Frequently Asked Questions About Medication Management through Express Scripts/Medco

Aetna PPO and Aetna Health Savings Account (HSA) Plans

The following "Frequently Asked Questions" (FAQs) address common questions about medication management programs through Express Scripts/Medco being introduced January 1, 2013. Medication management programs apply to prescription drug benefits under the Aetna PPO and Aetna HSA medical plans.

1. What is changing?

BMC is implementing medication management programs to ensure your medications are prescribed correctly, filled safely and provided in the most cost-effective way. Effective January 1, 2013, certain medications may require approval through a coverage review before they will be covered. This review uses plan rules based on FDA-approved prescribing, safety and clinical guidelines. There are three different medication management programs that will apply to prescription drug benefits under the Aetna medical plans: **step therapy, quantity management, and prior authorization.**

2. What is step therapy?

Step therapy requires you to try a preferred generic or brand medication to treat a particular condition before the plan will cover another (usually more expensive) drug that your doctor may have prescribed. Step therapy is intended to reduce costs to you and BMC by encouraging the use of medications that are less expensive, but can still treat your condition effectively. With step therapy, Express Scripts/Medco and your doctor work together before certain prescriptions can be filled under the medical plan.

When you fill a prescription for a drug on the step therapy list, a message is automatically sent to the dispensing pharmacist to encourage him/her to check whether the generic or preferred brand medication would be appropriate. If you attempt to fill a prescription for a higher-cost or non-preferred brand medication without having first tried the preferred generic or brand medication, your prescription may not be covered. If this happens, your pharmacist can contact your doctor to ask if you can switch to the preferred alternative, or you can speak to your doctor.

3. What drugs are considered preferred and non-preferred on the step therapy drug list?

Drug Category	Preferred	Not Preferred
Angiotensin II Receptor Blockers (ARBs)	Diovan®, Diovan HCT®, Micardis®, Micardis HCT®, losartan, losartan HCTZ	Atacand®, Atacand HCT®, Benicar®, Benicar HCT®, Teveten®, Teveten HCT®
Cholesterol lowering medications	Atorvastatin, Lipitor	Crestor
Diabetes: Insulin (Novolin & Humulin)	Humulin R®, Humulin N® , Humulin 70-30®	Novolin N®, Novolin R®
Gastrointestinal: Proton Pump Inhibitors (PPIs)	omeprazole, pantoprazole, Nexium®	Aciphex®, Protonix®, Prevacid®, Zegerid®
Glaucoma	latanoprost, Lumigan®	Travatan®, Travatan Z®
Intranasal Steroids	fluticasone propionate, flunisolide, Nasonex®, triamcinolone	Single Source Brands (i.e, Beconase AQ®, Rhinocort®, Omnaris®, Veramyst®)
Narcotic Analgesics - Fentanyl (ST)*	Fast acting oral narcotics: immediate-release morphine- or oxycodone-containing drugs (Percocet®, Percodan®), hydromorphone (Dilaudid®), and hydrocodone-containing drugs (Vicodin®, Lortab®)	Abstral, Actiq, Fentora, Fentanyl powder, Lazanda, Onsolis, Subsys
Osteoporosis Therapy: Bisphosphonates	alendronate, Boniva®	Actonel®, Actonel with Calcium®, Atelvia, Fosamax D®
Sleep Medication: Hypnotics	Generics such as zolpidem and temazepam	Edluar®, Lunesta®, Rozerem®

***Step therapy for narcotic analgesics has been in effect since January 1, 2011.**

4. What is quantity management?

Quantity management is a program in your pharmacy benefit that's designed to make the use of prescription drugs safer and more affordable. Quantity management limits the supply of certain medications you can receive at any one time to the daily dose considered safe and effective by the U.S. Food and Drug Administration (FDA) and drug manufacturer's guidelines.

Drugs where quantity restrictions will apply include migraine management agents, hypnotic agents, and some high cost specialty drugs. These drugs will be added to the current list of drugs requiring quantity management, including narcotic analgesics, anti-influenza agents, and erectile dysfunction agents. If your medication is subject to quantity limits, you can obtain your medication up to the quantity allowed. If the prescription exceeds the limit allowed, Express Scripts/Medco will alert the pharmacist as to whether a coverage review is needed for the additional amount. Your doctor can also contact Express Scripts/Medco to request authorization of a higher limit.

5. What is prior authorization?

Some prescription drugs require prior authorization from Express Scripts/Medco before you can buy them. A prescription may not be approved if it does not meet certain criteria. To get prior authorization, your doctor must contact Express Scripts/Medco and request a coverage review for these drugs before the plan covers them. Your doctor must provide the diagnosis, specific drug number, dosage and approximate treatment duration. If coverage is approved, your doctor will receive notification from Express Scripts/Medco. If it is not approved, you may have to pay the full cost of the prescription.

Some examples of drugs that will require prior authorization beginning January 1, 2013, include dermatological agents Adoxa, Avidoxy, Monodox, Oracea and Solodyn; androgens and anabolic steroids such as Axiron, Fortesta and Testim; and certain other high-cost specialty medications. These drugs will be added to the current list of drugs requiring prior authorization such as anorexiants, growth hormones and dermatological agents Tretinoins/Tazorac.

The best way to avoid inconvenience is to have your doctor call Express Scripts/Medco for prior authorization before you go to the pharmacy or submit your prescription to the mail-order program.

6. How do I know if I'm impacted by one of the medication management programs?

Express Scripts/Medco will send you a letter notifying you and providing instructions for you and or your doctor. Please confirm that your home mailing address in Employee Direct Access is current to ensure you receive the letter.

- If you are impacted by the new step therapy rules, Express Scripts/Medco will mail you a letter in mid-November. See a sample step therapy letter
- If you are impacted by quantity limits or prior authorization rules, Express Scripts/Medco will send you a letter on November 30. See sample quantity management letter or sample prior authorization letter
- You can also call Express Scripts/Medco at **866-577-2523** after December 1, 2012, to ask if the prescription drugs you take will be impacted by one of the medication management programs.

7. Will I need to take action?

Yes, if you are taking a medication that is impacted by one of the new medication management programs, you will receive a letter from Express Scripts/Medco with information on the action you'll need to take. In general, you will need to call your doctor to discuss prescribing a preferred drug (step therapy) or to inform your doctor that he or she needs to call Express Scripts/Medco about your prescription (prior authorization).

If you're taking a medication that requires step therapy, you'll receive a letter explaining that your plan will not cover it unless you try the alternative medication first. The letter will also have information about starting a coverage review if your doctor believes that you should take the original medication.

*To avoid potential service disruption, it is important that you discuss the options with your doctor prior to your next medication fill after the **January 1, 2013** program effective date. This will allow time for obtaining a new prescription or completing the coverage review process.*

8. I receive my prescriptions through the mail-order program. Am I impacted differently?

The new medication management programs apply to prescriptions you receive at your local pharmacy as well as those you order through Express Scripts/Medco. If you submit your prescription to the Express Scripts/Medco mail-order program, a representative will call your doctor to suggest 1) changing your prescription to a preferred drug, 2) changing your prescription to a different quantity, or 3) asking for a prior authorization.

9. What can I do if I've already tried the preferred (step therapy) drugs on the list?

With step therapy, more-expensive brand-name drugs are usually covered as a back-up in the program if:

1) You have already tried the generic drugs covered in the step therapy program.
2) You can't take a generic drug (for example, because of an allergy).
3) Your doctor decides, for medical reasons, that a brand-name drug is needed.

If one of these situations applies, your doctor can request a coverage review so you can take a back-up prescription drug. He or she can call **800-417-1764**, between 8 a.m. and 9 p.m., Eastern time, weekdays. If the review is approved, you pay the appropriate coinsurance/copayment for this drug, which may be higher than what you would pay for the plan-preferred alternatives. If the review is not approved, you may have to pay full price for the drug. Go to **www.medco.com/bmcsoftware** to estimate your annual prescription drug costs under the Aetna PPO and HSA medical plans.

10. What happens if my doctor's request for a prior authorization is denied?

When a request for a medication requiring prior approval is denied, you and/or your doctor have the opportunity to request a coverage review. Your doctor must provide Express Scripts/Medco with additional information to support the use of the drug for you. Your doctor will be sent a Coverage Review Fax Form to fill out and fax back to Express Scripts/Medco. When you use the mail-order program, Express Scripts/Medco will automatically call your doctor to start the process.

After the coverage review process is completed, Express Scripts/Medco will send you and your doctor a letter confirming whether or not coverage has been approved (usually within 2 business days of receiving the necessary information). If coverage is approved, you'll simply pay the normal coinsurance/copayment for the medication. If coverage is denied, you'll be responsible for the full cost. Note: If coverage is denied, the letter will include the reason for the coverage denial and instructions on how to submit an appeal.

11. How long does it take for an appeal?

Urgent appeals are reviewed within 72 hours. If you haven't received your medication, the appeal may take up to 15 days. If you have received your medication, the appeal may take up to 30 days.

12. What if I fill my prescription(s) on my own without receiving approval or completing the appeal process?

The plan will not cover the drug and you will be responsible for the full cost.