

Prescription Drug Tips for Benefit Coordinators

Information to Help Your Employees Make The Most of Their Prescription Drug Benefits

ID Cards Are Very Important!

Members should always show their pharmacists their ID cards. They contain important information pharmacists need to submit electronic claims – the Member ID number, the claims processing number for our plan (RxBIN) and the claims routing number (RxGRP). The Member ID always begins with three letters. The RxBIN is always 004336. The RxGRP can vary by plan, but it always begins with SCB.



Pharmacists should enter all of the letters and numbers in the Member ID number. Without this information, we may reject claims.

My Pharmacy ManagerSM

My Pharmacy Manager makes it easy for members to make informed decisions about their prescriptions. It's easy to use and secure, so personal information is completely confidential. My Pharmacy Manager helps members review alternatives to their current medications and compare the costs. Members access this service from My Health ToolkitSM.

Drug Lists

When members have drug coverage with us, their specific health plans determine the drug lists that apply to them. The Basic Drug List applies to our BlueSpectrumSM Basic plans. The Preferred Drug List applies to most of our plans. And the Try Generics Drug List applies to just a benefit plans. A group of doctors and pharmacists decides which drugs are on each list. Our Drug Lists are subject to change at any time without notice, but we generally make updates on a quarterly basis. When a new generic becomes available, we add it to our Drug Lists right away. In most cases, we also remove its brand-name counterpart.

Many of our plans also have Drug Management programs that promote the safe use of medications. And many plans require members to use certain pharmacies for drugs that are on our specialty drug list. We post the latest versions of all our Drug Lists on our website. Members who aren't sure which drug list goes with their health plans can log into My Health ToolkitSM and select My Pharmacy Manager for personal information.

Helpful Contacts

On behalf of BlueCross BlueShield of South Carolina, Caremark assists in the administration of our prescription drug program. Caremark is an independent company that provides pharmacy benefits management. Here's how and when members should call Caremark:

Mail-Service Enrollment: 866-465-2496

Members who want to use Caremark's mail-service pharmacy can call this number to get started. Or, they can ask their doctors to call 800-378-5697 for them.

Member Services: 888-963-7290

Members should call this number if they have questions about prior authorization, quantity management, dose management, step therapy, mail-service benefits, refills or their general benefits.

Pharmacy Help Desk: 800-364-6331

Members should ask their pharmacists to call this number if they need help submitting prescription claims.

Prior Authorization Department: 800-294-5979

Members should ask their doctors to call this number if they need prior authorization for a prescription drug. Doctors can also fax requests on a member's behalf to 888-836-0730.

Specialty Drug Enrollment: 866-513-5214

Members who use specialty drugs should call this number. Or, their doctors can fax prescriptions to 866-249-6155.

Drug Management Programs

Drug management programs promote the safe use of medications. We base these programs on FDA and manufacturer dosing guidelines; medical literature; safety; accepted medical practice; appropriate use and benefit design. When appropriate, we may approve medical necessity overrides for some of the medications included in the programs. Doctors can request overrides by calling our Prior Authorizations department at 800-294-5979. Or, doctors can fax requests to 888-836-0730. Doctors can fax appeals to 803-264-0258 if an override is not available, or if the Prior Authorizations department denies an override request.

The Lowest Amount

Many large chain stores offer deep discounts on generic drugs. And some stores offer deep discounts on certain brand-name drugs. These programs are a great way to save, even if you have prescription drug coverage. When members show their ID cards, they always pay the lowest amount available whether it's the pharmacy's price, our special discounted price or their copayment.

Generic Drugs Savings

Using generic drugs is a great way to save money. A generic drug is a drug that's the same as its brand-name counterpart in dosage, safety, quality and how it's used. Generic drugs are not manufactured under a brand name or trademark. The color and shape of a generic drug must be different from its brand-name counterpart, but the active ingredients are the same for both. The Food and Drug Administration (FDA) holds generics to the same stringent safety and performance standards as brand-name drugs. There are generics available to treat many conditions and many people find them to be a good choice. In fact, nearly three out of every four prescriptions are now filled with generics.

Over-the-counter (OTC) Drugs Savings

OTC drugs are available without a doctor's prescription. They're considered safe and effective when used according to their labels or as directed by a doctor. And some OTC medications used to be prescription drugs. Once the FDA carefully reviewed their safety records, they were approved for sale without a prescription. Many people may find OTC drugs are cheaper than their prescription drug copayments. And, depending on their plans, some members may have coverage for certain OTC heartburn and allergy drugs when they get a doctor's prescription.

Help Paying for Prescriptions

Even with prescription drug coverage, there may be times when people have trouble paying for their medications. That's why we encourage members to talk to their health care providers about their costs. Together, they may be able to find medications that work just as well, and cost less. Many drug manufacturers also offer programs to assist patients. To find out if help is available for a specific medication, members should enter "patient assistance" and the name of their medications in their Internet search engine. They may find some money-saving coupons. They may also find programs that will help pay some or all of their prescription drug costs.

What Happens at the Pharmacy?

When a member presents a prescription to a network pharmacy, the pharmacist submits an electronic claim to the Caremark claims processing system. The claims system compares the data submitted by the pharmacy to information in the Caremark database. It also compares the prescription information to the member's benefit plan to validate coverage.

When eligibility and coverage are confirmed, Caremark informs the pharmacy of the amount to collect from the member. If eligibility cannot be confirmed, or if the prescription is not covered as submitted, the claims system provides a detailed reject message. The pharmacy can then make any corrections and resubmit the claim until it passes all edits. Once all edits are satisfied, the pharmacy receives the payment status and the amount to collect from the member.

Mail Service Reminders

Members who want to use Caremark's mail-service pharmacy should always ask their doctors for a prescription for a three-month's supply with up to three refills. The mail-service pharmacy cannot ship more than a one-month's supply of medication without a doctor's approval. Also state laws may limit the amount members can receive for certain drugs, as in the case of controlled substances. Members who use mail service can set up alerts on Caremark's website to let them know when refills are available or when prescriptions are shipped. For the fastest processing, we encourage members to consider using a credit card to pay for their mail-service prescriptions.