



May 2017

«Patient_First_Name» «Patient_Last_Name»
«Patient_Address» «Patient_Address_2»
«Patient_City», «Patient_State» «Patient_Zip_Code»

Important Information about our prescription drug program

Dear Valued Member:

I am writing to notify you of changes to your formulary, a list of medications covered under your prescription drug benefit. Our records indicate a drug prescribed for you is affected by a prior authorization change.

Changes to prior authorization requirements

As of <<Date 1>>, the drug(s) listed below require prior authorization. This means that certain criteria must be met in order for the drug to be covered under your prescription drug benefit. **Impacted drugs:**

- «Drug 1»

Your options

Please discuss the following options with your doctor:

- **Alternative to current therapy.** Your doctor may prescribe alternatives to your current therapy.
- **Continuation of your current therapy.** Your doctor may decide that it is medically necessary for you to continue your current drug regimen. In this case, your doctor must request prior authorization on your behalf. Without an approved prior authorization, you will be unable to receive coverage for your current drug therapy.

For more information

If you have any questions about these changes or your prescription drug program, please call FutureScripts at the number listed on your ID card. You can also view the complete formulary by logging on to www.ibxpress.com.

We value your membership and appreciate your choosing Independence Blue Cross.

Sincerely,

A handwritten signature in purple ink that reads "Alan G. Adler".

Alan G. Adler, M.D.
Senior Medical Director



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Important Information about our prescription drug program

Dear Valued Member:

I am writing to notify you of changes to your formulary, a list of medications covered under your prescription drug benefit. Our records indicate a drug prescribed for you is affected by a tier change on your formulary.

Changes to the formulary

As of <<Date1>>, the drug(s) listed below will be moved to a higher tier on our formulary. You may see an increased cost-sharing, such as copay or coinsurance, based on your plan's benefit structure. **Impacted drugs:**

- «Drug 1»

Your options

Please discuss the following options with your doctor:

- **Use alternatives.** Talk to your doctor about prescribing a therapeutic equivalent. Generic drugs are available to you at the lowest level of cost-sharing.
- **Continue your current medication therapy.** Your doctor can continue to prescribe your current medication. However, you will be responsible for the new level of cost-sharing. To obtain an exception, your doctor must submit a request on your behalf.

For more information

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Important Information about our prescription drug program

Dear Valued Member:

I am writing to notify you of changes to your formulary, a list of medications covered under your prescription drug benefit. Our records indicate a drug prescribed for you exceeds a newly established quantity limit.

Changes to quantity limits

As of <<Date 1>>, we are changing quantity limits for following drug(s). **Impacted drugs:**

- «Drug 1», «new quantity limit»

Coverage for the prescription is available only up to the quantity limit. For a quantity in excess of the newly established quantity limit, a prior authorization is required.

Your options

Please discuss the following option with your doctor:

- **Continuation of your current therapy.** Your doctor may decide that it is medically necessary for you to continue your current medication regimen. In this case, your doctor may request an exception on your behalf. If approved, you will pay the applicable cost-sharing as determined by your benefits.

For more information

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Important Information about our prescription drug program

Dear Valued Member:

I am writing to notify you of changes to your formulary, a list of medications covered under your prescription drug benefit. Our records indicate a drug prescribed for you is affected by a tier change and a prior authorization change.

Changes to your prescription drug program

As of <<Date 1>>, the drug(s) listed below will require prior authorization. Additionally, you may see an increased cost-sharing, such as a copay or coinsurance based on your plan's benefit structure. Prior authorization means that certain criteria must be met in order for the drug to be covered under your prescription drug benefit. **Impacted drugs:**

- «Drug 1»

Your options

Please discuss the following options with your doctor:

- **Alternative to current therapy.** Your doctor may prescribe alternatives to your current therapy.
- **Continuation of your current therapy.** Your doctor may decide that it is medically necessary for you to continue your current drug regimen. In this case, your doctor must request prior authorization on your behalf and you will be subject to a higher cost-share. Without an approved prior authorization, you will be unable to continue to receive coverage for your current drug therapy.

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FutureScripts is an independent company that provides pharmacy benefits management services.