

Frequently Asked Questions About Medication Management

Preferred Provider Organization (PPO) and Health Savings Account (HSA) Medical Plans

The following frequently asked questions (FAQs) answer common questions about medication management programs through Prime Therapeutics. Medication management programs apply to prescription drug benefits under the PPO and HSA medical plans. Medications listed in this document are subject to change. Check for the most up-to-date information at myprime.com.

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1. What is medication management?

BMC implemented medication management programs in 2013 to ensure that your medications are prescribed correctly, filled safely, and provided in the most cost-effective way. Certain medications may require approval through a coverage review before they will be covered. This review uses plan rules based on U.S. Food and Drug Administration (FDA)-approved prescribing, safety, and clinical guidelines. There are several different medication management programs that will apply to the prescription drug benefits under the medical plans: **preferred drug step therapy, quantity management, prior authorization, smart prior authorization, generics preferred, and exclusive home delivery for maintenance medication.**

2. What is smart prior authorization?

Smart prior authorization automatically applies a set of rules for certain prescription drugs to determine if the medication, dose, and quantity are appropriate for the patient's condition. By applying factors that are on file with Prime Therapeutics — such as the member's medical history, drug history, age, or sex — the drug can often be dispensed without further evaluation.

3. What drugs may be subject to smart prior authorization?

Check for the most up-to-date information at myprime.com.

4. What is step therapy?

Step therapy means that certain medications may not be covered unless you have first tried another medication or therapy. One type of step therapy is preferred drug step therapy, which requires you to try a preferred generic or brand-name medication to treat a particular condition before the plan will cover another (usually more expensive) drug that your doctor may have prescribed. Preferred drug step therapy is intended to reduce costs to you and BMC by encouraging the use of medications that are less expensive but can still treat your condition effectively. With preferred drug step therapy, Prime Therapeutics and your doctor work together before certain prescriptions can be filled under the medical plan.

When you fill a prescription for a drug on the step therapy list, a message is automatically sent to the dispensing pharmacist to encourage them to check whether the generic or preferred brand medication would be appropriate. If you attempt to fill a prescription for a higher-cost or non-preferred brand-name medication without having first tried the preferred generic or brand-name medication, your prescription may not be covered. If this happens, your pharmacist can contact your doctor to ask if you can switch to the preferred alternative or speak to your doctor.

5. What drugs are considered preferred and non-preferred on the step therapy drug list?

Check for the most up-to-date information at myprime.com.

6. What is quantity management?

Quantity management is a program that is part of your pharmacy benefit; it is designed to make the use of prescription drugs safer and more affordable. Quantity management limits the supply of certain medications you can receive at any one time to the daily dose considered safe and effective by the FDA and drug manufacturer's guidelines.

Quantity restrictions will apply to drugs such as migraine management agents, hypnotic agents, and some high-cost specialty drugs. These will be added to the current list of drugs requiring quantity management, which includes narcotic analgesics, anti-influenza agents, and erectile dysfunction agents. If your medication is subject to quantity limits, you can obtain up to the quantity allowed. If the prescription exceeds the limit allowed, Prime Therapeutics will alert the pharmacist as to whether a coverage review is needed for the additional amount. Your doctor can also contact Prime Therapeutics to request authorization of a higher limit.

7. What is prior authorization?

Some prescription drugs require prior authorization from Prime Therapeutics before you can buy them. A prescription may not be approved if it does not meet certain criteria. To get prior authorization, your doctor must contact Prime Therapeutics and request a coverage review for these drugs before the plan covers them. Your doctor must provide the diagnosis, specific drug number, dosage, and approximate treatment duration. If coverage is approved, your doctor will receive notification from Prime Therapeutics. If it is not approved, you may have to pay the full cost of the prescription.

Some examples of drugs that require prior authorization are dermatological agents Adoxa, Avidoxy, Monodox, Oracea, and Solodyn; androgens and anabolic steroids such as Axiron, Fortesta, and Testim; and certain other high-cost specialty medications. Check for the most up-to-date information at myprime.com.

The best way to avoid inconvenience is to have your doctor call Prime Therapeutics for prior authorization before you go to the pharmacy or submit your prescription to the mail-order program.

8. I receive my prescriptions through the mail-order program. Am I impacted differently?

The medication management programs apply to prescriptions you receive at your local pharmacy as well as those you order through Express Scripts Pharmacy Mail Order. If you submit your prescription to the Express Scripts Pharmacy Mail Order service, a representative will call your doctor to suggest 1) changing your prescription to a preferred drug, 2) changing your prescription to a different quantity, or 3) asking for a prior authorization.

9. What can I do if I've already tried the preferred (step therapy) drugs on the list?

With preferred drug step therapy, more expensive brand name drugs are usually covered as a backup in the program if:

- 1) You have already tried the generic drugs covered in the preferred drug step therapy program.
- 2) You can't take a generic drug (for example, because of an allergy).
- 3) Your doctor decides, for medical reasons, that a brand name drug is needed.

If one of these situations applies, your doctor can request a coverage review so that you can take a backup prescription drug by calling **1-877-278-4420**. If the review is approved, you pay the appropriate coinsurance or copayment for this drug, which may be higher than what you would pay for the plan-preferred alternatives. If the review is not approved, you may have to pay full price for the drug. Go to myprime.com to estimate your annual prescription drug costs under the PPO and HSA medical plans.

10. What happens if my doctor's request for a prior authorization is denied?

When a request for a medication requiring prior approval is denied, you and/or your doctor can request a coverage review. Your doctor must provide Prime Therapeutics with additional information to support the use of the drug for you. Your doctor will be sent a Coverage Review Fax Form to fill out and fax back to Prime Therapeutics. When you use the mail-order program, Express Scripts Pharmacy Mail Order will automatically call your doctor to start the process.

After the coverage review process is completed, Prime Therapeutics will send you and your doctor a letter confirming whether coverage has been approved (usually within two business days of receiving the necessary information). If coverage is approved, you'll simply pay the normal coinsurance or copayment for the medication. If coverage is denied, you'll be responsible for the full cost. Note: If coverage is denied, the letter will include the reason for the coverage denial and instructions on how to submit an appeal.

11. How long does it take for an appeal?

Urgent appeals are reviewed within 72 hours. If you haven't received your medication, the appeal may take up to 15 days. If you have received your medication, the appeal may take up to 30 days.

12. What if I fill my prescription(s) on my own without receiving approval or completing the appeal process?

The plan will not cover the drug, and you will be responsible for the full cost.

13. What are generic drugs?

A generic drug is a chemically equivalent, lower-cost version of a brand-name drug. The generic version becomes available when a brand-name drug's patent expires, and it usually costs 80% less than the brand-name version.

14. What is the generics preferred policy?

The generics preferred policy encourages the use of generic medications. Under the policy, if you obtain a brand-name drug (preferred or non-preferred) when an equivalent generic drug is available, you will pay the brand-name coinsurance (or copay) plus 100% of the difference in cost even if your cost exceeds the maximum copayment per prescription (PPO plan). The additional costs that you pay will not apply to your annual deductible or annual out-of-pocket maximum.

15. Are generic drugs as safe as brand-name drugs?

Yes. The FDA requires that all drugs are safe and effective. Since generics use the same active ingredients and are shown to work the same way in the body, they have the same risks and benefits as their brand-name counterparts. The FDA requires generic drugs to have the same quality, strength, purity, and stability as brand-name drugs.

16. What if there's no generic available for the medication that I take?

Ask your doctor if a generic or another brand-name medication that treats the same condition is appropriate for you, or ask for a less expensive, brand-name drug. You should work with your doctor to decide the most appropriate treatment for you.

17. How do I make sure that I receive generic drugs so that my costs are lower?

Pharmacies will generally give you a generic drug unless your doctor has asked for a specific brand-name drug. If your doctor has prescribed a brand-name drug (either preferred or non-preferred) when a generic is available, you will pay the brand-name coinsurance or copay, plus the difference in cost between the brand-name and generic drug.

18. What are maintenance medications?

Maintenance medications are prescription drugs that you take regularly. Birth control and drugs that treat asthma, diabetes, high cholesterol, high blood pressure, arthritis, and other ongoing conditions are usually considered maintenance medications.

A maintenance medication can also be a drug that you take for three to six months and then discontinue. For example, an allergy medication that you take in the spring and summer is a maintenance medication.

Check for the most up-to-date information at myprime.com or use the [MyBlueRxTX](#) mobile app.

19. What is Express Scripts Pharmacy Mail Order?

Express Scripts Pharmacy Mail Order is a program that encourages you to get maintenance medications filled through the Express Scripts Pharmacy Mail Order service. The program allows you to get up to 30-day supply of maintenance medication through retail network pharmacies up to three times. Beginning with the fourth fill, you will pay the entire cost of the drug if you continue to fill at a retail pharmacy.

20. Can I continue to fill prescriptions for maintenance medications at my local retail pharmacy?

You and your covered dependents will be allowed three fills of maintenance medications at a retail pharmacy. If, after the third fill of a prescription at a retail pharmacy, you don't transfer the prescription to Express Scripts Pharmacy Mail Order, you will pay the entire cost of the prescription at the retail pharmacy, and the cost you pay will not be applied toward your deductible and out-of-pocket maximum.

21. Can the Express Scripts Pharmacy Mail Order service accept prescription transfers from retail pharmacies?

No. Express Scripts is unable to accept transferred prescriptions but will assist you by contacting your doctor to obtain a new prescription. Call Express Scripts at **1-866-577-2523**.

22. How do I order my refills from the Express Scripts Pharmacy Mail Order service?

With Express Scripts Pharmacy Mail Order, you can choose from one of four easy ways to refill your prescriptions:

Online: Visit express-scripts.com/rx and register. (You'll need your member ID number and a recent prescription number.) Then click "Order prescriptions." Any prescriptions that are available for refill will be displayed.

By phone: Call Express Scripts at **1-866-577-2523**.

By mail: Complete a Home Delivery Order Form, available at express-scripts.com/rx. Send the completed form along with your prescription to the address provided on the form.

By physician fax: For new prescriptions or to renew your prescriptions, ask your physician to call **1-866-577-2523** for faxing instructions. (Only your physician may fax prescriptions.)

23. How much will I pay for a 90-day supply of the maintenance medication I take?

You can find medication costs on the Express Scripts website. Go to express-scripts.com/rx and register (You'll need your member ID number). After you have logged in, click on the **Manage Prescriptions** link, and then select **Price a Medication** from the drop-down menu.

24. How soon will I receive my mail-order prescription, and how can I check the status of my order?

Orders are usually processed within 48 hours of receipt. You can check the status of your order by logging on at express-scripts.com/rx and choosing "Order status" or you can call Express Scripts Member Services at **1-866-577-2523**.

25. What if my medications require special handling, such as refrigeration?

Medications needing refrigeration are shipped in temperature-controlled foam coolers with cold gel packs. Express Scripts uses a temperature forecasting software and other information to evaluate the temperature for your zip code and to determine how to package and ship temperature-sensitive medication to make sure it arrives safely.

26. I live in Texas. Does the Express Scripts Pharmacy Mail Order take the weather into consideration when packaging and shipping my medication?

Express Scripts has shipped hundreds of millions of prescription drug orders to all parts of the country at all times of the year. Medications with solid dosage forms, such as tablets, are rarely damaged by temperatures as low as 0° F and as high as 150° F. While medication should not be stored at extreme temperatures for prolonged periods, short-term exposure is rarely an issue.

27. How do I know if I'm impacted by one of the medication management programs?

If you are taking a medication that is impacted by a medication management program, Express Scripts will send you a letter in late November or early December. The letter will explain what actions you or your doctor need to take. Please confirm that your home mailing address in Employee Direct Access is current to ensure that you receive the letter.

28. What is the FlexAccess program?

[FlexAccess](#) is a copay assistance program that works with Prime Therapeutics to help employees and their covered dependents save on the costs of certain specialty prescriptions. For the small percentage of employees and family members who require specialty medications, the program is designed to make them accessible, affordable, and provide additional customer service and clinical support.

29. What specialty drugs are part of the FlexAccess program?

Click [here](#) to view the current list of specialty drugs impacted by this change. Most BMC employees and covered dependents who are enrolled in our medical prescription drug plan will not be impacted by this change; they are not taking prescription drugs that fall into the select group of specialty drugs that qualify for the FlexAccess program.

30. How do I know if I need to enroll in the program?

Employees and their covered family members who are taking one of the specialty drugs that are part of this program in 2024 will receive a letter from FlexAccess in the fall of 2023. The letter will explain the program and provide details about enrolling in the program for an effective date of January 1, 2024.

New enrollees or employees who are newly prescribed a specialty drug in 2024 will be identified by Accredo when they first attempt to fill the prescription and directed to FlexAccess to enroll in the program.

31. Do I have to participate in the FlexAccess program if I take one of these specialty drugs?

Enrollment in the program is voluntary. If you choose **not** to participate, you will be responsible for the copay. Keep in mind that the copay will **not** count toward your deductible or out-of-pocket maximum. For example:

You are on Copaxone, and your copay is currently \$70. Effective January 1, 2024, your copay will increase to \$1,000.

- If you enroll in the FlexAccess program, your full copay will be paid through the manufacturer copay assistance program, and you **will pay nothing (\$0)**.
- If you choose **not** to enroll in the FlexAccess program, **your financial responsibility will be the full \$1,000 copay**. In addition, the \$1,000 copay will **not count toward your deductible or out-of-pocket maximum**.