

Prescription drug program changes effective April 1, 2011

We are writing to notify you about changes Independence Blue Cross (IBC) is making to the prescription drug programs administered by FutureScripts®. Effective April 1, 2011, we will have one preferred brand of intranasal steroids, which will NOT require prior authorization. All non-preferred brand intranasal steroids will be subject to prior authorization based on applicable criteria. We will also set quantity limits to stimulant medications used to treat ADHD (attention deficit hyperactive disorder). Lastly, we are making quarterly changes to the Select Drug Program® formulary.

Understanding safe prescribing procedures

Prescription medications are necessary to effectively treat certain medical conditions; however, they have the potential to be unsafe when not used properly. We take several actions, referred to as safe prescribing procedures, to make sure that our members are using prescription drugs safely. This includes making sure the correct drugs are being prescribed and being taken in the appropriate amounts. Two of these safe prescribing measures are prior authorization and quantity limits.

Prior authorization is required before certain drugs are available for coverage. Quantity limits are designed to allow a sufficient supply of medication based on current treatment guidelines.

Intranasal steroids

The following changes will take effect April 1, 2011:

- **Preferred brand of intranasal steroids.** Nasonex® will be the only brand intranasal steroid on the Select Drug Program formulary and will be available at the brand formulary cost-sharing level without requiring prior authorization. All non-preferred intranasal steroids will be removed from the formulary on that date.
- **New prior authorization requirement.** Members affected by these changes are encouraged to talk with their doctor prior to April 1, 2011 to discuss which intranasal steroid is right for them. The member will pay the appropriate formulary brand copayment for Nasonex or the appropriate generic copayment for generic alternative prescriptions at participating retail pharmacies and through the mail order program. If the member's doctor prescribes a non-preferred brand of intranasal steroids or recommends that the member continue their current therapy with a non-preferred brand of intranasal steroids, the doctor will need to complete a prior authorization form and receive approval from IBC for the member to receive coverage at the highest level of cost-sharing after March 31, 2011.

Stimulant (ADHD) medications

Effective April 1, 2011, we are adding quantity limits to stimulant medications used to treat ADHD. If a member attempts to fill a prescription that exceeds the set quantity limit at a retail pharmacy, the pharmacist is permitted to fill the prescription only up to the quantity limit allowed. The doctor may request a quantity limit exception if he or she determines that the member's therapy requires more than the allowed quantity limit for the drug. In such cases, the doctor must receive an approval for the exception.

Affected members should contact their doctor to discuss their current treatment and the possible impact of these changes on their drug therapy. The doctor may make either of the following recommendations:

- **Alternative to current therapy.** The doctor may determine that the member no longer needs to follow the current course of treatment. In that case, the doctor will discuss alternatives and/or write a new prescription.
- **Continuation of current therapy.** The doctor may decide that it is medically necessary for the member to continue his or her current therapy. In that case, the doctor needs to request an exception on the member's behalf. If the request is approved, the member will receive a letter and the doctor's office will receive a fax confirmation. The letter and fax confirmation will indicate approval and provide an expiration date. Then the member will simply pay the applicable cost-sharing.

If coverage is *not* approved, the member will receive a letter explaining the reason for the denial and appeal rights. Without an approved exception, the member will not be able to continue to receive coverage for his or her current drug therapy.

Select Drug Program formulary change

We are also making changes to the Select Drug Program formulary and our guidelines concerning procedures that support safe prescribing of prescription drugs. These additional changes will take effect on April 1, 2011.

Click [here](#) to view a list of formulary updates.

Click [here](#) to view the formulary guide.

Communicating to members

All members affected by the intranasal steroids and stimulant medication changes will be notified next week. Select Drug Program members will be notified of formulary changes through the April edition of *Update* magazine.

If you have any questions, please contact TAI's Customer Service Department at (800) 634-4428.



