

Pharmacy Benefits FAQs

As your pharmacy benefit manager, Magellan Rx Management is dedicated to giving you the best information and resources to help you make better healthcare decisions.

What is the difference between a Pharmacy Benefit Manager (PBM) and a pharmacy? Who is Magellan Rx Management?

In addition to your medical benefits, a **PBM** is part of your health insurance plan. Benefit plans include PBMs to help ensure lower costs and better health outcomes through affordable access to the medicines you need.

A **pharmacy** is the place where you get your medications. You can receive your prescriptions from a local pharmacy, like CVS or Walgreens, or for your maintenance medication -mandatory home delivery pharmacy that mails your medicines to your home. Magellan Rx offers a large pharmacy network (more than 68,000 pharmacies) that includes major chains, regional pharmacies, independent stores and home delivery. You can locate a network pharmacy on the ***Magellan Rx member portal***.

In addition, you can easily view or print a prescription ID card on the ***Magellan Rx member portal***.

How can I contact customer service?

If you have questions about your pharmacy benefits, call customer service at **800-424-0472**. Support is available 24 hours a day, 7 days a week.

Is there a member app/web portal available? How do I use these resources?

Yes. You can download the Magellan Rx app and get access to:

- Real-time prescription updates
- Notifications for prescription refills
- Alerts for severe drug-drug interactions
- Drug information and education
- Cost management tools
- Pharmacy claims history

To download the app:

1. Go to the Apple App Store or Google Play Store
2. Search 'Magellan Rx'
3. Locate the app icon and select download
4. Register to set up your account
5. Start managing your prescription benefits all in the palm of your hand.

These tools are also available online at [**magellanrx.com/member/login**](https://magellanrx.com/member/login).

To log in at the member portal, you will need to complete the one-time registration process the first time you log in:

1. To register, fill out the registration form.
2. Click on the confirmation link sent to the email you registered with within 24 hours. You will need to re-register if you don't click on the link within 24 hours.
3. The link will take you to the member login page. This completes your registration.

What are maintenance medications? How can I fill a 90-day prescription?

Maintenance medications are drugs that are used to treat long term or chronic conditions. These include medications for conditions like high blood pressure, high cholesterol, and diabetes.

Your plan requires that you fill maintenance medications using Magellan Rx Pharmacy for home delivery. Your plan allows two, 30-day fills for maintenance medications at any network pharmacy but will require that after the second fill (refill number 3) you get any maintenance medication filled up to a 90-day supply through home delivery.

For your maintenance medications that are required through home delivery for a one-year supply:
Ask your physician for a 90-day supply prescription, with three refills. This will be a one-year supply.

I've never used mail order. How do I start using Magellan Rx Pharmacy for home delivery?

Mail your 90-day prescription and home delivery order form with payment information to Magellan Rx Pharmacy, P.O. Box 620968, Orlando, FL 32862. Home delivery order forms are available at [**magellanrx.com/member/forms**](https://magellanrx.com/member/forms).

Ask your doctor to e-prescribe to Magellan Rx Pharmacy, LLC (Mail-ORL) or fax your prescription to **888.282.1349**.

How can I see what prescriptions are available for refill through home delivery?

When you view the member dashboard on the member portal, you will see the home delivery prescriptions available for refill. You will only see the prescriptions that were filled within the last 90 days. This is the default view.

You can change the 90-day filter on the dashboard to show different "Last Filled" dates by clicking on the "Date Range" calendar and making the desired adjustments.

How do I know when I can request auto-refill services?

You may opt-in to receive auto refills on an individual prescription basis. Any maintenance medications can be auto refilled. Since the auto-refill service is only good for the life of the prescription number, you will need to submit a new auto-refill request for each new prescription you receive. *If you change doses* for your medication, that means it's a new prescription and a new auto-refill request will need to be submitted to the home delivery team.

What is the current default mail order delivery method?

The default shipping method is UPS Mail Innovations. Within this program, UPS serves as the courier until the “last mile” where it's handed off to USPS for delivery to members' homes.

Cold shipments are shipped via UPS Next Day by default at no charge.

If members elect to upgrade non-cold shipments to next day delivery, they may do so for a fee.

What is a formulary and where can I find the formulary lookup tool?

A formulary is a list of brand and generic drugs covered by your pharmacy benefits. If you take a generic drug or a preferred brand drug, your copay may be less than you would pay for a non-preferred drug. Ask your doctor to prescribe generic or preferred brand drugs to help you save money.

You are using the Precision Formulary.

With our formulary lookup tool, you can:

- Look up a drug
- Find out which tier the drug is on
- Learn about specific requirements (like prior authorization) and coverage limits.

Visit magellanrx.com/member/documents to view formulary documents. You can access the formulary without logging into the member portal. If you need additional assistance, please contact customer service at **800-424-0472**.

Are there any additional requirements and coverage limits?

Your plan may have requirements for coverage or limits for select drugs. These requirements and limits ensure the most effective use of these medicines. A team of doctors and pharmacists created these rules. They can help your plan control costs and provide quality coverage.

- **Prior Authorization:** Your plan may have a prior authorization (PA) process for certain drugs. A PA requires that your doctor get approval from your plan to prescribe a specific drug for you. Without this PA, your plan may not provide coverage for that medication. If your doctor prescribes a drug requiring a PA, you will need to go through this process.
- **Quantity Limits:** For certain drugs, your plan may limit the amount that will be covered per prescription or for a defined period. For example, your plan may provide up to 30 units per 30-day period for a formulary drug.
- **Step Therapy:** In some cases, your plan requires you to first try one drug to treat your medical condition before it will cover another drug for that condition. For example, Drug A and Drug B both treat your medical condition. Your plan may require your doctor to prescribe Drug A first. If Drug A does not work for you, then your plan will cover Drug B.

To find out if the drug you take is subject to these requirements or limits, ***review the current formulary*** or call customer service at **800-424-0472**.

What can I expect if my prescription requires prior authorization (PA)?

If your physician prescribes a medication requiring a PA, you will need to go through the PA process. We review requests for these selected medications to help ensure appropriate and safe use of medications for your medical condition(s). Your physician can call, fax, or submit prior authorization requests electronically. The length of authorization is 6 to 12 months depending on the medication.

What does “dispense as written” mean?

In general, we recommend generic substitutions for brand drug products with a generic equivalent (i.e., a generic drug that has the same active ingredient as its brand name version). These substitutions can be performed at the pharmacy, with the patient’s consent, unless the prescriber has indicated “dispense as written” (DAW 1) on the prescription. The dispensing pharmacist will offer drug information on the generic drug being dispensed to ensure member understanding of the substitution, while also addressing any member concerns or questions.

How can I maximize my pharmacy benefits?

You can maximize your benefits by using generic medications. Generic drugs provide a quality option to brand-name drugs. Using generic drugs whenever possible can help you save money. You can choose to take a brand-name drug. It may cost more depending on your plan.

Why it is important to take my medications as directed by my doctor?

Taking medicine as prescribed can keep you healthy. You can prevent medical issues. Don’t miss doses or swap medicine with other people. These actions can lead to serious problems.

Here are a few tips to help you get the most benefit from your medications:

- Carefully read all drug labels. Take each medication as prescribed by your physician. Take the correct number of doses each day at the correct time of day.
- Talk to your doctor before you stop taking a medication. Do not stop taking a medication just because you feel better. Ask your physician or pharmacist what to do if you miss a dose.
- Talk to your doctor or pharmacist before crushing or splitting tablets. You need to swallow some drugs whole.
- Keep a record of all your current medicines. Include drugs names and regimens (dose, time and other instructions). Write down any problems you have. Discuss them with your doctor or pharmacist.

There is a right way to throw out old drugs. Call us, visit **magellanrx.com**, or review the Food and Drug Administration (FDA) guidelines¹ for information on how to best discard your outdated medications.

¹ Food and Drug Administration, “Where and How to Dispose of Unused Medicines,” September, 2019. <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>

What if I start taking a specialty medication and need to enroll with Magellan Rx Pharmacy?

We make it easy for you to get your specialty medicines and provide the support you need.

To get started, we will contact your doctor to get a new prescription. Or you can follow these steps:

- Step 1: Enroll online! Visit magellanrx.com/member/forms for the Specialty Patient Enrollment Form. Or print and mail the form to our pharmacy.
- Step 2: Ask your doctor to send your prescription to Magellan Rx Pharmacy.
- Step 3: We will call you to help schedule your first delivery.

We provide many tools and services to help you on your healthcare journey, including:

- Secure, online member portal to request refills
- MRx Cares and clinical programs
- Helpful materials and on-demand videos
- Pharmacist and nurse support
- Free delivery
- Some supplies at no cost
- Insurance staff
- Copay assistance programs

How can I request a new ID Card?

To obtain a new or additional member ID card, please call customer service at **800-424-0472**.

COVID-19 OTC Home Testing Kit Details

How many OTC COVID-19 diagnostic tests will be covered for members?

For the duration of the public health emergency (PHE), Magellan Rx Management will be providing coverage of **8 tests per 30-day period per member** without cost-sharing requirements (including deductibles, copayments, and coinsurance), prior authorization, or other medical management requirements on such OTC COVID-19 antigen tests. This quantity limit aligns with federal guidance and our business strategies to expedite the direct coverage of OTC COVID-19 tests.

The Departments recognize that some OTC COVID-19 tests are sold in packages containing more than one test. In applying the quantity limit of 8 tests per 30-days, the Department allows plans to count each test separately, even if multiple tests are sold in one package. This quantity limit is set in place to discourage behaviors that could lead to future shortages.

How can members submit a Direct Member Reimbursement (DMR) claim?

Members who have purchased OTC Antigen COVID-19 tests from an out-of-network pharmacy may submit their claims for reimbursement if the product was FDA authorized, cleared, or approved and has a valid NDC. The maximum reimbursement possible per test is no less than the actual price or up to \$12/test, whichever is lower.

Please use these steps to submit a request:

1. Access the member portal at ***magellanrx.com/member/forms***.
2. Print and complete the “Prescription Claim Form.”
3. Mail in the form and include the name of the OTC COVID-19 test, and a register receipt/proof of payment to:
Magellan Health Services
Attention: Claims Department
11013 W. Broad Street, Suite 500
Glen Allen, VA 23060
Fax: 1-888-656-3607

Can members use their FSA/HSA card to purchase these COVID-19 tests?

If members are planning to seek reimbursement via DMR from their prescription benefit, then they cannot use their FSA/HSA card to purchase these tests.

For more information regarding different types of COVID-19 tests available, please visit credible sites, such as the ***Center for Disease Control and Prevention (CDC) website***.

Examples of FDA authorized, cleared, or approved for emergency use authorization. OTC COVID-19

Antigen tests include, but are not limited to:

- BINAXNOW COVID-19 AG SELF TEST
- CARESTART COVID19 AG HOME TEST
- ELLUME COVID-19 HOME TEST
- FLOWFLEX COVID-19 AG HOME TEST
- IHEALTH COVID-19 AG RAPID TEST
- QUICKVUE AT-HOME COVID-19 TEST