

# **Indiana University**

**IU PPO \$900 Deductible Healthcare Plan  
IU PPO-Plus Healthcare Plan  
IU PPO \$750 Retiree Healthcare Plan**

**Prescription Drug Coverage  
Overview of Changes effective January 1, 2005  
Administered by Anthem**

This booklet is being mailed to employees who are currently enrolled in an IU-sponsored PPO plan. Employees who, due to an Open Enrollment change, will not be enrolled in the IU PPO \$900 Deductible, IU PPO-Plus, or IU PPO Retiree Healthcare plan effective January 1, 2005, may disregard this booklet.



To: IU PPO \$900 Deductible Healthcare and IU PPO-Plus Plan Participants

From: University Human Resource Services

Date: December, 2005

Subject: Important Information about Prescription Benefits

**UNIVERSITY  
HUMAN RESOURCE  
SERVICES**

This booklet, prepared by Anthem Prescription Management, details important changes to the prescription drug provisions for the IU PPO \$900 Deductible Healthcare Plan and the IU PPO-Plus Healthcare Plan that become effective January 1, 2005. These changes are a result of recent legislation enacted by the Indiana General Assembly that require the State Budget Office to implement a prescription drug purchasing program for governmental entities, including state educational institutions like Indiana University. Changes include:

- a new prescription drug plan administrator, Anthem;
- a preferred list of drugs (formulary), however, the formulary will not be used to determine copays until 2006;
- an expanded retail pharmacy network including most national chains and some independent pharmacies;
- a new mail order facility, Anthem Rx Direct;
- prescription management features, including Prior Authorization, Step Therapy, Quantity Limits, and other requirements that must be met before benefits can be paid for certain prescriptions;
- a new medical plan identification card containing prescription coverage information (there will no longer be a separate prescription ID card); and
- a new source for biological and specialty drugs, Anthem Rx Direct Specialty.

The booklet also provides helpful information for the transfer of existing prescriptions to Anthem and for initiating new prescriptions. Frequently Asked Questions are also included to assist employees in understanding and accessing their prescription drug benefits beginning January 1.

To obtain additional information or assistance, call Anthem Customer Services at the number on the back of your medical plan identification card—800-345-2460. Customer Service can assist you with answers to questions about your new prescription services, finding a participating pharmacy, initiating or transferring mail order services, and filing prescription claims.

Poplars E165  
400 East Seventh Street  
Bloomington, Indiana  
47405

Fax: 812-855-3409

## Table of Contents

Introduction.....	4
Getting Assistance .....	4
Identification Cards.....	5
Retail Pharmacy Network.....	5
Transferring prescriptions between retail pharmacies:.....	6
Mail Service Pharmacy Option.....	6
Obtaining refills on existing mail order prescriptions:.....	7
Placing orders for new prescriptions: .....	7
Transferring a prescription from a retail pharmacy to Anthem Rx Direct:.....	7
Getting refills of prescriptions filled by Anthem Rx Direct:.....	8
Checking the status of an order: .....	8
Prescription Transition Issues.....	8
Pharmacy Safety and Quality Programs .....	8
Step Therapy.....	8
Prior Authorization .....	9
Quantity Limits.....	9
Dose Optimization.....	9
List of Drugs and Associated Safety and Quality Edits .....	9
Questioning Coverage Decisions.....	16
New Drug Benefit Exclusion Period.....	16
Pharmacy Copayments.....	16
Preferred Drug List (Formulary).....	16
Specialty Medications – Anthem Rx Direct Specialty .....	17
Web Site.....	17
Complaints and Appeals .....	18
Out-of-Network Pharmacy Claims .....	19
Frequently Asked Questions.....	20

## **Introduction**

As the result of a recently legislated Indiana Aggregate Prescription Purchasing Program (IAPPP), Indiana University will offer pharmacy benefits for its PPO plans through Anthem Prescription Management effective January 1, 2005. Anthem Prescription is an affiliate of Anthem Blue Cross and Blue Shield. The changes outlined in this booklet apply to both the IU PPO \$900 Deductible Healthcare plan and the IU PPO-Plus Healthcare plan.

This booklet provides important information that will be needed by Indiana University employees enrolled in these PPO plans in order to access prescription benefits during the new plan year. Features of the PPO prescription benefits beginning January 1, 2005 include:

- Retail prescription services (up to a 30 day supply) through an expanded network of pharmacies including most national chains and some independent pharmacies;
- Mail order prescription delivery (up to a 90 day supply) through Anthem Rx Direct;
- Copays for retail and mail order prescriptions that remain the same as in 2004. The plan will include a formulary (a list of preferred drugs), but it will not be applied to prescription copays until 2006;
- Anthem's Pharmacy Safety and Quality Programs, as described in this booklet will apply, including Step Therapy, Prior Authorization, Quantity Limits, and other requirements that may need to be met before certain drugs are covered under the plan;
- Biotech drugs and specialty medications will be provided through Anthem Rx Direct Specialty rather than BioScrip.

## **Getting Assistance**

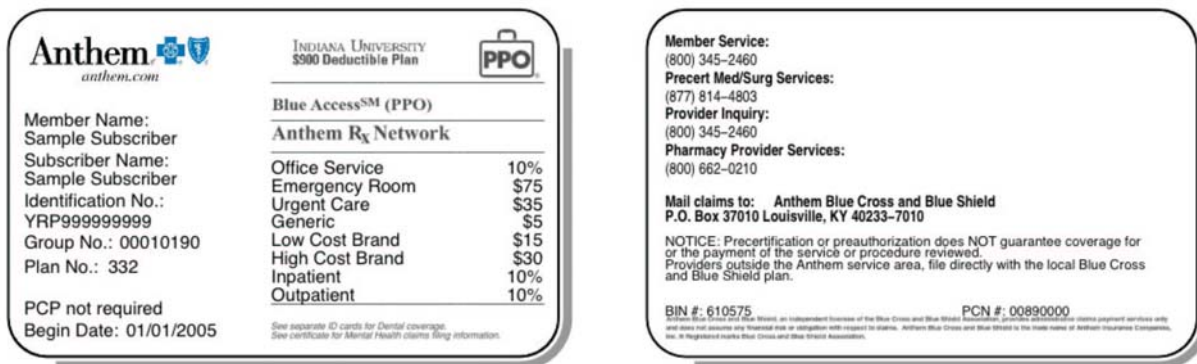
Customer Service can assist with a wide range of services, including answering questions about prescription benefits, helping to find participating pharmacies, providing directions on how to initiate mail order pharmacy services and how to file prescription claims. To contact Customer Service, please either:

- Call the Customer Service number on the back of your health plan ID Card – 800-345-2460, or
- Send a question via a secure online form located on the Anthem web site at [www.anthem.com](http://www.anthem.com). In order to use this feature, you must first register with the Anthem web site.

Customer Service is available during normal business hours from 9:00 a.m. until 5:00 p.m., Monday through Friday, Eastern Time.

## Identification Cards

All employees enrolled in an IU-sponsored PPO plan will receive a new identification card from Anthem that includes both medical and prescription pharmacy benefit program information. (There will not be a separate ID card for prescription benefits.) An example of the IU PPO \$900 Deductible plan card is shown below; the pharmacy information for the IU PPO-Plus and Retiree plan will be the same as the PPO \$900 Deductible plan, but those cards will have copays and deductibles for each plan.



When in need of pharmacy services, present your new identification card, along with your prescription, to a participating network pharmacy provider. Claims are submitted electronically by the pharmacy. You will only be required to pay the applicable copayment at the time the prescription is dispensed.

While we are optimistic that employees will receive these identification cards before the end of the year, it is possible that December holiday demands on the U.S. Postal Service could delay their arrival until early January. Employees who have not received their identification cards by January 1, 2005 may still begin using their benefits. In the event that you do not have a new identification card on January 1, you may obtain retail prescription benefits by giving the pharmacist your name, date of birth, and the Anthem Benefit Identification Number for Indiana University—**610575**. Mail order prescription refills do not require an identification card.

## Retail Pharmacy Network

Over 50,000 chain and independent retail pharmacy providers participate in the Anthem Rx Pharmacy Network. There are more than 1,000 retail pharmacy providers in Indiana alone. Among the participating pharmacy chains are:

CVS	Walmart	Marsh
Oscor	Medicine Shoppe	Kmart
Rite-Aid	Kroger	Target
Walgreens	Meijer	

Other independent pharmacies may also participate in the retail pharmacy network. To find a pharmacy near you, visit the Anthem web site at [www.anthem.com](http://www.anthem.com). Select 'Find a Doctor,' then under National Directories select 'Find a Network Pharmacy Near You,' enter your zip code and 'Search.' If you do not have access to the Internet, you can contact Anthem Customer Service by calling the number listed on the back of your identification card—800-345-2460—for a list of local pharmacies.

When in need of pharmacy services, present your new identification card, along with your prescription, to a participating network pharmacy provider. Claims are submitted electronically by the pharmacy. You will only be required to pay the applicable copayment at the time the prescription is dispensed. Since the retail network includes most pharmacies, most of your retail benefits will be processed as an in-network benefit. If you should obtain a prescription from an out-of-network pharmacy that cannot process your prescription benefits online, the process for submitting manual claims is detailed later in this booklet.

*Transferring prescriptions between retail pharmacies:*

If you have refills left on a prescription at a retail pharmacy and wish to transfer the prescription to a different retail pharmacy, take your prescription bottle to the new pharmacy or call the new pharmacy with the information from the bottle. The new pharmacy will make the necessary calls to transfer your prescription.

### **Mail Service Pharmacy Option**

Beginning January 1, 2005 the prescription mail service available to participants of the IU PPO \$900 Deductible plan and the IU PPO-Plus plan is Anthem Rx Direct. Anthem Rx Direct is a mail service pharmacy owned and operated by Anthem. The mail service benefit is designed for plan participants who need maintenance medications for conditions such as asthma, diabetes, high blood pressure, arthritis, hormone replacement, and others.

Anthem Rx Direct offers plan participants several important benefits:

- The convenience of having prescriptions delivered directly to the home, office or anywhere in the United States
- The convenience of a higher days supply of drugs—up to a 90-day supply,
- Savings on copayments—you pay two retail copays for up to a three month supply

Anthem Rx Direct generally recommends that the initial orders for any maintenance medicine be filled through a retail pharmacy until the dosage can be stabilized. Once stabilized, Anthem Rx Direct is recommended for maintenance refills.

Anthem Rx Direct offers plan participants four convenient options for refilling mail prescription orders:

- **By mail:** Participants complete and return the refill envelope included with each previously filled prescription order.
- **By phone:** Participants call Anthem Rx Customer Care at 800-962-8192, Monday through Friday, 8:30 a.m. to Midnight Eastern time, or Saturday, 9:00 a.m. to 7:00 p.m. Visa, Master Card or Discover Card are accepted on telephone refill orders.
- **By an automated telephone line:** Participants can place refill orders 24 hours a day once their credit card number is entered into the Anthem Rx system. They simply select the "automated voice response unit" selection at 800-962-8192. They are then prompted to enter their prescription number(s) and credit card information to complete the order using their telephone key pad.
- **By internet:** Participants can log onto [www.anthem.com](http://www.anthem.com) to place requests for order refills, track the status of an order and review the Anthem formulary by drug name or therapeutic class.

For additional information about prescription benefits, participants may call an Anthem Rx Customer Care professional at 1-800-962-8192 Monday through Friday, 8:30 a.m. to Midnight, or on Saturday and Sunday from 9:00 a.m. to 7:00 p.m.

An automated telephone service is convenient for participants using Anthem Rx Direct. They may call 24 hours a day for refills or to check the status of their orders. During business hours, speaking to a Customer Care Professional is also an option.

*Obtaining refills on existing mail order prescriptions:*

If you currently use mail service through ScripSolutions and have refills left on your prescriptions, it is anticipated that your prescription information will automatically transfer to Anthem Prescription after January 1, 2005. This will mean that in most cases, Anthem Rx Direct will be able to handle your refill prescriptions without any interruption to you. To get your prescription refilled follow these steps:

- Call Anthem Rx Direct at 800-962-8192
- Provide your prescription information and designate your payment preferences; if you wish to pay by check rather than credit card you will be given directions on how to submit payment
- Allow at least 15 business days for processing and delivery.

Remember, even if you have refills remaining, controlled substance products and specially mixed medications like compounds cannot be transferred automatically. In these situations, you will need to obtain a new prescription from your physician. Also note that internet refills cannot be accepted for first time refills on transferred prescriptions.

*While both Anthem and ScripSolutions are optimistic about Anthem receiving the electronic files needed to automatically transfer prescription information from ScripSolutions to Anthem, it is possible that the data transfers will be delayed or unsuccessful. In this event, you will need to obtain new prescriptions and submit them as a new prescription order.*

*Placing orders for new prescriptions:*

For new mail pharmacy orders, customers must first contact their prescriber for a new prescription, written for a 90-day supply. They then complete an easy order form and send it to Anthem Rx Direct with their original prescription and appropriate copayment. For your convenience, a mail order form is included with this booklet.

*Transferring a prescription from a retail pharmacy to Anthem Rx Direct:*

Anthem offers a help desk (888-613-6091, Monday through Friday, 8 a.m. to 6p.m. Eastern Time) for first-time users to ease the transition from retail to mail. This help desk assists customers in converting their maintenance medication prescriptions from a retail pharmacy to the Anthem Rx Direct mail service pharmacy. Customers can call the help desk, provide key personal and medical provider information, as well as details about the prescription(s). The Anthem Rx Direct Customer Service representative then contacts the customer's physician(s) to secure prescriptions written for the maximum days supply allowed by the customer's pharmacy benefits. After receiving the new prescriptions, Anthem Rx Direct dispenses the customer's medications and ships them to the address provided during the initial telephone call. Please allow time for processing and delivery of your prescription. The time required will depend on how quickly your physician's office will respond to Anthem's request.

### *Getting refills of prescriptions filled by Anthem Rx Direct:*

The customer can call 1-800-962-8192 Monday through Friday, 8:30 a.m. to Midnight, or on Saturday and Sunday from 9:00 a.m. to 7:00 p.m. for personal service from a Customer Care professional or to use the 24-hour automated refill service. Prescription numbers (from prescription labels) are entered using the key pad on the telephone. A credit card that has previously been used by Anthem Rx is required.

### *Checking the status of an order:*

The member calls 800-962-8192 and enters their identification number. Simply follow the voice prompts to check the status of the order.

## **Prescription Transition Issues**

In anticipation of the transition to Anthem, the university is encouraging individuals who have existing maintenance prescriptions to obtain a refill from ScripSolutions before January 1, 2005. Doing so will help ensure that the customer has their medication on hand during the first weeks of January. The university has worked with ScripSolutions to make refills available after only half of the most recent prescription has been used. In addition, the employee may check with their pharmacist to see if an early refill option is available to them.

Remember, you do not need a new identification card in order to obtain prescription benefits. At a retail store, give the retail pharmacist your name, date of birth, indicate that your benefits are administered by Anthem effective January 1 and that your Benefit Identification Number (BIN) is **610575**. (A temporary prescription benefit card with the BIN number will be available on the University Human Resource Services Web page [www.indiana.edu/~uhrs](http://www.indiana.edu/~uhrs) for those who wish to print it.) No identification card is needed for mail order prescriptions.

## **Pharmacy Safety and Quality Programs**

Anthem administers a number of programs that are designed to help ensure the safe use of prescription medications. From time to time, your physician may prescribe a medication that is subject to the Anthem Pharmacy and Therapeutics Committee's approved Clinical Program guidelines. Prior Authorization, Quantity Limits, Dose Optimization and Step Therapy are edits recommended by Anthem's National Pharmacy and Therapeutics Committee. **In order to give customers time to consult with their physician, Step Therapy edits will not apply until February 1, 2005. Other clinical edits (Prior Authorization, Quantity Limits, and Dose Optimization) will become effective January 1, 2005.**

### *Step Therapy*

This program means that you may need to use one or more medications before benefits for the use of another medication can be covered. Step Therapy is typically required for drugs that are over prescribed based upon manufacturer or FDA approved uses or taken for non-FDA approved or unproven uses. Your pharmacist will receive an electronic message at the point of sale notifying them that Step Therapy is required.

**Step Therapy** edits at the point-of-sale are designed to help:

- encourage utilization of prescription benefits in accordance with nationally recognized standards
- promote the use of recognized prescribing guidelines
- support access to high quality, yet cost-effective prescription drug benefits

### *Prior Authorization*

Prior Authorization is the process of verifying medical necessity before a request for prescription benefits is approved. The Prior Authorization process is normally used to monitor the prescribing of certain drugs in order to promote access to safe and cost effective prescription benefits. When your physician has prescribed a medication for you that requires a Prior Authorization, your pharmacist will receive an electronic message at the point of sale. Your pharmacist has the ability to call Anthem directly for benefit approvals on some medications which require prior authorization. In some cases, Anthem may need to contact your physician before benefit approval can be given.

### *Quantity Limits*

This is a limit on the amounts of a medication that you can obtain benefits for during a specific period of time for one copay. Most often, Quantity Limits are set on a monthly basis.

### *Dose Optimization*

This program, sometimes called dose consolidation, normally involves the conversion from a twice daily dosing schedule to a once daily dosing schedule based upon manufacturer recommended use. A once-a-day dosing schedule may increase compliance and decrease expenses for you and your health plan. As always, you should consult with your physician to determine what is appropriate for you. If your physician feels that medical reasons exist for you to take these medications more than once a day, a letter of medical necessity will be necessary in order for you to access your prescription benefits.

The following information is designed to help you determine which edits or guidelines apply if your physician prescribes any of the medications listed below. The same information, plus clinical criteria for prior authorizations, is available on the Anthem Web page [www.anthemprescription.com](http://www.anthemprescription.com). **Inclusion on this list does not mean that the drug is covered under the IU PPO health care plans.** Check your PPO plan booklet for coverage.

### *List of Drugs and Associated Safety and Quality Edits*

<b>Medication</b>	<b>Clinical Edits and Guidelines</b>
Accupril <sup>®</sup> (all strengths except 40mg)	Daily Dose 1 per day
Accuretic <sup>™</sup> 10/12.5mg	Daily Dose 1 per day
Accutane <sup>®</sup>	Quantity Limit - 30 day supply. No refills allowed. Not filled in mail order.
Aceon <sup>®</sup> (all strengths except 8mg)	Daily Dose 1 per day
Aciphex <sup>®</sup>	Step Therapy
Adalat CC <sup>®</sup> 30mg	Daily Dose 1 per day

Medication	Clinical Edits and Guidelines
Aerobid <sup>®</sup> /Aerobid M <sup>®</sup> inhaler	<p>Quantity Limit - 3 inhalers per 30 days</p> <p>Age/gender</p> <p>The <b>male only edit</b> applies to impotency, benign prostatic hypertrophy, propecia, and androgen medications.</p> <p>The <b>female only edit</b> applies to vaginal products, estrogen, progestational agents, follicle stimulating/ lutenizing hormone, contraceptive agents, Diflucan 150mg, prenatal vitamins, and Zelnorm.</p> <p>The <b>age edit</b> applies to Cognex, Aricept, Exelon, Reminyl, Namenda, Feldene, Zelnorm and the tetracycline class of antibiotics.</p>
Alamast <sup>™</sup>	Quantity Limit - 1 bottle per month
Aldara <sup>™</sup>	Quantity Limit - 12 packets per 28 days
Alocril <sup>™</sup>	Quantity Limit - 1 bottle per month
Alomide <sup>®</sup>	Quantity Limit - 1 bottle per month
Altace <sup>®</sup> (all strengths except 10mg)	Daily Dose 1 per day
Altoprev (formerly Altacor) 10mg, 20mg	Daily Dose 1 per day
Alupent <sup>®</sup> inhaler	Quantity Limit - 3 inhalers per 30 days
Amerge <sup>®</sup>	Quantity Limit - 9 tablets per 30 days
Androderm <sup>®</sup>	Prior Authorization
AndroGel <sup>®</sup>	Prior Authorization
Android <sup>®</sup>	Prior Authorization
Anzemet <sup>®</sup> 50mg tablets	Quantity Limit - 10 tablets per 30 days
Anzemet <sup>®</sup> 100mg tablets	Quantity Limit - 5 tablets per 30 days
Arava <sup>™</sup>	Step Therapy
Atacand <sup>®</sup> (all strengths except 32mg)	Daily Dose 1 per day
Atrovent <sup>®</sup> inhaler	Quantity Limit - 3 inhalers per 30 days
Atrovent <sup>®</sup> nebulizer solution	Quantity Limit - 150 unit dose vials (2.5ml ea.) per 30 days
Atrovent <sup>®</sup> .03% nasal spray	Quantity Limit - 2 bottles per 30 days
Atrovent <sup>®</sup> .06% nasal spray	Quantity Limit - 3 bottles per 30 days
Augmentin <sup>®</sup> tablets; suspension	Quantity Limit - 60 days every 3 months
Avapro <sup>®</sup> (all strengths except 300mg)	Daily Dose 1 per day
Axert <sup>™</sup>	Quantity Limit - 6 tablets per 30 days
Azmacort <sup>®</sup>	Quantity Limit - 2 inhalers per 30 days
Beconase AQ <sup>®</sup> nasal inhaler	Quantity Limit - 2 inhalers per 30 days

<b>Medication</b>	<b>Clinical Edits and Guidelines</b>
Benicar™ 20mg	Daily Dose 1 per day
Benicar™ HCT 20/12.5mg	Daily Dose 1 per day
Bextra®	Step Therapy
Cardizem® CD 120mg, LA 120mg, LA 180mg	Daily Dose 1 per day
Ceftin® tablets and suspension	Quantity Limit - 60 days every 3 months
Celebrex® 100 mg	Step Therapy Quantity Limit – 120 tablets per 30 days
Celebrex® 200 mg	Step Therapy Quantity Limit – 60 tablets per 30 days
Celebrex® 400 mg	Step Therapy Quantity Limit – 30 tablets per 30 days
Celexa™ 10mg, 20mg	Quantity Limit - Daily Dose 1 per day
Cialis®/Alpha Blockers	Cialis will reject at the point of sale if alpha blockers (except Flomax) are in the customer's prescription profile in the last 90 days.
Cialis®/Nitrate	Cialis will reject at the point of sale if nitrates are in the customer's prescription profile in the last 90 days.
Combivent® inhaler	Quantity Limit - 3 inhalers per 30 days
Cozaar® 25mg, 50mg	Daily Dose 1 per day
Crestor® 5mg, 10mg, 20mg	Quantity Limit - Daily Dose 1 per day
Crolom®	Quantity Limit - 1 bottle per month
Delatestryl®	Prior Authorization
Depo-Testosterone®	Prior Authorization
Diffucan® 150mg tablets	Quantity Limit - 2 tablets per 30 days for females
Dilacor® XR 120mg	Daily Dose 1 per day
Diovan® (all strength except 320mg)	Daily Dose 1 per day
Diovan® HCT 80/12.5mg	Daily Dose 1 per day
Effexor XR 37.5mg, 75mg	Daily Dose 1 per day
Elastat	Quantity Limit - 1 bottle per month
Emadine®	Quantity Limit - 1 bottle per month
Emend® 80mg	Quantity Limit - 8 capsules per 30 days
Emend® 125mg	Quantity Limit - 4 capsules per 30 days
Emend® Therapy Pack	Quantity Limit - 4 Packs (12 capsules) per 30 days
Enbrel™	Step Therapy
Flonase® nasal inhaler	Quantity Limit - 1 inhaler per 30 days

<b>Medication</b>	<b>Clinical Edits and Guidelines</b>
Flovent <sup>®</sup> 44 inhaler, 110 inhaler	Quantity Limit - 1 inhaler (13gm) per 30 days
Flovent <sup>®</sup> 220 inhaler	Quantity Limit - 2 inhalers (13gm) per 30 days
Flovent Rotadisk <sup>®</sup> 50 mcg, 100mcg	Quantity Limit - 1 inhaler per 30 days
Flovent Rotadisk <sup>®</sup> 250mcg	Quantity Limit - 4 inhalers per 30 days
Fluoxetine <sup>®</sup> 10mg cap, tab	Daily Dose 1 per day
Foradil <sup>®</sup>	Quantity Limit - 2 inhalers per 30 days
Foradil <sup>®</sup> /Advair Diskus <sup>®</sup>	Foradil will reject at the point of sale if Advair is in the customer's prescription profile in the last 90 days.
Forteo <sup>™</sup>	Prior Authorization
Frova <sup>™</sup>	Quantity Limit - 9 tablets per 30 days
Gleevec <sup>®</sup>	Prior Authorization
Halotestin <sup>®</sup>	Prior Authorization
Humira <sup>®</sup>	Step Therapy
Hyzaar <sup>®</sup> 50/12.5mg	Daily Dose 1 per day
Imitrex <sup>®</sup> injection	Quantity Limit - 4 injections per 30 days
Imitrex <sup>®</sup> tablets	Quantity Limit - 9 tablets per 30 days
Imitrex <sup>®</sup> nasal inhaler	Quantity Limit - 6 nasal inhalers per 30 days
Infergen <sup>™</sup>	Prior Authorization
Intron A <sup>®</sup>	Prior Authorization
Iressa <sup>®</sup>	Prior Authorization
Kineret <sup>®</sup>	Step Therapy
Kytril <sup>®</sup> 1mg tablets	Quantity Limit - 8 tablets per 30 days
Kytril <sup>®</sup> susp	Quantity Limit - 40ml per 30 days
Lescol <sup>®</sup> 20mg, 40mg	Daily Dose 1 per day
Levitra <sup>®</sup> /Alpha Blockers	Levitra will reject at the point of sale if alpha blockers (except Flomax) are in the customer's prescription profile in the last 90 days.
Levitra <sup>®</sup> /Nitrate	Prior Authorization Levitra will reject at the point of sale if nitrates are in the customer's prescription history in the last 90 days.
Lexapro <sup>™</sup> 5mg, 10mg	Daily Dose 1 per day
Lipitor <sup>®</sup> 10mg, 20mg, 40mg	Daily Dose 1 per day
Livostin <sup>®</sup>	Quantity Limit - 1 bottle per month
Lortab <sup>®</sup> 10	Quantity Limit - 8 tablets per day
Lotensin <sup>®</sup> (all strengths except 40mg)	Daily Dose 1 per day
Lotensin <sup>®</sup> HCT (all strengths except	Daily Dose 1 per day

<b>Medication</b>	<b>Clinical Edits and Guidelines</b>
20/12.5mg)	
Luvox™ 25mg	Daily Dose 1 per day
Luvox™ 50mg	Daily Dose 1 per day
Malarone®	Prior Authorization
Mavik® (all strengths except 4mg)	Daily Dose 1 per day
Maxair Autohaler™	Quantity Limit - 2 inhalers per 30 days
Maxalt-MLT® tablet	Quantity Limit - 12 tablets per 30 days
Maxalt® tablets	Quantity Limit - 12 tablets per 30 days
Mepron®	Prior Authorization
Methitest™	Prior Authorization
Mevacor® 10mg	Daily Dose 1 per day
Mevacor® 20mg	Daily Dose 1 per day
Micardis® (all strengths except 80mg)	Daily Dose 1 per day
Migranal® nasal inhaler	Quantity Limit - 1 kit = 4 canisters per 30 days
Monopril® (all strengths except 40mg)	Daily Dose 1 per day
Nasacort® nasal inhaler	Quantity Limit - 3 inhalers per 30 days
Nasacort AQ® nasal inhaler	Quantity Limit - 1 inhaler per 30 days
Nasalide® nasal inhaler	Quantity Limit - 3 inhalers per 30 days
Nasarel® nasal inhaler	Quantity Limit - 3 inhalers per 30 days
Nasonex® nasal inhaler	Quantity Limit - 1 inhaler per 30 days
Nexium®	Step Therapy
Norvasc® 2.5mg, 5mg	Daily Dose 1 per day
Opticrom®	Quantity Limit - 1 bottle per month
Optivar™	Quantity Limit - 1 bottle per month
Panretin®	Prior Authorization
Patanol®	Quantity Limit - 1 bottle per month
Paxil® 10mg, 20mg, CR 12.5mg	Quantity Limit - Daily Dose 1 per day
Pegasys®	Prior Authorization
Peg-Intron™	Prior Authorization
Penlac™	Step Therapy
Pexeva 10mg, 20mg	Daily Dose 1 per day
Plan B	Quantity Limit - 4 tablets per 30 days, 1 copay per 2 tablets
Plendil® (all strengths except 10mg)	Daily Dose 1 per day
Pravachol® 10mg, 20mg, 40mg	Daily Dose 1 per day
Pregnancy Category X	Claim will reject at point of sale for Category X drugs when customer is also receiving prenatal

Medication	Clinical Edits and Guidelines
	vitamins. Warning message will be transmitted to pharmacy for customers receiving prenatal vitamins and Category C & D drugs.
Prevacid <sup>®</sup> Capsules	Step Therapy
Preven <sup>™</sup> kit	Quantity Limit - 2 kits per 30 days, 1 copay per kit
Prilosec <sup>®</sup> 40mg	Step Therapy
Primaxin <sup>®</sup> injection	Quantity Limit - 30 days every 3 months
Prinivil <sup>®</sup> (all strengths except 40mg)	Daily Dose 1 per day
Prinzide <sup>®</sup> 10/12.5mg	Daily Dose 1 per day
Procardia <sup>®</sup> XL 30mg	Daily Dose 1 per day
Proventil <sup>®</sup> (albuterol)	Quantity Limit - 3 inhalers per 30 days
Provigil <sup>®</sup>	Quantity Limit - 200mg per day and Prior Authorization
Prozac <sup>®</sup> 10mg cap	Daily Dose 1 per day
Pulmicort <sup>®</sup> inhaler	Quantity Limit - 1 inhaler per 25 days
Pulmicort <sup>®</sup> respules	Quantity Limit - 2 boxes per 30 days
QVAR <sup>™</sup> inhaler	Quantity Limit - 3 inhalers per 30 days
Rebetron <sup>™</sup>	Prior Authorization
Relenza <sup>®</sup> inhaler	Quantity Limit - 1 carton (5-day supply) per member per prescription. Adults age 7 and older. No mail service for this drug.
Relpax <sup>®</sup>	Quantity Limit - 6 tablets per 30 days
Rhinocort <sup>®</sup> nasal inhaler	Quantity Limit - 2 inhalers per 30 days
Rhinocort Aqua <sup>™</sup> nasal inhaler	Quantity Limit - 2 inhalers per 30 days
Rocephin <sup>®</sup> injection	Quantity Limit - 30 days every 3 months
Roferon A <sup>®</sup>	Prior Authorization
Serevent Diskus <sup>®</sup> (28 & 60 each)	Quantity Limit - 3 inhalers per month on the 28 each package Quantity Limit - 2 inhalers per month on the 60 each package
Serevent Diskus <sup>®</sup> (28 & 60 each)/Advair Diskus <sup>®</sup>	Serevent will reject at the point of sale if Advair is in the customer's prescription profile in the last 90 days.
Spiriva <sup>®</sup>	Quantity Limit – 1 inhaler per 30days
Stadol <sup>®</sup> nasal spray	Quantity Limit - 1 bottle per 30 days
Sular <sup>®</sup> 10mg, 20mg	Daily Dose 1 per day
Suprax <sup>®</sup>	Quantity Limit - 60 days every 3 months
Tamiflu <sup>™</sup>	Quantity Limit - 1 package per member per

Medication	Clinical Edits and Guidelines
	prescription fill and 2 packages per year. Age 1 and older. No mail service for this drug.
Testim <sup>®</sup>	Prior Authorization
Testopel <sup>®</sup>	Prior Authorization
Testosterone Cream <sup>®</sup> /Ointment	Prior Authorization
Testred <sup>®</sup>	Prior Authorization
Thalomid <sup>®</sup>	Prior Authorization
Tiazac <sup>™</sup> 120mg, 180mg	Daily Dose 1 per day
Topamax <sup>®</sup>	Prior Authorization
Toradol <sup>®</sup> injections	Quantity Limit - 1 injection per 30 days
Toradol <sup>®</sup> tablets	Quantity Limit - 20 tablets per 30 days
Uniretic <sup>®</sup> 7.5/12.5mg	Daily Dose 1 per day
Univasc <sup>®</sup> 7.5mg	Daily Dose 1 per day
Ventolin <sup>®</sup> (albuterol)	Quantity Limit - 3 inhalers per 30 days
Verelan PM <sup>®</sup> 100mg	Daily Dose 1 per day
Viagra <sup>®</sup> /Nitrate	Viagra will reject at the point of sale if nitrates are in the customer's prescription history in the last 90 days.
Zaditor <sup>®</sup>	Quantity Limit - 1 bottle per month
Zestoretic <sup>®</sup> 10/12.5mg	Daily Dose 1 per day
Zestril <sup>®</sup> (all strengths except 40mg)	Daily Dose 1 per day
Zithromax <sup>®</sup> 250mg tablets	Quantity Limit - 6 tablets per fill, 5 day therapy
Zithromax <sup>®</sup> 500mg tablets	Quantity Limit - 3 tablets per fill
Zithromax <sup>®</sup> 600mg tablets	Quantity Limit - 8 tablets per 30 days
Zithromax <sup>®</sup> Suspension 100mg/5ml	Quantity Limit – 75ml per fill
Zithromax <sup>®</sup> Suspension 200mg/5ml	Quantity Limit – 37.5ml per fill
Zithromax <sup>®</sup> Packets 1 gram	Quantity Limit – 2 packets per fill
Zocor <sup>®</sup> 5mg, 10mg, 20mg, 40mg	Daily Dose 1 per day
Zofran <sup>®</sup> /Zofran <sup>®</sup> ODT <sup>™</sup> 4mg tablets	Quantity Limit - 48 tablets per 30 days
Zofran <sup>®</sup> /Zofran <sup>®</sup> ODT <sup>™</sup> 8mg tablets	Quantity Limit - 24 tablets per 30 days
Zofran <sup>®</sup> 24mg tablets	Quantity Limit - 8 tablets per 30 days
Zofran <sup>®</sup> Susp	Quantity Limit – 240ml per 30 days
Zoloft 25mg, 50mg	Daily Dose 1 per day
Zomig <sup>®</sup> tablets	Quantity Limit - 6 tablets per 30 days
Zomig <sup>®</sup> nasal spray	Quantity Limit – 6 inhalers per 30 days

## Questioning Coverage Decisions

If you do not agree with a pharmacy benefit determination regarding Prior Authorizations, Step Therapy, Quantity Limits or other prescription clinical edits, you may address your issue through Anthem's complaint and appeal process described later in this booklet.

## New Drug Benefit Exclusion Period

The FDA approves drugs every year, some of which receive approval in less than six months. During this time of increased approvals, several products have been recalled from the market and some products have required relabeling due to potentially serious adverse effects. Following the trend in the healthcare marketplace, Anthem has adopted a waiting period for coverage of newly approved pharmaceutical products. This exclusion applies for the first six months after the date the product or technology receives FDA approval. Medications currently affected by this policy include

- Campral (exclusion expires 1/29/2005)
- Cymbalta (exclusion expires 2/4/2005)

## Pharmacy Copayments

The pharmacy benefits for both IU PPO plans include four copayment tiers. These 2005 copays are the same as in 2004.

	Description	Retail Copayment 30-Day Supply	Mail Copayment 90-Day Supply
Tier 1	Generic Drugs or Brands with Generic Equivalent*	\$5.00	\$10.00
Tier 2	Brand Drug, Low Cost**	\$15.00	\$30.00
Tier 3	Brand Drug, High Cost***	\$30.00	\$60.00
Tier 4	Noncovered Drug with Plan Discount****	100%	100%

\*For brand with generic, customer pays generic copay and cost difference between brand and generic.

\*\*Low-cost refers to prescriptions up to \$60 retail for up to a 30-day supply (up to \$180 mail order for up to a 90-day supply).

\*\*\*High-cost refers to prescriptions \$60 or more for up to a 30-day supply (\$180 mail order for up to a 90-day supply).

\*\*\*\*Tier 4 includes drugs that require a prescription by law, but are not covered under the Plan, such as Viagra. The employee receives the benefit of the Plan's negotiated discount with the pharmacy, but pays 100% of the discounted price of the prescription.

## Preferred Drug List (Formulary)

A preferred drug list, also commonly referred to as a formulary, is a list of prescription medications selected for their quality, effectiveness of treatment, and in certain situations cost. Anthem uses a carefully selected list of drugs--the Anthem National Formulary-- to help ensure that customers have access to quality, cost-effective medications. The Anthem National Formulary includes hundreds of brand name and generic medications.

Under the state prescription purchasing program, both of Indiana University's PPO plan's pharmacy benefits will include the Anthem National Formulary, but it will not be fully implemented until January 1, 2006. **This means that for 2005, copays for prescriptions will remain the same as in 2004; brand copays will continue to be based on the costs of the drug (under \$60 or \$60 and over).** When the formulary is fully implemented in 2006, copays will be based on the formulary status of each prescription. Generic drugs will continue to have the lowest copay, brand name drugs on the formulary will have a mid-level copay, and drugs not on the formulary will have the highest copay. During 2006 Open Enrollment, employees will receive additional information about the formulary and any associated changes in copayments.

## Specialty Medications – Anthem Rx Direct Specialty

Beginning January 1, 2005, IU employees currently obtaining specialty medications (for example, Remicade, Enbrel, Avonex, Prograf, Rebetro) through ScripSolutions’s BioScrip program can obtain these medications through Anthem Rx Direct Specialty. To start receiving a specialty prescription, you or your doctor may call 800-870-6419, Monday-Friday 9 a.m. to 5 p.m., and a benefit specialist will assist you. When you use Anthem Rx Direct Specialty mail order service instead of using a retail pharmacy or medical benefits, you will have no copay for your specialty prescription.

## Web Site

The Anthem web site contains a number of tools that may help you increase the value of your health benefits. Customers can have easy access to both the health and pharmacy benefits with a single registration and sign on. This allows you to view all your health and pharmacy benefits history together without having to log in twice or go to more than one website. Customers simply enter the site at [www.anthem.com](http://www.anthem.com).

*Interactive Formulary* – The interactive formulary, which lists medications alphabetically or by therapeutic class, allows visitors to access, print, or download the entire listing in various formats. In addition, this interactive tool allows detailed searches by drug name, therapeutic class, major and minor categories, and formulary alternatives.

*Pharmacy Locator* – This search tool shows detailed information on each of the retail pharmacies participating in Anthem’s Preferred Network. Users can search by pharmacy name, city, state, and zip code. Results include the name of the pharmacy, its complete address, telephone and fax numbers, and the hours of operation.

*Drug Database* - From [www.anthem.com](http://www.anthem.com), users can search the interactive database to retrieve useful information such as: drug name and uses, manufacturer recommended dosing, possible side effects, and potential dangerous drug interactions.

*Refill Request* - After entering the secure section of [www.anthem.com](http://www.anthem.com), participants can review all prescriptions available for refill and select which prescriptions they wish to order. Orders are dispensed via the Anthem Rx Direct Network Mail Service Pharmacy and delivered directly to the customer, alleviating the need to visit a pharmacy in person or make a phone call.

*Status Review* – Plan participants can receive shipping and tracking information on Anthem Rx Direct Mail Service Orders. This function shows the status of all orders placed in the last 30 days. It also provides the dates the order was received and shipped, the shipping address, shipping method, and tracking numbers.

*Prescription History and Online Explanation of Benefits* - Anthem currently provides a prescription history and explanation of benefits capability through the secure customer portal at [www.anthem.com](http://www.anthem.com). The Prescription History contains 15 months of data including:

<input type="checkbox"/> Rx Type (mail or retail)	<input type="checkbox"/> Prescriber
<input type="checkbox"/> Rx Number and Process Date	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Medication name and NDC	<input type="checkbox"/> Customer Paid Amount

If at any point the customer desires to see the explanation of benefit form, simply click on the “select” button next to the prescription description and they will have access to Customer Paid, Plan Paid, Total Cost of the Drug, Copay, and any deductibles applied

*Order Form* – Plan participants can download a printable version of the Anthem Rx Direct order form in order to mail in prescription refill requests.

*Medical and Health Information* – The site provides several links to medical and health information sites for visitors to research physical conditions and drug treatments.

*Online Shopping* – The online shopping function provides direct access to Anthem services, such as the ability to request refills and retrieve shipping and tracking information on Anthem Rx Direct Mail Service Orders. Also available online are detailed pages on the features of the mail service, how to order via telephone and mail, and an online order form, which can be printed and used to mail in prescription refill requests.

*FAQs* - Content is included to provide helpful answers to frequently asked questions. Three sections are provided that focus on the Anthem Rx Direct Mail Service, the Anthem Rx Network of Retail Pharmacies, and the Anthem Rx Clinical and Formulary Services. In addition to FAQs, a complete healthcare glossary is included.

## **Complaints and Appeals**

In order to help ensure that members' rights are protected, all participants in Anthem-administered plans are entitled to the complaint and appeal process. Complaints include any expression of dissatisfaction regarding Anthem's services, products, network provider or employees. Appeals refer to formal requests by the member (or his/her legal representative) to change a decision previously made by Anthem regarding the refusal to arrange for or pay for certain services. Procedures for registering complaints and appeals are outlined in your certificate of coverage.

### *Complaints*

When Anthem's Member Services receive oral or written complaints, it is logged into a tracking system. After the issue is researched, a response is provided to the member. Anthem monitors its Member Services to promote the timely resolution of member complaints.

### *Appeals*

If a complaint is not resolved to the member's satisfaction, the member may initiate a formal appeal by contacting Anthem Member Services. The Appeals Unit then reviews all supporting documentation, with assistance from medical and/or network management if necessary. Anthem then determines whether to reverse or uphold the original decision. Following the determination, Anthem sends the member a notification of its decision. Members are advised of additional steps available to them. If a member is not satisfied with the initial appeal determination, he/she may request an additional review by an appeals panel. Members are allowed a personal appearance before the appeals panel or may participate by phone. For certain issues, an External Appeal is also available to the member when the internal appeals process is exhausted without resolution to the member's satisfaction.

At any time during the Complaint and Appeal Processes, issues involving urgently needed clinical care may be handled more quickly through an Expedited Appeal Process.

### *Appealing a Certification or Authorization Denial*

Once you have contacted Anthem, your appeal will be reviewed by Anthem associates who were not involved in the initial denial decision. A clinical peer will be involved in the decision

making. Ultimately, if you are not satisfied with the decisions made in the appeals process, your claim may be eligible for review by an independent review organization. Your provider can also appeal denials of these types. You may want to ask your provider to initiate the appeal. Note that in situations where time is of the essence, an expedited appeal process is available when you are waiting to receive treatment pending our decision regarding benefit payment.

#### *Appealing a Claim Payment of Denial*

Once you have contacted Anthem, your appeal will be reviewed by Anthem associates who were not involved in the initial denial decision. If necessary, a clinical peer will be involved in the decision making. Ultimately, if you are not satisfied with the decisions made in the appeals process, your claim may be eligible for review by an independent review organization.

#### *Expedited Appeals*

An expedited review of your appeal is available if Anthem is informed that your medical needs require a faster turn around than our normal appeal process. Your contract or benefit book may describe the time frames for normal or expedited appeals. You can call the Member Services number on your ID card during normal business hours.

If waiting would create harm, Anthem encourages you to continue with your treatment without waiting to hear regarding benefit approval/disapproval. Keep in mind that if you are receiving treatment from a network provider, he or she is contractually obligated to use independent medical judgment in treating you. This means that network providers are required to keep your best interests in mind from a clinical perspective, regardless of whether your insurance will cover such treatment.

### **Out-of-Network Pharmacy Claims**

Prescriptions received from participating retail pharmacy providers are submitted by the pharmacy through an online claims processing system and do not require any paperwork. Your benefit for out of network pharmacy purchases is 50% of the prescription cost. Most non-network or out-of-area pharmacies are unable to submit claims electronically. In instances where the non-network provider is unable to submit claims electronically, the customer is required to submit a Direct Member Reimbursement (DMR) claim form along with a copy of the receipt from their prescription purchase. The DMR claim form and receipts for medications must be submitted directly to Anthem at the address on the form within 60 days after the date of service and are subject to drug utilization review.

Anthem Prescription Management  
PO Box 145433  
Cincinnati, OH 45250-5433

DMR claims are processed manually. Reimbursement checks and explanations of payment are then mailed to the customer within approximately 15 to 30 days. A DMR claim form may be downloaded from [www.anthem.com](http://www.anthem.com), or may be requested by contacting Anthem Customer Service.

## Frequently Asked Questions

### **Question: What can I do to make sure I have the prescription medicines I need on January 1?**

For maintenance drugs (drugs you take on an ongoing basis), plan ahead. Be sure to obtain a refill through ScripPharmacy or your retail pharmacy before the end of the year. The university has worked with ScripSolutions to make refills available after only half of your most recent prescription has been used. In addition, you may check with your pharmacist to see if an early refill option is available to you. These are sometimes called “vacation overrides” or “early refills.”

Plan participants may also need medicines to treat unexpected acute conditions (e.g., antibiotics) right away. Keep in mind that you do not need a prescription identification card to obtain your benefits at a retail store on January 1 or after. If you have your new medical identification card, present it to the pharmacist. If not, give the retail pharmacist your name, date of birth, indicate that your benefits are administered by Anthem Prescription effective January 1 and that your Benefit Identification Number (BIN) is **610575**. (A temporary prescription benefit card with the BIN number will be available on the University Human Resource Services Web page [www.indiana.edu/~uhrs](http://www.indiana.edu/~uhrs) for those who wish to print it.)

### **Question: If I currently have refills left on a mail order prescription with ScripSolutions, how do I get my prescription through the new Anthem Rx Direct mail service?**

If you currently use mail service through ScripPharmacy and have refills left on your prescriptions, it is *anticipated* that your prescription information will automatically transfer to Anthem Prescription after January 1, 2005. This will mean that in most cases, Anthem Rx Direct will be able to handle your refill prescriptions without any interruption to you. Follow these steps:

- Call Anthem Rx Direct at 800-962-8192. For speech and hearing impaired assistance, call TTY **(800) 221-6915**.
- Provide your prescription information and designate your payment preferences; if you wish to pay by check rather than credit card you will be given directions on how to submit payment
- Allow at least 15 business days for processing and delivery.

Remember, even if you have refills remaining, controlled substance products and specially mixed medications like compounds cannot be transferred automatically. In these situations, you will need to obtain a new prescription from your physician. Also note that internet refills cannot be accepted for first time refills on transferred prescriptions.

*While we are optimistic about receiving the electronic files needed to automatically transfer prescription information from ScripSolutions to Anthem, it is possible that the data transfers could be delayed or unsuccessful. In this event, you will need to obtain new prescriptions and submit them as a new order.*

### **Question: How do I initiate a new prescription order with Anthem mail order?**

For new mail pharmacy orders, customers must have a new prescription, written for a 90-day supply. They then complete an order form and send it to Anthem Rx Direct with the original

prescription and appropriate copayment. The order form is available to download at [www.anthemprescription.com](http://www.anthemprescription.com). A form is also enclosed in this mailing.

***Question: How do I move my prescription from one retail pharmacy to another retail pharmacy?***

If refills remain on your current prescription, take your prescription bottle to the new pharmacy or call the new pharmacy with the information from your prescription bottle. The new pharmacist will make the necessary calls to transfer your prescription. Take your new *Anthem* ID card with you to pick up your first prescription at a participating pharmacy. If you do not have your new ID card, give the pharmacist your name, date of birth, and the Anthem Benefit Identification Number, **610575**.

***Question: If I am not changing to a new retail pharmacy and I still have refills on my current prescription, do I need to present my new pharmacy ID card?***

Yes, if you have your new medical identification card, present it to the pharmacist. However, an identification card is not needed to obtain benefits—give the retail pharmacist your name, date of birth, indicate that you have Anthem Prescription benefits effective January 1 and that your Benefit Identification Number (BIN) is **610575**. (A temporary prescription benefit card with the BIN number will be available on the University Human Resource Services Web page [www.indiana.edu/~uhrs](http://www.indiana.edu/~uhrs) for those who wish to print it.)

***Question: I currently have refills left on a prescription at a retail store, how do I move my prescription from retail to mail:***

Anthem Prescription offers a help desk (888-613-6091, Monday through Friday, 8 a.m. to 6p.m. Eastern Time) for first-time users to ease the transition from retail to mail. This help desk assists customers in converting their maintenance medication prescriptions from a retail pharmacy to the Anthem Rx Direct mail service pharmacy. Customers can call the help desk, provide key personal and medical provider information, as well as details about the prescription(s). The Anthem Rx Direct Customer Service representative then contacts the customer's physician(s) to secure prescriptions written for the maximum days supply allowed by the customer's pharmacy benefits. After receiving the new prescriptions, Anthem Rx Direct dispenses the customer's medications and ships them to the address provided during the initial telephone call.

Please allow time for processing and delivery of your prescription. The time required will depend on how quickly your physician's office responds to Anthem's request for information.

***Question: I currently purchase my diabetic supplies through ScripSolutions mail order or a retail pharmacy. Can I continue to do that?***

PPO plan participants will continue to receive prescription drug coverage, including covered diabetic supplies, through the Anthem Prescription retail pharmacy network or mail order pharmacy.

Pharmacy benefit coverage will apply to test strips, urine test strips, insulin syringes, and lancets. Coverage for glucometers will occur under your medical benefit for durable medical equipment.

**Question: If I purchase and pay for a prescription at an out-of-network pharmacy, how do I get reimbursed?**

If the date of purchase is on or after **January 1, 2005**, reimbursement will be coordinated through Anthem Prescription. Prescriptions received from participating retail pharmacy providers are submitted by the pharmacy through an online claims processing system and do not normally require any paperwork. Some non-network or out-of-area pharmacies can handle claims electronically without paperwork for you. Your benefit for out of network pharmacy purchases is 50% of the prescription cost.

In instances where the provider is unable to submit claims electronically, the customer is required to complete a Direct Member Reimbursement (DMR) claim form and provide a copy of the receipt from their prescription purchase. The DMR claim form and receipts for medications must be submitted directly to Anthem Prescription at the address on the form within 60 days after the date of service and are subject to drug utilization review. Direct Member Reimbursement claims are processed manually. Reimbursement checks and explanations of payment are then mailed to the customer within approximately 15 to 30 days. A DMR claim form may be downloaded from the Anthem web site at [www.anthemprescription.com](http://www.anthemprescription.com), or may be requested by contacting Anthem's Customer Service.

If the date of purchase is **prior to January 1, 2005**, complete a ScripSolutions direct member reimbursement claim form, which is available on the University Human Resource Services website, campus Human Resources Offices, or by contacting Scrip Pharmacy Solutions Customer Service at 800-213-5640. Attach all necessary receipts and mail to ScripSolutions at the address on the form. Allow 6-8 weeks for your check. You will be reimbursed 50% of the prescription cost.

**Question: I currently have a letter from my physician to authorize coverage of a certain drug. Do I need to obtain another authorization with Anthem?**

Prior Authorization is the process of obtaining approval before benefits for certain prescriptions may be approved. The Prior Authorization process is normally used to monitor the prescribing of certain drugs in order to promote access to safe and cost-effective prescription benefits.

As new customers to Anthem Prescription Management, it is anticipated that all current authorizations for drugs that require Prior Authorization will be transferred to Anthem Prescription's database. This transfer of data will allow for the continued receipt of your medication as outlined in the authorization. Although we are optimistic that this data transfer will take place, it is possible that it will not be successful. In this event, you would need to obtain a new authorization as described in the next question.

**Question: What if I have a new prescription for a drug that requires prior authorization?**

Prior Authorization is the process of obtaining approval before benefits for certain prescriptions may be approved. The Prior Authorization process is normally used to monitor the prescribing of certain drugs in order to promote access to safe and cost-effective prescription benefits.

When your physician has prescribed a medication that requires a Prior Authorization, your pharmacist will receive an electronic message sent to their computer at the point of sale.

Your pharmacist has the ability to call Anthem Prescription *directly* for benefit approvals on some medications that require Prior Authorization. This process may save you and your pharmacist valuable time. If the pharmacist and Anthem Prescription are not able to get enough information to process the Prior Authorization for your medication, your physician will need to call 800-338-6180 or fax 800-601-4829 with the needed information.

**Question: What if I don't have my ID card on January 1, 2005, and I need a prescription filled?**

You do not need a prescription identification card to obtain your benefits at a retail store on January 1 or after. Give the retail pharmacist your name, date of birth, indicate that you have Anthem Prescription benefits effective January 1 and that your Benefit Identification Number (BIN) is **610575**. (A temporary prescription benefit card with the BIN number will be available on the University Human Resource Services Web page [www.indiana.edu/~uhrs](http://www.indiana.edu/~uhrs) for those who wish to print it.)

**Question: What if I go to a retail pharmacy after January 1 and they tell me I don't have prescription coverage?**

If the pharmacy system doesn't have record of your coverage please contact Anthem so that they can verify eligibility with your health plan and adjust the system so that you will only be charged your copayment.

If for any reason you have to pay the entire cost of a prescription, you may obtain reimbursement by submitting a Direct Member Reimbursement claim form and the receipt(s) for your prescription to the address on the claim form.

You can obtain a claim form by downloading it from [www.Anthem.com](http://www.Anthem.com) or by contacting Anthem Customer Service.

**Question: My physician says that I must use a brand name prescription instead of the generic that is available. Do I still have to pay the brand copay?**

If you receive a brand drug when a generic equivalent is available you will be responsible for the generic copay plus the difference in cost between the brand and the generic drug. This is the case regardless of the reason that you use the brand name drug.

**Question: What if I currently have a prescription for a drug that is subject to Step Therapy requirements?**

Step Therapy means that you may need to use one medication before benefits for the use of another medication can be authorized. Your pharmacist will receive an electronic message sent to their computer at the point of sale notifying them that Step Therapy is required.

Step Therapy edits at the point-of-sale help:

- encourage manufacturer recommended and/or nationally recognized utilization of prescription benefits
- promote the use of recognized prescribing guidelines
- support access to high quality, yet cost-effective prescription drug benefits

In order to give you time to consult with your physician, Step Therapy requirements will not be applied until February 1, 2005. During January any medications you are currently taking that requires Step Therapy under the Anthem Prescription Management program will be approved for a refill per your existing prescription. After February 1, Step Therapy requirement will apply to any existing or new prescription that falls within the Step Therapy program. You will have to meet the program requirements in order for your prescription benefit to apply. Please refer to the Indiana University Overview booklet for a complete listing of drugs requiring Step Therapy.

**Question: If I have refills left on a prescription for an amount greater than an approved Quantity Limit, what will happen when I request a refill?**

A Quantity Limit is a limit on the amounts of a medication that you can obtain benefits for during a specific period of time. Most often, Quantity Limits are set on a monthly basis.

Effective January 1, 2005 your refill of medication will be subject to the Anthem Prescription Management Quantity Limit edits. Your physician may call 800-338-6180 or fax 800-601-4829 with a request for a review of the quantity of medication being filled.

**Question: What if I don't agree with Anthem's determination of coverage related to Prior Authorization, Step Therapy, Quantity Limits, or other prescription coverage determinations?**

*Anthem maintains processes for complaints and appeals. You have the right to file a complaint or a formal appeal regarding Anthem's services, coverage, products etc. (please see your IU overview booklet for details)*

You or your authorized representative may contact your health plan with a formal appeal request.

**Question: How do I find out how much my prescription copay will be for a brand name drug?**

For 2005, the copay levels will not change.

Customers are able to contact Anthem Prescription Customer Service to request a price quote on medications. Customer Service representatives are able to look up a drug on the Anthem Prescription Management system to help customers determine their applicable copayment.

Tier 1: Generic Drug or Brand with Generic Equivalent*	\$5 Retail	\$10 Mail
Tier 2: Brand Drug**	\$15 Retail	\$30 Mail
Tier 3: Brand Drug***	\$30 Retail	\$60 Mail
Tier 4: Non-covered Drug w/ plan discount****	100% Retail	100% Mail

\* For brand with generic, customer pays generic copay and cost difference between brand and generic.

\*\* *Low-cost* refers to prescriptions up to \$60 retail for up to a 30-day supply (up to \$180 mail order for up to a 90-day supply).

\*\*\* *High-cost* refers to prescriptions \$60 or more for up to a 30-day supply (\$180 or more mail order for up to a 90-day supply).

\*\*\*\* Tier 4 includes drugs that require a prescription by law, but are not covered under the Plan, for example, Viagra. The employee receives the benefit of the Plan's discount, but pays 100% of the discounted price of the prescription.

**Question: What if I am going on vacation and need my prescription refilled early?**

As a PPO plan participant, you have access to over 50,000 chain and independent retail pharmacy providers that participate in the Anthem Rx Pharmacy Network nationwide. If you use a national chain pharmacy, like Walmart, CVS, or Osco, in most cases, you will be able to obtain refills nationwide on prescriptions. When in need of a refill, present your new identification card, along with your prescription bottle to obtain a refill by only paying the applicable copayment at the time the prescription is received. Mail order prescriptions can also be mailed at almost any location in the United States.

If you wish to obtain an early refill, in general, you can obtain two (2) vacation early refills a year for each prescription. The amount of each early refill is only the amount of *one* regular refill (30 days retail; 90 days mail order) for each prescription. You will need to have your pharmacist call *Anthem* at the phone number on the back of your identification card 800-345-2460.

In the event that you need a refill for an extended leave, you must contact the University Human Resource Services office at 812-856-4642 for approval. Extended refills are normally only approved for purposes of overseas travel.

**Question: What happens if my medication is not covered?**

Even if your medication is not covered (for example, drugs for hair loss, Viagra or prescription antihistamine) you can still have your pharmacist process the prescription through your benefit plan in order to obtain the drug at 100% of the plan's discounted cost instead of the pharmacy retail price. In cases when the retail price is less than the contracted discount, you will be required to pay the lesser of the retail price, the pharmacy's usual and customary price, and the contracted price.

**Question: How do I know how much money to send with my mail order, and what will happen if I send the wrong amount?**

Under your PPO plan mail order benefit, you have the option of paying by credit card (including an IU TSB Card, if you elect this card through the IU TSB plan), check or money order. By using a credit card (or your IU TSB Card) you would be able to avoid a situation where too much or too little money is sent for prescriptions.

If you are unsure of the amount you will owe for a prescription you may contact Anthem Rx Direct Customer Service at 800-962-8192. For speech and hearing impaired assistance, call TTY **(800) 221-6915**.

Statements and envelopes are provided with your mail order medications. When a balance of \$25 or **less** is due you will receive a balance due statement with your prescription order.

If you have a balance due of \$25 or **more**, payment is required before your order will be processed for shipping. Anthem Prescription Management Customer Service will attempt to contact you to arrange for payment.