

# Saginaw County, MA Pharmacy

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A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association



# WELCOME

- Agenda
- Network
- Pharmacy
- Formulary
- Member Access
- Member Resources

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# Prescription Drug Plan - Enhanced Comprehensive Formulary



- Your prescription drug plan is administered through BCBSM
- Money-saving generic and brand-name drug options
- A network that includes most Michigan retail pharmacies as well as most chain and national pharmacies

# Network Pharmacies



- A **network pharmacy** is a pharmacy that has a contract with BCBSM to provide your covered prescription drugs. **Nearly all Michigan pharmacies are in our network.**
- The network includes pharmacies that offer **standard cost-sharing** and **preferred cost-sharing**. Cost-sharing may be less at pharmacies with preferred cost-sharing for 31 day, as well as 90 day supply prescription fills.
- Find a list of network pharmacies on our website [Bcbsm.com/pharmaciesmedicare](http://Bcbsm.com/pharmaciesmedicare)

# Your Pharmacy Network



- **Preferred:** A network pharmacy that offers lower cost-sharing levels than at standard network pharmacies.
- **Standard:** A network pharmacy where you'll pay at standard cost-sharing levels.
- **Preferred Network Chain Pharmacies \***
  - Costco Pharmacy
  - Kmart Pharmacy
  - Kroger Pharmacy
  - Meijer Pharmacy
  - Walmart
  - Rite-Aid Pharmacy
  - Walgreens Pharmacy

**Save money on your prescriptions!**

Use a preferred network pharmacy and **SAVE BIG** on your 31- and 90-day prescriptions.

\* This is a partial list of pharmacies please look online or in your directory

# Pharmacies in our network



- More than 67,000 pharmacies nationwide. Including over 31,000 Preferred pharmacies.
- Includes most chain pharmacies.
- Home delivery through Walgreens (S)\*\* and Express Scripts (P)\*\* You can get prescription drugs shipped to your home through our network mail order pharmacies.
- Typically, you should expect to receive your prescription drugs within 14 days from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this timeframe, please contact us at the Customer Service number listed below:

**Express Scripts, Inc. (P) Toll-free: (800) 282-2881**  
**Walgreens Mail Service (S) Toll-free: (866) 525-1590**

\*\* S = Standard; P = Preferred

# Mail-Order/Home Delivery Providers



- Express Scripts (preferred)
  - 1-800-229-0832
  - [www.express-scripts.com](http://www.express-scripts.com)
- Walgreens (standard)
  - 1-866-877-2392
  - [www.walgreens.com/mailservice](http://www.walgreens.com/mailservice)
- Expect prescription delivery within 14 days

**REMINDER:** Submit your mail-order refill requests 14 days before you actually need the refill.



# Express Scripts



How will you view your Rx claims?

[www.express-scripts.com](http://www.express-scripts.com)

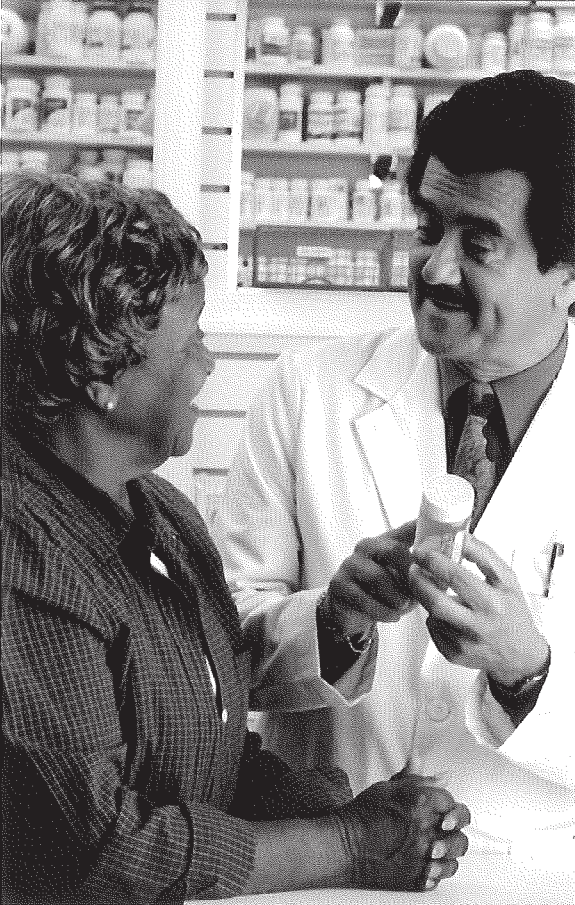
Once at the ESI site, select Claims & Balances from the prescriptions menu, then click the prescription claims & history tab.

- You can view 24 months of Rx history when logging into ESI
- You can also view old claims and new information

The screenshot shows the Express Scripts website interface. At the top, there is a navigation bar with links for 'Prescriptions', 'Benefits', 'Account', and 'Help'. On the right side of the navigation bar, there are links for 'ESIPortal' and 'Logout'. Below the navigation bar, the main heading is 'Claims & balances'. Underneath this heading, there is a sub-heading 'Find your prescription claim details and mail order payment details here. Simply select from the tabs below.' There are three tabs: 'Benefit plan balances', 'Prescription claims & history' (which is highlighted with an arrow), and 'Mail order payments'. Below the tabs, there is a section titled 'Claims & balances' with a date range '(Aug 01, 2017 - Dec 01, 2017)'. To the right of this section, there are options for 'Sort by: newest to oldest', a 'Go' button, and a 'Change date range' link. Below this, there is a note: 'The claims below may include prescriptions that have been processed to date as well as member submitted paper claims that require additional information to be processed (identified with an 'N/A'). To see claims in a different date range (up to the past 24 months), click on the "change date range" link above.' The section is titled '2017 Claims & balances' and shows a 'Patient:' field with redacted information.



# Your formulary drug tiers



- Your formulary is a list of drugs covered by your plan
- Cost share is applied based on drug tiers and pharmacy type
  - Tier 1 = Preferred generic
  - Tier 2 = Generic
  - Tier 3 = Preferred brand
  - Tier 4 = Non-preferred drugs
  - Tier 5 = Specialty drugs
- Your plan does not have a coverage gap as with other Part D prescription plans.
- [bcbsm.com/formularymedicare](http://bcbsm.com/formularymedicare)

# Prescription drug Benefits-at-a-Glance



Drug tier	Includes	Copay PDP Tiered		Helpful tips
		Preferred	Standard	
31-day Supply				
Tier 1 Preferred generic drugs	Generic drugs			Use Tier 1 drugs for the lowest copayments.
Tier 2 Generic drugs	Additional generic drugs			Tier 2 drugs keep copayments in the lower range.
Tier 3 Preferred brand drugs	Brand-name drugs			The lowest copayments among brand-name drugs.
Tier 4 Non-preferred drugs	Additional generics and brand-name drugs			Many non-preferred drugs have lower-cost alternatives in Tiers 1, 2 and 3. Ask your doctor.
Tier 5 Specialty drugs	Very high-cost generic and brand-name drugs			These drugs will likely involve a higher copay.

## Catastrophic Coverage - Pharmacy



- You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$5,100 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.
- During this stage, the plan will pay most of the cost for your drugs.
  - Your share of the cost for a covered drug will be either coinsurance or a copayment.
  - Once you qualify for catastrophic coverage, you'll pay \$3.40 (for generic), \$8.50 (for all other) or 5%, whichever is greater, but never more than your Medicare Plus Blue Group

# How do I use the Formulary?



- You can locate your drug in the formulary by **medical condition** or **alphabetically** via the Index.

CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine (pf) epidural solution</i>	2	
<i>clonidine hcl oral tablet</i>	2	
<i>clonidine transdermal patch weekly</i>	1	QL (12 per 84 days)

J	
JADENU .....	91
JAKAFI .....	42
jantoven .....	61
JANUMET .....	57
JANUMET XR .....	57
JANUVIA .....	57
JARDIANCE .....	57
JENTADUETO .....	57

INVOKANA ORAL TABLET 300 MG	3	ST; QL (90 per 90 days)	ta re
JANUMET ORAL TABLET	3	QL (180 per 90 days)	

**Drug Tier:** 1-Preferred Generic 2-Generic 3-Preferred 5-Specialty Drugs  
**Requirements/Limits:** B/D - Prior Authorization, Part D Limited Availability NEDS - Non-extended Day Supply Limit ST - Step Therapy  
**Brand-name** drugs are CAPITALIZED. **Generic** drugs are

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**By medical condition:** Drugs on the formulary are grouped into categories depending on the medical conditions they are used to treat.

**Alphabetically:** Drugs covered by your plan are listed alphabetically in the Index. Detailed information about the drug is found on the corresponding page.

# How do I use the Formulary?



- The formulary will show details about the drugs that are covered.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BYDUREON SUBCUTANEOUS SUSPENSION,EXT ENDED REL RECON	3	PA; QL (12 per 84 days)	GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	4	QL (360 per 90 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	4	PA; QL (7.2 per 84 days)	<i>glyburide micronized oral tablet</i>	2	
			<i>glyburide oral tablet</i>	2	

**Drug Tier:** 1-Preferred Generic 2-Generic 3-Preferred Brand 4-Non-Preferred Drug  
5-Specialty Drugs  
**Requirements/Limits:** B/D - Prior Authorization, Part D vs. Part B only EX - Excluded Drug LA - Limited Availability NEDS - Non-extended Day Supply PA - Prior Authorization QL - Quantity Limit ST - Step Therapy  
**Brand-name** drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

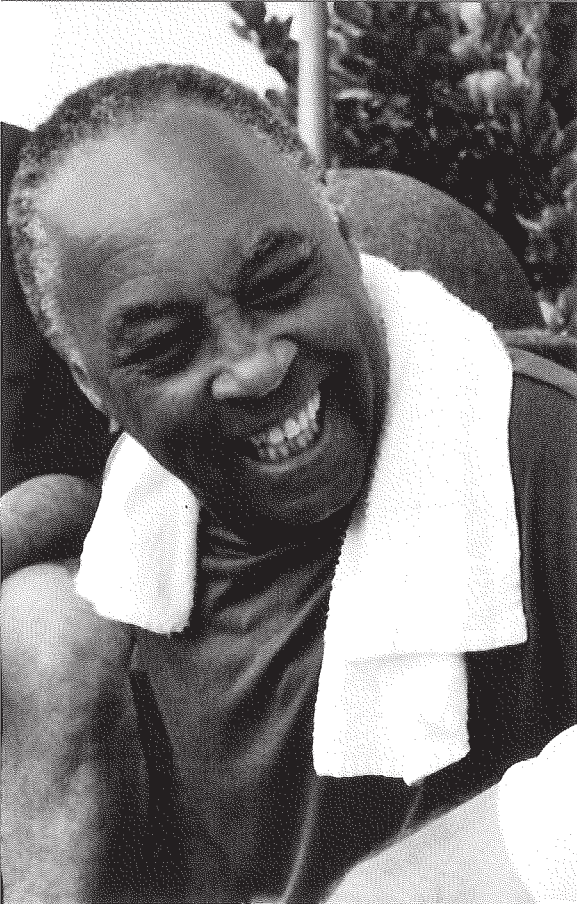
- The first column lists the drugs covered on the formulary.
- Next, the Drug Tier column displays the specific tier the drug is on. This determines your copay or cost share.
- The third column displays any additional coverage requirements for the drugs (such as prior authorization required or quantity limits).
- The bottom of each page includes a key to help you interpret the content above.

# Protecting you and managing your medication



- Step Therapy
- Prior Authorization
- Quantity Limits
- Formulary Exceptions
- Medicare B vs. Medicare D Medications

# Utilization Management



Some covered drugs have additional requirements or limits on coverage, including:

- **Prior Authorization (PA):** Your provider has to furnish required information prior to filling certain prescriptions for them to be paid.
- **Step Therapy (ST):** We require you to first try one drug to treat your medical condition before we'll cover another drug for that condition.
- **Quantity Limits (QL):** Only a certain number of doses per prescription or time period may be allowed. There would have to be a request submitted for a higher amount.

# Formulary Exceptions



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Sometimes you may be on a prescription that is not covered in our formulary. However if your medical condition requires it, your doctor can request an exception for you to continue on if no medication can substitute for it.

We require a doctor's explanation to cover a nonformulary drug. When an exception is approved, you'll pay a Tier 4 copayment, whether the drug is generic or brand name. Your Tier 4 copayment will depend on the plan you have and whether you obtain the medication at a Preferred or Standard Pharmacy.





# Formulary and Tier Exception Questions



## Formulary exceptions

When an exception is approved for a non-formulary drug, you'll pay a Tier 4 (nonpreferred drug) copayment, whether the drug is generic or brand-name.

## Tier exceptions

You and your provider can ask the BCBSM plan to make an exception in the cost-sharing tier for the drug so that you pay less for it.

If your provider says you have medical reasons that justify asking us for an exception, your provider can help you request an exception.

Drugs in Tier 5 (specialty drugs) are not eligible for this type of exception. We don't lower the cost-sharing amount for drugs in this tier.

# Medicare B vs. Medicare D Medications



## In general, Part B covers:

- Drugs requiring durable medical equipment (DME) for administration, such as albuterol through a nebulizer or insulin through an infusion pump
- Immunosuppressive drugs for a Medicare-covered transplant
- Certain oral cancer treatment drugs
- Certain oral antiemetic drugs

## Also covered by Medicare Part B:

- Certain vaccines, such as flu shots and pneumonia vaccinations
- Drugs for end-stage renal disease
- Insulin administered via infusion pump
- Drugs administered in the doctor's office

# Vaccine Coverage



	MEDICAL BENEFIT (PART B) VACCINES	PHARMACY BENEFIT (PART D) VACCINES
VACCINE NAME	<ul style="list-style-type: none"> <li>• Pneumonia (Pneumovax, Prevnar)</li> <li>• Flu</li> <li>• Hepatitis B* (Engerix B, Recombivax)</li> <li>• Hepatitis A* (Havrix, Vaqta, Twinrix)</li> </ul>	<ul style="list-style-type: none"> <li>• Shingles, two doses: Varicella-Zoster (Shingrix, Zostavax)</li> <li>• Tetanus</li> <li>• TDAP (Boostrix, Adacel, etc)</li> <li>• Haemoph B (Acthib)</li> <li>• HPV (Gardasil)</li> <li>• Japanese Encephalitis (Ixiaro)</li> <li>• Measles/Mumps/Rubella (MMR)</li> <li>• Mening A, (Menactra)</li> <li>• Meningococcal B (Bexsero)</li> <li>• Polio (IPOL)</li> <li>• Typhoid (Typhim VI)**</li> <li>• Varicella (Varivax)</li> <li>• Yellow Fever (YF-Vax)</li> </ul>
WHERE CAN I GET IT?	<p>At your doctor's office OR</p> <p>You may obtain these vaccines at a retail pharmacy; the vaccine will be billed to your Part B benefit (no copay)</p>	<p>Lowest out-of-pocket expense if administered in a retail pharmacy</p> <p>You may need a prescription for these vaccines</p>

All Medicare Part D vaccines are Tier 3, Preferred brand.

# Exceptional Customer Service



- A designated Medicare Advantage Service Center
- Complete issue resolution on first contact for 90 percent of all calls
- Coverage determination assistance
- Your specialized service team is:
  - Knowledgeable and accurate
  - Courteous, friendly, respectful and empathetic
  - Honest and sincere

## How to reach BCBSM



**Customer Service Call Center, number located on the back of your BCBSM MA ID card**

- Request a new Blue Cross ID card
- Locate a provider
- Answer personal account questions
- Assist with benefit questions





# Questions?

We're here to help.