



# Pharmacy



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# MA pharmacy partner

Premera Blue Cross Medicare Advantage plans work with CVS Caremark for pharmacy benefit management administrative services for our Part D pharmacy benefit.

# Sample ID card

 <p><b>PREMERA</b>   </p> <p><b>BLUE CROSS</b></p> <p><small>An Independent Licensee of the Blue Cross Blue Shield Association</small></p>		<p align="center">&lt;Name of specific plan&gt;</p>	
<p><b>Enrollee Name</b></p> <p><b>FIRST M LASTNAME JR</b></p>		<p><b>Plan</b> &lt;H7245 XXX&gt;</p>	
<p><b>Enrollee ID</b></p> <p><b>Prefix</b> PC</p> <p><b>ZNP 123456789</b> <b>00</b></p> <p><b>Health Plan (80840)</b> &lt;0000000000&gt;</p>		<p><b>Medical Network</b></p> <p><b>Medicare Advantage</b></p> <p>RXBIN: 004336</p> <p>RXPCN: MEDDADV</p> <p>RXGRP: RX8644</p> <p>RXID: 12345678900</p>	
<p><b>Group Number</b></p> <p><b>12345</b></p>		<p><b>Issued:</b></p> <p><b>MM/YYYY</b></p>	
<p>&lt;DENTAL, VISION, HEARING&gt;</p>		<p>MEDICARE ADVANTAGE <b>IHMO</b></p> <p><b>MedicareRx</b> <small>Prescription Drug Coverage</small></p>	

  

<p>Members: <a href="http://www.premera.com/MA">www.premera.com/MA</a></p> 	
<p>Premera Blue Cross An Independent Licensee of the Blue Cross Blue Shield Association</p>	
<p><b>Use of this card is subject to terms of applicable contracts, conditions and use agreements.</b></p>	
<p><b>Providers outside of WA, local plan.</b></p>	
<p><b>Mail Provider claims to:</b></p> <p>Premera Blue Cross PO Box 91059 Seattle, WA 98111-9159</p>	
<p>PCP Name: &lt;first/last name&gt; &lt;Designated Clinic&gt;</p>	
<p><b>Customer Service: 888-850-8526</b></p> <p><b>TTY/TDD: 711</b></p>	
<p><b>PCP:</b> &lt;XXX-XXX-XXXX&gt;</p> <p><b>Mental health/substance abuse treatment:</b> 844-884-1855</p> <p><b>Dental Inquiries:</b> 888-850-8526</p> <p><b>Vision/Hearing Inquiries:</b> 888-850-8526</p> <p><b>24/7 Nurseline:</b> 855-339-8123</p> <p><b>Medical Authorizations:</b> 855-339-8127</p> <p><b>Dental Provider Service:</b> 855-612-7477</p> <p><b>Pharmacist Call:</b> 866-693-4620</p>	

Providers should remind patients to bring their ID card to the pharmacy when they fill their prescriptions.

# Pharmacy networks and covered part D drugs

- Premera Medicare Advantage Part D members have access to a national pharmacy network, including preferred mail-order pharmacy.
- You can locate pharmacies and the drug list for 2023 plans on our [website](#).
- If you have questions about the drug list, call **Customer Service 888-850-8526**.

# Pharmacy changes for 2024

- **Premera Medicare Advantage plans have a new tier-six drug list.**
  - Many tier-one and tier-two medications moved to tier-six. This includes many brand-name medications that help manage chronic conditions for diabetes, cholesterol, blood pressure, and osteoporosis.
  - These drugs will have a \$0 copay for 100-day supply that members can purchase at any in-network pharmacy
  - To receive the 100-day supply, providers will need to write an order for the 100-day supply.
- **Rx Savings Solutions a new pharmacy program to help members save money on prescription drugs.**
  - RXSS will reach out and consult with members if they find more affordable drug options.
  - If member agrees, RXSS will work with their provider, and retail pharmacy to update their prescription to a more affordable option.
- **RxPartner:** A behind-the-scenes prescription discount program at the point of sale to help members save on medications.

# Part D vaccines

- Premera Medicare Advantage Plan encourages members to work with their provider and customer service to understand coverage for vaccines and avoid unexpected bills for vaccines given in the provider's office.
- The new Inflation Reduction Act (IRA) language in 2023, ACIP adult vaccines will be covered \$0.
- Premera Medicare Advantage members will generally pay less for Part D vaccines when administered at an in-network preferred pharmacy for non-ACIP \$0 Vaccines. If your patient needs help finding a pharmacy offering vaccine services, call customer service at 888-850-8526.
- For continued updates and changes coming please visit: [The Inflation Reduction Act Lowers Health Care Costs for Millions of Americans | CMS](#)

# Diabetic supplies

## Preferred brands for Premera Blue Cross Medicare Advantage plans

- Blood glucose meters (BCG) and strips covered are One Touch®. [Here's the full list.](#)
- Other brands aren't covered unless we receive documentation from the provider that indicates that a different brand is needed.



# Over-the-counter benefit

- The over-the-counter benefit is included on every plan. This benefit covers \$50-\$65 per quarter for over-the-counter health and wellness products. Covered items are listed in this [online catalog](#).
- Nearly 400 products available in the catalog for 2024.
- Covers many generic over-the-counter allergy medications, vitamins, diabetic supplies and more.
- You can find more information about this benefit on our [website](#).

# Premera MA mail order pharmacy

- \$0 copay tier one drugs at mail order, for 90-day supply on all plans with prescription.
- \$0 copay tier six drugs for 100-day supply with retail or mail order.
- CVS Caremark is the network mail order pharmacy for Premera Medicare Advantage plans. [Mail order forms](#) are available online on the [premera.com/ma](https://premera.com/ma) website.
- More information on mail order services can be obtained by calling Customer Service at 888-850-8526.
- Members may manage their mail order prescriptions, obtain benefit and formulary information, and access forms by creating an account at [premera.com/ma](https://premera.com/ma) and choosing the pharmacy tab.

# Premera MA specialty pharmacy

- CVS Specialty is the preferred network specialty pharmacy for Premera Medicare Advantage plans.
- Specialty pharmacy enrollment forms are available online on the [CVS Specialty website](#).
- More information about specialty pharmacy services can be obtained by calling Customer Service at 888-850-8526.

# Requesting pharmacy prior authorizations

- Some drugs on the MA drug list require prior authorization. Coverage criteria and the [Part D drug prior authorization request form](#) are on our website, [www.premera.com/ma](http://www.premera.com/ma).
- You can request a coverage determination for your patient by telephone, fax, or mail:
  - Phone: 844-449-4723
  - Fax: 855-633-7673
  - Mail:  
CVS Caremark Part D Appeals Dept.  
MC109  
P.O. Box 52000  
Phoenix, AZ 85072-2000
- Coverage for medication not on the formulary needs a supporting statement from the provider for the exception review.
- For additional information call customer service: 888-850-8526.



# Medication therapy management (MTM)

- Members who meet specific criteria are enrolled in the Premera Blue Cross Medicare Advantage MTM program.
- The program is designed to ensure members are using drugs that work best to treat their condition(s) and to help identify possible medication errors.
- Members who participate receive a comprehensive medication review from one of our pharmacists and are sent a medication list and action plan to discuss with their providers.
- Members will receive up to \$200 if they qualify for the MTM program + are adherent to their DM drugs and/or take a statin.

# Quick Medicare Advantage pharmacy resources

- [Drug list](#)
- [Medication Therapy Management \(MTM\)](#)
- [Prior authorization form for Part D drugs](#)
- [Pharmacy network \(Find a Pharmacy website tool\)](#)
- [Pharmacy resources](#)
- [Part D appeals and grievances](#)