



# Your PPO Prescription Drug Benefits for 2019

**You may have one or more of these prescription drug benefit offerings through Blue Cross and Blue Shield of Illinois (BCBSIL):**

## 1. Preferred Pharmacy Network

A Preferred Pharmacy Network is included in your prescription drug benefit plan. When you fill a prescription for up to a 30-day supply of a covered prescription drug from a retail pharmacy that contracts to participate in the Preferred Pharmacy Network, you may pay the lowest copay/coinsurance amount. If you fill a prescription at a non-preferred, in-network pharmacy, you may pay a higher copay or coinsurance.

You can also fill a prescription for up to a 90-day supply of a covered prescription drug at a retail pharmacy that participates in the Preferred Pharmacy Network.

To find a preferred pharmacy in the 2019 network, sign in to [myprime.com](http://myprime.com). Please note that changes may be made to the participating pharmacies in the future.

## 2. Drug List Benefits

Your benefit plan is based on the Performance Drug List. All available covered drugs are shown on the printed list, unless you have a benefit exclusion. Drugs that are not shown are not covered. Most major drug classes are covered on the drug list. The Performance Drug List is updated online quarterly.

Some drugs may move to a higher payment level tier and some drugs may no longer be covered under the prescription drug benefit. As a reminder, drugs that have not received U.S. Food and Drug Administration (FDA) approval are not covered for safety reasons.

For drugs that move to a higher tier, they may still be eligible for coverage but you may have to pay a higher copay or coinsurance amount. For drugs that are no longer covered, a covered generic or lower cost alternative drug may be right for you. Depending on your prescription drug benefit, these alternative drugs may cost you less.

If you are taking or are prescribed a drug that has moved to a higher payment level tier or is no longer covered, ask your doctor about your drug therapy options. These drugs may cost you less. Your doctor can also request a drug list coverage exception from BCBSIL (unless you have a benefit exclusion). As always, treatment decisions are between you and your doctor.

Visit [bcbsil.com/avmaahp](http://bcbsil.com/avmaahp) for a more comprehensive and up-to-date list.



For more information about prescription drug benefits, you can visit [bcbsil.com/avmaahp](http://bcbsil.com/avmaahp), log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) and click on the 'Prescription Drugs' link or call the phone number on the back of your member ID card.

### 3. Utilization Management Programs

Your prescription drug benefit plan has the Prior Authorization, Step Therapy and Dispensing Limit programs. These programs promote safe and proper use of medicines. **Please note:** Select drugs that are new to the market may also need prior authorization.

- **Prior Authorization (PA)** – If your drug is part of the PA program, you will need to have your doctor submit pre-approval (also known as a prior authorization request).
  - If your request is approved, you will pay for your share of the drug, based on your benefit plan.
  - If your request is not approved, the drug will not be covered. You may still fill the prescription, but you may have to pay for the full amount charged by the pharmacy.
- **Step Therapy (ST)** – If your drug is part of the ST program, you may need to use a preferred drug first before coverage can be approved for another drug. If you and your doctor decide that the preferred drug is not right for you, your doctor can submit a prior authorization request.
  - Members who are now taking a drug included in the program may not be affected.
- **Dispensing Limits** – Some drugs may have limits on them, such as how much medicine can be covered per prescription or in a given time span. These coverage limits are based on the manufacturer’s guidelines and FDA approval. Members taking or prescribed a drug that has a dispensing limit, may not get coverage for an amount above the limit. If you and your doctor decide that the dispensing limit may not be right for you, your doctor can submit a request.

Call the number on the back of your ID card for questions about a certain drug, or visit [bcbsil.com/member/prescription-drug-plan-information/programs-other-members](https://www.bcbsil.com/member/prescription-drug-plan-information/programs-other-members) for a list of prior authorization and step therapy programs.

*Remember:* Choice of pharmacy and treatment decisions are *always* between you and your doctor, and cost is only one factor. Only you and your doctor can decide which medicine is right for you. Talk with your doctor or pharmacist about any questions or concerns you have about medicines you are prescribed.

Coverage is based on the limits and exclusions noted in your plan materials. Some drugs may call for members to meet certain criteria before prescription drug benefit coverage may be approved. See your plan materials for details.

A “preferred” or “participating” pharmacy has a contract with BCBSIL or BCBSIL’s pharmacy benefit manager (Prime Therapeutics) to provide pharmacy services at a negotiated rate. The terms “preferred” and “participating” should not be construed as a recommendation, referral or any other statement as to the ability or quality of such pharmacy.

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Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by BCBSIL to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.