

## Prescription Drugs and Medications

### 1. Who administers the PEEHIP prescription drug claims?

PEEHIP selected [Express Scripts, Inc. \(ESI\)](#) as the claims administrator for the PEEHIP prescription drug program component of your health care plan. ESI is responsible for processing prescription drug claims under PEEHIP's coverage requirements established by the PEEHIP Board of Control. Click here for [Express Scripts' contact information](#).

### 2. What is the copayment that I am required to pay to have a prescription filled?

When you choose a participating retail pharmacy you pay the following copayments:

- \$5 for any covered generic prescription drug
- \$30 for any covered preferred brand drug ([preferred brand drug list](#))
- \$50 for any covered non-preferred brand drug

### 3. Can I have my prescription filled at any pharmacy in Alabama?

When you choose a **participating retail pharmacy** in Alabama, the pharmacy will file all claims for you and you only pay the applicable copayment. Most major pharmacy chains participate with the PEEHIP Prescription Drug Plan. However, if you use a **non-participating** pharmacy in Alabama there are no benefits under PEEHIP and you will be responsible for the **full cost** of the prescription.

### 4. I have moved out-of-state. Will my prescription be paid if I use a non-participating out-of-state pharmacy?

Yes, but you must pay the pharmacist for the full cost of the prescription and then file the claim directly with Express Scripts, Inc. and be reimbursed at the participating pharmacy rate less the appropriate copayment. PEEHIP will cover an out-of-state **participating** pharmacy. The member pays the same copayments applicable for participating pharmacies.

### 5. Am I required to use a generic drug when my doctor prescribed a brand-name drug?

Pursuant to Alabama law, pharmacists are required to dispense a generic drug unless the physician indicates in longhand writing on the prescription "Do Not Substitute," "Medically Necessary," or "Dispense as Written."

### 6. What is Step Therapy and how does it affect my prescription medications?

PEEHIP utilizes the [Step Therapy Program](#) to ensure that prescription medications used by PEEHIP members are safe and affordable. Step Therapy applies to **new** prescriptions which are those prescriptions that have not been filed or processed through a prescription drug plan in over 130 days. In Step Therapy, PEEHIP members are required to try a 1<sup>st</sup> step product before a 2<sup>nd</sup> step product will be covered, and try a 2<sup>nd</sup> step product before a 3<sup>rd</sup> step product will be covered. First step products are generally generics, which carry the lowest co-payment and are usually less expensive than brand name drugs. Second step products are generally higher-priced brand name drugs, and 3<sup>rd</sup> step products are generally the most expensive brand name drugs with the highest copayment. If after trying a 1<sup>st</sup> step product your physician decides the 1<sup>st</sup> step drug is not appropriate for you, he or she can prescribe the 2<sup>nd</sup> step drug and it will be covered as long as there is a presence of the 1<sup>st</sup> step drug in your recent claims history.

If your doctor decides to bypass the 1<sup>st</sup> step drug and prescribes a 2<sup>nd</sup> step drug, a Prior Authorization is needed. Your doctor's office should call Express Scripts at 800.347.5841 to request a **Prior Authorization review via the phone or to request a [Prior Authorization form](#)**. Your doctor's office should fax the completed form to ESI at 800.357.9577. ESI may approve the medication if your doctor provides clinical information that warrants the use of the 2<sup>nd</sup> step product.

**7. Are any PEEHIP members exempt from participating in Step Therapy?**

Yes, PEEHIP members who are currently taking a 2<sup>nd</sup> or 3<sup>rd</sup> step product and have had a prescription claim processed for that 2<sup>nd</sup> or 3<sup>rd</sup> step product through the PEEHIP prescription benefit within the prior 130 days, will not be subject to Step Therapy for that 2<sup>nd</sup> or 3<sup>rd</sup> step product. These members are “grandfathered” in and exempt from the Step Therapy requirements for that medication.

Members who are new to PEEHIP whose medication was covered under their previous insurance coverage should submit to Express Scripts a printout of their drug history report from their pharmacy which verifies that they have had prescription claims processed for their medication within the last 130 days. Once verified by Express Scripts, an override will be approved exempting them from the Step Therapy requirements for the medication.

**8. Are samples considered processed claims for purposes of step therapy?**

No. Samples of medication provided by your doctor are not considered processed claims for purposes of step therapy. NOTE: Please be aware that taking samples may extend the time period beyond 130 days between processed claims, especially if taking an approved maintenance medication which allows a 90-day supply with each processed claim. **This will trigger the step therapy requirement for your medication.**

**9. I have a prescription for a specialty medication. Is there a certain pharmacy that I must use?**

Yes. Members and covered dependents **must** use [CuraScript Specialty Pharmacy](#) for all specialty medications. A member may obtain the first fill of a specialty drug at either CuraScript Pharmacy or a local retail pharmacy. However, all subsequent refills must be filled exclusively through CuraScript Pharmacy. Specialty medications filled at any other pharmacy are not covered under PEEHIP. Click here for the [CuraScript list of specialty medications](#) list. The CuraScript toll free phone number is 866.848.9870.