



# Your Prescription Drug

## BENEFIT PROGRAM



This prescription drug benefit program provides pharmacy coverage for you and your family.



**BlueCross  
of Northeastern Pennsylvania**

Independent licensee of the Blue Cross and Blue Shield Association.  
Member Plan of the Blue Cross and Blue Shield Association

# Prescription Drug

## Covered benefits

Coverage\* includes self-administered prescription drugs when medically necessary and appropriate, including contraceptives when used for the purpose of birth control, unless your group contract specifically excludes contraceptives. We also provide coverage for insulin, glucose test strips, lancets, insulin syringes, metered dose inhaler spacer devices and peak flow meters. There is no annual dollar limit on your benefit. Each retail prescription drug is limited to a 30-day supply maximum, and is refillable for up to one year, or as indicated by your physician or as required by state or federal law. Maintenance prescription (mail order) drugs are limited to up to a 90-day supply.

## How your coverage works

Prescriptions are covered when dispensed by a participating pharmacy. Participating pharmacies are those that are part of the Express Scripts National Pharmacy Network. To find a participating pharmacy near you, call the Express Scripts Customer Service Call Center toll free at 1-877-603-8399, check the directory, or go online at [www.bcnepa.com](http://www.bcnepa.com). Ask if your pharmacy participates with the Express Scripts network.

For most prescriptions, simply present your identification card and pay the applicable copayment per prescription. If you pay for a prescription that is denied for any reason, Blue Cross of Northeastern Pennsylvania cannot guarantee reimbursement. **As provided by law, a generic drug may be substituted for a brand-name drug. The additional cost for a brand-name drug is not covered when its generic equivalent is available.**

*There is no coverage for prescription drugs obtained from non-participating pharmacies. There is also no coverage for prescription drug claims that were not submitted electronically from a participating pharmacy except in special circumstances approved by Blue Cross.*

In special circumstances, if you purchase a prescription drug from a pharmacy that was unable to submit your claim electronically, contact the Express Scripts Customer Service Call Center to obtain a pharmacy reimbursement form or go online at [www.bcnepa.com](http://www.bcnepa.com) to print the form. Then, submit the paid-in-full receipt and reimbursement form to our Pharmacy Management Department at Blue Cross of Northeastern Pennsylvania, 19 North Main Street, Wilkes-Barre, PA 18711-0302. Blue Cross may reimburse, subject to review, up to the price we would have paid had the claim been submitted electronically by a participating pharmacy, less your group-selected copayment. Reimbursement cannot be guaranteed.

We offer a variety of prescription drug programs to meet our customers' needs. The following is an overview of these programs. Please consult your contract or benefits booklet to determine if your coverage includes prescription drug benefits and which program applies to you.

*\* Prescription drug benefits are not standard with your health care coverage. Please refer to your contract or benefits booklet to determine if your coverage includes this benefit. Self-funded plan participants, please consult your Summary Plan Description for complete details of your coverage. If services are received and not covered under your contract, you will be responsible for all charges incurred. Contact the Express Scripts Customer Service Call Center for more information on this benefit and your specific prescription drug coverage.*

## Single-Tier Prescription Drug Program

Blue Cross of Northeastern Pennsylvania's Single-Tier\*\* Prescription Drug Program uses a single copayment for all covered drugs. This program includes a closed drug formulary that was developed with participating physicians and pharmacists.

A closed drug formulary is a list of the most effective drugs at the most cost-effective prices that have been approved by participating physicians and pharmacists for your use. Drugs not included in the formulary are not covered. Your physician will

prescribe drugs from the formulary, but if you use at least two formulary alternatives in the same drug class and experience problems (e.g., ineffective or side effects), your physician can request prior authorization for a drug not included within the formulary.

Drugs currently not included in the formulary appear on the Blue Cross Single-Tier/Major Medical/BlueCHIP Non-Formulary Drug list which may be obtained upon request from the Express Scripts Customer Service Call Center or online at [www.bcnepa.com](http://www.bcnepa.com).

*\*\* The single-tier prescription drug program is available for Access Care II and First Priority Health group customers on an exception basis only.*





## Multi-Tiered Prescription Drug Program

With the costs for prescription drugs increasing, customers are demanding better ways to manage health care costs. The Multi-Tiered Program was developed with participating physicians and pharmacists as an option for keeping your prescription drugs affordable through use of an open or preferred formulary. The use of multiple tiers of copayments is a tool that acts as an incentive for you and your physician to select preferred medications from the drug formulary. A drug formulary is a list of the most effective drugs at the most cost-effective prices. To help you and your physician select medications from the formulary that are right for you, use Blue Cross of Northeastern Pennsylvania's Multi-Tiered Prescription Drug Formulary list as a guide. The drug formulary list may be obtained upon request from the Express Scripts Customer Service Call Center or online at [www.bcnepa.com](http://www.bcnepa.com).

The drug formulary list gives you, your physician, and your pharmacist a quick and easy way to choose preferred medications. non-preferred medications will still be covered, but at a higher copayment per prescription. The Multi-Tiered Prescription Drug Program works like this:

**Tier 1 (preferred drugs):** Most generic and some brand-name drugs are covered at your Tier 1 copayment per prescription.

**Tier 2 (preferred drugs):** This includes the brand-name and some generic drugs that Blue Cross considers preferred in each medication class. These medications are covered at your Tier 2 copayment per prescription. If you are taking a medication on the Tier 2 list, your physician may be able to work with you to select a Tier 1 preferred medication to meet your needs.

**Tier 3 (non-preferred drugs):** This includes the brand-name and some generic drugs that Blue Cross considers non-preferred in each medication class. These medications are covered at your Tier 3 copayment per prescription. If you are taking a medication on the Tier 3 list, your physician may be able to work with you to select a Tier 1 or Tier 2 preferred medication to meet your needs.

This chart illustrates an example of the costs you would be responsible for, assuming your employer has selected a \$10/\$10/\$25 copayment program. Your group-specific copayments are listed in your contract or benefits booklet. The program works like this:

	Copayment 30-Day Supply	Mail Order Copayment 90-Day Supply
Tier 1 Drugs	\$10	\$20
Tier 2 Drugs	\$10 + (brand - generic)*	\$20 + (brand - generic)*
Tier 3 Drugs	\$25 + (brand - generic)*	\$75 + (brand - generic)*

This chart illustrates an example of the costs you would be responsible for, assuming your employer has selected a \$10/\$20/\$35 copayment program. Your group-specific copayments are listed in your contract or benefits booklet. The program works like this:

	Copayment 30-Day Supply	Mail Order Copayment 90-Day Supply
Tier 1 Drugs	\$10	\$20
Tier 2 Drugs	\$20 + (brand - generic)*	\$40 + (brand - generic)*
Tier 3 Drugs	\$35 + (brand - generic)*	\$105 + (brand - generic)*

**\* You are responsible for the difference in cost between the brand name and generic drug if you or your physician selects a brand name drug when there is a generic drug available. For mail order, the difference in cost between the brand name drug and generic drug will be computed based on a 90-day supply of medication.**

The Multi-Tiered Prescription Drug Formulary list identifies the following requirements associated with certain medications:

### Prior authorization

Your physician or participating pharmacy will advise you when prior authorization is required for a specific drug. You can obtain a prior authorization form from your physician or the Express Scripts Customer Service Call Center. Your physician can complete the form and send it to Blue Cross by fax or electronically. Drugs requiring prior authorization are identified in the drug formulary listing that may be obtained upon request from the Express Scripts Customer Service Call Center or online at [www.bcnepa.com](http://www.bcnepa.com).

Your request will be reviewed by the Blue Cross pharmacy director who will provide a decision based on medical necessity. If your prescription has been authorized, coverage for the drug will be made available and you will be notified of the decision in writing.

# Benefit Program

# MAIL ORDER PHARMACY APPLICATION

Please complete both sides, detach and mail.

BLPA \_\_\_\_\_

Member ID number

Rx Group #

Blue Cross of Northeastern Pennsylvania/First Priority Health

ANCHOR/BLP

Company or organization providing your benefit

Last name

First name

Middle initial

Sex (M/F)

Mailing address

Apt. or Suite

City

State

ZIP

Birth date (mo/day/yr)

( )  
Daytime phone #

( )  
Evening phone #

Physician last name

First name

( )  
Phone #

## Check all that apply:

### Health Conditions

- Asthma (493.90)
- Arthritis (716.90)
- Diabetes (250.0)
- Depression (311.0)

- Glaucoma (365.90)
- High Cholesterol (272.0)
- Hypertension (401.90)
- Thyroid
- High (242.9)    Low (244.9)

### Drug Allergies

- None
- Aspirin (03)
- Codeine (04)
- Erythromycin (09)
- Iodine (29)
- Penicillin (01)
- Sulfa (15)

Other health conditions or drug allergies: \_\_\_\_\_

I prefer "easy open" caps    Yes    No

**To realize cost savings, we will dispense FDA-approved generic medications when allowed by your physician, subject to the terms outlined in your contract.**

### Method of payment

- Check (payable to Express Scripts Inc.)
- Money order or cashier's check
- VISA
- MasterCard
- Discover Card

Credit card number

Expiration date

Signature

For First Priority Health members, \* all denial decisions will be reviewed by a medical director. If coverage is denied, you will be notified and given the option to appeal the decision.

If you do not obtain authorization prior to receiving the prescription drug and it is subsequently determined by Blue Cross that the prescription drug was not medically necessary, you will be responsible for its cost.

**\* This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. 1-800-822-8753**

## Step therapy

The drug step therapy criteria requires the use of medically appropriate first step medications. Prior authorization is required for use of a second step medication without use of a first step medication.

## Quantity limits

Certain medications are limited to quantities that correspond to your supply limitations. Prior authorization is required for quantities that exceed those generally recognized as medically necessary.



## Mail order program

Benefits include the maintenance prescription drug (mail order) program. Instead of going to the pharmacy every time you need a prescription, you can order long-term medication right from the comfort of your home. Although the program is designed for maintenance prescriptions, most covered drugs may be purchased through mail order.

First, contact your physician to obtain a written prescription for up to a 90-day supply of medication. Then complete the mail order application. Send your prescription, payment and the mail order application to the address listed. It's that easy!

Because pharmacies are required by law to have your original prescription on file, you will need to obtain a new written prescription from your physician to use the Express Scripts mail order program. Prescriptions you may have from any previous mail order service will not transfer to Express Scripts.

Once you've mailed your prescriptions to Express Scripts, allow up to 14 days for your medications to arrive. If there are prescriptions that you need immediately, you should have them filled by your local pharmacy.

## Convenient

You can feel comfortable knowing that you will get delivery right to your home. Millions of prescriptions are sent safely through the mail every year. Plus, registered pharmacists carefully screen each prescription throughout the dispensing process, so you can feel secure that you'll get the attentive service you deserve. And, rest assured, prescription medications are covered according to your group-specific benefits.\*\*

\*\* Since programs differ, coverage is provided according to your group-specific prescription drug benefits.



Dependent #1	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	Health Conditions	Drug Allergies
_____			<input type="checkbox"/> Asthma (493.90)	<input type="checkbox"/> None
Last name			<input type="checkbox"/> Arthritis (716.90)	<input type="checkbox"/> Aspirin (03)
_____			<input type="checkbox"/> Diabetes (250.0)	<input type="checkbox"/> Codeine (04)
First name	Middle initial		<input type="checkbox"/> Depression (311.0)	<input type="checkbox"/> Erythromycin (09)
_____			<input type="checkbox"/> Glaucoma (365.90)	<input type="checkbox"/> Iodine (29)
Birth date (mo/day/yr)	Sex (M/F)		<input type="checkbox"/> High Cholesterol (272.0)	<input type="checkbox"/> Penicillin (01)
			<input type="checkbox"/> Hypertension (401.90)	<input type="checkbox"/> Sulfa (15)
			<input type="checkbox"/> Thyroid <input type="checkbox"/> High (242.9)	<input type="checkbox"/> Low (244.9)

**Other health conditions or drug allergies:** \_\_\_\_\_ ( )

Physician last name \_\_\_\_\_ First name \_\_\_\_\_ Phone # \_\_\_\_\_

Dependent #2	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	Health Conditions	Drug Allergies
_____			<input type="checkbox"/> Asthma (493.90)	<input type="checkbox"/> None
Last name			<input type="checkbox"/> Arthritis (716.90)	<input type="checkbox"/> Aspirin (03)
_____			<input type="checkbox"/> Diabetes (250.0)	<input type="checkbox"/> Codeine (04)
First name	Middle initial		<input type="checkbox"/> Depression (311.0)	<input type="checkbox"/> Erythromycin (09)
_____			<input type="checkbox"/> Glaucoma (365.90)	<input type="checkbox"/> Iodine (29)
Birth date (mo/day/yr)	Sex (M/F)		<input type="checkbox"/> High Cholesterol (272.0)	<input type="checkbox"/> Penicillin (01)
			<input type="checkbox"/> Hypertension (401.90)	<input type="checkbox"/> Sulfa (15)
			<input type="checkbox"/> Thyroid <input type="checkbox"/> High (242.9)	<input type="checkbox"/> Low (244.9)

**Other health conditions or drug allergies:** \_\_\_\_\_ ( )

Physician last name \_\_\_\_\_ First name \_\_\_\_\_ Phone # \_\_\_\_\_

Dependent #3	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	Health Conditions	Drug Allergies
_____			<input type="checkbox"/> Asthma (493.90)	<input type="checkbox"/> None
Last name			<input type="checkbox"/> Arthritis (716.90)	<input type="checkbox"/> Aspirin (03)
_____			<input type="checkbox"/> Diabetes (250.0)	<input type="checkbox"/> Codeine (04)
First name	Middle initial		<input type="checkbox"/> Depression (311.0)	<input type="checkbox"/> Erythromycin (09)
_____			<input type="checkbox"/> Glaucoma (365.90)	<input type="checkbox"/> Iodine (29)
Birth date (mo/day/yr)	Sex (M/F)		<input type="checkbox"/> High Cholesterol (272.0)	<input type="checkbox"/> Penicillin (01)
			<input type="checkbox"/> Hypertension (401.90)	<input type="checkbox"/> Sulfa (15)
			<input type="checkbox"/> Thyroid <input type="checkbox"/> High (242.9)	<input type="checkbox"/> Low (244.9)

**Other health conditions or drug allergies:** \_\_\_\_\_ ( )

Physician last name \_\_\_\_\_ First name \_\_\_\_\_ Phone # \_\_\_\_\_

Dependent #4	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	Health Conditions	Drug Allergies
_____			<input type="checkbox"/> Asthma (493.90)	<input type="checkbox"/> None
Last name			<input type="checkbox"/> Arthritis (716.90)	<input type="checkbox"/> Aspirin (03)
_____			<input type="checkbox"/> Diabetes (250.0)	<input type="checkbox"/> Codeine (04)
First name	Middle initial		<input type="checkbox"/> Depression (311.0)	<input type="checkbox"/> Erythromycin (09)
_____			<input type="checkbox"/> Glaucoma (365.90)	<input type="checkbox"/> Iodine (29)
Birth date (mo/day/yr)	Sex (M/F)		<input type="checkbox"/> High Cholesterol (272.0)	<input type="checkbox"/> Penicillin (01)
			<input type="checkbox"/> Hypertension (401.90)	<input type="checkbox"/> Sulfa (15)
			<input type="checkbox"/> Thyroid <input type="checkbox"/> High (242.9)	<input type="checkbox"/> Low (244.9)

**Other health conditions or drug allergies:** \_\_\_\_\_ ( )

Physician last name \_\_\_\_\_ First name \_\_\_\_\_ Phone # \_\_\_\_\_

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**Cost effective**

Through this mail order drug program, you can receive up to a 90-day supply of preferred medication for a money-saving copayment as outlined in your group-specific coverage.\* Many plans save as much as one full monthly copayment with every 90-day supply of preferred medication ordered. You can also save money by asking your doctor to prescribe generic drugs. If you or your physician selects brand-name drugs, you will be required to pay the difference between the brand and generic equivalent.

**Mail order application**

Please complete all parts of the form. Mail the form, your prescription and payment to:

**Express Scripts Inc.,  
3684 Marshall Lane,  
Bensalem, PA 19020-5997.**

Your member ID number is on your identification card. This number is required to process your order. You can also submit your application online to expedite the process. Just log on to [www.bcnepa.com](http://www.bcnepa.com) and follow the on-screen directions.

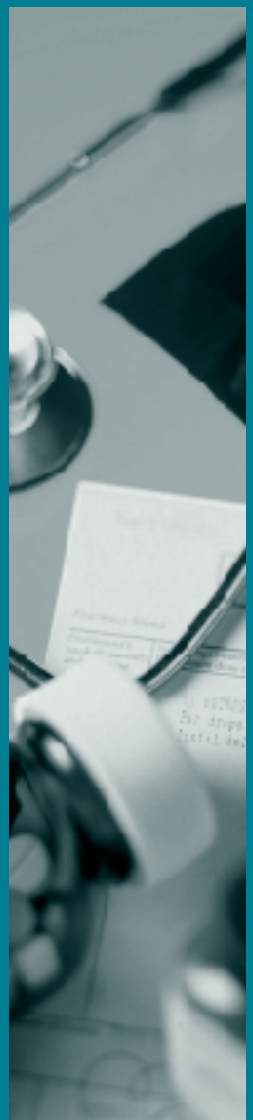
**Other questions?**

If you have any questions concerning your prescription drug benefits, call the Express Scripts Customer Service Call Center at 1-877-603-8399. Representatives can be reached 24 hours a day, 365 days a year. You can also write to Express Scripts at 6301 Cecilia Circle, BW1010, Suite 200, Bloomington, MN 55439-0842.

**Easy to use**

By following these simple steps, you order your medications and they're delivered right to your home. And, refills are just as easy! A reorder envelope and refill notice will be sent with all prescriptions. It will tell you the amount of refills remaining on your prescription, if any. To order your refill, simply send your refill order no later than the date marked on the notice, or call 1-877-603-8399. For the quickest possible service, you can order your refills online. Just log on to [www.bcnepa.com](http://www.bcnepa.com) and follow the on-screen directions.

\* Since programs differ, coverage is provided according to your group-specific prescription drug benefits.



# Mail Order



## You should know

With the Multi-Tiered Prescription Drug Program, your participating pharmacist will know what prescription drugs require which specific copayment. If you're prescribed a Tier 3 drug and charged a higher copayment, you have the option to request, from the pharmacist, a Tier 1 or Tier 2 drug. Your pharmacist can call your physician for the appropriate authorization for the switch. But please know that if you leave the pharmacy with the drug, the pharmacy, by law, will not allow you to return the medication.

## Your prescription drug benefit online

Now you can have personalized prescription drug benefit information at your fingertips. All you need to do is log on to [www.bcnepa.com](http://www.bcnepa.com), go to "Group Health Care Coverage" and click on "Pharmacy Information." You can register to use this site with your member identification number. The site can provide you with:

- personalized group benefit information;
- mail order pharmacy registration and refill information;
- members' claims history;
- a list of BCNEPA's preferred drugs (drug formulary);
- drug, health, and wellness information; and
- a list of participating pharmacies nationwide.

## Vacation supply

If you're planning to travel outside of the service area, authorization can be given for one refill of your medication. Ask your pharmacist to call our pharmacy help desk to make this request. The request can be made at any time before the next regular refill due-date.

## Out-of-area coverage

Blue Cross of Northeastern Pennsylvania uses the Express Scripts national pharmacy network throughout the United States. These out-of-area participating pharmacies can provide the same services as your local participating pharmacy. To locate a participating out-of-area pharmacy, call the Express Scripts Customer Service Call Center at 1-877-603-8399 anytime, check the directory, or go online at [www.bcnepa.com](http://www.bcnepa.com).

## Exclusions

- injectable drugs used to treat infertility;
- drugs that do not require a prescription;
- medical supplies, devices, equipment, and test agents, except for those used in the treatment of diabetes;
- drugs used for cosmetic purposes and for weight loss;
- prescription smoking-cessation aids, including all nicotine-containing products and all oral medications, with the exception of Zyban®, which is covered for one treatment period per lifetime;
- drugs that are not FDA-approved and drugs determined to be experimental and/or investigational by the FDA;
- multiple vitamins, except those used for pregnancy, and multiple vitamins with fluoride for the prevention of dental caries in children under age 16;
- additional charge for a brand name drug for which there is a generic equivalent drug available;
- drugs for impotence in excess of four doses per month;
- drugs requiring prior authorization that have not been authorized as an exception;
- drugs that cannot be self-administered;
- allergy extracts for allergen immunotherapy;
- administration or injection of any drug;
- drugs provided to a member as an inpatient or outpatient when the drugs are available under any health insurance program other than this drug program;
- replacement of lost, stolen, or damaged drugs; and
- drugs that should not be dispensed, based on the pharmacist's professional judgment.

*Please note, self-funded group benefits may differ from the benefits and services described herein. Consult your Summary Plan Description for complete details of your coverage.*

**Note:** This brochure contains general information about the prescription drug benefit program. It is not intended to be a substitute for the terms, provisions, limitations, and conditions imposed by the contract. A complete list of benefits and exclusions is included in the contract between your employer and Blue Cross of Northeastern Pennsylvania/Highmark Blue Shield and/or First Priority Health. Final interpretation of any provision is governed by the contract.

# Customer Service

If you have any questions regarding your health care coverage, please call our Customer Service representatives at the appropriate number:

### Prescription Drug Program Information

Express Scripts Customer Service  
1-877-603-8399  
24 hours a day, 365 days per year

(TTY/TDD) hearing and/or speech impaired 1-800-899-2114

### Blue Cross of Northeastern Pennsylvania

Customer Service  
1-800-829-8599  
weekdays 8:00 a.m. to 5:30 p.m.

(TTY/TDD) hearing and/or speech impaired 1-866-280-0486

### First Priority Health

Member Services  
1-800-822-8753  
weekdays 7:00 a.m. to 7:00 p.m.

(TTY/TDD) hearing and/or speech impaired 1-800-413-1112

### Access Care II and Comprehensive Major Medical

Customer Service  
1-888-338-2211  
weekdays 8:00 a.m. to 5:30 p.m.

(TTY/TDD) hearing and/or speech impaired 1-866-280-0486



**BlueCross  
of Northeastern Pennsylvania**

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