



Patty's Points



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Your prescription coverage through the District is with Florida Blue and Prime Therapeutics is the Pharmacy Benefits Manager (PBM). Back in April, 2018, the mail order company's name changed from PrimeMail to AllianceRx Walgreens Prime for Home Delivery. You should have noticed the new name on your prescription labels, mail order forms, logos and URL on materials, etc. In addition, Prime Specialty, the participating specialty pharmacy provider changed its name to AllianceRx Walgreens Prime for Specialty.

Dear Patty:

Q: Did the phone numbers change due to the name change?

A: No, the phone numbers did not change.

- AllianceRx Walgreens Prime for Home Delivery: 1-888-849-7865
- Alliance Rx Walgreens Prime for Specialty: 1-877-627-6337

Q: How can I save money on prescriptions?

A: 1) Use a pharmacy that is in your plan's network and Preferred Generic drugs (when available) to lower your cost. 2) Use home delivery for ongoing maintenance medications 3) Take advantage of Publix' free or low cost medications. Go to www.Publix.com for a list. 4) Obtain your medications through CareHere 5) Use ElectRx for brand name medications, if available. 6) Ask your prescriber/doctor for a coupon, if available, for your medication 7) Review the Medication Guide with your doctor to find a preferred formulary alternative to brand name medications.

Q: My doctor prescribed a new medication for me. How do I know if the medication is covered?



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A: The Medication Guide includes an abbreviated list of brand name and generic prescription drugs that may be covered under your plan (i.e. covered drugs and requirements vary by plan). Please refer to your Benefit Booklet or Pharmacy Program Endorsement. To access the online Medication Guide, go to www.floridablue.com and log in as a member if you registered. If you have not registered, you may access the Medication Guide by clicking on link below:

<https://www.floridablue.com/members/tools-resources/pharmacy/medication-guide>

Then scroll down to 2/3 of the page to find, Employer Large-Group Plan. Under the Medication Guide column, select "Open". You have an Open Formulary. This means you have 3 tiers of coverage (generic, preferred brand, non-preferred brand).

Q: How often is the Medication Guide updated?

A: The Medication Guide is posted every January and July and updates are posted quarterly in January, April, July and October. Please go on www.floridablue.com to access the most current guide.

Q: I accessed the Medication Guide. What is the easiest way to look up a medication?

A: Press the Ctrl + F key or go to **Edit** and in the drop down menu, select, **Find**. In the search box, type the name of the medication and then press "Next". The other method is to look up the drug using the alpha index located at the back of the guide.

Q: What if the search results return with no findings?

A: First, check the spelling of the medication and search again. If no results, access the link to the **Medications Not Covered List** on page III. If the medication is on this list, then it is not covered by your prescription plan.

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Q: What are some of the reasons my prescription plan does not cover certain medications?

A: One of the reasons is that the medication has a preferred formulary alternative or over-the-counter (OTC) alternative available. For more reasons, go to page III of the guide.

Q: What are the copays under my prescription plan?

A: Below is a table of the copay structure.

	Tier 1- Generic	Tier 2- Preferred Brand	Tier 3- Non-Preferred Brand
Up to a 30 day supply - retail	\$10 copay	\$35 copay	\$60 copay
Up to a 90 day supply -home delivery	\$20 copay	\$70 copay	\$120 copay
Up to a 90 day supply -extended retail	\$25 copay	\$50 copay	\$150 copay
Tier 4 Specialty (up to a 30 day supply only) <i>(AllianceRx Walgreens Prime Specialty & CVS Specialty are in-network)</i>	\$25 copay	\$50 copay	\$100 copay

Q: I found my medication in the Medication Guide. I see a “3” in the Drug Tier column and a “.” symbol in the Prior Authorization column. What does this mean?

A: This means your medication is a Tier 3 or Non-Preferred Brand. Your copay is \$60 if the prescription is written for a 30 day supply. In addition, it requires prior approval. Your doctor/prescriber would need to complete a Prior Authorization Form and submit it to the clinical review department.

Q: Where are the Prior Authorization forms located?

A: The forms are available as active links in the online Medication Guide. Please go to page VII of the guide and click on the link at the bottom of the page, “Prior Authorization Program Information and Forms”. The links are located in the last column.