



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every card.®

Five-tier plan with
built-in cost management



Tiers explain your level of benefits

You have a five-tier plan with built-in cost management with a corresponding drug list. Blue Cross has different drug lists for its various pharmacy plans. Drug lists are regularly updated lists of covered medications reviewed by the Blue Cross Pharmacy and Therapeutics Committee.

Your drug list is divided by drug type into the five tiers below. What you pay depends on what tier your drug is in.

Tier 1 — Generic

- Generic or non-brand-name versions of prescription drugs
- Produce the same effects in the body as equivalent brand-name drugs
- Safe
- Active ingredients are identical to those in brand-name drugs, as required by the Food and Drug Administration
- Many brand-name drugs are available as generics
- Require the **lowest copayment**, or fixed amount you pay when you receive a prescription drug, or coinsurance, a percentage you pay of the total cost, depending on your plan. This makes them the most affordable option for treatment.

Tier 2 — Preferred brand

- Brand-name prescription drugs
- Safe and effective
- Require a **higher copay or coinsurance** than Tier 1 drugs.

Tier 3 — Nonpreferred brand

- Brand-name prescription drugs not included in Tier 2
- May not have a proven record for safety or as high of a clinical value as Tier 1 or Tier 2 drugs
- Generic (Tier 1) or formulary brand (Tier 2) alternatives are available for most of these drugs
- Require a **higher copay** than Tier 1 and Tier 2 drugs

If you want to have your prescription changed to a Tier 1 or Tier 2 medication, speak with your doctor to see if a change is appropriate for you.

Specialty drugs

Specialty drugs are high-cost prescription medications that require special handling, administration or monitoring. These drugs treat complex conditions, such as cancer, chronic kidney failure, multiple sclerosis, organ transplants and rheumatoid arthritis.

Specialty medications covered under your five-tier plan with built-in cost management benefits are assigned to two additional tiers that help define your prescription copayment.

Tier 4 — Preferred specialty

- Generic specialty drugs and preferred brand-name prescription specialty drugs
- Safe and effective
- Require the **lowest copay** for specialty drugs

Tier 5 — Nonpreferred specialty

- Nonpreferred brand-name prescription specialty drugs not included in Tier 4
- May not have a proven record for safety or as high of a clinical value as Tier 4 specialty drugs
- Require the **highest copay** for specialty drugs

Cost management features

Prior authorization program

Our pharmacists need to review some medications before your plan will cover them to make sure you get the safest, most effective and most reasonably priced medicine to treat your condition.

How does the prior authorization program work?

- If your medicine requires prior authorization, you or your pharmacist will need to tell your doctor.
- Your doctor may prescribe a different medication that doesn't require approval, or he or she will complete and submit a coverage review form to Blue Cross Blue Shield of Michigan.
- If your request is approved, you'll pay the appropriate copay based on your prescription drug benefits when you fill your prescription.
- If your request is not approved, your medication won't be covered as part of your benefits. You'll be responsible for the full cost of the medication or you can talk to your doctor to find another drug that's right for you.

Step therapy program

Another way that we ensure medically sound and cost-effective medications are prescribed appropriately, step therapy requires you to try less expensive options before "stepping up" to drugs that cost more.

How does step therapy work?

- **Step 1:** The step therapy program requires you have a prescription history for a "first-line" medication before your benefit plan will cover a "second-line" drug. A first-line drug is recognized as affordable, safe and effective in treating a specific medical condition.
- **Step 2:** A second-line drug is a less-preferred, and sometimes more expensive, treatment option.
- **Step 3:** A third-line drug is typically a nonpreferred brand-name medication, which requires you to try a first- or second-line medication first.



If the criteria for step therapy aren't met, ask your doctor to switch you to a first-line medication or prior authorization will be required.

Drugs that require prior authorization or step therapy include those that:

- Have dangerous side effects or can be harmful when combined with other drugs
- Should only be used for certain health conditions
- Are often misused or abused
- Are prescribed when less expensive drugs might work better

To find the complete list of medications requiring prior authorization and step therapy:

- Go to **bcbsm.com/pharmacy**
- Click on *Drug Lists*
- Click on *Drug lists for Blue cross Blue Shield of Michigan PPO Plans*

Mandatory Maximum Allowable Cost or MMAC

Your Blue Cross pharmacy plan includes a mandatory maximum allowable cost benefit that promotes the use of cost-effective generic drugs in place of more expensive brand-name drugs.

If the prescribing physician writes "dispense as written" or "DAW" on a brand-name drug when a generic equivalent is available, or if you request a brand-name drug when a generic equivalent is available, you may be responsible for a product selection fee, in addition to the applicable copay. The product selection fee is the difference in cost between the brand-name drug and the generic drug.

The fee may be waived if your physician contacts our Clinical Help Desk and we deem that the brand-name drug is medically necessary. The fee does not apply to brand-name drugs that do not have generic equivalents. You'll never pay more than the Blue Cross approved amount for the dispensed brand-name drug.

Use mail order for the drugs you use often

You can order up to a 90-day supply of a covered drug by mail for a reduced copay.

Most drugs can be ordered by mail. Here's how:

To order most drugs by mail, log in to your secure member account at **bcbsm.com** or on our mobile app:

- Click on *My coverage*.
- Click on *Prescription*.
- Click on *Mail order*.

Members can also call Express Scripts, to request they contact your doctor to get your new 90-day prescription. Blue Cross members can call Express Scripts at 1-800-778-0735. BCN members can call Express Scripts at 1-800-229-0832.

The Blue Cross mail order prescription drug program is convenient.

- You don't have to wait in line at a retail pharmacy to have your prescription filled.
- There are no shipping or handling fees for standard prescriptions.
- You can order refills by phone, by mail or online.
- Prescriptions are filled quickly and shipped directly to your home.

Get a 90-day supply of your medication at a local retail pharmacy**

You can receive a 90-day supply of medication from participating walk-in retail pharmacies for the same reduced copay you would pay for mail order.

To use this benefit, ask your doctor to write a new prescription for a 90-day supply, and take the prescription to a local pharmacy. Most chain and independent pharmacies in Michigan participate in the 90-Day Retail Prescription Program, as do many network pharmacies outside Michigan. Ask your pharmacist if the pharmacy participates in the 90-day program before you have your prescription filled.

In order to receive a 90-day supply of medication at a participating 90-day retail pharmacy, the following must be met:

- Your 90-day supply of medication must comply with state laws.
- Your doctor must write the prescription for a 90-day supply.

**Log in to your member account at bcbsm.com to find out more about your benefits and coverage:

- Click on *My Coverage*.
- Click on *Prescription*.
- Click on *What's Covered*.





How do I order specialty drugs?

Network retail pharmacy

You can fill your prescription at a retail pharmacy. However, not all pharmacies will dispense specialty drugs, so call your pharmacy to verify that they will fill your prescription. You may have a benefit design that requires you get specialty drugs from our exclusive pharmacy network for specialty drugs administered by AllianceRx Walgreens Prime**.

Mail order service for specialty drugs

Get your prescription drugs delivered to your home by ordering them through AllianceRx Walgreens Prime, our preferred specialty drug vendor. Have your doctor fax your specialty drug prescription to AllianceRx Walgreens Prime at 1-866-515-1356, or complete the form in our specialty drug member guide available at **bcbsm.com**. Mail it to AllianceRx Walgreens Prime at the address on the form. Specialty drugs are not available through Express Scripts Pharmacy®.

AllianceRx Walgreens Prime also offers the following support services to its customers in the U.S.:

- Personal attention from a patient-care coordinator who will discuss the best way for you to take your medication, explain possible side effects, help you understand your condition and call to remind you when you need a refill.
- Additional supplies, if they are appropriate to administer your medication, are free with each new order and then as needed if you request them. These include syringes, alcohol swabs and sharps containers.
- Dedicated Customer Service staff is available Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 8 a.m. to 5 p.m. at 1-866-515-1355. Automated ordering and emergency clinical support are available 24 hours a day, seven days a week.

Questions about mail order service for specialty drugs? Call 1-866-515-1355 or visit **alliancerxwp.com**.*

*Blue Cross Blue Shield of Michigan does not control this website nor endorse its general content.

Quantity limits and clinical management

Specialty drugs may be limited to a 30-day supply***, whether they are filled at a retail pharmacy or AllianceRx Walgreens Prime. Certain medications require a 15-day first fill. A select number of specialty drugs may have additional quantity limits to help ensure you receive the right dose and drug for your condition. Our clinical management program requires that certain clinical criteria be met before coverage is provided. These criteria, which vary with the drug and treatment, ensure that you receive the affordable treatment you need and deserve.

***Specialty drugs are limited to a 30-day supply per fill at retail pharmacies or by mail order for most Blue Cross customers. Select drugs are limited to a 15-day supply per fill.



Find out more online

Check out the commonly prescribed medications available within each tier of the drug list that aligns with your plan at **bcbsm.com/pharmacy**:

- Click on *Drug Lists*.
- Click on *Drug Lists for Blue Cross Blue Shield of Michigan PPO Plans*.
- Click on the appropriate drug list.

Have you heard about our Online Drug Benefit Tool? Once you're logged in to your member account, you can use the tool to do lots of things, including:

- View your current copays and pharmacy benefit information
- Look up drugs on our drug lists
- Find a participating pharmacy
- Print your prescription history

Access the tool by signing up for your member account at **bcbsm.com/register** if you haven't already.

Call with any questions

If you have questions about your prescription drug plan,
call the customer service number on the back
of your Blue Cross ID card.



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