

June 1, 2008
Provider Bulletin

**Announcing BlueChoice HealthPlan's Prescription Drug Benefits
and Prior Authorization Process for Medicaid Members**

This bulletin does not apply to BlueChoice HealthPlan's commercial members.

BlueChoice HealthPlan wants to help you help your Medicaid members manage their prescription drug benefits. Members who are enrolled in BlueChoice HealthPlan Medicaid have pharmacy benefits that are administered by WellPoint NextRx (NextRx). These benefits cover outpatient prescription drugs obtained through a retail pharmacy based on medical necessity. Only licensed providers can prescribe medically necessary medication for a member.

Adult members age 19 and over have a pharmacy copayment of \$3.00 for brand-name prescriptions and no copayment for generic prescriptions. All medications are limited to a 34-day supply at all retail pharmacies. Members under age 19 are not subject to a copayment. For members ages 21, there is a limit of four prescriptions per month.

Preferred Drug List

The Preferred Drug List (PDL) is used to administer the pharmacy benefits for BlueChoice HealthPlan Medicaid members. The goal of the PDL is to ensure that members receive therapeutically appropriate and cost-effective drug therapy. It also serves as a primary reference in the selection of medications for BlueChoice HealthPlan Medicaid members.

To view the PDL, go to **www.BlueChoiceSCMedicaid.com**. The PDL is reviewed and updated quarterly. Please refer to the most current PDL, which is available online.

Prior Authorization (PA)

Certain preferred medications and all non-preferred medications require PA. Also, quantity limits may apply to some medications. Please visit our website at **www.BlueChoiceSCMedicaid.com** for more information on **Quantity Limits**. If a medical condition warrants a greater quantity supply than the defined 34-day supply of medication, PA is required for the prescribed quantity. Members should refer to their Member Handbooks for benefit details, exclusions and limitations.

BlueChoice HealthPlan encourages you to prescribe preferred medications whenever medically appropriate. Access to all non-preferred medications will require submission of a PA request, which should be faxed to NextRx at **1-866-807-6241**.

Prior to being dispensed, non-preferred medication PA requests require a medical necessity review by NextRx. Non-preferred medications may be approved if there are documented treatment failures, intolerances, contraindications or adverse effects to available preferred medications. For a universal PA form, go to **www.BlueChoiceSCMedicaid.com**.

For PA questions, call the NextRx PA Center at **1-800-470-0933**, Monday through Friday, 8 a.m. to 9 p.m. ET, Saturday and Sunday, 8 a.m.-6 p.m. For the Preferred Drug List, a list of drugs requiring PA and Universal PA forms, go to **www.BlueChoiceSCMedicaid.com**.