

May 2010

Dear Valued Member:

We are writing to inform you of changes we are making to our safe prescribing procedures, including new updates on how we manage Suboxone<sup>®</sup> and Subutex<sup>®</sup> (buprenorphine). Since our records indicate that you or someone covered by your plan utilize Suboxone<sup>®</sup> and/or Subutex<sup>®</sup> (buprenorphine), we wanted to inform you of all of our new policies. We are also writing to let you know about changes we are making to the Select Drug Program<sup>®</sup> formulary.

#### SAFE PRESCRIBING PROCEDURES UPDATE - SUBOXONE AND SUBUTEX

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 prescriptions 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.

The following changes to Safe Prescribing Procedures for Suboxone and Subutex (buprenorphine) will be effective August 1, 2010 :

- **Prior Authorizations.** We are implementing a Prior Authorization for Suboxone and Subutex (buprenorphine). Approved Prior Authorizations will include an expiration date at the time the approval is made. If your doctor wants you to continue the drug therapy after the expiration date, a new request will be required. Your doctor must receive an approval for you to continue your current drug therapy.
- **Quantity Limits.** We are adding quantity limits to Suboxone and Subutex (buprenorphine). If you attempt to fill a prescription that exceeds the set quantity limit, your pharmacist is permitted to fill the prescription only up to the quantity limit. If your doctor determines that your therapy requires a larger dose of medication than the set quantity limit for your drug, he or she may request a Quantity Limit Exception. Your doctor must receive an approval for the exception for you to receive coverage for your therapy at a larger dose.

#### WHAT YOU SHOULD DO

Please contact your doctor to discuss your current treatment and the possible impact of the above changes on your drug therapy. That discussion may result in your doctor making the following recommendations:

- **Alternative to current therapy.** Your doctor may determine that you no longer need to follow your current course of treatment. In that case, your doctor may discuss alternatives to your current therapy and/or write a new prescription.

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- **Continuation of your current therapy.** Your doctor could decide that it is medically necessary for you to continue your current therapy. In that case, your doctor needs to request an exception on your behalf. If the request is approved, you will receive a letter and your doctor's office will receive a fax confirmation. The letter and fax confirmation will indicate approval and provide an expiration date. Then you will simply pay the applicable cost-sharing determined by your benefits. If coverage is not approved, you will receive a letter explaining the reason for the denial and your appeal rights. Without an approved exception, you will not be able to continue to receive coverage for your current drug therapy.

#### CHANGES TO THE FORMULARY

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Unless otherwise noted, we will make the following changes to our list of approved drugs, or formulary, as of July 1, 2010:

- **Added new generic drugs.** We added generic drugs as soon as they became available in the marketplace.
- **Added new brand drugs.** We added brand drugs to the formulary, all of which have been approved by the Pharmacy and Therapeutics Committee as formulary drugs.
- **Removing brand drugs.** We will move some brand drugs to the non-formulary level. This means that your cost for these drugs will be at the highest level of cost-sharing as of July 1, 2010.

The Select Drug Program formulary includes all generic drugs and some brand drugs that have been selected for their medical effectiveness, safety, and value. The FutureScripts® Pharmacy and Therapeutics Committee, whose members include practicing physicians and pharmacists from the area, regularly reviews the formulary and safe prescribing procedures to ensure their continued effectiveness.

You can view the Select Drug Program Formulary online by visiting [www.ibxpress.com](http://www.ibxpress.com).

#### QUESTIONS?

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Please discuss any questions or concerns about your prescriptions with your doctor or pharmacist. If you have any questions about your prescription drug program, contact Customer Service at the phone number on your identification card.

We value your membership and appreciate that you have chosen Independence Blue Cross as your health insurance carrier.

Sincerely,



Richard L. Snyder, M.D.  
SVP & Chief Medical Officer  
Independence Blue Cross



Paul N. Urick, R.Ph.  
Senior Vice President  
FutureScripts

FutureScripts is an independent company providing pharmacy benefit management services.