



Prescription Drug Transition Worksheet

Use this worksheet for your own personal reference to make sure you're prepared to get your prescriptions. Fill out a separate worksheet for each medication.

Note: If you enroll under Aetna, Blue Cross and Blue Shield of Texas, Cigna, or UnitedHealthcare, your pharmacy benefit manager will be OptumRx. All other carriers will manage their own prescription drug coverage.

My Medication Name: _____

My Prescription Number/Identifier: _____

Call Optum Rx or your insurance carrier for answers to these questions:

- ? Is my medication on the formulary?
If not, how much more will I have to pay?

Notes: _____

- ? How much will a 30-day supply cost?
How much will a 90-day supply cost?

Notes: _____

- ? Will I have to pay a penalty if I choose a brand name drug if a generic is available?

Notes: _____

- ? Is my drug considered preventive?

Notes: _____

- ? Will I have to go through a step therapy program (see right)? If so, what alternative will I have to try before my medication is covered?

Notes: _____

- ? Are there any quantity limits?

Notes: _____

- ? Is pre-authorization required? If so, what information will my doctor need to provide for my medication to be covered? Where can I find any forms that need to be completed?

Notes: _____

- ? How do I find an in-network pharmacy?

Notes: _____

- ? How do I set up mail-order prescriptions?

Notes: _____

What is a step therapy program?

If this applies to one of your medications, it means that you'll need to try using the most cost-effective version first—usually the generic. A more expensive version will only be covered if the first drug isn't effective in treating your condition.

Did You Enroll in Bronze or Bronze Plus?

If so, listen up! When the new plan year begins, you'll pay the **full** cost of a drug's discounted rate until you meet the combined medical and prescription drug deductible. If you or a covered family member takes maintenance medications, you can take steps to protect your health and your wallet **now**.

For starters, keep taking and refilling your medication as directed (as always).

Then, if you or a covered family member takes a brand name drug, consider these ways to lower your costs:

Make sure your prescription is on the formulary.

A **formulary** is a list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan.

Check with your pharmacy benefit manager or carrier to make sure your drug is listed on the formulary **before** you fill it. If it isn't, you'll pay more.

Go generic.

Generic drugs meet the same standards as brand name drugs, but they **typically** cost less. And, because brand name drugs can be expensive, some pharmacy benefit managers and carriers don't cover them **at all** if a generic is available. Ask your doctor if a generic is available to you.

Use mail order.

Mail-order service can save you a trip to the pharmacy and may reduce your costs. To set up mail order, you'll likely need a new 90-day prescription from your doctor. And, because mail order can take a few weeks to establish, it's a good idea to ask your doctor for a 30-day prescription to fill at a retail pharmacy in the meantime.