

**BLUE CROSS & BLUE SHIELD OF RHODE ISLAND
SUBSCRIBER AGREEMENT AMENDMENT**

Your Subscriber Agreement has been amended to comply with the applicable laws and regulations of the State of Rhode Island. This amendment provides you with contact information for our Pharmacy Benefit Manager (PBM). The following provisions are included in your Subscriber Agreement.

1. Effective January 1, 2013, our Pharmacy Benefit Manager (PBM) has changed. Sub-sections “How to Obtain Prescription Drug Preauthorization” and “How to Obtain Dose Optimization” in the section entitled Prescription Drugs and Diabetic Equipment/ Supplies are amended. Contact information in these sub-sections is replaced as follows:

- By fax, submit the form to Catamaran at 1-866-391-7222;
- By phone, contact Catamaran at 1-866-391-1164;
- By mail, send the completed form to:

Catamaran
Prior Authorization
P. O. Box 5252
Lisle, IL 60532-5252

Note: You may request an expedited review if the circumstances are an emergency. Due to the urgent nature of an expedited review, your prescribing *provider* must call 1-866-391-1164 or fax the completed form to 1-866-391-7222 and indicate the urgent nature of the request. If an expedited *preauthorization* review is received by us, we will respond to you with a determination within seventy two (72) hours following receipt of the request.



Peter Andruszkiewicz
President and Chief Executive Officer