

# Prescription Drug Coverage





## PRESCRIPTION DRUG BENEFITS

# Here's how your drug coverage works.

First off, you'll use the same ID card for your medications as you do for your medical coverage. When you go to an in-network pharmacy, depending on your plan and the prescription, you might have a copay or need to pay a percentage of the drug's cost.

### Knowing that, here are two important things to remember:

1. You'll usually save money by choosing a generic drug over a brand-name drug.
2. You can save even more by using mail order for maintenance prescription drugs.

And when it comes to staying on top of your coverage, your member website has details on your drug coverage and easy-to-use tools to manage your benefits and prescriptions.

- **Find in-network pharmacies.**
- **View covered drugs.**
- **See drug prices and lower-cost options.**
- **Enroll in mail-order refills.**
- **Refill or renew a prescription.**
- **Get drug interaction warnings.**
- **Compare cost savings with mail order.**
- **Access forms needed for your coverage.**

Once you're a member, you can log in to [highmarkblueshield.com](https://highmarkblueshield.com) or call the number on the back of your member ID card to learn more.



## Programs to keep you safe while keeping drug costs down.

When it comes to your medications, Highmark uses programs to help you make safer, more cost-effective drug choices. In the course of getting you the right drug, at the right time, in the right amount, at the right price, you might run into one of the following programs:

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### **Prior Authorization:**

When you're enrolled and it's time to fill a prescription, we'll automatically check to be sure it's the best way to treat your diagnosed condition (or that you've tried other treatments before that didn't work for you). If the prescription isn't right for you, you'll need to get a Prior Authorization from your doctor. It's our way of double-checking that you're getting safe, effective, medically necessary drugs.

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### **Quantity Limits:**

Some drugs are regulated to make sure you get the right dosage. Limits can be based on gender, age, or other factors that restrict how often or how much of a refill you can get. They're in place to keep you safe.

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### **Step Therapy:**

For certain medications, our drug programs use a "step" approach. That means you'll need to try preferred medications first before less-preferred medications are covered. Preferred medications tend to be the lower-cost generic drugs that have already been clinically proven to be safe and just as effective as their more expensive counterparts. Step Therapy is designed to help lower costs while still providing access to non-preferred medications.

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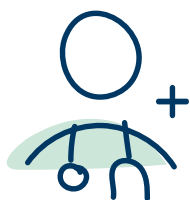
**If your prescription drug requires Prior Authorization, tell your doctor. There are three options for obtaining Prior Authorization:**

1. Call the Pharmacy Hotline at **800-600-2227**.
2. Send a request online by using the **NaviNet®** program.
3. Fax a request form to the Hotline staff at **866-240-8123**.  
(Get a form at [highmarkblueshield.com](https://www.highmarkblueshield.com) by clicking **Helpful Links, Forms Library, then Pharmacy Forms.**)

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## One last special case:

Some drugs may have restrictions on how much of their cost is covered by your plan. These are called coverage limits. If you submit a prescription for a drug that has coverage limits, we'll tell you, in writing, that you need to get approval before the prescription can be filled.



Talk to your employer or your HR manager to find out what additional benefits are available to you.

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## Formulary Drugs

A formulary is a list of FDA-approved medications selected by the Plan, divided up by the condition they are used to treat. Understanding your formulary can help you better manage your drug costs and get the care you need. To see your full formulary list, log on to [Highmarkblueshield.com](https://www.highmarkblueshield.com) and click **Prescriptions**.

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## Specialty Drugs

Highmark helps ensure that specialty medications are dispensed appropriately and are cost-effective for members. Through the expertise of specialty teams and partnerships, we work with prescribers, patients, and caregivers to help control costs without sacrificing patient care.

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## \$3 Generic Drug Program

By offering you certain drugs at reduced costs, this program helps you stick to your medication routines and improve your health outcomes.

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## Vaccines at Retail Pharmacies

Your pharmacy benefit covers certain vaccines at participating retail pharmacies. No appointment needed. These vaccines may include:

- Chickenpox (Varicella)
- Diphtheria, tetanus (Td/Tdap)
- Diphtheria, tetanus, pertussis (DTaP)
- Flu
- Haemophilus influenzae Type B (Hib)
- Hepatitis A
- Hepatitis B
- Human papillomavirus (HPV)
- Measles, mumps, rubella (MMR)
- Meningitis
- Pneumonia
- Polio (IPV)
- Rotavirus
- Shingles



For additional information, please call the number on the back of your member ID card or on the Highmark app.

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## Save even more with the mail order pharmacy.

If you take medications regularly, the mail order pharmacy can make life simpler and help you save with:

- 90-day drug refills with just a single copay.
- 24/7 ordering online, by mail, or by phone.
- Typical delivery in three to five days.
- Free standard shipping.
- Helpful pharmacists available to you 24/7.
- Simple payments via e-check, credit card, or a health spending account.



## How to start using the mail order pharmacy

Get a new prescription for up to a 90-day supply, plus refills for up to one year from your doctor. Then:

- Have your doctor fax in your new prescription or submit it as an e-prescription.

**Or**

- Use it to file your Pharmacy Mail Order Form and Health, Allergy, and Medication Questionnaire.

You'll find those forms at the end of this Pharmacy Benefits section. They're also available at [highmarkblueshield.com](https://highmarkblueshield.com) by clicking **Helpful Hints** and then **Forms Library** under the **Pharmacy Forms** section.

**Mail your completed forms to:**

Express Scripts

Home Delivery Service

P.O. Box 74700, Cincinnati, OH 45273

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**For help with your order, call pharmacy services at 1-800-903-6228 (TTY call 1-800-759-1089).**

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# Exclusive Home Delivery

## Program for Maintenance Medications

Your prescription drug plan includes the **Exclusive Home Delivery Program**. We work with Express Scripts® to implement this program, which is designed to help you better manage your prescription costs and your health.

Exclusive Home Delivery gives you an opportunity to learn about the advantages of mail order for your maintenance drug prescriptions. Maintenance drugs are those taken on an ongoing basis and are appropriate for a 90-day supply.

## How it works

You may fill your medications you take regularly at a retail location for a total of two fills. After the second fill, your maintenance medication must be filled by Express Scripts Home Delivery pharmacy. Your medication will be delivered right to your door.



First and second fill  
at a retail pharmacy

Then



Mail order through  
Express Scripts Pharmacy



## Action I need to take

Switch prescriptions to home delivery by:

1. Going online to the member website at [highmarkblueshield.com](https://highmarkblueshield.com).  
You simply:
  - Choose **Prescriptions** and review the prescriptions you have.
  - Select **Refills & Order Status**.
  - You can **Switch all to delivery** or make choices for each prescription.

You may also call Express Scripts at **1-800-903-6228** for assistance.

## Getting started with Express Scripts

If you have remaining refills available, you can transfer them to Express Scripts online.

1. Log in to the member website at [highmarkblueshield.com](https://highmarkblueshield.com).
2. Choose **Prescriptions**.
3. Select **Refills & Order Status** and review the prescriptions you have.
4. Select **Switch all to delivery**.
5. You may also call Express Scripts at **1-800-903-6228** for assistance.

If you do not have remaining refills available, you must obtain a new prescription from your doctor for up to a 90-day supply.





## NATIONAL NETWORK

Over 57,000 pharmacies are in the National with CVS network, including:

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|---------------------------|-------------------------------|------------------------|
| Accredo                   | Ingles Markets                | Red Cross Pharmacy     |
| Acme                      | InstyMeds                     | Rite Aid               |
| Ahold                     | Kelsey-Seybold Pharmacy Div   | Roundy's Supermarkets  |
| Albertsons                | Kinney Drugs                  | Safeway                |
| Aurora Pharmacy           | Kmart                         | Sam's Club             |
| Bartell Drugs             | Knight Drugs                  | Sav-On                 |
| Big Y Foods               | Kroger                        | Save Mart Supermarkets |
| Bi-Lo Holdings            | Lewis Drugs Inc               | Schnucks               |
| Bi-Mart                   | MK Stores                     | Seip Drug              |
| Brookshire Brothers       | Marc Glassman                 | Spartan                |
| Brookshire Grocery        | Maxor Pharmacy                | SuperValu              |
| Coborn's                  | Med-Fast Pharmacy             | Target (CVS Pharmacy)  |
| Costco                    | The Medicine Shoppe           | Thrifty White Stores   |
| CVS                       | Meijer                        | Tops Markets           |
| Dept. of Veterans Affairs | Metrocare                     | United Supermarkets    |
| Discount Drug Mart        | NeighborCare                  | Unity Pharmacies       |
| Family Care               | Northeast Ohio Neighborhood   | Value Drugs            |
| Food City Pharmacy        | Omnicare                      | Wakefern               |
| Fred's                    | Osborn Drugs Inc              | Walmart                |
| Fruth Pharmacy            | Patient First                 | Wegmans                |
| Giant Eagle               | Pharmaca Integrative Pharmacy | Weis Markets           |
| Hannaford Brothers        | PharMerica                    |                        |
| Harps & Price Cutter      | Planned Parenthood            |                        |
| H-E-B Grocery             | PrescribeIT Rx                |                        |
| Henry Ford Health System  | Price Chopper Pharmacy        |                        |
| HIP Pharmacy Services     | Publix                        |                        |
| Homeland Pharmacy         | Raley's                       |                        |
| Hy-Vee                    | Reasor's                      |                        |
| IHC Pharmacy Services     | ReCept Pharmacy               |                        |



**Home Delivery Order Options**

Ask your doctor to write your prescription for up to a 90-day supply or the maximum days allowed by your plan with refills up to one year, if appropriate.

**ePrescribe:** For fastest service ask your doctor to submit prescriptions electronically to the Express Scripts Pharmacy<sup>SM</sup>.

**Online/Mobile App:** Log in to [express-scripts.com](http://express-scripts.com) or the Express Scripts Mobile App, choose the medicine you want delivered, add it to your cart, then check out.

**Fax:** Have your doctor call 888.327.9791 for faxing instructions. (Faxes can only be accepted from a doctor's office.)

**Phone:** Call Express Scripts at the toll-free number on the back of your ID card for assistance in switching to home delivery.

**Mail:** Complete the order form and send to Express Scripts along with prescriptions and payment.

**Please use ALL CAPITAL LETTERS with black or blue ink. Fill in the ovals as shown. ( ● )**

<b>1 Member Information</b>	
Member ID Number	Group #
Member Last Name	Member First Name
<input type="checkbox"/> Please send email notices regarding this order's status	Email address
<b>To GO GREEN go to <a href="http://express-scripts.com">express-scripts.com</a> to update your Communication Preferences under Account</b>	

<b>2 Shipping Address</b>	
<input type="radio"/> Permanent <input type="radio"/> Temporary    If temporary address, please provide effective dates From ___/___/___ To ___/___/___	
Shipping Address Line 1 (Street address is preferred over PO Box)	Apt#
Shipping Address Line 2	
City	State    Zip
Primary Phone Number	Choose One M <input type="radio"/> H <input type="radio"/> W <input type="radio"/>
Secondary Phone Number	Choose One M <input type="radio"/> H <input type="radio"/> W <input type="radio"/>
<b>Shipping Method</b> (Expedited shipping will <b>not</b> rush prescription processing)	
<input type="radio"/> Standard	Free    Arrives within 5-10 days after order is shipped
<input type="radio"/> Two Day	\$12.00    Arrives 2 business days after order is shipped
<input type="radio"/> One Day	\$21.00    Arrives 1 business day after order is shipped

<b>3 Patient Information</b>	
Please only include prescriptions for patients covered under the above Member ID	
<b>Patient #1</b>	
Patient Last Name	Patient First Name
Patient DOB	Gender <input type="radio"/> Male <input type="radio"/> Female
Physician Name	Physician Phone
<b>Patient #2</b>	
Patient Last Name	Patient First Name
Patient DOB	Gender <input type="radio"/> Male <input type="radio"/> Female
Physician Name	Physician Phone

<b>4</b>	<b>Payment Method</b>	<b>Do not send cash</b>
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You authorize us to retain on file your payment card details that you used to make this purchase and to charge your payment card account to pay for any prescription orders requested by you. Should you also choose to enroll in the auto-pay program, you further consent that we may charge your enrolled payment method for prescription orders made by covered household members, including previously ordered prescriptions which are unpaid.

- We will notify you of any changes to this authorization by email or mail as applicable. This Card on File Authorization, and if applicable auto-pay enrollment, will remain in effect until you cancel the authorization by logging into your account or calling the 1-800 number on the back of your prescription card. The transaction amount is determined by your plan's benefit structure at the time the prescription is shipped.
- State law prohibits the return of prescription medications for resale or reuse. We cannot accept the return of properly dispensed prescription medications for credit or refund.
- See our privacy policy for information regarding our use and disclosure of personally identifiable information.

Signature X \_\_\_\_\_

<p><b>Credit Card:</b> We accept VISA, MC, Discover, AMEX, Diners</p> <p><input type="radio"/> <b>Automatic, ongoing payment through credit card</b>          Authorize to pay for this order and all future orders with the credit card below.</p> <p><input type="radio"/> <b>For this order only.</b> Simply fill in your credit card information below.</p> <p>Credit Card Number          _____</p> <p>Exp Date          _____</p>	<p><b>Check or Checking Account</b></p> <p><input type="radio"/> <b>Automatic, ongoing payment through checking account</b>          Authorize to pay for this order and all future orders with the checking account information below or include a voided check.</p> <p><input type="radio"/> <b>For this order only.</b> Enclose a check payable to Express Scripts. Write invoice number on the check.</p> <p>Name of checking account holder          _____</p> <p>Checking Account Number          _____</p> <p>Routing Number (first 9 digits lower-left corner of personal check)          _____</p>
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**Review your account balance and pay outstanding balances anytime at [express-scripts.com](http://express-scripts.com). To change the limit of the amount we can charge your card without a call to you:**

- Go to [express-scripts.com](http://express-scripts.com)
- Select Payment Methods under Account then Edit Information.
- Change the payment authorization limit

You can manage all account preferences at [express-scripts.com](http://express-scripts.com) or call Member Services at the toll-free number on your ID card.

<b>5</b>	<b>Health History</b>
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To update your allergies or health conditions: Visit us at [express-scripts.com/healthform](http://express-scripts.com/healthform) or call **877.438.4417**. This information helps us protect you against potentially harmful drug interactions and allergies.

<b>6</b>	<b>Important reminders and other information</b>
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**If you are a Medicare Part B beneficiary AND have private health insurance,** check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at the toll-free number found on your ID card. To verify Medicare Part B prescription coverage, call Medicare at 1.800.633.4227.

**For additional information or help,** visit us at [express-scripts.com](http://express-scripts.com) or call Member Services at the toll-free number found on your ID card. TTY/TDD users should call 1.800.759.1089.

Your order may be filled at any one of our Express Scripts Pharmacies located nationwide.

<b>7</b>	<b>Generic Substitution</b>
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**State law permits a pharmacist to substitute a less expensive generic equivalent drug** for a brand-name drug unless you or your physician directs otherwise. Please note that this applies to new prescriptions and to any future refills of that prescription. Also be aware that you may pay more for a brand-name drug.

I do not wish to receive a less expensive brand or generic medication.  
 If the prescription is being submitted electronically, discuss with your doctor.

Place your prescription(s), order form(s)  
 and your payment in an envelope.  
 Do not use staples or paper clips.  
 Do not affix post it notes to form.

**EXPRESS SCRIPTS**  
**PO BOX 66577**  
**ST LOUIS, MO 63166-6577**