

# Exclusion lists

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## 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 Blue Shield of Alaska 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.