



## **IMPORTANT INFORMATION ABOUT YOUR PRESCRIPTION DRUG BENEFIT... UNDERSTANDING CLINICAL GUIDELINES**

In an ongoing effort to effectively manage your prescription drug benefits, the BCBS of TX/Prime Therapeutics clinical department, in agreement with your employer, has developed clinical guidelines as part of your prescription benefit plan design. These clinical guidelines are known as Prior Authorization and Quantity Limitation. This information guide is intended to explain these guidelines, their purpose, and identify examples of common medications that are managed under these guidelines. Information about prior authorization and quantity limitations are also available online at [www.bcbstx.com](http://www.bcbstx.com).

### **What is Prior Authorization (PA)?**

PA means that your employer has appointed BCBS to conduct a clinical review of certain medications prior to authorizing payment under your prescription benefit plan. This review consists of 2 steps:

*Step 1:* A medical diagnosis is obtained from the prescribing doctor (some medications may require additional information). Your pharmacist may supply BCBS with the necessary information required to perform the review if the information is provided on the prescription, or your doctor can call or fax the appropriate medical documentation to BCBS.

*Step 2:* Clinical personnel at BCBS then determine if the condition falls within the appropriate clinical guidelines, which are based on both clinical judgment and current medical literature. The decision of the Clinical Department will determine if the medication in question will be covered by your prescription plan. Refer to the list below for some common medications that require PA.

### **What is quantity limitation (QL)?**

QL means that your prescription plan will only cover a certain number of pills or units (i.e. injections or nasal spray bottles) within a specified time period, usually 30 days. This limitation is typically in place for medications that have an abuse potential (such as Ambien or Imitrex) or for medications that have been deemed by the Food and Drug Administration (FDA) to be safe in only limited amounts (i.e. Naxonex, Nexium). QL is in place for only a limited number of medications (*please refer to the list below*), however this clinical guideline may be added to newly approved medications as well.

### **Why are clinical guidelines necessary?**

Clinical guidelines are necessary because there are certain medications that require closer review to support their benefit(s) to the patient. BCBS provides recommendations concerning coverage of these medications by verifying their appropriateness before payment of a prescription can be authorized.

Medications selected to be included for PA or QL are typically expensive, have off-label (not approved by the FDA) uses or have the potential to be used inappropriately. The list of drugs below has been selected for coverage under your prescription benefit plan with PA or QL. Please remember the need for PA or QL effects only a small number of medications such as those listed below. However, the above-mentioned clinical guidelines may be applied to newly approved medications as well.

In most cases, employees and dependents taking one or more of the medications subject to review will not experience a delay in obtaining their medicine. You may experience a delay, however, if the appropriate documentation cannot be obtained immediately. If a delay occurs, we apologize for any inconvenience, but please understand the purpose of this review is to make sure the medications are being dispensed for the appropriate reason and to protect the integrity of the prescription drug plan.

*Please refer to the list below for drugs that **typically** require PA\* or have QL\*. Keep in mind that this is not an all-inclusive list. Refer to your BCBS Enrollment Guide or call BCBS for further information regarding your plan and drugs that require PA or have QL.*

**Prior Authorization***Anabolic Steroids:**Serotonin Reuptake Inhibitors:**Growth Hormone Agents:**Peginterferons:***Examples**

Anadrol, Oxandrin, Winstrol

Celexa, Lexapro, Paxil, Prozac, Zoloft

Genotropin, Increlex, Nutropin, Nutropin AQ

Pegasys, Peg-Intron

**Quantity Limitation***Asthma/COPD:**Hormones & Related Drugs:**Migraine Headaches:**Nasal Products:**Sleep Aids:**Ulcer/Gerd:*

Albuterol, Accuneb, Advair, Atrovent HFA, Combivent, Flovent HFA, Foradil Aetolizer, Intal, Ipratropium Neb Soln, Proair HFA, Proventil, Pulmicort, Qvar, Serevent Diskus, Spiriva, Tilade

Actonel

Imitrex, Maxalt, Midgranal, Zomig

Asteline, Flunisolide, Fluticasone, Nasacort AQ, Nasonex

Ambien

Nexium, Prilosec, Protonix

**Not Covered under the City of Waco Plan***Erectile Dysfunction:**Infertility Drugs:**Smoking Cessation Products:**Weight Management Products:*

Viagra

Bravelle, Cetrotide, Chorionic Gonadotropin, Follistim, Ganirelix, Gonal-F, Luveris, Menopur, Ovidrel, Repronex

Chantix, Zyban

Meridia, Xenical

*\*PA/QL requirements are subject to change due to plan design and/or preferred drug list revisions.*

For drugs listed above that require a medical diagnosis or PA, your pharmacist or doctor can fax the necessary information to BCBS at **1-877-480-8130** or contact the BCBS/Prime customer service department at **1-800-289-1525**. You may also obtain a Prior Authorization (PA) form online at [www.bcbstx.com](http://www.bcbstx.com).

If you or your dependents are taking one of these medications, you may wish to take this material with you the next time you visit your doctor or pharmacist. To avoid any delay in obtaining a medication that requires a medical diagnosis, you may wish to have your doctor contact BCBS in advance of writing the prescription.

In the event that coverage for your prescription is not approved, you may choose to appeal the denial in writing along with a letter of medical necessity from your doctor. You can fax the appeal to BCBS at 1-877-480-8130 or send it to BCBS, 1020 Discovery Road, No. 100, Eagan, Minnesota 55121, Attn: Prime Therapeutics LLC, Clinical Review Dept.

Please contact the BCBS customer service department at **1-800-521-2227** with any additional questions you might have. Thank you for your cooperation in this matter.