

## PRESCRIPTION MEDICATION BENEFIT ASSISTANCE GUIDE



### What to do at the pharmacy if:

**1. You are told you or your dependents are not covered:**

- Give your benefit card to the pharmacist to confirm they entered the correct information.
- If correct, have the pharmacy call the helpline on your benefit card: **877-200-5533** for assistance (24/7 365 days of the year).
- If you confirm that the benefit records show inactive coverage, call your health plan administrator to update or correct your plan enrollment status. That phone number should also be listed on your benefit card.

**2. Your out-of-pocket cost for your medication is more expensive than you last remember:**

- Check the Lowest Cost Pharmacy Listing provided by your organization. Large chains such as CVS, Walgreens, Target, and Walmart are often higher cost than independent pharmacies and many grocery chains.
- Ask the pharmacist to make sure your coverage is showing active under the plan or that the medication is covered under the plan or if the manufacturer price for the medication has changed.
- Log into the pharmacy benefit member portal or mobile application to compare costs among local pharmacies. Visit [www.usrxcare.com/member](http://www.usrxcare.com/member) for details to access the member portal or mobile application.
- If your plan has a deductible, some or all of the medication cost may be getting applied to your deductible.
- Call **1-800-241-8440** to speak with a pharmacy advocate to see if similar medications are available that may have a lower cost to you.

**3. You are told that your prescription was rejected:**

- Ask the pharmacist why it rejected and if they can resolve the rejection.
- Ask the pharmacist to call **877-200-5533** (24/7 365 days of the year) for help to resolve the rejection.

**4. You are told that the medication is not covered and/or a Prior Authorization is needed.**

- Ask the pharmacist to contact your doctor or the number provided in their computer system to initiate a coverage or prior authorization review.
- If you have previously been taking this medication through a previous benefit administrator, you may be eligible for one or two refills during the coverage review process.
- If this is a new (first-time fill) prescription, the coverage review must be completed before your prescription can be filled. A representative of US-Rx Care will contact your doctor to obtain needed information. The quicker your doctor provides the needed records, the quicker the review can be completed.

**5. If you are told a max cost limit was reached.**

- This notification does not mean that plan benefits have been exceeded or that the medication can't be covered under the plan. It simply means that additional review is required.
- Ask the pharmacist to call the number provided in their computer system to initiate a coverage review. If this is a refill, US-Rx Care will review the prescription and may authorize an interim supply until a review is completed.

**6. If you are told that your medication must be filled at a Specialty Pharmacy.**

- Your plan benefit design may require that certain medications be shipped to you from a contracted specialized pharmacy. This may be a different pharmacy from the one that previously filled your prescription.
- A representative from US-Rx Care will contact your doctor to provide **instructions detailing where to send your prescription** if different from the current dispensing pharmacy.

If you have any additional questions, contact **877-200-5533**. The call center may forward your inquiry to a Clinical Team member assigned to your case, in which case that individual will reach back out to you typically within 24 hours if not immediately available.