



Important Updates to Your HMO Prescription Drug Benefit for 2017

Changes will be made to your prescription drug benefit through Blue Cross and Blue Shield of Illinois (BCBSIL). **Starting January 1, 2017, on your group's 2017 renewal date, you may be affected by one or more of these changes:**

1. Drug List Changes*

Your drug list (also known as a formulary) will be changing. Your benefit plan will now be based on the new Performance Drug List. All available covered drugs are shown on the printed list. Drugs that are not shown are not covered.

Some drugs will move to a higher payment level tier. These drugs may still be eligible for coverage, but you may have to pay a higher copay or coinsurance, based on your benefits.

If you are taking or are prescribed one of the drugs affected by these drug list tier changes, ask your doctor if a generic drug or lower cost alternative drug may be right for you. Depending on your prescription drug benefit, these drugs may cost you less. As always, treatment decisions are between you and your doctor.

For a list of drugs moving to a higher payment tier, visit bcbsil.com/go/rx-2017changes. The Performance Drug List is updated online quarterly. Visit bcbsil.com for a more comprehensive and up-to-date list.

2. Drugs No Longer Covered*

Select drugs will no longer be eligible for coverage under your prescription drug benefit. A covered generic or brand alternative drug may be available. As a reminder, drugs that have not received U.S. Food and Drug Administration (FDA) approval are not covered for safety reasons.

If you are taking or are prescribed one of these drugs that will no longer be covered, ask your doctor about therapeutic alternatives. Your doctor can also request a formulary coverage exception from BCBSIL (unless you have a benefit exclusion).

For a list of drugs that will no longer be covered, visit bcbsil.com/go/rx-2017changes.

*Some members' benefit plans are based on the Basic (formerly Standard) Drug List or Enhanced (formerly Generics Plus) Drug List and are not affected by these changes. Check your benefit materials or call the number on the back of your ID card if you have questions.



For more information about prescription drug benefits, you can visit bcbsil.com/member/prescription-drug-plan-information, log in to Blue Access for MembersSM and click on the 'Prescription Drugs' link or call the Pharmacy Program number on the back of your member ID card.

3. Utilization Management Programs

Your prescription drug benefit plan has the Prior Authorization, Step Therapy and Dispensing Limit programs. These programs promote safe and proper use of medicines. **Please note:** Select drugs that are new to the market may also need prior authorization.

- **Prior Authorization (PA)** – If your drug is part of the PA program, you will need to have your doctor submit pre-approval (also known as a prior authorization request) to BCBSIL.
 - If your request is approved, you will pay for your share of the drug, based on your benefit plan.
 - If your request is not approved, the drug will not be covered. You may still fill the prescription, but you may have to pay for the full amount charged by the pharmacy.
- **Step Therapy (ST)** – If your drug is part of the ST program, you may need to use a preferred drug first before coverage can be approved for another drug. If you and your doctor decide that the preferred drug is not right for you, your doctor can submit a prior authorization request to BCBSIL.
 - Members who are now taking a drug included in the program may not be affected.
- **Dispensing Limits** – Some drugs may have limits on them, such as how much medicine can be covered per prescription or in a given time span. These coverage limits are based on the manufacturer's guidelines and FDA approval. Members taking or prescribed a drug that has a dispensing limit, may not get coverage for an amount above the limit. If you and your doctor decide that the dispensing limit may not be right for you, your doctor can submit a prior authorization request to BCBSIL.

Call the number on the back of your ID card for questions about a certain drug, or visit [bcbsil.com/go/rx-2017changes](https://www.bcbsil.com/go/rx-2017changes) for a list of prior authorization and step therapy programs.

Please note: If you are affected by one or more of these changes, BCBSIL will mail a letter to the primary member's address.

Remember: Treatment decisions are *always* between you and your doctor, and cost is only one factor. Only you and your doctor can decide which medicine is right for you. Talk with your doctor or pharmacist about any questions or concerns you have about medicines you are prescribed.

Coverage is based on the limitations and exclusions noted in your plan materials. Some drugs may call for members to meet certain criteria before prescription drug benefit coverage may be approved. See your plan materials for details.