

> Why so much talk about generic drugs?

Choosing generic drugs over their brand-name counterparts is a powerful way to control costs. A generic drug is the same as the brand name drug in dosage, safety, strength, how it is taken, quality, performance and intended use. For example, the company that developed acetaminophen gave it the brand name Tylenol®. When the patent on Tylenol expired, other companies started to make the generic version, called acetaminophen.

Generic drugs are typically sold for less money than the brand-name drug — often much less. This is because generics do not require the same costly research, development, sales and marketing investment as brand-name drugs. You'll find a number of generic drugs on the Blue Cross formulary.

> Why does my pharmacist give me a generic when a brand-name drug is prescribed?

Your pharmacist should offer you a generic if one is available. In most cases, generic drugs are the most cost-effective option. This practice is to protect you from paying more than you have to.

What can I do to keep my drug costs down?

Prescription drugs are important tools for treating disease and maintaining good health. But costs for providing them are driving up overall health costs like never before. Increased use of prescription medication, drug research, drug advertising and demand for certain drugs raise prices and the cost of coverage.

At Blue Cross, we're working hard to provide plans that offer great coverage at prices you can afford. You, too, can do your part.

Always remember to ask your doctor two important questions.

- > Is there a generic medication for my condition on the formulary?

If the answer to this question is "No," then ask:

- > Is there a brand-name medication for my condition on the formulary?

Working together, we can continue to make affordable, high-quality coverage possible.

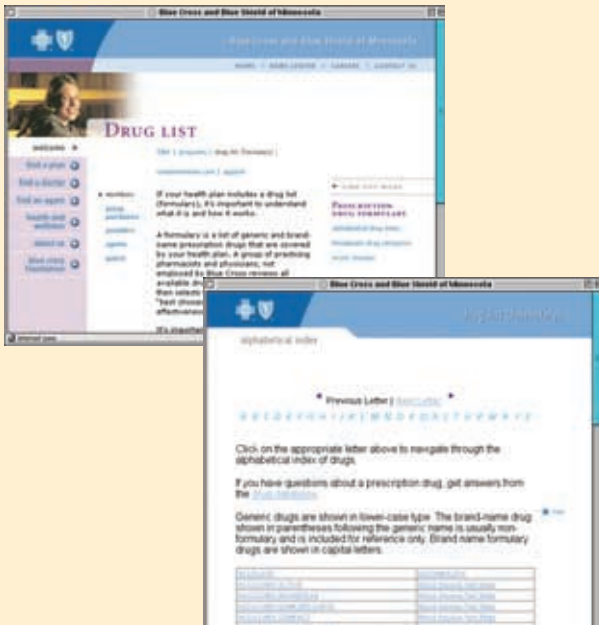
Your **formulary**
drug list ...

a prescription for
smart savings.



Find out more!

You'll find our entire formulary, updated throughout the year, at bluecrossmn.com. You may also order printed copies of the drug list through your benefits administrator or insurance agent. For more information about your drug coverage, call the customer service number on the back of your member ID card.



The drugs
you need
at a **cost** that
makes **sense**.

- > You want to get the most for your money, right? That's why it pays to understand your health plan's drug formulary. Having a formulary is one way Blue Cross and Blue Shield of Minnesota helps control drug costs while maintaining a high quality of care. But what exactly is a formulary, how does it work and what role does it play in your health plan? Read on to get answers to your important questions!



> So, what is a formulary?

A formulary is a list of prescription drugs and other products covered by your health plan. It includes medications and supplies considered “best choices” by physicians, pharmacists and other experts in diagnosing, treating and preventing disease. The formulary list includes supplies for drug therapy usually purchased at a pharmacy — a spacer for an inhaler or blood glucose monitoring strips, for example.

The Blue Cross formulary list includes hundreds of drugs — often more than one drug for the same condition. So you can be confident your doctor can prescribe a formulary drug that will work for your needs.

> What role does the formulary play?

Your formulary helps ensure that you get effective and affordable care. The way that prescription drugs are marketed, there often are multiple related drugs for the same condition. The drugs on the formulary list are considered “best choices” based on safety, effectiveness and relative cost. Often formulary drugs can be purchased at volume discounts, letting us pass along savings to employers and individuals who purchase health plans. That's why it's an advantage when your doctor selects drugs from the formulary.

> Who decides which drugs are chosen for the formulary?

A group of actively practicing pharmacists and physicians determines which drugs are included on the formulary. The group collectively is known as the Pharmacy and Therapeutics Committee. Members of this group examine clinical studies, review evaluations by specialists and call on their own clinical experience to make their choices.

> Why are some drugs chosen but not others?

All drugs approved for use in the United States are reviewed every year to determine whether or not they should be included on the formulary. Drugs are evaluated first for their safety and effectiveness. If there are no significant differences between drugs, then relative cost determines which drug is included on the formulary.

> Does the list of drugs on the formulary change?

The U.S. Food and Drug Administration is continually approving new drugs that need to be considered. At the same time, drug companies may stop selling older drugs. Changes to the Blue Cross formulary are made periodically throughout the year to ensure that members have access to the safest and most effective therapies on the market. You can always find the latest formulary listing at bluecrossmn.com.

> What if my doctor prescribes a drug that isn't on the formulary?

The formulary is used for “open” and “closed” benefit designs. In an open benefit design, you will likely be able to get formulary drugs at a lower copayment than for nonformulary drugs. In a closed benefit design, you will have to pay the full cost of a non-formulary drug.

Check your certificate or other plan information before you fill your prescription so you know what to expect. Or, call the customer service number on the back of your health plan ID card.

If your health plan doesn't cover non-formulary drugs (a closed benefit design), and your doctor believes a non-formulary drug is necessary to treat your condition, he or she can request an “exception.” To learn more, call the customer service number on the back of your Blue Cross or Blue Plus member ID card.