Common Pharmacy Questions

**HOW DOES MY PHARMACY/MEDICAL IDENTIFICATION CARD WORK?**
Your prescription card also serves as your medical ID card. Present it at your pharmacy or provider's office at the time of service. Your card will come directly from Medco, PEHP's pharmacy benefit manager.

**WHERE CAN I ACCESS THE PREFERRED DRUG LIST?**
» Find the Preferred Drug List at www.pehp.org.

**WHAT IS MY COPAYMENT OR COINSURANCE RESPONSIBILITY?**
Members are responsible for the Copayment or coinsurance of the medication at the time of purchase. The Copayment and/or coinsurance is based on your employer group’s pharmacy plan selection. If the cost of the medication is less than the specific Copayment and/or coinsurance listed for that medication, you are responsible for the lesser amount.

**HOW DOES MY PLAN WORK IF I HAVE A PHARMACY DEDUCTIBLE?**
A pharmacy deductible is often separate from your regular medical deductible. When filling your prescription, you'll pay the pharmacy deductible listed in your Benefits Summary. Once your deductible is met, you'll pay the applicable copayment or coinsurance.

**CAN I BE REIMBURSED FOR URGENT OR EMERGENCY MEDICATIONS I HAVE PURCHASED OUTSIDE OF THE UNITED STATES?**
Urgent and emergency prescriptions will be covered outside of the United States if the drug or class of medication is covered under the PEHP pharmacy or specialty benefit. PEHP will determine the urgent or emergent status of each claim submitted for reimbursement. Cash paid and out-of-area claims will be subject to step therapy, quantity level requirements, and pre-authorization. PEHP will reimburse up to our usual and customary contract rate and benefit rules minus the required copayment. You must provide a claim that contains the name, strength, and dosage of the medication. It is your responsibility to translate the claim into English and convert the charges to U.S. currency.

**HOW CAN I LOWER MY COPayment?**
Ask your doctor if your prescription is available in an equivalent generic; many are, and preferred generics have the lowest copayment. If you can't get an effective generic equivalent, ask your doctor and/or pharmacist if a preferred brand-name drug will work. (See the PEHP Preferred Drug List for further suggestions.)

**WHAT IS THE DIFFERENCE BETWEEN A GENERIC AND A BRAND-NAME MEDICATION?**
A preferred generic drug must contain the same active ingredient in the equivalent strength and dosage as the brand-name version and meet the same FDA standards. Although generic and brand-name drugs contain the same active ingredient, the inactive ingredients may differ. Inactive ingredients are used to keep a tablet from crumbling, add bulk to make it large enough to handle, and/or provide a pleasant taste or color.

**WILL MEDCO SUBSTITUTE MY BRAND-NAME PRESCRIPTION FOR A GENERIC?**
This is possible if your physician has not indicated that a brand-name is necessary. If your medication has no generic, but generics are available for your medication class, see if your doctor will switch it to give you a lower copayment.

**WHAT IS A GENERIC SUBSTITUTION BENEFIT?**
If a brand-name drug is dispensed when a preferred generic can be substituted, you'll pay the generic copayment plus the difference in cost between the generic and brand-name drug. If you have 100% coverage, you're still responsible for the cost difference. This may not apply to all groups; refer to your benefits summary for more information.

**PLEASE NOTE:**
» If you have dual coverage, you will pay the difference in cost between a substitution generic and brand-name drug.
» If you have a High Deductible Health plan: If you select a brand name medication when a generic is available, the difference in cost won't apply to your deductible and out-of-pocket maximum. Even when you've met the out-of-pocket maximum, if a brand-name medication is selected when a generic medication is available, you'll pay the cost difference. This may not apply to all groups; refer to your benefits summary for more information.
» If you have a plan with a pharmacy deductible, the cost difference between a brand-name drug and a generic equivalent doesn't apply to the deductible.
WHAT IS PRE-AUTHORIZATION?
Some drugs require pre-authorization due to their potential for misuse, adverse reactions, safety issues, and cost. At www.pehp.org you'll see which drugs require pre-authorization. Your doctor can obtain a pre-authorization form from the provider section of www.pehp.org or may call PEHP at 801-366-7555 or 800-765-7347.

WHAT ARE SPECIALTY MEDICATIONS?
These costly drugs require special handling and shipping or are required by the manufacturer to be dispensed by a specific pharmacy, such as PEHP's specialty pharmacy, Accredo. PEHP may require you to buy your specialty medications through Accredo for coverage. You can find out where to buy your specialty medication for coverage at www.pehp.org/Pharmacy Corner/Specialty Medications.

WHAT ARE SOME LIMITATIONS TO MY PHARMACY BENEFITS?
» Drug quantities, dosage levels and length or therapy may be limited to the recommendations of the drug manufacturer, FDA, clinical guidelines, or PEHP's Pharmacy and Therapeutics Committee.

» PEHP may classify a FDA approved generic medication as non-preferred or not covered when directed by the Pharmacy and Therapeutics Committee.

» When a medication is dispensed in two different strengths or dosage forms, a separate copayment will be required for each dispensed prescription.

» Medication quantities and availability may be restricted to a lower allowed day supply when a manufacturers' package size cannot accommodate the normal allowed pharmacy benefit day supply.

» If a medication is packaged in a day supply that is greater than a 30-day or a 90-day supply, the member's out-of-pocket responsibility may require a copayment for each month of anticipated duration of the medication.

» If prescription mail service is included in the pharmacy benefit plan, members must use Medco's mail-order facility for 90-day coverage.

» PEHP may not cover drug quantities, dosage levels and length of therapy in excess of recommendations by the drug manufacturer, FDA, or PEHP Master Policy guidelines.

DO SPECIALTY MEDICATIONS REQUIRE PRE-AUTHORIZATION?
Most do. Go to www.pehp.org/Pharmacy Corner/Pre-authorization Information to learn whether your drug requires pre-authorization, or call PEHP at 801-366-7555 or 800-765-7347. Your physician can obtain a pre-authorization form from the provider section of www.pehp.org or by calling the number above.

CAN I CONTINUE TO RECEIVE MY SPECIALTY MEDICATIONS THROUGH MY MEDICAL PROVIDER?
For most specialty drugs, PEHP requires you to use our specialty vendor for coverage. Sometimes specialty drugs may be available through both our specialty vendor and through your doctor’s office. In these cases PEHP will offer your specialty medication for a lower copayment through our specialty pharmacy. Pre-authorization may be required, and you may also have a separate out-of-pocket maximum of $3,600 per member per year for medications you receive through a provider's facility. Copayments through Accredo will not apply to the specialty out-of-pocket maximum. Check your Benefits Summary for your maximum cost. Call PEHP at 801-366-7555 or 800-765-7347 for information or for help making the transition to Accredo.

WHEN MAY I REFILL MY PRESCRIPTION?
Retail and mail-order prescriptions may be refilled once you've consumed 75% of your supply. Retail orders require 23 days between refills and 68 days for mail-order. Maintenance drugs carry a 75% refill allowance when used within the last 180 days.

WILL PEHP PAY FOR A MEDICATION THAT IS NOT LISTED ON THE PREFERRED MEDICATION LIST?
Probably, but it will carry the highest copayment. Coverage depends on your plan benefits. Go to www.pehp.org or call PEHP at 801-366-7555 or 800-765-7347.

WHAT DOES “MAINTENANCE MEDICATION” MEAN?
A maintenance medication is any prescription that is taken on a daily basis. Some examples are: antidepressants, asthma medications, birth control pills, cholesterol medications, blood pressure medications, and anticonvulsants. Non-maintenance medications are not available through mail order. Some examples are: pain management medications, muscle relaxants, cough and cold medications, anti-migraine, antibiotics, sleeping and anxiety pills.
Does the preferred drug list change?
It changes twice a year based on FDA reviews of new medications and generic equivalents. Exceptions are based on FDA or PEHP Pharmacy and Therapeutics Committee recommendations.

What is the advantage of mail-order?
The main advantage is that maintenance drugs are available via mail-order in 90-day quantities and at less expense than at a retail pharmacy. Examples of maintenance medications include those for: diabetes, depression, asthma, blood pressure, birth control as well as anticonvulsants. Examples of medications not available through mail-order are: pain therapies, sleeping pills, muscle relaxants, antibiotics, anti-anxiety drugs, anti-migraine drugs, and injectables.

To receive your 90-day supply through mail-order:
» Obtain your doctor’s prescription for a 90-day supply.
» Complete the “Medco by Mail Order Form” at www.pehp.org/Pharmacy Corner/Mail Service.
» Ensure you have obtained a pre-authorization if required.
» Enclose your required copayment and mail to:
  Medco Health Solutions Of Netpark, L.C.
  PO Box 30493
  Tampa, FL 33630-3493

Your order will arrive in about 14 days. Be sure to have at least a two-week supply on hand so you don’t run out while waiting.

What can cause my mail-order prescription to be delayed?
Medco has a good track record for quickly filling prescriptions, but certain things could delay shipment:
» Missing information.
» Prescription not written for a 90-day supply.
» No refills.
» Drug interactions.
» Uncommon dosages.
» Lack of pre-authorization when required.
» A duplicate prescription filled too soon at a local pharmacy.

Be sure to have at least a two-week supply on hand in case you have to wait.

How can I appeal a decision?
You or your prescribing physician can initiate an appeal to any coverage decision made by the PEHP Pharmacy Department. A request for a full and fair review must be made within 180 days after receiving notice of denial. Mail requests to:

Benefits Review Committee
Public Employees Health Program
560 East 200 South
Salt Lake City, Utah 84102-2004

How do I submit pharmacy claims if I have coverage with another plan or have paid cash for my prescription?
Coordination of Benefits (COB) claims are those in which your primary insurance has already paid and PEHP becomes your secondary insurance. Cash-paid (direct) are those for which you paid the cash price for your medicine without using your pharmacy card. Where PEHP is your secondary carrier, you must buy your prescriptions through your primary carrier. PEHP will coordinate coverage of eligible copayments and unpaid pharmacy claims if they meet PEHP’s benefit, coverage, pre-authorization, and quantity requirements.

You’ll need to submit an original itemized receipt (a pharmacy printout is not a valid receipt) and a claim form to Medco. PEHP will reimburse you up to our usual and customary contract rate and benefit rules minus the required copayment. You can obtain a Medco Direct Claim Form at www.pehp.org by selecting PEHP’s Pharmacy Corner and Claims.

How can I submit for reimbursement for my pharmacy copayment if I am covered by two PEHP plans (dual coverage)?
Dual coverage is defined as enrollment in two PEHP medical or pharmacy plans. To coordinate your pharmacy deductible, copayment, or coinsurance with your secondary PEHP plan, you will need to submit your pharmacy receipts and a Medco Direct Claim Form to Medco. You can obtain a Medco Direct Claim Form at www.pehp.org by selecting PEHP’s Pharmacy Corner and Claims.

Contact information

PEHP
801-366-7555 | 800-765-7347 | www.pehp.org

Medco
800-903-4725 | www.medco.com

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