

Exclusion lists

ADDITIONAL WAYS TO SAVE ON YOUR OPEN OR INCENTIVE FORMULARIES

Exclusion lists exclude certain drugs from a group's formulary coverage. Beginning January 1, 2024, Premera Blue Cross will offer two new exclusion list options—the High-Cost Low-Value (HCLV) list and the Legend to Over the Counter (OTC) list.

How the High-Cost Low-Value exclusion list works

If a member attempts to fill a drug on the HCLV exclusion list, the claim will reject at the pharmacy as not covered. Drugs on the HCLV list are eligible for a medical necessity review if the member's healthcare provider doesn't feel covered alternatives are appropriate. If a medical necessity review is submitted and approved, the medication will be covered at the member's standard cost share.

How the Legend to Over the Counter exclusion list works

For the Legend to OTC exclusion list, the drugs will process at 100%-member cost share. This means the member will pay the full cost of the excluded drug. There is no medical necessity review allowed from medications on this list.

Group qualifications

To take advantage of the new HCLV and Legend to OTC exclusion lists, groups must be:

- ☑ Self-funded with integrated pharmacy benefit
- ☑ Self-funded with Open or Incentive formulary
- ☑ Self-funded with new or renewing plans effective January 1, 2024

Contact your **Premera representative** for more information.