



## **PRESCRIPTION DRUG BENEFIT MEMBERS ASSISTANCE GUIDE**

### **What to do at the pharmacy if . . .**

#### **You are told you or your dependent(s) are not covered:**

Ask the pharmacist to verify your member ID number. Ask them to confirm that the PCN and BIN numbers are updated. This information is printed on your benefit card.

If they check and still say you are not covered, have the pharmacy call 877-200-5533 and ask the representative to verify your coverage. The representative will work with the pharmacist to assist you in getting your medication(s). You may need to contact your medical plan administrator as well in order to get your coverage status updated. The medical plan administrator is the source of eligibility status for both the medical and prescription drug benefit.

#### **Your out-of-pocket cost for your medication is more expensive than you last remember:**

Consider whether you are using a pharmacy from the Lowest Cost Pharmacies List provided by your organization. Large chains such as CVS, Walgreens, and Rite Aid are typically higher cost than independent pharmacies and many grocery chains.

Ask the pharmacist to make sure you are covered under the plan.

Consider whether you have a deductible that needs to be met before your copay or coinsurance applies.

Call 800-241-8440 to speak with a Pharmacy Advocate about possible therapy equivalents available under the benefit plan at a lower cost to you. A Pharmacy Advocate can help by contacting your doctor to see if a lower-cost option may be appropriate for you.

#### **You are told that your prescription was rejected:**

Ask the pharmacist why it was rejected and whether they can resolve the rejection.

Ask the pharmacist to call 877-200-5533 for assistance to resolve the rejection.

#### **You are told that the medication is not covered and/or a Prior Authorization (PA) is required:**

Ask the pharmacist to call the number provided in their computer system to initiate a coverage review. If this is a refill, US-Rx Care will review the prescription and authorize an interim supply until a Prior Authorization review is completed.

(over)

If this is a new (first-time fill) prescription, the Prior Authorization review must be completed before your prescription can be filled.

**If you are told a “max-cost limit” was reached:**

When a max-cost limit is reached or exceeded, Prior Authorization is required before the medication can be covered under the plan. This notification does not mean that plan benefits have been exceeded or that the medication cannot be covered under the plan. It simply means that additional review is required.

Ask the pharmacist to call the number provided in their computer system to initiate a coverage review. If this is a refill, US-Rx Care will review the prescription and authorize an interim supply until a Prior Authorization review is completed.

If this is a new (first-time fill) prescription, the Prior Authorization review must be completed before your prescription can be filled.

**If you are told that your medication must be filled at a Specialty Pharmacy:**

If you are refilling a specialty medication that would normally require Prior Authorization to obtain under the prescription drug plan, you will be preauthorized to obtain a 30-day supply from a plan-contracted pharmacy. This may be a different pharmacy from the one that previously filled your prescription. A representative from US-Rx Care will contact you to provide details for transferring any outstanding refills for your specialty medication to the designated specialty pharmacy if different from the current dispensing pharmacy. At the same time, a US-Rx Care representative will contact your doctor to obtain needed documentation to support and evaluate your ongoing use of the medication. If appropriate based on national guidelines, standards of care, and current best practices, an alternative course of treatment may be recommended to your doctor on your behalf.

If your doctor writes a new prescription for a specialty medication that you have not been filling in the recent past, additional review may be required for coverage terms under the plan. A US-Rx Care representative will contact your doctor to obtain the needed documentation for the review. If appropriate based on national guidelines, standards of care, and current best practices, an alternative course of treatment may be recommended to your doctor on your behalf.

Your doctor can initiate the Prior Authorization process for a new or existing prescription by downloading a simple form available at [www.us-rxcare.com/providers](http://www.us-rxcare.com/providers).

If you have any additional questions, please contact 877-200-5533. The call center will have one of our Clinical Team members return a call to you.