BeneCard PBF
Prescription Benefit Facilitator®

Navigating Clinical Programs

What happens when a prescription is submitted to a pharmacy?

Rx Submission

Claim & Safety Review

The system verifies plan coverage and safety (Drug Utilization Review for drug interactions, dosage, and history).

Instant Point-of-Sale Review

Claim is reviewed in seconds, system determines if approved or further action is required.

If Approved

NO FURTHER ACTION IS REQUIRED.
MEMBER CAN PICK UP FROM THE PHARMACY.

If Further Review Required

Guidelines are reviewed for the following clinical programs: Quantity Limit, Clinical Review, Step Therapy, Prior Authorization.

Final Decision & Communication

Prescription is either dispensed or Clinical team coordinates between provider, pharmacy, and patient on next steps.

BeneCard PBF Clinical Programs Explained

Clinical Programs are designed to ensure patient safety and assist in reducing pharmacy spend. Here is detailed information on how each program works:

Clinical Review – A process where additional information is required from the prescriber to ensure a medication is safe and appropriate for the member.

Drug Utilization Review (DUR) – A safety check that evaluates drug interactions, dosage limits, and prescription history to promote safe medication use.

Step Therapy – A requirement where a patient must try lower-cost or preferred medications before approval of a more expensive or alternative option.

Formulary – A list of covered medications that are reviewed regularly to include the most effective and lowest net cost options.

Frequently Asked Questions

Program/Topic	Response/Information
Clinical Review	
Who Can Initiate a Clinical Review?	A member, prescriber, pharmacy, or authorized representative can initiate a review by calling the number on the member's ID card at 1-888-907-0070. Prescribers can initiate electronic prior authorizations (ePA). BeneCard PBF partners with CoverMyMeds to facilitate the ePA process.
Why does BeneCard PBF need to review some prescriptions?	Certain medications have known safety issues or side effects, which can be severe or life-threatening. During a Clinical Review, BeneCard PBF's clinical staff will determine if a medication is appropriate and safe for a member based on factors such as the member's diagnosis, other medications the member may be taking, and other health conditions the member may have.
Doesn't the dispensing pharmacist verify that the medication is okay to provide to the member?	Dispensing pharmacists serve many patients each day. A prescriber or dispensing pharmacist doesn't always have a patient's complete medical profile at their fingertips. It is our job to help them make sure all possible safety concerns are addressed. BeneCard PBF's clinical review process provides a crucial safety check to help support both the prescriber and the dispensing pharmacist in making sure the medication is appropriate for an individual's unique needs.
How frequently do I need a clinical review?	The duration of approval depends on the medication. Most medications are approved for one year, but some may be for a shorter or longer duration. Prior to an override expiring, BeneCard PBF will make proactive outreach to your prescriber to obtain all necessary information. You may also receive a letter in the mail reminding you that your override is expiring.
How can I monitor my clinical review status?	You can monitor the status of your clinical review in real time on the member portal or you can call Member Services 24/7 at 1-888-907-0070.

What are the next steps if my clinical review is denied?	The member will receive a notice of claim denial, which will identify the reason for which the claim was denied. If the claim is denied, the letter will also provide the member with instructions on how to appeal the decision if they do not agree.
How is the member's privacy protected when information is requested from a doctor for Clinical Review?	Information requested by BeneCard PBF for Clinical Review is considered Protected Health Information (PHI). The request for PHI for Clinical Review is a covered use under the Healthcare Insurance Portability and Accountability Act (HIPAA), and BeneCard PBF only asks the doctor for information pertinent to the claim being reviewed. BeneCard PBF takes its obligation to protect member privacy seriously, and strictly follows the procedures laid out by HIPAA to ensure that privacy.
Turnaround Time for Clinical Review	Initial Request: Standard: 96 hours; Expedited: 24 hours. Appeals: Standard: 15 days; Expedited: 3 days.

Specialty Medications

What are Specialty Medications?	High-cost drugs for serious conditions, requiring special handling and distribution. These medications are typically designed to treat serious and often chronic diseases, such as cancer or autoimmune conditions.
Why are Specialty Medications Limited to a 30-Day Supply?	If a member is not improving with their medication, the 30-day supply helps ensure their safety by facilitating frequent check-ins with prescribers and pharmacists, as well as preventing wasteful spending.
Why Is a Specialty Consultation Required?	Benecard Central Fill requires a medication consultation for all specialty medications. This is in adherence to URAC (Utilization Review Accreditation Commission) accreditation standards. During a consultation, a pharmacist or nurse assesses patient needs, provides personalized education, and ensures understanding of medications, side effects, interactions, adverse reactions, and the treatment plan. The first consultation is the most comprehensive, covering all initial information. Follow-up consultations are shorter, focusing on therapy tolerance, patient questions, shipping, and special handling (e.g., refrigeration). A more in-depth review occurs annually to monitor patient outcomes. All consultations are strictly confidential.

Step Therapy

What steps can be taken following a denial due to Step Therapy requirements?	Members can request an alternative lower-cost option or have their prescriber request a medical exception if the first-line medication was tried and ineffective.

Copay Assistance

Why do I need Copay Assistance?	Our Copay Assistance Program offers extensive cost assistance for specialty medications. Manufacturers and foundations often provide additional savings for specialty medications. We help simplify enrollment for copay assistance and alternative funding in which a member may qualify for $0 copay. The goal of this program is to lower costs for both the member and the plan. To enroll members can call us at 1-855-717-1274.

Miscellaneous

What if the member has an emergency?	BeneCard PBF provides 24/7 support for emergencies—members should call the Member Services number on the back of their ID card at 1-888-907-0070.
What are Excluded Medications?	A medication that is excluded is not covered by the prescription benefit. The drug may be excluded if covered under the medical benefit, outside the network, or deemed not medically necessary. Members may also call BeneCard PBF Member Services with any questions they may have.
What happens when my override approval expires?	Our Clinical Operations team proactively makes outreach to providers to ensure members obtain their medications. Letters are mailed to members approximately 45 days prior to the overrides expiring. Members are not required to initiate these requests since our team proactively starts the process. Members can monitor the status of the request on the member portal.
Will my Formulary change?	Medications may move to different tiers based on cost-effectiveness, availability of generics, or safety concerns. The formulary is evaluated yearly, and any member impact is communicated to the prescribers.
What is the Starter Dose Program?	Starter dose allows members to test a new medication for 10–30 days to monitor side effects before committing to a full supply. This allows for monitoring of any problematic side effects the member may experience and reduce medication waste.
What functions are available on the BeneCard PBF member portal?	Members can access tools designed to enhance their prescription benefit experience, including prescription history, a drug pricing tool, benefit coverage information, clinical review status, and much more.
Does BeneCard PBF have a member app?	Yes, BeneCard PBF has a member app. To use the app, members will need to set up an online account through our website, www.benecardpbf.com, if they have not done so already. The username and password are the same for both the website and the member app. Currently, members can manage their Mail Order Prescriptions, request Mail Order refills, and check the status of submitted Mail Orders through the app. Members can also view a digital copy of their ID card and search for nearby network retail pharmacies. To download the app: Android Devices: Search for “BeneCard PBF” in the Google Play store, or visit the following link from your device to download: BeneCard PBF Apple Devices: Search for “BeneCard PBF” in the App Store, or visit the following link from your device to download: BeneCard PBF