step therapy program saves members money by encouraging patients and their doctors to try less expensive drugs in a therapeutic class before using the newest, most expensive ones. Step therapy applies to drugs in categories such as:

- Non-HIV anti-virals (like Famvir®)
- Bisphosphonates (like Boniva®)
- Certain medications for depression (like Prozac® Weekly™)
- COX-2 inhibitors (like Celebrex®)
- Hypnotics (sleeping pills)
- Medications for stomach acid (like Nexium®)
- Medications for hypertension (like Cozaar®)
- Non-sedating antihistamines (like Allegra®)
- Nasal steroids (for allergies)
- Statins (cholesterol-lowering drugs)

Visit our website at www.bcbsvt.com or call our customer service department at the 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.

Limitations and Exclusions

Limitations

We sometimes limit the amount of a prescription to a certain quantity based on FDA prescribing recommendations and our own medical necessity criteria. We limit quantities of drugs as follows:

- Cialis® (limited to six pills per month)
- Levitra® (limited to six pills per month)
- Viagra® (limited to six pills per month)

- fertility medication (if you have this coverage, it is limited to four cycles of therapy per calendar year, regardless of the number of medications prescribed—
Note: limitation does not apply to Clomiphene)
- smoking cessation drugs (limited to a three-month supply per year)
- narcotics and antibiotics are limited to a 30-day supply at a time

Exclusions

We provide no prescription drug benefits for:

- refills beyond one year from the original prescription date;
- replacement of drugs that are lost or stolen;
- devices of any type other than prescription contraceptives, even though such devices may require a prescription order 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 Investigational;
- vitamins, except those which, by law, require a prescription;
- drugs that do not require a prescription, except insulin, even if your doctor prescribes or recommends them; and
- nutritional formulae, except for up to \$2,500 per year for “medical foods” prescribed for the Medically Necessary treatment of an inherited metabolic disease or those administered through a feeding tube.



Preferred Brand-name Drug List

This list is for members who have the Three-tier Prescription Drug Benefits Rider.

This list is effective on the first of the month of the date that is shown on the back cover of this booklet and is subject to change. We provide updates through newsletters and other mailings. The most up-to-date list is available on our website.

Go to www.bcbsvt.com/member and choose the "Rx Center" Quick Link and then choose "Preferred Brand-name Drug List" or call our customer service department at the number on the back of your ID card.

A

ACIPHEX
ACTOPLUS MET
ACTOS
ACULAR
ADDERALL XR
AGENERASE
ALINIA
ALPHAGAN P
APIDRA (to be deleted from the Preferred category, effective July 31, 2009; therapeutic alternative is Humulin or Novolin)**

ARICEPT
ARIMIDEX
AROMASIN
ASACOL
ASTELIN
AVANDAMET
AVANDARYL
AVANDIA
AVONEX
AZILECT

B

BENICAR
BENICAR HCT
BETASERON
BRAVELLE

C

CANASA
CARAC
CASODEX
CEENU
CELEBREX
CELLCEPT
CENESTIN

CETROTIDE
CIPRODEX
CLIMARA PRO
COMBIVENT
COMBIVIR
COMTAN
CONCERTA
CONDYLOX GEL
COPAXONE
CORTEF
CORTIFOAM
COZAAR
CREON
CRIVIXAN
CUPRIMINE

D

DAPSONE
DEPAKOTE ER,
250MG and 500MG
tablets
DEPAKOTE SPRINKLE,
125MG capsule
DETROL
DETROL LA
DILANTIN KAPSEALS
DIPENTUM
DUAC CS KIT

E

EFFEXOR XR
ELMIRON
EMCYT
ENBREL
ENTOCORT EC
EPIPEN
EPIVIR
EPIVIR-HBV
EPZICOM

ERGAMISOL
ESTRADERM
ESTRATEST
ESTRATEST HS
EVISTA
EVOXAC
EXELON

F

FARESTON
FEMARA
FINACEA
FLOMAX
FLOVENT, all forms
FORTOVASE
FREESTYLE GLUCOMETER
FREESTYLE TEST STRIPS

G

GENOTROPIN
GLEEVEC
GLUCAGON

H

HEPSERA
HEXALEN
HIVID
HUMALOG
HUMULIN
HUMIRA
HYZAAR

I

INNOPRAN XL
INTAL INHALER
INTRON A
INVIRASE

K

KALETRA, capsule and solution

L

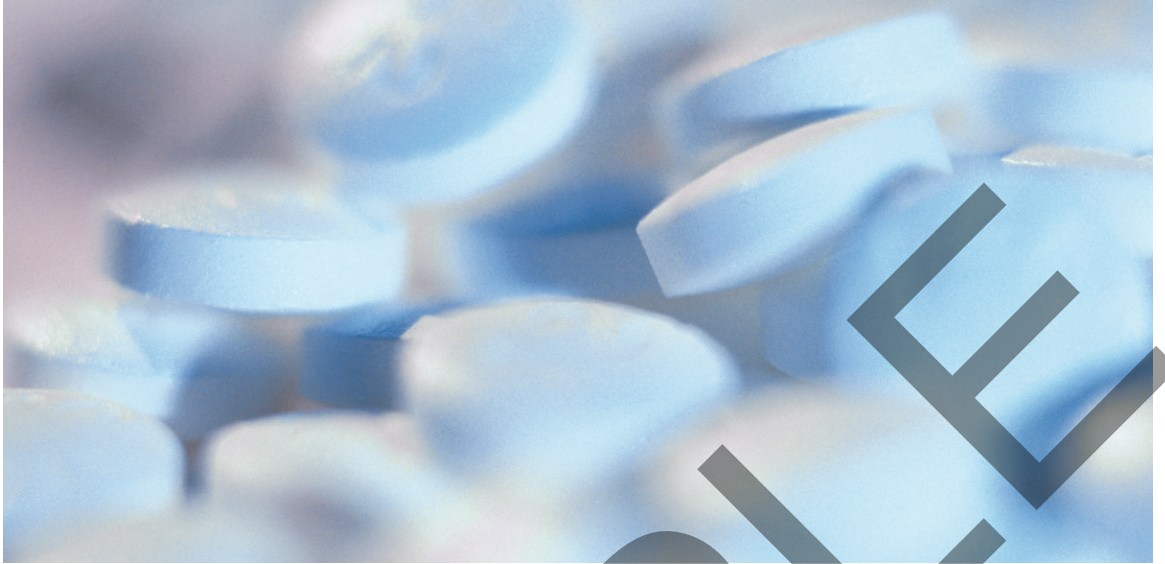
LANTUS
LEUKERAN
LEVEMIR
LEXAPRO
LEXIVA
LIDODERM
LIPITOR
LOTEMAX
LOVENOX
LYSODREN

M

MAXALT
MEPHYTON
METHERGINE
METROGEL VAGINAL
MIGRANAL
MIRAPEX
MYLERAN

N

NAMENDA
NARDIL
NASONEX
NEUPOGEN
NEXAVAR
NEXIUM
NIASPAN
NILANDRON
NORDITROPIN
NORVIR
NOVOLIN
NOVOLOG
NOVOLOG MIX 70/30
NUVARING



O

ONE TOUCH GLUCOMETER
ONE TOUCH TEST STRIP
ORTHOVISC
OVIDE
OXSORALEN ULTRA
OXYTROL

P

PEGASYS
PEG-INTRON
PHOSLO
PLAN B
PLAVIX
PRANDIN
PRECISION GLUCOMETER
PRECISION TEST STRIPS
PRED MILD
PREMARIN
PREMARIN CREAM
PREMPHASE
PREMPRO
PREVEN
PREZISTA
PROAIR HFA
PROCRIT
PROGRAF
PROVIGIL
PULMICORT RESPULES
PULMOZYME

Q

QUIXIN
QVAR

R

RAPAMUNE
REBETRON
REBIF
RENAGEL
RESCRIPTOR
RESTASIS
REVATIO
REVLIMID
RIDAURA
RYTHMOL SR

S

SEREVENT, all forms
SEROQUEL
SINGULAIR
SKELAXIN
SPIRIVA
SPRYCEL
STALEVO
SUSTIVA
SUTENT

T

TARCEVA
TARGRETIN
TAZORAC
TEMODAR
TESLAC
THIOGUANINE I
TOBI
TOBRADEX
TOPAMAX
TREXALL

TRICOR TABS 48MG and 145MG
tablets
TRIZIVIR
TRUSOPT
TRUVADA
TYKERB
TYZEKA

U

ULTRASE
ULTRASE MT
URSO

V

VEPID
VESANOID
VIAGRA
VIDEX
VIDEX EC
VIRACEPT
VIRAMUNE
VIREAD
VIVELLE
VOLMAX
VOLTAREN OPHTHALMIC
SOLUTION

W

WELCHOL

X

XALATAN
XELODA
XENICAL

Y

YAZ

Z

ZERIT
ZIAGEN
ZOLADEX
ZOLINZA
ZOVIRAX TOPICAL (to be deleted
from the Preferred category,
effective July 31, 2009)
ZYPREXA

** A therapeutic equivalent is listed as an option. Please consult your physician.



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