



**BlueCross BlueShield  
of Illinois**

# Blue Cross and Blue Shield of Illinois Provider Manual

## HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association

# Drugs

## Benefit

Members eligible for the HMO prescription drug benefit have this benefit noted on their HMO ID card. **Please note that a small percentage of HMO members receive pharmacy benefits from non-BCBSIL vendors, whose formularies differ from that of BCBSIL.**

Outpatient prescription drugs, including self-injectable drugs, are covered through the Prescription Drug Program. If the member purchases the medication(s) at a Blue Cross and Blue Shield participating pharmacy, he/she pays only a designated copayment. If the member fills the prescription at a non-participating pharmacy, he/she may be reimbursed for 75% of the cost of the prescription, less the copayment.

Most outpatient drugs are available up to a 34-day supply at participating pharmacies. Some maintenance drugs in larger quantities will be covered when purchased from a participating mail order prescription drug provider. The member will be charged only their co-payment. Benefits for contraceptive drugs will be provided only for certain contraceptives dispensed by a participating mail order prescription drug provider. Please refer to the current HMO Drug Formulary for a listing of drugs covered in these programs. The HMO Drug Formulary is available on the BCBSIL website.

Benefit limitations exclude certain drugs used for cosmetic purposes (i.e. Propecia for male pattern baldness, Retin A or Renova for skin wrinkles).

The prescription drug program is based on a formulary. When possible, physicians should prescribe efficacious generic or brand name drugs identified in the HMO Drug Formulary.

## Interpretation

Drugs administered during an inpatient admission or during surgical procedures in an ambulatory facility are billed as part of the facility charges and are paid by the HMO. The HMO also pays for drugs administered to a homebound member by a home health agency.

The IPA pays for all drugs and supplies given to the member during an office visit and nonsurgical procedures in an ambulatory facility. This is true regardless of route of administration. The IPA may NOT ask a member to use the prescription benefit to obtain medications intended for administration during an office visit or require the member to procure the medications.

The IPA provides these drugs to the member at no additional cost. Such drugs include but are not limited to:

- All intravenous injectables including chemotherapy and antibiotics, **except for** heparin preparations and anithemophelic factors
- All biologicals
- childhood and adult vaccinations
- required immunizations for planned travel
- allergy immunizations/allergens/desensitization injections

The FDA classifies some injectable therapeutic agents as devices. The IPA purchases these injectables for subsequent reimbursement from the HMO. Additional information can be found in this section on the Hyaluronan guide line. The brand names include, but are not limited to:

- Synvisc®
- Hyalgan®

Most employers cover self-injectable drugs as part of the Prescription Drug Benefit when the HMO classifies the drug as a self-injectable. Members must use a network pharmacy. Preauthorization is not required.

## Coverage Variation

Benefit plan DIRPI- no prescription drug benefit.

Some employer groups have limitations on their prescription benefits. Such limitations may include self-injectable or contraceptive drugs.

A small percentage of HMO members receive pharmacy benefits from non-BCBSIL vendors and coverage may vary.

Effective July 1, 2017, Contraceptive Drugs are not in benefit for members of the Archdiocese of Chicago Employer Group. The group numbers are: H00120, H00119, B00599 and B00598.

**Note: See related benefits interpretations on:**

Erythropoietin, Family Planning, Growth Hormone Therapy, Hematopoietic Growth Factors, Immunizations, Intravenous Immunoglobulin, Lupron

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