



BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross Blue Shield Association.

Pharmacy

Frequently Asked Questions

PreCheck MyScript – Pharmacy Benefit Management

1. What groups are impacted by the change to PreCheck MyScript?

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan full insured individual, small group, large group, administrative service only (ASO) plans, and Medicare Advantage plans are impacted.

The following plans are NOT impacted:

- ASO plans for which we do not administer the pharmacy benefit and do not provide specialty drug medical management services.
- State Health Plan members continue to use Express Scripts to administer their pharmacy benefit.

2. How does PreCheck MyScript work?

PreCheck MyScript is a real time benefit check solution that provides patient specific prescription drug costs and coverage information at the point of care. PreCheck MyScript runs a trial claim through our pharmacy claim platform so you can:

- Tell your patient the precise cost of the medication.
- Evaluate therapeutically equivalent medication alternatives, if available, covered under the member-specific benefit design.
- Understand medication coverage, including which medications may not require prior authorizations.
- Submit a prior authorization, often receiving results in seconds.

3. How accurate is PreCheck MyScript?

PreCheck MyScript shows:

- The member's out-of-pocket cost based on the medication being prescribed.
- The pharmacy selected.
- The member's benefit plan coverage including the deductible.
- The pricing in real time. The price you see on the screen is what's in our pharmacy claim platform for that drug for that member's benefit plan.

MBMNow – Medical Specialty Pharmacy

4. How can I access MBMNow?

MBMNow can be accessed through My Insurance ManagerSM.

5. How can I obtain prior authorization for medical specialty drugs?

Prior authorization can be obtained using one of the following avenues:

- Online through My Insurance ManagerSM.
- Phone: 877-440-0089
- Fax: 612-367-0742

Note: The phone and fax numbers are for providers only. Please do not share with members.

6. How will I know if a prior authorization is required?

Please be sure to verify eligibility and benefits prior to rendering services. This can be done through My Insurance ManagerSM or by contacting the Provider Services number on the back of the member's ID card.

7. Is a new prior authorization required if a patient's treatment plan changes with additional drugs?

Yes, a new prior authorization will be required when additional medical specialty drugs are needed.

8. How can I check the status of a prior authorization?

We encourage providers to go through the MBMNow portal to check the status of a prior authorization. Please note that notification will also be sent via fax once a determination has been reached.