

FRMS Prescription Benefits

Frequently Asked Questions (FAQs)

Updated October 7th, 2024



When you enroll in a Blue Shield medical plan you will automatically be enrolled in EmpiRx Health for your prescription benefit. You will receive a “Prescription Benefit Plan Packet” along with your ID card (up to two per family) from EmpiRx Health. The “Prescription Benefit Plan Packet” includes detailed information on how to use your prescription drug plan. For full access to your prescription drug plan, we recommend you create a Member Account at www.myempirxhealth.com. The following FAQ may answer any additional questions you have.

Filling Your Prescription FAQ

Can I use my preferred pharmacy?

Your EmpiRx Health prescription benefit program provides you with access to an extensive national pharmacy network, including most major chains and independent pharmacies. Be sure to provide your pharmacy with your EmpiRx ID card, so they can process your prescription through EmpiRx Health.

How can I find a participating network pharmacy?

You can find a network pharmacy by logging on to www.myempirxhealth.com or calling 1-877-323-0599 (TDD: 711) toll-free.

I have not received my EmpiRx ID card. What do I do?

Contact EmpiRx Health Member Services toll-free at 1-877-323-0599 (TDD: 711) 24 hours a day, 7 days a week and request an additional card. Additionally, you can create and access a temporary ID through your Member Account www.myempirxhealth.com.

What if I did not receive an ID card in my name?

Only the subscriber’s name is printed on ID cards; dependents do not receive individual cards and should utilize the card with the subscriber’s name listed.

How many days’ worth of my prescription can I fill at retail? Through mail order?

Members can get up to a 90-day supply of their maintenance medications through the EmpiRx mail order pharmacy, **Prescription Mart** or at a participating retail pharmacy with a 90-day prescription from their doctor. Specialty medications are limited to a 30-day supply. (See examples of specialty medications on page 2)

How do I get started using mail order?

Typically, prescriptions filled through mail order are for medications used to treat chronic conditions and are written for up to a 90- day supply, plus refills, 30-day supply for Specialty Medications. Prescriptions that you need to use right away should always be taken to your local retail pharmacy. For your first mail order, you can also have your physician submit your prescription through an approved electronic prescribing system (E-Prescribing) or electronic fax it to 1-409-866-1317. Be sure that your physician includes the cardholder’s name, ID number, shipping address, and member’s date of birth. Only prescriptions from a physician’s office will be accepted via electronic fax.

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What is Retail 90?

In addition to your mail order option through Prescription Mart Pharmacy, up to a 90-day supply of your maintenance medications can be filled at a participating retail pharmacy. The Retail 90-day network includes pharmacies like CVS, Rite Aid, Walgreens, Walmart, and Costco pharmacies. Or you are welcome to order from the mail order pharmacy. Login to the EmpiRx Health App or Member Portal online to search which pharmacies are in the network to provide a 90-day supply of your medication.

What if I am currently taking a specialty medication?

Specialty prescriptions are high-cost medications used to treat complex, chronic conditions like cancer, rheumatoid arthritis, and multiple sclerosis, which require special handling and administration. Specialty medication examples include Humira, Otezla, Stelara, Emgality and Xeljanz. For specific prescription drug coverage questions, contact EmpiRx Health directly.

Refilling Your Prescription FAQ

How do I order refills on my prescription?

To order refills, you have three options to order through EmpiRx Health's Mail Order Pharmacy, **Prescription Mart**:

- Internet: Visit www.myempirxhealth.com. If you have not yet registered, click on "Members" in the upper right corner, then click on "Member Log In." If you are a registered user, log in and select "Mail Order."
- EmpiRx Health's Mail Order Pharmacy, Prescription Mart: 1-800-713-1230
 - Monday-Friday: 7:00 A.M.-6:00 P.M. CST
 - Saturday: 8:00 A.M. 1:00 PM CST
- Mail: Mail your 90-day prescription and completed Patient Profile and Medication Order Form with payment to PO Box 12607, Beaumont, TX 77726.
- Please note that EmpiRx Health does not automatically refill your prescriptions. This ensures that there is open communication with the member, the physician, and the pharmacy. In addition to safely monitoring your prescriptions with your physician, this will prevent the dispensing of unnecessary medications.

How do I order refills on my prescription if there are no authorized refills? Can EmpiRx contact my provider?

Yes, if you have no remaining refills or your prescription has expired, you will need to contact EmpiRx Health's mail order pharmacy, Prescription Mart toll-free at 1-800-713-1230 and ask that they obtain a current prescription or contact your physician directly regarding the need for a refill. EmpiRx Health will then send a message to your physician indicating that a new Rx is needed. You can also use the EmpiRx Health Member Portal and request that we contact your physician to obtain a new prescription or additional refills.

- Keep in mind, your physician will need to be willing to provide a new prescription without a recent office visit.

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How soon after my previous fill can I receive my next?

Members must use a certain amount of medication before a medication can be refilled. At mail pharmacies, 65% of the medication must be used before it can be refilled again. At retail pharmacies, 75% of the

medication must be used before it can be refilled again. The refill limits are aligned with the industry standard.

At mail order, the typical turnaround time for prescription order processing is about 2-5 business days. It is recommended that members order their medication about 2 weeks in advance of their medication running out. This will allow EmpiRx to process it and will cover mailing times. Although most orders arrive within a couple days of EmpiRx shipping them, it is a good idea to have additional allotted time in case there are any carrier delays.

EmpiRx Health does offer 2-day, overnight, and Saturday delivery options for an additional charge (\$15, \$20, and \$40).

Do I have the option to set up automatic refills?

Although automatic refills are not an option for non-specialty medications, members do have the option to set up refill reminders on the Member Portal. This preference can be found under the mail order menu in the notifications section. Members can turn on/off the email notifications, such as refill reminders or shipping updates. Reminders are not automatic and must be managed by the member.

Specialty medication refills are autogenerated but do require a consult before they are processed for shipment. Consults are to make sure that the member is doing well on their current medication and to arrange for a shipment of the medication.

What if my prescription isn't available?

Prescription medication shortages can occur for many reasons, including manufacturing delays, quality issues, and discontinuations. The combination of high demand and manufacturer disruption can reduce availability. However, not all strengths and forms of these medications are subject to shortages. We are closely monitor shortages and will take steps to help you. If your local retail pharmacy is unable to fill your prescription due to a shortage, we encourage you to contact EmpiRx Health Member Services immediately at 1-877-323-0599 (TDD: 711). Our team may be able to provide alternative solutions, such as obtaining medication through a different pharmacy, including our mail pharmacy, Prescription Mart. Our Member Service Representatives and Pharmacists are available to answer any questions, provide support, and help you navigate your specific pharmacy care needs.

Patient Saver (Formally known as bWell Copay Assistance Program)

What is a manufacturer assistance program?

Drug manufacturers offer copay assistance programs to make their medications more affordable. Many programs issue a copay card to use at your pharmacy to reduce out-of-pocket costs. Manufacturer copay

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programs are typically valid for one calendar year and will have annual funding limits that reset every January, this may vary by drug.

Am I eligible for copay assistance?

Manufacturer assistance is available for select specialty medications. The EmpiRx Health Specialty team will determine if your medication(s) are eligible for copay assistance and will support you through the enrollment process. You may not be eligible for copay assistance if you are enrolled in Medicare, Medicaid, or any federal or state healthcare program.

I'm already using a manufacturer copay program for my medication, what do I need to do?

There is nothing you need to do, an EmpiRx Health Specialty Coordinator may reach out to confirm your copay card information. Manufacturer copay programs are typically valid for one calendar year. You may receive a call to guide you through renewing your copay assistance or requesting additional funds from a manufacturer if necessary.

How do I enroll?

If you have not enrolled, you will receive a call from an EmpiRx Health Specialty Coordinator to assist you through the manufacturer enrollment process. The Specialty Coordinator will complete the process on your behalf or will offer to facilitate a three-way call with the manufacturer if active member participation is required.

What happens when annual assistance is exhausted?

When copay assistance is exhausted, a Specialty Coordinator will reach out to you with next steps, and you may be asked to contact the manufacturer to request additional assistance. If there is no additional assistance available, your prescription will be reprocessed using your standard specialty medication copay.

Covered Medications FAQ

What options do I have if I am at the pharmacy and the pharmacist states my prescription is not covered by my plan?

- Ask the pharmacist to call the EmpiRx Health Member Services line at 1-877-323-0599 (TDD: 711) to see if the issue can be resolved at the point of sale.
- Members can also contact EmpiRx Health from the Pharmacy to see if the issue can be addressed.
- Ask the pharmacist to contact your physician –The message to the pharmacist is specific and will provide them with next steps (how to initiate a Clinical Review (Prior Authorization), what products are preferred, and the number to call for duplicate therapies or drug utilization reviews).
- Ask the pharmacy for the denial reason, this will help determine next steps.

What types of medications are not covered by the plan?

Certain medications such as over-the-counter medicine, physician administered medications and weight loss medications may not be covered by your plan. If it is determined that your plan doesn't cover the prescription you were prescribed, you can discuss plan covered alternatives with your physician.

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Clinical Programs FAQ

EmpiRx Health believes the most efficient means to improve health outcomes and manage prescription drug costs is through appropriate clinical management and innovation. EmpiRx Health's focus is to eliminate unnecessary cost and program waste resulting from errors or inefficiencies and by promoting actions that maximize the use of lower cost prescriptions that ensure members will receive the same or better clinical effectiveness. Through our clinical programs, we work closely with you and your physician to make sure you are receiving the best care available and at the most affordable price.

What is a clinical review and why does my prescription need one?

A Clinical Review can be completed for several reasons (Drug Interaction, Prior Authorization, Quantity Limit, Step Therapy, etc.). EmpiRx Health's focus and goal is to confirm safety and efficacy of prescriptions for our members. The Clinical Review process can be initiated by a member, the pharmacist at the pharmacy, or through the physician's office in response to messaging provided by EmpiRx when the prescription is submitted for processing. EmpiRx Health will then send a request for information to the physician and the physician office will need to submit that information back to EmpiRx for review. The EmpiRx Health pharmacist will review all relevant documentation submitted by the physician to confirm the prescription is in line with current clinical guidelines for safe and effective use.

Drug Interaction

You may have more than one physician or be taking multiple prescriptions. EmpiRx Health can see all your prescriptions and may see something one physician does not. In addition, certain prescriptions can be harmful or may not be recommended for every person based on their current health, age, medical history, or because the new prescription may interact with another you are already taking. EmpiRx Health works directly with your physician to fully understand the reason a prescription has been prescribed for you. Once that information is obtained, and an approval decision is made, the prescription can be filled.

Prior Authorization

What is a prior Authorization?

A prior authorization is a clinical review process required before prescriptions for certain medications can be filled. EmpiRx Health reaches out to your physician to gather information confirming the drug's appropriateness and safety for you.

- Examples include drugs that suppress the immune system (Humira or mycophenolate), oncology products (such as Ibrance), or hormone replacement medications (growth hormone, testosterone)

I have been taking this prescription for years, why do I need a Prior Authorization? Why is my physician's prescription not sufficient?

EmpiRx Health focuses on optimal clinical outcomes and ensures that you are receiving the most appropriate and safe prescription for your condition and individual needs. Certain medications require prior authorization (PA) because of their potential side effects, potential harmful interactions with other prescription medications, or to confirm they are being prescribed in accordance with Food & Drug Administration (FDA)

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approved indications. This process is designed for your health and safety. EmpiRx Health ensures this through the monitoring of your therapy and consultations with your physician.

What is the standard turnaround time for the Prior Authorization process?

In many cases, EmpiRx Health will simply request information from the prescriber's office for our review to confirm the prescription meets current clinical guidelines for safe and effective use. If all relevant information is submitted by your physician timely during the initial request for information, a clinical review is typically completed within 72 hours.

What happens if my physician does not respond to the request for additional information?

- If there is no response by the physician or all requested information has not been received after three days, then the request to bypass the Prior Authorization clinical program will be denied. A letter will be sent to the physician and the member to keep all parties informed that either proper documentation was not received, or additional information was requested and needed for the review. At this point, the clinical review will be closed.
- If desired, a Request for Appeal can be initiated by the member or physician by calling EmpiRx Health Member Services at 1-877-323-0599 (TDD: 711).

What if my physician does not provide reasons for why they want me to remain on my current prescription?

This process is dependent on your provider submitting all the complete and relevant information. If incomplete information was received, then the request to bypass the clinical program will be denied. A letter will be sent to the physician and the member to keep all parties informed of what information is still missing for the review. At this point, the clinical review will be closed.

Does this program deny me the prescription I need?

While your prescription may be denied, the program is in place to safeguard that you, as the member, receive the most effective prescription to safely treat your condition. Through Prior Authorization, you will receive the right prescription drug for your course of treatment and covered under the plan.

Drug Quantity Limit

Why is EmpiRx limiting the number of pills I can receive?

Quantity limits are safety edits and are in place to ensure you are given an appropriate amount of a single drug. A review is performed to see whether the prescription is being dispensed within limits based on FDA-approved dosing. This can be done right at the pharmacy. If the prescription exceeds approved limits, your physician can adjust the amount and resubmit the prescription to the pharmacy. You, your pharmacist, or your physician can also initiate a clinical review for quantity limit override.

Step Therapy

What is Step Therapy?

Step therapy requires that you use a lower-cost first line prescription prior to using a second-line or higher-cost prescription within the same category. The list of categories requiring step therapy are developed by

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physicians, pharmacists, and other experienced medical personnel. If one or more prescriptions you are currently taking is affected by this program, you and your doctor will receive a letter with additional information.

As part of Step Therapy, we always encourage members to try generics when they are available. This helps keep plan costs down, leading to lower copays for you and all plan members.

I am being told that I need to take a different prescription. Why can't I use what my physician has prescribed?

The EmpiRx Health clinicians work with your physician directly to gather information, including details of your previous experience with the first-line alternatives. This information is extremely important as health safety is paramount. Your physician always makes the final decision; however, we see our responsibility as being consultative to ensure we are also playing the role of a trusted clinical advisor to the patient.

When your physician confirms your prior history on first-line alternatives and why they originally did not work, EmpiRx Health will document the response and allow the prescription to be dispensed.

What happens if my physician does not respond to the request for additional information?

- If there is no response by the physician or all the requested information was not received, then the request to bypass the Step Therapy clinical program will be denied. A letter will be sent to the physician and the member to keep all parties informed that either no information was received, or what information is still missing for the review. At this point, the clinical review will be closed.
- If desired, a Request for Appeal can be initiated by the member or physician by calling EmpiRx Health Member Services at 1-877-323-0599 (TDD: 711).

What happens if my physician cannot provide experience with the first-line alternative?

If written documentation cannot be provided, then a brief typed letter of medical necessity is requested. This letter can be used as attestation that the member has already tried alternatives. For most clinical programs, a 30-day trial of the preferred product is sufficient. After the 30-day trial, if the member or physician is not satisfied with the outcomes, the non-preferred product may be filled at the next refill.

What if my physician does not provide reasons for why they want me to remain on my current prescription?

If incomplete information was received, then the request to bypass the clinical program will be denied. A letter will be sent to the physician and the member to keep all parties informed of what information is still missing for the review. At this point, the clinical review will be closed.

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Starter Dose Program

Why is my prescription being limited to a 7-day supply even when our benefit allows a 30–90-day supply at retail and a 90-day supply at mail?

To ensure appropriate use of newly prescribed prescriptions, eliminate waste in utilization and promote safety, EmpiRx Health provides Starter Dose Programs. Here is how each program works:

Opioids

Opioids are pain medications such as oxycodone, hydrocodone, morphine, or methadone that have a high potential for abuse and addiction. The Opioid Starter Dose Program requires members to fill a 7-day supply before getting a 30-day supply. EmpiRx Health will only cover prescriptions for opioid medications for a maximum of a 30-day supply per fill.

Oncology

Oncology medications are used to treat cancer. They can have many unpleasant side effects that may affect a patient's ability to take them. The Oncology Starter Dose Programs requires members to fill two 14-day supplies before getting a 30-day supply. An EmpiRx Health pharmacist will call the member shortly after they begin treatment to see if they are experiencing any side effects. The pharmacist will then work with the member and their physician to adjust the dosage or consider an alternative medication.

Benzodiazepines

Benzodiazepines are anxiety medications that are being prescribed more and more but have a high potential for abuse and addiction. When these medications are taken with other medications, such as opioids, patients can have a greater chance of addiction. The Benzodiazepine Starter Dose Program requires members to fill two 14-day supplies before getting a 30-day supply.

Sleep Aids

Sleep aids are medications that help a member to get a good night's sleep. Even though the directions for most of these medications say that they should be used for no more than 10 days, members often grow dependent on them to sleep. The Sleep Aid Starter Dose Program requires members to fill two 10-day supplies before they can get a 30-day supply.

Contraceptives

Many people who start taking a new oral contraceptive (birth control pill) will fill prescriptions for a 3-month supply only to switch to another product after a month due to side effects. This wastes money for your prescription plan and can lead to higher costs. The Contraceptive Starter Dose Program requires members to fill one 28-day supply before they can get an 84-day supply (This program only affects oral medications that come in 28-day packaging).

For these starter dose medications, your copay will be prorated based on the day supply provided.

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Member Care Advocacy Program

What is Member Care Advocacy (MCA)?

MCA is a high-touch care model for members with complex healthcare needs. The program focuses on providing members with the greatest customer service by providing a dedicated Member Care Advocate.

Do you have additional questions?

Call the EmpiRx Health Members Services line toll-free at 1-877-323-0599 (TDD: 711), 24 hours a day, 7 days a week, 365 days a year.

