



This “4-Tier Drug Plan Rider” replaces any previous information you may have received about your outpatient drug plan benefit in your Blue Cross and Blue Shield of New Mexico (BCBSNM) Member’s Certificate or Benefit Booklet, or by endorsement or amendment. This also includes information provided to members in the *2009 Drug Plan Benefit Changes for Fully Insured Plans* endorsement.

BY:

Elizabeth A. Watrin  
President  
Blue Cross and Blue Shield of New Mexico

## Definitions

**Brand-name drug** — A drug that is available from only one source, or when available from multiple sources, is protected with a patent.

**Drug List** — A list of prescription drugs preferred for use by BCBSNM for pharmacy benefits. You pay the lower “Tier-One” and “Tier-Two” copayments for drugs listed in the BCBSNM Drug List. You pay the higher “Tier-Three” copayment for drugs not listed. The list is subject to periodic review and change by BCBSNM. A copy of the BCBSNM Drug List is available on the BCBSNM Web site at [www.bcbsnm.com](http://www.bcbsnm.com). Select **Quick Help** and then **Prescription Drugs**. You may also contact a Customer Service representative for a copy of the Drug List. BCBSNM-contracted providers may contact their Network representative for a copy.

**Enteral nutritional product** — A product designed to provide calories, protein, and essential micronutrients by the enteral route (i.e., by the gastrointestinal tract, which includes the stomach and small intestine only).

**Generic drug** — The chemical equivalent of a brand-name prescription drug. According to United States Food and Drug Administration (FDA) regulations, brand-name and generic drugs must meet the same standards for safety, purity, strength, and quality. A generic drug is usually available from multiple sources and is not protected by a patent.

**Genetic inborn errors of metabolism** — A rare, inherited disorder that is present at birth; if untreated, results in mental retardation or death, and requires that the affected person consume special medical foods.

**Maintenance medications** — Prescription drugs that are taken regularly to treat a chronic health condition such as high blood pressure or diabetes.

**Participating pharmacy** — A retail supplier that has contracted with BCBSNM or its authorized representative to dispense covered prescription drugs, medicines, devices, insulin, diabetic supplies, and nutritional products to Plan members, and that has contractually accepted the terms and conditions as set forth by BCBSNM and/or its authorized representative. Some participating pharmacies are contracted with BCBSNM to provide specialty pharmacy drugs to Plan members; these pharmacies are called “specialty pharmacy providers” and some drugs must be dispensed by these specially contracted pharmacy providers in order to be covered (see next page).

**Prescription drugs, medicines, devices** — Those that are taken at the direction and under the supervision of a provider, that require a prescription before being dispensed, and are labeled as such on their packages. All drugs, medicines, and devices must be approved by the FDA, and must not be experimental, investigational, or unproven. (See the “Experimental, Investigational, or Unproven Services” exclusion in your benefit booklet.)

**Special medical foods** — Nutritional substances in any form that are consumed or administered internally under the supervision of a physician, specifically processed or formulated to be distinct in one or more nutrients present in natural food; intended for the medical and nutritional management of patients with limited capacity to metabolize ordinary foodstuffs or certain nutrients contained in ordinary foodstuffs or who have other specific nutrient requirements as established by medical evaluation; and essential to optimize growth, health, and metabolic homeostasis.

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**Specialty pharmacy drugs** — Specialty pharmacy drugs must meet at least two of the following criteria: a) they are high cost, b) they are for use in limited patient populations or indications, c) they are typically self-injected, d) they have limited availability, require special dispensing, or delivery and/or patient support is required and, therefore, they are difficult to obtain via traditional pharmacy channels, e) complex reimbursement procedures are required, and/or f) a considerable portion of the use and costs are frequently generated through office-based medical claims.

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**Covered Medications and Other Items** — The following drugs, supplies, and other products are covered only when dispensed by a participating pharmacy under the Retail Pharmacy or Specialty Pharmacy Drug Program (unless required as the result of an emergency, as defined in your benefit booklet), or when ordered through the Mail Order Service:

- prescription drugs and medicines (includes prescriptive oral agents for controlling blood sugar levels and prescription contraceptive medications), insulin, glucagon, and prescription contraceptive devices purchased from a participating pharmacy, unless listed as an exclusion (**Note:** Prescription contraceptive devices fitted or inserted by, and purchased directly from, a physician are payable under the “Family Planning” benefit, if any, of your medical/surgical plan.)
- specialty pharmacy drugs (such as, but not limited to, self-administered injectable drugs such as growth hormone, Copaxone, Avonex) (Most injectable drugs require **prior approval** from BCBSNM. Some self-administered drugs, whether injectable or not, are identified as specialty pharmacy drugs and may have to be acquired through a participating specialty pharmacy provider in order to be covered.)
- insulin needles, syringes, and diabetic supplies (e.g., glucagon emergency kits, autolets, lancets, lancet devices, blood glucose and visual reading urine and ketone test strips) (There is a separate copayment for each item purchased. These items are not covered as a supply or medical equipment expense under your medical/surgical plan benefit booklet.)
- nonprescription enteral nutritional products and special medical foods only when either: 1) delivered through a medically necessary enteral access tube that has been surgically placed (e.g., gastrostomy, jejunostomy) or 2) meeting the definition of special medical foods used to treat and to compensate for the metabolic abnormality of members with genetic inborn errors of metabolism in order to maintain their adequate nutritional status (Benefits for these nonprescription nutritional products, which includes both enteral products and special medical foods, are subject to a **50 percent copayment** and must be **prior-approved** by BCBSNM.)

**Prior Approval** — Certain prescription drugs, injectable medications, and specialty pharmacy drugs may require prior approval from BCBSNM. A list of drugs requiring prior approval is on the BCBSNM Web site at [www.bcbsnm.com](http://www.bcbsnm.com). Your physician can request the necessary prior approval.

**Retail Pharmacy Program and Specialty Pharmacy Program** — All items covered under this provision of the rider must be purchased from a participating retail pharmacy. **Some drugs must be purchased from a participating specialty pharmacy provider in order to be covered.** (See your provider directory, call Customer Service for a list of participating pharmacies and specialty pharmacy providers, or visit the BCBSNM Web site at [www.bcbsnm.com](http://www.bcbsnm.com).) **You must present your ID card to the pharmacist at the time of purchase to receive this benefit.** (You do not receive a separate prescription drug plan ID card; use your BCBSNM health care plan ID card to receive all medical/surgical and prescription drug services covered under your plan. Your copayments are listed on the card.)

You can use your ID card to purchase covered items only for yourself and covered family members. When coverage for you or a family member ends under this health care plan, the ID card may not be used to purchase drugs or other items for the terminated member(s). If you do not have your ID card with you or if you purchase your prescription or other item from a nonparticipating provider in an emergency, you must pay for the purchase in full and then submit a claim directly to the BCBSNM drug plan administrator. (You should have received the address of the administrator among the materials you received upon enrollment. If you did not, call Customer Service for the address and a claim form or visit the BCBSNM Web site at [www.bcbsnm.com](http://www.bcbsnm.com).)

If you are leaving the country or need an extended supply of medication, call Customer Service at least **two weeks** before you intend to leave. (Extended supplies or vacation overrides are not available through the Mail Order Service but may be approved through the Retail Pharmacy Program only. In some cases, you may be asked to provide proof of continued enrollment eligibility under the Retail Pharmacy Program.)

**Member Copayments** — For covered prescription drugs (including specialty pharmacy drugs), insulin, diabetic supplies, and nutritional products, you pay a copayment (see below), not to exceed the actual retail price, for each prescription filled or item purchased (not to exceed supply limitations described below). **See your Plan ID card for your co-**

**payment amount.** Copayments are **not** subject to a deductible, are **not** included in any out-of-pocket limit, and are **not** eligible for reimbursement once an out-of-pocket limit is reached. You may also have to pay the difference in cost between a brand-name drug and its generic equivalent (see below). This “Drug Plan Rider” offers three copayment options (see below). **See your Plan ID card for the option that you have chosen.**

<b>If you chose this option:</b>	<b>This will appear on your ID card:</b>
Basic: \$15 generic/\$45 on Drug List /\$75 not on Drug List/15% Specialty Drug	\$15/45/75/15%
Enhanced: \$10 generic/\$40 on Drug List /\$70 not on Drug List/15% Specialty Drug	\$10/40/70/15%
Premier: \$7 generic/\$35 on Drug List /\$65 not on Drug List/15% Specialty Drug	\$7/35/65/15%

Here’s a **sample** of how the Plan works under the “\$7/35/65/15%” Premier option:

<b>Type of Prescription</b>	<b>Sample Copayment Amounts</b>
Generic Drug*	Tier-One copayment: \$7 (see important note below)*
Brand-Name Drug on Drug List (no generic equivalent)*	Tier-Two copayment: \$35
Brand-Name Drug Not on Drug List (no generic equivalent)*	Tier-Three copayment: \$65
Specialty Pharmacy Drug	Tier-Four copayment: 15% of covered charge up to a maximum copayment of \$250 per prescription
Mail Order Service (available for Tiers 1, 2, and 3 only; specialty pharmacy drugs are not covered through Mail Order Service)	\$17.50, \$87.50, or \$162.50 (2.5 times copayment for Tier 1, 2, or 3 drug — depending on generic/brand and Drug List status)
Nonprescription Enteral Nutritional Products and Special Medical Foods (brand-name or generic; requires prior approval)	50 percent of covered charges (Copayment is standard for all plans.)

\* For all brand-name drugs with a generic equivalent, if you or your provider order the brand-name, you will pay the **Tier 1 copayment** PLUS the **difference in cost** between the brand-name drug and its generic equivalent.

**Supply Limitations** — For each copayment listed for your Plan, you can obtain the following supply of a single prescription drug or other item covered under this rider (unless otherwise specified):

<b>Program Type</b>	<b>Supply Maximum</b>	<b>Copayment Requirements* (See note on next page)</b>
Nonprescription Nutritional Products	30-day supply during any 30-day period	50 percent of covered charges
Retail Pharmacy and Specialty Pharmacy Provider	During each one-month period, a <b>30-day supply or 120 units</b> (e.g., pills), whichever is less.	<b>One copayment.</b> If more than 120 units are needed to reach a 30-day supply, another copayment will apply to each additional 120 units (or portion thereof) purchased. For oral contraceptives, the supply is limited to one menstrual cycle (normally 28 days).
Mail Order Service (Tiers 1, 2, and 3 only)	During each three-month period, a <b>90-day supply or 360 units</b> (e.g., pills), whichever is less.	<b>2½ copayments.</b> If less than a 90-day supply is ordered, 2½ copays will still apply. If more than 360 units are needed to reach a 90-day supply, 2½ more copays will apply to each additional 360 units (or portion thereof) purchased.

\*For commercially packaged items (such as an inhaler, a tube of ointment, or a blister pack of tablets or capsules), you will pay the applicable copayment for each package, **regardless of the days’ supply the package represents.** For example, if two inhalers are purchased under the Retail Pharmacy Program, two copayments will apply. Under the Mail Order Service, you can receive up to three times the number of packages obtainable from a retail pharmacy for only two and one-half times the number of copayments that would apply under the Retail Pharmacy Program.

**Brand-Name vs. Generic Drug Costs** — When an FDA-approved generic equivalent is available for a brand-name drug, and you or the provider requests the brand-name drug, you must pay the difference in cost between the brand-name drug and that of its generic equivalent, plus the generic drug copayment.

**Mail Order Service** — Except for supply limitations and nutritional products, all items that are covered under the Mail Order Service are the same items that are covered under the Retail Pharmacy Program and are subject to the same limitations and exclusions. **Items covered through a specialty pharmacy provider are not covered through the Mail Order Service.** To use the Mail Order Service, follow the instructions outlined in the materials provided to you in your enrollment packet. (If you do not have this information, call a Customer Service representative.) **Note:** Prescription drugs and other items may **not** be mailed outside the United States. Extended supplies or vacation overrides required when you are outside the country may be approved through the Retail Pharmacy Program only.

Exclusions — This Plan does **not** cover:

- nonprescription and over-the-counter drugs unless specifically listed as covered, including herbal or homeopathic preparations, and nonprescription items for smoking and tobacco use cessation such as nicotine patches and nicotine gum, or prescription drugs that have over-the-counter equivalents
- non-commercially available compounded medications, regardless of whether or not one or more ingredients in the compound requires a prescription (Non-commercially available compounds are those made by mixing or reconstituting ingredients in a manner or ratio that is inconsistent with United States Food and Drug Administration-approved indications provided by the ingredients' manufacturers.)
- prescriptions or other covered items purchased from a nonparticipating pharmacy, nonparticipating specialty pharmacy provider, or other provider unless eligible for benefits in an emergency situation (as defined in your benefit booklet)
- refills before the normal period of use has expired, in excess of the number specified by the physician, or requested more than one year following the physician's original order date (Prescriptions cannot be refilled until at least 75 percent of the previously dispensed supply will have been exhausted according to the physician's instructions. Call Customer Service for instructions on obtaining a greater supply if you are leaving home for more than a 30-day period of time.)
- replacement of drugs or other items that have been lost, stolen, destroyed, or misplaced
- infertility medications
- drugs for mental health disorders or conditions or for chemical dependency
- drugs or other items for smoking cessation
- drugs or other items for the treatment of sexual or erectile dysfunction
- therapeutic devices or appliances, including support garments and other nonmedicinal substances
- medications or preparations used for cosmetic purposes (such as preparations to promote hair growth or medicated cosmetics), including tretinoin (sold under such brand names as Retin-A) for cosmetic purposes
- nonprescription enteral nutritional products that are taken by mouth or delivered through a temporary naso-enteric tube (e.g., nasogastric, nasoduodenal, or nasojejunal tube), unless the patient meets criteria for genetic inborn errors of metabolism and the product is **prior-approved** by BCBSNM); or nonprescription nutritional products that have not been prior-approved by BCBSNM
- shipping, handling, or delivery charges
- prescription drugs required for international travel or work
- appetite suppressants or diet aids; weight reduction drugs; food or diet supplements and medication prescribed for body building or similar purposes

**Brand-Name Exclusion** — Some equivalent drugs are manufactured under multiple brand-names. In such cases, BCBSNM may limit benefits to only one of the brand equivalents available. If you do not accept the brand that is covered under this Plan, the brand-name drug purchased will not be covered under any benefit level.

**Filing Claims** — Claims for items covered under the drug plan must be sent to the drug plan administrator — **not** to BCBSNM. If not included in your enrollment materials, you can obtain the name and address of the administrator and claim forms from a Customer Service representative or on the BCBSNM Web site.

**Drug Plan Copayments** — When the copayment for an item purchased under the drug plan is greater than the covered charge for the supply being purchased from a participating pharmacy, specialty pharmacy provider, or contracted Mail Order Service vendor, you pay the **lesser** of: 1) your copayment, or 2) the pharmacy's or vendor's retail price. For claims submitted to the drug plan administrator for reimbursement, you are paid the **lesser** of: 1) the sum of the drug ingredient cost, the dispensing fee that would be payable to a participating pharmacy, and any sales tax minus the applicable copayment, or 2) the pharmacy's retail price minus the applicable copayment.

**Note:** Prescription contraceptive devices are payable under your medical/surgical plan benefit booklet in the "Family Planning" provision of the "Covered Services" section.