Pharmacy Services

Blue Cross and Blue Shield of Texas (BCBSTX) is a managed care plan that serves Texas STAR, CHIP, and CHIP Perinate members in the Texas Travis Service Area.

BCBSTX uses a Preferred Drug List (PDL), which is a list of preferred drugs for physicians to prescribe. The goal of our pharmacy benefit is to ensure that members receive therapeutically appropriate drug therapy. Our ability to review both medical and pharmacy claims allows for integrated clinical programs that help facilitate comprehensive disease state management programs. Select drugs may require prior authorization.

Prescription Drug Benefits

BCBSTX uses the Texas Vendor Drug Program Preferred Drug List.

How to Use the Formulary

The Formulary lists the brand name or generic name of a given drug. If a medication does not appear on this Formulary, the medication is not covered under the pharmacy benefit. In some instances, a medication may require a prior authorization. A prior authorization form will need to be completed by the prescriber and submitted to BCBSTX before the prescription may be filled. To obtain the prior authorization form for medications that require prior authorization, please contact Express Scripts’ Customer Care for STAR Members at 866.533.7008 and for CHIP/CHIP Perinate members at 866.472.2095 for more information.

Search the Preferred Drug List

You may search the Formulary at the Texas Vendor Drug Program Site [http://www.txvendordrug.com/formulary](http://www.txvendordrug.com/formulary) or through Epocrates at [http://www.epocrates.com](http://www.epocrates.com)

Prior Authorization

Prior Authorization is designed to encourage appropriate use of medications. Select medications may require prior authorization. Medication utilization must meet FDA-approved indications, as well as our medical necessity guidelines. If a medication requires prior authorization, a prior authorization form needs to be completed by the prescriber for submission to BCBSTX. To obtain a prior authorization form you can contact Express Scripts Prior Authorization Center for STAR Members at 866.533.7008 and for CHIP/CHIP Perinate members at 866.472.2095 for more information. All PA Fax forms may be submitted to 800-357-9577.

Emergency Prescription Supply

Pharmacies will receive a rejection code of 75 PA Required for a non-preferred drug that has not been prior authorized. The message will indicate that the drug is non-preferred and that the prescriber should call ESI PA line.
In emergency situations after hours or on weekends pharmacists are authorized to dispense a 72-hour emergency supply of any non-preferred medication without prior approval. Pharmacies should submit a ‘8’ in field 461-EU (Prior Authorization Type Code) and code “801” in field 462-EV (Prior Auth Number Submitted),’ and a ‘3’ in Field 404-D5 ‘Days Supply’ in the claim segment of the billing transaction. The quantity dispensed and submitted in Field 442-E7 ‘Quantity Dispensed’ should equal the quantity necessary for a 3-day supply according to the directions for administration given by the prescriber.

If unable to override, a call should be placed to:

Pharmacy Help Desk 24 hours/7 days a week:
STAR (Pharmacy HD) = 866.294.1562

A 72-hour emergency supply of a prescribed drug must be provided when a medication is needed without delay and prior authorization (PA) is not available. This applies to all drugs requiring a prior authorization (PA), either because they are non-preferred drugs on the Preferred Drug List or because they are subject to clinical edits.

The 72-hour emergency supply should be dispensed any time a PA cannot be resolved within 24 hours for a medication on the Vendor Drug Program formulary that is appropriate for the member’s medical condition. If the prescribing provider cannot be reached or is unable to request a PA, the pharmacy should submit an emergency 72-hour prescription.

A pharmacy can dispense a product that is packaged in a dosage form that is fixed and unbreakable, e.g., an albuterol inhaler, as a 72-hour emergency supply. The 72-hour emergency supply is not applicable if PA Denial is on record.

**Quantity Supply Limits**

Our pharmacy benefits allow up to a 34-day supply of medication. This program defines a standard 34-day supply of medication for a select list of medications. If a medical condition warrants a greater quantity supply than the defined 34-day supply of medication, Prior Authorization will ensure access to the prescribed quantity. Prior to dispensing, a written prior authorization needs to be submitted to BCBSTX to determine medical necessity.

**Dose Optimization**

The Dose Optimization Program, or dose consolidation, is an extension to the Quantity Supply Program, which helps increase patient adherence with drug therapies. This program works with the member, the member’s physician or health care provider, and the pharmacist to replace multiple doses of lower strength medications where clinically appropriate with a single dose of a higher-strength medication (only with the prescribing physician's approval). Prior to dispensing of multiple doses of the lower strength medications, a written prior authorization needs to be submitted for an internal review by BCBSTX to determine medical necessity.
Benefit Exclusions

Benefit exclusions are those services that are not covered under the pharmacy benefit which include the following medications:

- Infertility Medications
- Erectile Dysfunction Medications
- Cosmetic and Hair Growth Medications
- Dietary Supplements
- Drugs not approved by the FDA
- Over the counter drugs for CHIP/CHIP Perinate Members
- Contraceptive agents used for family planning for CHHIP/CHIP Perinate

Pharmacies can override claims submitted for these drugs for a non-contraceptive diagnosis and do not require a call to our Help Desk. When transmitting these claims, pharmacies should submit the following values:

- Prior Authorization Type Code (Field 461-EU)
  - “2” = Medical Certification
- Prior Authorization Number Submitted (Field 462-EV)
  - “31” = Dysmenorrhea
  - “32” = Acne Treatment
  - “33” = Miscellaneous, other than contraception

Where Prescriptions Are Filled

Prescriptions can be filled at retail pharmacies servicing the Travis Service Area, and a listing of these pharmacies (pharmacy network) can be found in our Provider Directory. To verify pharmacy network participation or BCBSTX drug coverage, please call the help desk for STAR at 866.294.1562 and for CHIP/CHIP Perinate at 866.323.2088.

Retail pharmacies can dispense no more than a 34 day supply, but most prescriptions can be written with refills.

Pharmacy Benefit Manager (Express Scripts) Information for Claims Processing:

BIN 003858
PCN A4
Group# WFTA
Member Eligibility

Providers should confirm eligibility prior to providing services. Medicaid ID numbers should not change with this transition. If pharmacies have filled other prescriptions for these members, they can get information regarding client eligibility via an interactive voice response (IVR) system using the client’s Medicaid ID number. This IVR system is provided by the Medicaid Eligibility and Health Information Services (MEHIS) project, in support of the “Your Texas Benefits Card.”

Members may call BCBSTX customer service at 888-292-4480 with eligibility-related questions. If a member is unaware of which program he/she is enrolled in, the member may contact the Medicaid Managed Care enrollment broker.

Members may also continue to call ‘211’ and the Medicaid Client Line at 1-800-335-8957 for assistance with eligibility-related issues.

Cost to Member

<table>
<thead>
<tr>
<th>Member Type</th>
<th>Copay for up to 34 day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAR</td>
<td>No copay</td>
</tr>
<tr>
<td>CHIP &lt; 100% FPL</td>
<td>$0 for generic; $3 for brand name</td>
</tr>
<tr>
<td>CHIP 101-150% FPL</td>
<td>$0 for generic; $5 for brand name</td>
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<tr>
<td>CHIP 151-185% FPL</td>
<td>$10 for generic; $35 for brand name</td>
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<tr>
<td>CHIP 186-200% FPL</td>
<td>$10 for generic; $35 for brand name</td>
</tr>
<tr>
<td>CHIP Perinate</td>
<td>No copay</td>
</tr>
<tr>
<td>CHIP AIAN</td>
<td>No copay</td>
</tr>
<tr>
<td>CHIP No Cost Share</td>
<td>No copay</td>
</tr>
</tbody>
</table>
**Important Toll-free Contact Numbers**

Pharmacy Help Desk 24 hours/7 days a week:
STAR (Pharmacy HD) = 866.294.1562
CHIP (Pharmacy HD) = 866.323.2088

Pharmacy PA Voice 24 hours/7 days a week
STAR (PA) = 866.533.7008
CHIP (PA) = 866.472.2095

Pharmacy PA Fax:
800-357-9577

Blue Cross Blue Shield Provider Customer Service:
888-292-4487

**DME and CCP**

- Pharmacies in the BCBSTX/ESI network that wish to provide DME services, and are enrolled on the TMHP website as DME providers, may complete a DME Provider Contract with BCBSTX to provide these services.

- CCP is an expansion of the Texas Health Steps program and includes items like medical supplies and DME.

- Pharmacy providers are eligible to enroll in Medicaid Children's Services (CCP). To enroll in Medicaid Children's Services (CCP), the pharmacy must first enroll in the Medicaid Vendor Drug Program (VDP).

- For clients 20 years old and younger, Medicaid Children's Services (CCP) may cover some OTC drugs and disposable or expendable medical supplies that are available in pharmacies but not covered by VDP.