



**BlueCross BlueShield**  
of Texas

# Your Prescription Drug Benefits



**Through your group health plan, you may have one or more of these prescription drug benefit offerings through Blue Cross and Blue Shield of Texas.**

## **Traditional Select Pharmacy Network**

Where you fill your prescription matters. You can save money by using an in-network pharmacy as part of your prescription drug benefit plan. The Traditional Select Pharmacy Network includes most national pharmacy chains, such as Walgreens and CVS. Many regional, local and independent pharmacies are also included in this network.

You can also fill a prescription for up to a 90-day supply of a covered drug at select retail pharmacies that can fill extended supplies.

To view pharmacies included in the Traditional Select Pharmacy Network, sign in to [myprime.com](https://myprime.com). Please note that changes may be made to participating pharmacies in the future.

## **Balanced Drug List**

Your benefit plan is based on the Balanced Drug List. All covered drugs are shown on the list, unless you have a benefit exclusion. Drugs that are not shown are not covered. Most major drug classes are covered on the drug list. The Balanced Drug List is updated online quarterly.

On a quarterly basis, some drugs may move to a higher payment tier and some drugs may no longer be covered under the prescription drug benefit. As a reminder, drugs that have not received U.S. Food and Drug Administration (FDA) approval are not covered for safety reasons.

For drugs that move to a higher tier, they may still be eligible for coverage, but you may have to pay a higher copay or coinsurance amount. For drugs that are no longer covered, a covered generic or lower cost alternative drug may be right for you. Depending on your prescription drug benefit, these alternative drugs may cost you less.

If you are taking or are prescribed a drug that is changed, ask your doctor about your drug therapy options. These drugs may cost you less. Your doctor can also request a drug list coverage exception from BCBSTX (unless you have a benefit exclusion). As always, treatment decisions are between you and your doctor.

Visit [bcbstx.com](https://bcbstx.com) for a full and up-to-date list.

For more information about prescription drug benefits, you can visit [bcbstx.com/rx-drugs/pharmacy-and-prescription-plans/pharmacy-prescription-plan-information](https://bcbstx.com/rx-drugs/pharmacy-and-prescription-plans/pharmacy-prescription-plan-information), log in to Blue Access for Members<sup>SM</sup> and click on the 'Prescription Drugs' link or call the number on your member ID card.

## Utilization Management Programs

Your prescription drug benefit plan has programs to help make sure medicines are used safely and properly. These include Prior Authorization, Step Therapy and Dispensing Limits. Drugs that are part of these programs are noted on your drug list. Please note: Select drugs that are new to the market may also need prior authorization.

- **Prior Authorization (PA)** – If your drug is part of the PA program, you will need to have your doctor submit pre-approval (also known as a prior authorization request) to best guide appropriate use of the drug.
  - If your request is approved, you will pay for your share of the drug, based on your benefit plan.
  - If your request is not approved, the drug will not be covered. You may still fill the prescription, but you may have to pay for the full amount charged by the pharmacy.
- **Step Therapy (ST)** – If your drug is part of the ST program, your drug may not be covered unless you try a preferred drug first. If you and your doctor decide that the preferred drug is not right for you, your doctor can submit a step therapy exception request.
  - Members who are now taking a drug included in the program may not be affected.
- **Dispensing Limits** – Some drugs may have limits on them, such as how much medicine can be filled per prescription or in a given time span. These coverage limits are based on the manufacturer's guidelines and FDA approval. If you get the drug in a dosage above the limit, you may have to pay the cost of the prescription for the extra supply, based on your benefits. Your doctor can also submit a request to approve coverage for the extra supply.

Call the number listed on your member ID card for questions about a certain drug, or visit [bcbstx.com/rx-drugs/pharmacy/pharmacy-programs](https://www.bcbstx.com/rx-drugs/pharmacy/pharmacy-programs) for a list of prior authorization and step therapy programs. For information about dispensing limits, visit [bcbstx.com/rx-drugs/drug-lists/drug-limits](https://www.bcbstx.com/rx-drugs/drug-lists/drug-limits).

Remember: Choice of pharmacy and treatment decisions are always between you and your doctor, and cost is only one factor. Only you and your doctor can decide which medicine is right for you. Talk with your doctor or pharmacist about any questions or concerns you have about medicines you are prescribed.

Coverage is always subject to the terms and limits of your benefit plan. Some drugs may call for members to meet certain criteria before prescription drug benefit coverage may be approved. See your plan materials for details.

