

## **Frequently Asked Questions about the Pharmacy Management Program**

---

### ***What is the Pharmacy Management Program at Blue Cross and Blue Shield of Vermont?***

We use many tools - from benefit design to review processes – to be sure our members get the best possible medications at the best prices.

### ***Why are you changing the pharmacy management program?***

Increasing the use of generic medications helps control premium increases and reduces members' out-of-pocket costs, too.

### ***Are generic drugs really key to cost savings?***

The average price of a generic drug prescription is \$12 versus \$100 for the average brand name medication.

### ***Why require Prior Approval?***

We make sure that medications are medically necessary for specific conditions and ensure the appropriate use of the drug before paying benefits.

### ***What is Step Therapy?***

Step Therapy starts a patient on a generic medication with a low cost rather than on a more expensive medication. One example is prescribing generic Omeprazole to treat acid reflux before trying the brand name drug, Nexium.

### ***What are Quantity Limits?***

The Quantity Limit Program reviews a prescription if the amount exceeds limits based on clinical experience and medical literature. An example would be limiting quantities of narcotic analgesics like Oxycontin.

### ***Are you limiting coverage?***

We are putting in programs that will increase the use of lower cost medications because we need to do more to control health care costs. Members will continue to have access to the appropriate drugs.

### ***What is the grandfathered period?***

Any member on a drug on January 1, 2008 will be grandfathered for one year for that drug's use. Those members will not be required to follow the expanded pharmacy review process until January 1, 2009.

### ***Are all the members grandfathered?***

No, only individuals currently taking one of the drugs and also covered by prescription drug benefits will be grandfathered for one year. Beginning January 1, 2008, all members with prescription drug benefits will be subject to the revised policy. New prescriptions will be reviewed as well.

### ***Do "samples" count as prescriptions?***

No, drug samples provided by a physician do not meet the definition of "current prescribed use".

### ***How do members receive approval for drugs on these lists?***

The member's physician submits medical documentation to our pharmacy benefit manager, RESTAT. Physicians regularly follow this process and will be very familiar with it.

### ***Where do you find the review lists?***

Each subscriber will receive a complete prescription drug benefit rider. All the drugs will be listed in the booklet. Members can also visit our website, [www.bcbsvt.com](http://www.bcbsvt.com), and navigate to the "Rx Center" for a complete list of prior approval medications.

### ***What happens if a member doesn't secure "prior approval" for a prescription?***

The member can still obtain the medication but will pay the full cost of the prescription. The prior approval process assures the member receives the highest possible benefit from us.