

# Rx NEBRASKA PRESCRIPTION DRUG PLAN

Prescription drug copays apply to the members out-of-pocket limits (deductible and coinsurance) for Preferred Deductible plans; **not the HSA-eligible High Deductible Health Plan.**

WHEN YOU....	YOU PAY...	
purchase a Preferred Generic drug (including non-formulary contraceptives)	<b>IN-NETWORK</b> Up to a \$10 copay	<b>OUT-OF-NETWORK</b> 50% Coinsurance
purchase a Non-Preferred Generic drug	50% of the cost of the drug with a \$25 minimum Copay \$50 maximum Copay	50% Coinsurance
purchase a Preferred Brand Name drug (on the BCBSNE formulary list)	25% of the cost of the drug with a \$25 minimum Copay \$50 maximum Copay	50% Coinsurance
purchase a Non-Preferred Brand Name drug (not on the BCBSNE formulary list)	50% of the cost of the drug with a \$50 minimum Copay \$75 maximum Copay	50% Coinsurance
purchase a Specialty Pharmacy drug through a designated pharmacy after one fill (contact Prime Therapeutics Specialty Pharmacy at 877-627-6337 - some drugs may be excluded)	IN NETWORK: 25% of the cost of the drug with a \$100 minimum Copay \$150 maximum Copay	<b><u>NOT COVERED</u></b>

**Covered items and exclusions:**

Refer to your Schedule of Benefits and Summary Plan Description Booklet

**Quantity limitations:**

- \* Quantity limitations are in place for acute migraine prescriptions and vary by product. Generally limited to 12 doses per month.
- \* Quantity limitations of eight per month on Viagra, Levitra, and Cialis (excluded for males under age 19).

**Prior authorization** is required, but not limited to, on the medications listed below to determine if benefits will be available under this plan.

- \* Specialty pharmacy drugs - some products may be excluded

- \* Ampyra
- \* Botox, Dysport, Myobloc, Zeomin
- \* DHEA
- \* HER2 Therapy
- \* Hepatitis C treatment
- \* IVIG
- \* Cox-2 inhibitors, including but not limited to Celebrex, Duexis, and Vimovo
- \* Oral acne antibiotics
- \* Oxycontin quantity limits
- \* Prolia
- \* Proton pump inhibitors (Nexium)
- \* Retinoids - topical acne agents
- \* Regranex
- \* Topical compound pain creams

# Rx NEBRASKA PROVIDER INFORMATION

**Toll-free pharmacy locator number: 1-877-800-1746**

You can call this toll-free number 24 hours a day, seven days a week, to find a participating pharmacy near you.

**Mail Service**

In addition to your local participating pharmacy you have the option of using mail order to fill your maintenance or long-term prescriptions. You may purchase up to a 90-day supply at a time with a copay being applied to each 30-day supply.

To find out how to start using Prime Therapeutics 'PrimeMail' order service you can go to the Blue Cross Blue Shield website at [Manage Medications: Get Prescriptions from MyPrime | BCBSNE \(nebraskablue.com\)](https://www.nebraskablue.com/Manage-Medications-Get-Prescriptions-from-MyPrime) .