

3-Tier Drug Program — Generic Substitutions

How to Request an Exception to the Generic Substitution Program

Your 3-Tier Prescription Drug Program includes a generic substitution component that requires you to pay an additional amount each time you choose a brand name drug when an equivalent generic drug is available.

How the Program Works

If you receive a brand name drug when an equivalent generic drug is available, you will be responsible for the generic (Tier 1) copay **plus** the difference in cost between the brand name and generic drugs.

If your doctor has a medical reason why you need to take the brand name medication, he/she has the right to request an exception to the generic substitution component of your plan. Please keep in mind that an exception would not change:

- the placement of a drug on a particular tier, or
- the dollar copay amount assigned to each tier.

What You Need to Do If You Cannot Take a Generic Drug

If you need to take a brand name medication, please ask your doctor to provide Blue Cross Blue Shield of Delaware (BCBSD) with medical information explaining why you need the brand name medication and are unable to take the generic medication. Before your doctor writes your prescription for a brand name medication, he/she should complete the *Generic Substitution Medical Information* form, which is available on bcbsde.com. Your doctor should fax the completed form with supporting documentation from your medical records to BCBSD at 302.421.8712. A Medical Director will then have the opportunity to review this information before you go to the pharmacy to fill your prescription.

What You Can Expect

If the generic substitution exception is *approved*, BCBSD will notify you and your doctor of approval for the pharmacy to dispense the brand name medication without applying the additional cost that is part of the generic substitution program. *Note:* If you have already paid the additional cost, you can request a refund by completing the *Direct Reimbursement Claim Form,* which can be mailed to Argus Health Systems, BCBSD's pharmacy benefits manager.

If the generic substitution is *denied*, you will be informed of the decision and, if you choose to fill the brand name prescription, you will be required to pay the additional cost related to the generic substitution program. *Note:* You have the right to appeal the denial and may do so by calling the BCBSD Customer Service Department at the phone number listed on your BCBSD identification card.

For Routine Medication Issues, BCBSD will review your exception request within 30 days.

- Weekdays during business hours, BCBSD will either:
 - Approve the brand name medication. If this happens, you will receive notification from BCBSD. If you have already paid the additional cost, you can request a refund by completing the *Direct Reimbursement Claim Form*, which can be mailed to Argus Health Systems, or
 - Not approve the brand name medication. If this happens, you will receive notification of BCBSD's denial.

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Weekends, holidays or after business hours, you or your doctor can ask the
pharmacy to supply a sufficient quantity of the brand name drug to cover you until
the next business day. An exception request must then be initiated on the next
business day by following the process described under What You Need To Do.

For Critical Medication Issues, BCBSD will review your exception request within 72 hours.

- Weekdays during business hours, your doctor should supply your patient specific information and medical justification for the brand name medication by faxing supporting documentation from your medical records to BCBSD. at 302.421.8712.
- Weekends, holidays or after business hours, you or your doctor can ask the
 pharmacy to supply a sufficient quantity of the brand name drug to permit BCBSD to
 handle the exception request within three business days. You must initiate the
 exception request on the first business day after you contact your pharmacy by
 following the process described under What You Need to Do.