



Blue Shield of California Endorsement to your Outpatient Prescription Drug Plan

This Endorsement should be attached to, and is made part of, your Blue Shield of California *Outpatient Prescription Drug Rider*. Please retain it for your records.

Effective **September 25, 2022**, your EOC is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following language has been added to the **Prescription Drug Benefits** introduction section:

Benefits are provided for COVID-19 therapeutics approved or granted emergency use authorization by the U.S. Food and Drug Administration for treatment of COVID-19 when prescribed or furnished by a Health Care Provider acting within their scope of practice and the standard of care. Coverage is provided without a Cost Share for services provided by a Participating Provider. For services provided by a Non-Participating Provider, coverage is provided without a Cost Share during the federal COVID-19 Public Health Emergency and for six months after the end of the federal COVID-19 Public Health Emergency.

For a disease for which the Governor of the State of California has declared a public health emergency, therapeutics approved or granted emergency use authorization by the U.S. Food and Drug Administration for that disease will be covered without a Cost Share.

Effective **January 1, 2023**, your Outpatient Prescription Drug Rider is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following revisions have been made to the **Obtaining outpatient prescription Drugs at a Participating Pharmacy** section:

~~There is no Copayment or Coinsurance for generic, FDA-approved contraceptive Drugs and devices obtained from a Participating Pharmacy. Brand contraceptives are covered without a Copayment or Coinsurance only when Medically Necessary.~~ Contraceptive Drugs and devices obtained from a Participating Pharmacy are covered without a Copayment or Coinsurance, except for brands that have a generic equivalent. If your Physician or Health Care Provider determines that the covered Generic Drug therapeutic equivalent is medically inadvisable, the brand name contraceptive will be covered without a Copayment or Coinsurance upon submission of an exception request. If there is no Generic Drug therapeutic equivalent available, you will receive the brand name contraceptive without a Copayment or Coinsurance.

2. The following revisions have been made to the **Prior authorization/exception request/step therapy process** section:

The following Drugs require prior authorization:

- Some Formulary Drugs, compounded medications, and most Specialty Drugs; and

- Drugs exceeding the maximum allowable quantity based on Medical Necessity and appropriateness of therapy; ~~and~~
- ~~Some brand contraceptives, in order to be covered without a Copayment or Coinsurance.~~

3. The following revisions have been made to an **Exclusion** in the **Outpatient prescription Drug exclusions and limitations** section:

Drugs that are available without a prescription (over-the-counter), including drugs for which there is an over-the-counter drug that has the same active ingredient and dosage as the prescription Drug. This exclusion will not apply to over-the-counter drugs with a United States Preventive Services Task Force (USPSTF) rating of A or B or to ~~female~~ over-the-counter contraceptive Drugs and devices when prescribed by a Physician.

4. The following revisions have been made to the **Drugs** definition:

Drugs include the following: [...]

- Contraceptive drugs and devices, including the following:
 - Diaphragms;
 - Cervical caps;
 - Contraceptive rings;
 - Contraceptive patches;
 - Oral contraceptives;
 - Emergency contraceptives; and
 - ~~Female~~ Over-the-counter contraceptive products when ordered by a Physician;

Effective **July 1, 2023**, your EOC is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. The following language has been added to the **Prescription Drug Benefits** introduction section:

Some Drugs, most Specialty Drugs, and prescriptions for Drugs exceeding specific quantity limits require prior authorization to be covered. The prior authorization process is described in the *Prior authorization/exception request/step therapy process* section. You or your Physician may request prior authorization from Blue Shield.

Prescription Drug information is available by logging into your member portal at blueshieldca.com and selecting "Price Check My Rx." This tool can show you:

- Your eligibility for a prescription Drug;
- The current cost of the prescription Drug;
- Any available lower cost alternative(s) to the prescription Drug based on your plan Formulary and the pharmacy that fills your prescription;
- Any limits, restrictions, or requirements for each Drug, if applicable; and
- Your current plan Formulary.

"Price Check My Rx" prices are based on your Deductible and Out-of-Pocket Maximum accruals (if applicable) at the time you view the prescription Drug price. Costs may be different at the time you fill your prescription due to claims processing. You or your Physician or Health Care Provider can also request this Prescription Drug information by calling Customer Service.