

What is a generic drug?

A generic drug is the same as a brand-name drug in dosage, safety, strength, how it is taken, quality, performance, and intended use.

Before approving a generic drug product, the Food and Drug Administration (FDA) requires many rigorous tests and procedures to ensure that the generic drug can be substituted for the brand-name drug.

What is a brand-name drug?

A brand-name drug is a drug marketed under a proprietary, trademark-protected name.

What is a preferred drug?

A preferred drug is a drug that may offer a clinical or cost advantage over other drugs in the same therapeutic category.

What is a non-preferred drug?

A non-preferred drug is a drug that typically has higher member cost-sharing because it does not offer a clinical or cost advantage over preferred drugs.

What is a specialty drug?

A specialty drug is a drug used to treat complex, chronic and/or life threatening conditions.

Specialty drugs often require special handling (like refrigeration during shipping) and administration (such as injection or infusion).

You can view specialty drugs that may apply to the plan at [AlabamaBlue.com/SelfAdministeredSpecialtyDrugList](https://alabamablue.com/self-administered-specialty-drug-list), but you should refer to the UAH prescription drug list [NetResults 1.0 Drug List – 4 tiers](#) for your plan's drug specific coverage information.

What is a non-essential drug?

A non-essential drug is a drug that is excluded from your plan's prescription drug benefit for a number of reasons. Examples of drugs deemed non-essential are non-FDA approved drugs, repackaged drugs, bulk powders, and cosmetic agents.

What is a provider-administered drug?

A provider-administered drug is a drug that is administered or directly supervised by a healthcare provider on an outpatient basis in a hospital, other medical facility or physician's office.

Provider-administered drugs do not include drugs that are typically available by prescription order or refill at a pharmacy.

Provider-administered drug coverage is subject to Drug Coverage Guidelines. You can view provider-administered drugs that may apply to the plan at [AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList](https://alabamablue.com/ProviderAdministeredPrecertificationDrugList).

What is a drug tier?

Drugs are classified in categories known as “drug tiers”.

The copay or coinsurance for each drug tier is based on:

- Drug usage
- Cost of the drug
- Availability of over-the-counter options
- Clinical effectiveness

To determine the drug tier a specific drug is classified in by your benefit plan, log into myBlueCross at [AlabamaBlue.com](https://alabamablue.com). Then, search for the drug by clicking the “Find Drug Pricing” link located in the Manage My Prescriptions section.

Drug tier classifications are updated periodically.

What is a drug list (also called a “formulary”)?

A drug list or “formulary” is a list of therapeutically appropriate drugs that your benefit plan covers. The UAH pharmacy plan uses the [NetResults 1.0 Drug List – 4 tiers](#).

Covered drugs on a drug list are selected based on the recommendations of a Pharmacy and Therapeutics (P&T) Committee.

Drugs are deemed appropriate for coverage by evaluating numerous factors such as:

- Safety
- Effectiveness
- Cost

Go to [AlabamaBlue.com/DrugList](https://alabamablue.com/DrugList) to find the formulary drug list for the UAH plan.

- Scroll down and select the + symbol located by **Large Group Plans**.
- Scroll down and select the > symbol beside the **NetResults Drug List**,
- Click on the **NetResults 1.0 Drug List – 4 tiers (standard)**. There, you can search by drug name to find the step therapy guidelines for specific drugs.

There may be changes to the formulary not reflected in the drug list posted on the [myBlueCross](#) website. These changes can consist of new drugs available or new additional strengths, dosages or forms. These new drugs will be subject to the same restrictions that generally apply to their particular drug class. The changes also may include the removal of restrictions or tier changes that would lower your cost-sharing.

Can my prescription drug plan drop medications from its drug list?

Yes. Your prescription drug plan's formulary or drug list can change throughout your coverage year.

However, BCBSAL in conjunction with Prime Therapeutics will always aim to provide you with 30 to 60 days' notice of any negative coverage changes.

Covered drugs on this list are selected and placed into tiers based on the recommendations of a Pharmacy and Therapeutics (P&T) Committee made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from the health insurer of your health plan, reviews prescription drugs regulated by the U.S. Food and Drug Administration (FDA) based on safety, efficacy, and uniqueness.

Once drugs are deemed appropriate for coverage, and safety and efficacy have been evaluated, cost may be considered to determine final tier placement and coverage requirements. Drugs are reviewed by the P&T Committee when newly approved by the FDA and at least annually after initial review. Drug coverage is subject to change at any time but the drug list will be updated quarterly.

I was notified that my medication was not dropped, but instead now requires that I get prior authorization before my prescription is filled. Can a plan make changes like this in the middle of a plan year?

Yes. Your plan's formulary can change in a number of ways throughout the plan year, including updating utilization management (or drug usage management) requirements, such as whether your prescription is subject to quantity limits or you need to obtain a prior authorization from your plan before your medication is covered. Utilization management programs help ensure safe and appropriate healthcare and are updated regularly to remain current with all available clinical evidence.

Besides dropping a medication from my formulary, what other changes can my prescription drug plan make to the drug list ("formulary") during the year?

Your prescription drug plan can update the plan formularies or drug lists throughout the plan year and - besides removing a medication from your plan's drug list - your prescription drug plan can make the following changes during the plan year:

- add new medications to your formulary,
- change usage management restrictions for a formulary medication,
- move a medication to a lower cost-sharing tier, or
- move a drug to a higher cost-sharing tier.

Will I receive notice every time the prescription drug plan's formulary list changes?

If a brand-name drug you are taking is replaced by a **new** generic drug, your plan can make the change immediately and without notifying you. However, if your medication is replaced with a medication that has been on the market (not new), BCBSAL in conjunction with Prime Therapeutics aims to provide you with 30 to 60 days' notice of the formulary change.

- Once a formulary change letter has been received you should be working with your provider to switch to the generic or to a different drug that is covered.

If you have questions about your drug coverage, call the number on the back of your Blue Cross member identification card.

How often does my plan's drug list change and why?

Drug coverage is subject to change at any time but the drug list will be updated quarterly. There are many reasons why drug coverage or tier placement may change. Some examples are listed below:

- The tier level of a drug may increase or the drug may no longer be covered when an equivalent generic drug becomes available.
- The tier level of a drug may decrease if the cost of the drug decreases.

Can I choose to fill a brand-name drug instead of the generic version, even if the generic is available?

If a generic medication is available, the UAH pharmacy plan will pay the cost of the generic medication (less any applicable member copays and deductibles). If you elect to fill the more expensive Non Preferred brand-name, you will be responsible for paying the Non Preferred Brand copay and the cost difference between the brand-name and generic version.

What is an alternative drug list?

An alternative drug list is a publication that lists many of the non-covered drugs on your benefit plan's drug list along with their covered preferred alternative drugs.

What is a maintenance drug list?

A maintenance drug list is a list of drugs that are generally used to treat chronic or long-term conditions.

These conditions, such as high blood pressure, heart disease and diabetes, usually require regular, daily use of maintenance drugs.

For any new maintenance drugs you take, the UAH prescription drug plan limits your initial fill to a 30 day supply.

What is an Affordable Care Act (ACA) preventive drug list?

As part of the Affordable Care Act (ACA), the UAH prescription drug plan has elected to provide coverage at no cost to members for preventive drugs listed on the [NetResults ACA Preventive Drug List](#).

The prescription drugs classified as preventive are subject to change; other rules and limitations related to dosage, age and quantities may apply.

What is a Prior Authorization (also called a Precertification)?

A Prior Authorization (PA) or Precertification means that your plan must give prior approval before it will cover certain drugs.

If you have been prescribed a drug that requires a PA, your doctor must first send a request for authorization to Blue Cross and Blue Shield of Alabama.

Once approved, you will be able to fill the prescription for your medication.

What do I pay at the pharmacy for my drugs?

Both plans require members to meet a first dollar deductible before sharing in the cost of prescription drugs. After the deductible is met, your copay or coinsurance will vary based on the UAH Medical plan you have elected.

Both benefit plans offer lower member cost sharing for lower drug tiers and require higher member cost sharing for higher drug tiers.

Your pharmacy benefits are listed in the UAH BCBS PPO Plan and HDHP Matrix under Prescription Drug Benefits. You should refer to the plan you are enrolled in for your plan's pharmacy benefits.

You can look up how much you will pay at the pharmacy for a specific drug by logging into myBlueCross at AlabamaBlue.com. Once logged in, select "Find Drug Pricing" located under Manage My Prescriptions.

How can I find the estimated cost for my drugs?

A member can find an estimated cost for their prescription by logging into the myBlueCross website at AlabamaBlue.com and follow the steps below:

1. From the BCBSAL website (www.AlabamaBlue.com), login to myBlueCross
2. Under "Manage My Prescriptions"
3. Click "Find Drug Pricing"
4. Enter the drug name in the blue search bar
5. Submit the dosage and frequency of intake
6. Click "see all pricing options" to see price estimates

Click here for a tutorial video: <https://www.bcbsal.org/web/pharmacy/drugguide.html>

What is a drug exclusion (also called a non-covered drug)?

A drug exclusion or non-covered drug is a drug that is not covered on your benefit plan's drug list. If a drug is not covered, it could be for reasons such as:

- The availability of lower cost generics or alternatives
- Safety concerns
- Lack of FDA approval
- The availability of over-the-counter alternatives

When a drug is excluded or non-covered, benefits are not provided for that drug and if you continue taking it, you will pay the full cost of the drug.

What is the difference between the network pharmacies?

A Retail pharmacy is a licensed pharmacy that generally dispenses up to a 30-day supply of maintenance and non-maintenance drugs. The retail pharmacy network for the UAH plan is **Prime Participating Network**.

An Extended Supply Network (ESN) pharmacy is a licensed pharmacy that generally dispenses up to a 90-day supply of maintenance drugs. The ESN pharmacy network for the UAH plan is

the **Prime Participating Network ESN Network**. Tier 4 (specialty) drugs are not available through the extended supply pharmacy service.

A Specialty pharmacy is a licensed pharmacy that generally dispenses up to a 30-day supply of drugs used to treat complex chronic and/or life threatening conditions. The in-network specialty pharmacy for the UAH plan is the **Pharmacy Select Network**.

A Home Delivery Network is a mail order network that includes a licensed pharmacy that generally dispenses up to a 90-day supply of maintenance drugs and delivers them to your home. AllianceRX Walgreens Prime is the in-network pharmacy for the Home Delivery Network. Enroll online at AlabamaBlue.com or call 1-800-391-1886.

What Retail pharmacy network am I in?

The retail pharmacy network for the UAH Prescription Drug Plan is the **Prime Participating Network**.

To search for a network pharmacy in the **Prime Participating Network**:

1. Log into myBlueCross at AlabamaBlue.com
2. Click on “Find a Doctor”, then select “Find a Pharmacy”
3. Click “Accept” for Prime Therapeutics’ third-party disclaimer
4. Your pharmacy network name will be displayed under the search bar
5. To find network pharmacies you can enter a search location by using the zip code or city and state for the area you would like to search
6. Click the “Search” button to find a pharmacy in your network

Who is my specialty pharmacy?

The only in-network pharmacy for your Tier 4 (specialty) drugs is the **Pharmacy Select Network**.

If a provider in the Pharmacy Select Network is not utilized you may be responsible for up to 100 percent of the drug cost. If you have questions about your coverage for specialty drugs or your prescription drug benefit, call the number on the back of your ID card.

You can view the Specialty Drug List at [AlabamaBlue.com/SelfAdministered Specialty Drug List](http://AlabamaBlue.com/SelfAdministeredSpecialtyDrugList), but you should refer to the UAH prescription drug list [NetResults 1.0 Drug List – 4 tiers](#) for your plan’s drug specific coverage information.

Please note that although Tier 4 primarily contains specialty drugs, all tiers may contain drugs otherwise categorized as generic, brand, or specialty.

What are drug coverage guidelines?

Prescription drug coverage is subject to Drug Coverage Guidelines developed and modified over time. These guidelines are based upon daily or monthly limits as recommended by the FDA, the manufacturer of the drug, and/or peer-reviewed medical literature.

Even though your physician writes a prescription for a drug, that drug may not be covered under the plan or clinical edit(s) may apply (i.e. prior authorization, step therapy, quantity limits) in accordance with the guidelines.

A drug may not be covered under the plan because, for example, there are safety and/or effectiveness concerns or there are over-the-counter equivalent drugs available. The guidelines in some instances also require you to obtain prior authorization as to the medical necessity of the drug.

To review drug coverage guidelines, go to [AlabamaBlue.com/DrugList](https://alabamablue.com/DrugList). Scroll down and select the **+** symbol located by **Large Group Plans**. Under the Large Group Plans list, scroll down and select the **>** symbol beside the **NetResults Drug List**, then click on the **NetResults 1.0 Drug List – 4 tiers (standard)** to view the UAH prescription drug plan formulary list. There, you can search by drug name to find the drug coverage guidelines for specific drugs.

What is Step Therapy?

Step Therapy ensures that clinically effective medications for a particular condition are used before “stepping up” to another medication, for cost or quality reasons.

If these “first step” medications prove to be inappropriate for clinical reasons, then the original medication prescribed by your doctor may be approved by your plan.

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What are Quantity Limits?

Quantity Limits allow a pharmacy to give you only enough medicine to cover a certain period of time. Quantity Limits are usually set for more expensive drugs or for drugs that may be overused or abused.

To review drug coverage guidelines, go to [AlabamaBlue.com/DrugList](https://alabamablue.com/DrugList). Scroll down and select the **+** symbol located by **Large Group Plans**. Under the Large Group Plans list, scroll down and

select the > symbol beside the [NetResults Drug List](#), then click on the [NetResults 1.0 Drug List – 4 tiers \(standard\)](#) to view the UAH prescription drug plan formulary list. There, you can search by drug name to find the quantity limit guidelines for specific drugs.

What if I have questions about my drug coverage?

If you have questions about your drug coverage, call the number on the back of your Blue Cross member identification card or go to [AlabamaBlue.com/ContactUs](https://alabamablue.com/contact-us).