

This information is for members of Blue Cross and Blue Shield of Minnesota who have Prime Therapeutics as your prescription drug benefits administrator. This information does not apply to Medicare plans or Minnesota Health Care Programs. Prescription drug coverage and programs vary by plan.

Are utilization management (quantity limit or step therapy) requirements placed only on preferred drugs?

Quantity limits and step therapy programs may be on preferred and non-preferred drugs. [See quantity limit drug list information \(PDF\)](#) and [step therapy drug list information \(PDF\)](#).

Can a mail service pharmacy receive faxed prescriptions?

Yes, you can provide your doctor with a physician fax form so that he/she can send your prescription directly to the mail service pharmacy for you.

Prescriptions faxed for controlled substances will not be processed. You must mail the original prescription signed by your doctor to the mail service pharmacy. For more information about receiving your prescriptions through a mail service, [see prescription delivery service](#).

How are drugs selected for the formulary/drug list?

An independent group of pharmacists and doctors, called the Pharmacy and Therapeutics Committee, reviews available drugs on an ongoing basis and then selects those considered “best choices.” They review scientific literature and reports, consult with other health care professionals and use their own expertise to make decisions.

Before a drug is included in the drug list, it must pass a strict review by the committee, based on these criteria:

- Safety: it must be approved by the U.S. Food and Drug Administration (FDA).
- Efficacy: it must be effective in treating a disease or symptoms with few side effects.
- Uniqueness: the new drug must offer unique qualities compared to existing drugs in the drug list.
- Cost: the new drug must demonstrate a positive impact on total health care costs.

Lower-cost drugs are preferred. Often, there are many drugs available to treat the same condition. In some cases, two drugs are the same in effectiveness and safety. In this case, the drug included on the drug list will be the lower cost drug. Blue Cross negotiates discounts on behalf of our members. We pass these savings on to you by holding down drug coverage costs.

Remember, not all benefit plans are subject to the drug list. Check your plan’s certificate of coverage or other plan information for benefit details.

How do I request a utilization management (quantity limit or step therapy) authorization?

See information about [the quantity limit program \(PDF\)](#) or [step therapy program \(PDF\)](#).

How long will the utilization management (quantity limit or step therapy) review take?

It will take approximately five to ten business days to complete the evaluation process.

How much will I pay at the pharmacy?

Check your plan's certificate of coverage or other plan information for benefit details.

If the quantity limit override is approved, will I be allowed to receive the balance of my original prescription?

You will not be able to obtain the balance of your original prescription. Regulations prohibit a pharmacist from resubmitting a prescription for a narcotic to allow the fill of the original amount. Therefore, once a quantity limit override is approved, you will have to get a new prescription written by your physician and bring it to the pharmacy to be filled.

The drug I take required a prior authorization (PA) and now the drug is subject to a step therapy program. Does my doctor need to submit a new prior authorization request form and a step therapy request form for this current drug I am taking?

As long as your PA has not expired, a new PA request form is not needed. If your doctor feels your current drug is the most appropriate for you then a Step Therapy Authorization form must be submitted and approved by Blue Cross.

What happens if I pay full price for the drug upfront and I am then notified my request has been approved? Will I be reimbursed?

You will be reimbursed minus your applicable copay. Please call the customer service number on the back of your member ID card for instructions on how to submit this claim for reimbursement.

What happens if the utilization management (quantity limit or step therapy) request is approved?

An electronic override is established in the claims system allowing coverage at your next visit to the pharmacy.

What if my utilization management (quantity limit or step therapy) request is not approved?

You may purchase the drug at your own expense. (Note: Public Programs members are not able to pay cash for their medication.)

What is a formulary or a drug list?

A drug list, also called a formulary, is a list of generic and brand-name drugs covered by a health plan. Although a drug may be on the Blue Cross drug list, it might not be covered under your plan. See your plan's certificate of coverage or other plan materials for details on your benefits.

What is a generic?

A generic drug is manufactured and sold by a company other than the company that originally made it. For example, the company that developed acetaminophen gave it the brand name Tylenol. When the patent expired, other companies started to make the generic version. Although generic drugs are chemically the same as brandname drugs, they are typically sold for much less money than the brand-name drug.

Not all brand-name drugs have a generic version available. That's why it's important to ask your doctor. If there is a

generic available, your doctor can prescribe it instead of the brand-name drug. Sometimes your doctor may feel the brand-name drug is the most appropriate for you. Talk with your doctor to find out what's best for you.

What is a mandatory generic penalty?

If you choose to get a brand-name drug when an equivalent generic drug is available, you also have to pay the difference in cost between the brand-name and the generic drug and any coinsurance and/or deductible that applies. When you reach your out-of-pocket maximum, you would still pay the difference in cost between the brand-name and the generic drug, even though you are no longer responsible for coinsurance and deductible.

What is a NDC Lockout?

Sometimes the exact same drug is sold using different names. This can happen with branded or generic drugs. A drug company may decide to label a drug with only the generic name, even if they did not seek FDA approval for the drug as a generic. This means even though the drug may have a generic name, it is not recognized as a generic and will not be covered as one. Generally, these products are not on our formulary or we may decide to cover only one of the versions.

Who do I contact if I have questions?

Ask your doctor if you have questions or concerns about drugs you are taking. He or she can tell you what is most appropriate for you.

If you have questions about your drug benefits, call the customer service at the number on the back of your member ID card.

Why would a utilization management (quantity limit or step therapy) requirement be applied to a drug?

Certain drugs have quantity limits to encourage appropriate drug use, enhance drug therapy and reduce costs.

NOTICE OF NONDISCRIMINATION PRACTICES

Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညီကိတ်ဒီး, တၢ်ကဟ့ၣ်နၢကိတ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိ: 1-866-251-6744 လၢ TTY
အဂီၢ်, ကိ: 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béésh bee hodíłnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béésh bee hodíłnih.