

Basic Drug List



What is the Basic Drug List?

It's the list of drugs that your plan covers. The Basic Drug List includes all generic drugs. It also includes preferred and non-preferred brand-name drugs selected by an independent panel of doctors and pharmacists. Your plan does not cover brand-name drugs that are not included on the Basic Drug List. You will pay 100% of our special discounted rates of the pharmacy's charge, whichever is less, for them.

With the Basic Drug List, you and your doctor have the freedom to choose the medication that works best for you. Since there may be more than one medication available to treat your medical condition, we encourage you to use generic and preferred brand-name medications whenever possible to help manage your prescription costs. To make sure your plan covers any brand-name prescriptions you receive, provide your doctor with a copy of the Basic Drug List before you get them.

What Will I Pay For My Prescriptions?

The amount you will pay is based on the Tier of your drug on the Basic Drug List. Tier 1 drugs are generic drugs. You will pay the lowest amount for generic drugs. Tier 2 drugs are preferred brand-name drugs. You will pay a higher amount for preferred brand-name drugs than you do for generic drugs. Tier 3 drugs are non-preferred brand-name drugs. You will pay a higher amount for non-preferred brand-name drugs than you do for generic and preferred brand-name drugs. Tier 4 drugs are specialty drugs. Specialty drugs are those that are used to treat chronic conditions like Multiple Sclerosis, Rheumatoid Arthritis and others. They are often injected and require special training to use. You will pay a higher amount for specialty drugs than you do for generic, preferred and non-preferred brand drugs. Even if your specialty drug is a generic drug, you will still pay the specialty drug copayment for it. Refer to your benefits booklet to determine the amounts that apply to you for each Tier.

To view the Basic Drug List, visit the Prescription Drug page on our Web site and select the "Drug Lists" link. Then select the Basic Drug List link to "View drugs by category." Or, use the link to search for a specific drug.

Are Generic Drugs Safe?

Generic drugs must meet the same strict FDA manufacturing standards as brand-name drugs. The color and shape of a generic drug may be different from its brand-name counterpart, but the active ingredients are the same for both. Generic drugs have the same quality and strength as their brand-name counterparts, but they cost less. Generic drugs become available when patents expire on brand-name drugs. They tend to cost less than brand-name drugs because the companies that make them do not have the same development costs as makers of new drugs. Some generic drugs may even cost you less than your plan's Tier 1 copayment, meaning even more savings for you!

Many of the most popular prescribed drugs have generic versions. In fact, two out of every three prescriptions are now filled with generics. Ask your doctor if generics are right for you. When you use a generic drug, you get the same quality as a brand-name drug – at a lower cost. To learn more about generic drugs, visit the Prescription Drug information page on our Web site or talk to your doctor or pharmacist.

Drug Management Programs

Three quality and safety programs apply to your prescriptions. These “Drug Management” programs include:

- **Prior Authorization (PA).** It helps prevent improper use of medications for certain health conditions. If your doctor prescribes a medication that requires a PA, you must get approval before your plan will cover your prescription.
- **Quantity Management.** It promotes the safe use of medications. It limits the amount of some medications that your plan covers.
- **Step Therapy.** It groups medications into a series of “steps.” Step One medications are safe and effective, and most people should try them first. They often work as well as Step Two medications. You must try at least one Step One medication before your plan will cover a Step Two medication. If a Step One medication is not right for you, your doctor can request a prior authorization for the Step Two medication.

We base the Drug Management programs on FDA and manufacturer dosing guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design. Drug Management only affects the medication your benefit plan covers. You and your doctor should make the final decision about the medication and the amounts that are right for you.

To view the drugs included in the Prior Authorization, Quantity Limits and Step Therapy programs, visit the Drug Management Programs section on the Prescription Drug information page on our Web site.

Selecting a pharmacy

With your prescription drug card program, it's easy to use a network pharmacy. With over 57,000 pharmacies to choose from, you're sure to find one that's convenient for you. To locate a network pharmacy, refer to your network pharmacy directory. If you don't see your pharmacy listed, check first with your pharmacy to see if it has been added to our network since the list was printed. You can also use the pharmacy locator on our Web site or call Caremark at 1-888-963-7290. On behalf of BlueCross BlueShield of South Carolina, Caremark assists in the administration of the program. Caremark is an independent company that provides pharmacy benefits management. You should always check with your pharmacy to see if it is part of our network before you have your prescriptions filled.

Filing a claim

If you always use network pharmacies for your prescriptions, you'll never need to file a claim. For those rare times when you need to use a pharmacy that's not in our network or if you ever forget to show your ID card, you can file a claim for the amount you paid for your prescription. Here's how:

1. Pay the full amount of the prescription and complete a Prescription Drug Claim Form.
2. Mail your prescription drug receipt and your completed and signed claim form to:

Caremark Prescription Drug Claim Processing Center
P.O. Box 52059
Phoenix, AZ 85072-2059

You can get claim forms on the Prescription Drug Information page on our Web site or by calling Caremark Customer Care toll-free at 1-888-963-7290. Your reimbursement check should arrive within 10-14 days from the day you mail your claim form. You will be reimbursed according to your plan benefits.

If you need help or have any questions

Visit our Web site or call Caremark Customer Care at 888-963-7290.

Monday through Friday – 8 a.m. to 12 midnight (EST)

Saturday – 9 a.m. to 9 p.m. (EST)

Sunday – 9 a.m. to 8 p.m. (EST)