



It's good to be Blue.

Blue Cross & Blue Shield of Mississippi Pharmaceutical Management Procedures

Blue Cross & Blue Shield of Mississippi (BCBSMS) Prescription Drug services are subject to the terms, conditions and limitations of the Member's Health and Wellness Benefit Plan. Refer to the Health and Wellness Benefit Plan to determine whether coverage is provided or if there are any applicable exclusions or limitations. If there is a difference between any policy and the Member's Health and Wellness Benefit Plan, the Health and Wellness Benefit Plan will govern.

Prescription Drug, Maintenance Drug, and Disease Specific Drug Formularies

The Prescription Drug Formulary is a list of covered Prescription Drugs. The Disease Specific Drug Formulary is a list of covered Disease Specific Drugs. The Maintenance Drug Formulary is a list of covered Maintenance Drugs. The Prescription Drug, Maintenance Drug, and Disease Specific Drug Formularies provide coverage, clinical and cost comparison information to providers. If a Prescription Drug, Maintenance Drug, or Disease Specific Drug is not in the applicable Formulary, and is not covered as part of the medical benefits covered by the Health and Wellness Benefit Plan, then it is not covered by BCBSMS. To obtain coverage information for a specific Prescription Drug, Maintenance Drug, or Disease Specific Drug, visit our website at www.bcbsms.com or call our Health and Wellness Team at 601-664-4590 or 1-800-942-0278.

Four-Tier Co-payment Structure

This Prescription Drug Formulary, Maintenance Drug Formulary, and Disease Specific Drug Formulary have a four-tiered/five-tiered co-payment structure.

- **Category One** - low-cost generic and some brand-name drugs.
- **Category Two** - higher-cost generic and many brand-name drugs.
- **Category Three** - some brand-name drugs and some generic drugs.
- **Category Four** - high cost generic drugs, high cost technology drugs, and specialty drugs.
- **Disease Specific Drugs** – typically high cost drugs. The co-pay can either be Category 4 or could be 10% up to a \$200 max depending on the benefit design.

To check the tier placement of a prescription drug, visit our website at www.bcbsms.com or call our Health and Wellness Team at 601-664-4590 or 1-800-942-0278.

Formulary Procedures and Responsibilities

BCBSMS formularies are developed and maintained by our Pharmacy and Therapeutics Committee (P&T Committee). The P&T Committee consists of Network Physicians and Network Pharmacists licensed and practicing in the State of Mississippi. The P&T Committee reviews and maintains pharmaceutical management and formulary determinations on a quarterly basis.

Formulary Development and Maintenance Procedures

The P&T Committee works in conjunction with an external consultant on all new medication and new medication indication reviews. The P&T Committee uses findings from government agencies, medical associations, scientific evidence, standards of practice, peer-reviewed medical literature, accepted clinical practice guidelines and other appropriate information to evaluate drugs and update the formularies. These resources are used to objectively evaluate drugs based on side effects, pharmacology/pharmacokinetics, clinical studies, and approved indications. BCBSMS also employs physicians and pharmacists that review and update the pharmaceutical management procedures.

Formulary Criteria

The P&T Committee determines which prescription drugs will be covered on the Prescription Drug, Maintenance Drug, and Disease Specific Drug Formularies based upon efficacy, safety, drug interactions, contraindications, and cost.

Formulary Review and Update

Formularies and pharmaceutical management procedures are reviewed by the BCBSMS P&T Committee and the BCBSMS Business Committee on an annual basis. The review is conducted by pharmaceutical class to assure that the previously established formulary recommendations are maintained and to recommend changes for clinical appropriateness, if advisable, based upon newly available information. The P&T Committee recommends updates, if any, when new pharmaceutical information becomes available.

Members should refer to their Health and Wellness Benefit Plan or call our Health and Wellness Team at 601-664-4590 or 1-800-942-0278 to determine which drugs are excluded from coverage.

Quantity Limits

Benefits for Prescription Drugs, Maintenance Drugs, and Disease Specific Drugs are subject to Quantity Limits. No Benefits will be provided for Prescription Drugs, Maintenance Drugs, or Disease Specific Drugs prescribed or dispensed beyond the Quantity Limits. Certain Prescription Drugs, Maintenance Drugs, and Disease Specific Drugs are subject to clinically appropriate duration of use restrictions based upon the usual course of treatment. Quantity Limits are based on FDA approved prescribing information and clinical practice guidelines.

Generic First (Step Therapy)

Certain prescribed drugs that have a generic alternative may be subject to a trial usage of the generic alternative drug for a specific period of time before benefits will be available for the prescribed drug. If these conditions are not met, the claim will reject at the pharmacy for failure to receive prior authorization. To obtain prior authorization, the prescribing provider must submit a completed prior authorization request form to BCBSMS.

Prior Authorization

Prior authorization may be required before certain Prescription Drugs, Maintenance Drugs, and/or Disease Specific Drugs are covered. Drugs that require prior authorization may often be recommended for limited diagnoses and/or may not be suggested as the first-line treatment option. Prior authorization helps ensure that drugs are prescribed and used in the most appropriate and cost-effective manner.

To obtain prior authorization, the prescribing provider must submit a completed prior authorization request form to BCBSMS.

Exceptions Process

Members may request a Prescription Drug coverage exception by calling our Health and Wellness Team at 601-664-4590 or 1-800-942-0278 or by submitting a written request to 3545 Lakeland Drive, Flowood, Mississippi 39232-9799.

A healthcare provider can request a Prescription Drug coverage exception on behalf of the Member by logging into the *myBlue* Provider web portal and completing the "Prescription Drug Benefit Appeal Request." To complete the request, the healthcare provider must include a valid BCBSMS Member Identification Number and a valid Prescribing National Provider Identifier to start a request. Non-Network providers can request an appeal by going to the "I'm a Provider" link followed by the "Provider Information" link on www.bcbsms.com.