



This letter is important. If you do not understand it, take it to your local office for help.

Cette lettre est importante. Si vous ne la comprenez pas, apportez-la à votre bureau local pour recevoir de l'aide.

Esta carta es importante. Si no la entiende, llévela a su oficina local para solicitar ayuda.

Ovaj dopis je važan. Ukoliko je nerazumljiv za vas onda ga ponesite i obratite se lokalnoj kancelariji za pomoć.

Barua hii ni muhimu. Kama huielewi, ichukue, uende nayo katika ofisi yako ya karibu kwa msaada zaidi.

Dokumentigan ama qoraalkan waa muhiim. Haddii aadan fahmin, waxaad u qaadaa xafiiskaaga degaanka si aad caawimaad u hesho.

ဤစာရွက်စာတန်းသည် အရေးကြီးပါသည်။ သင်နားမလည်လျှင်၊ သင်၏နယ်မြေရုံးခန်းသို့ အကူအညီရရန် ယူဆောင်သွားပါ။
यो दस्तावेज महत्त्वपूर्ण छ। यदि तपाईंले यसलाई बुझ्नुभएन भने, मद्दतको लागि यसलाई आफ्नो स्थानीय कार्यालयमा लिएर जानुहोस्।

July 2009

IMPORTANT NEWS ABOUT YOUR VPHARM, VHAP-PHARMACY, VSCRIPT OR VSCRIPT EXPANDED COVERAGE

Co-pays

If you are on VPharm (1, 2, or 3), VHAP-Pharmacy, VScript, or VScript Expanded, starting with prescriptions filled on July 15, 2009 you will have a co-pay of \$1 or \$2 (3505, 3303.1, 3203).

- If the cost to the state for your prescription is \$29.99 or less, your co-pay will be \$1.00.
- If the state's cost is \$30.00 or more, your co-pay will be \$2.00.

If you are on VPharm 1 or 2, or VHAP-Pharmacy, and are charged more than \$2.00, ask if the pharmacist has billed the state or you may call Member Services.

If you are on VPharm 3 or VScript and you are charged more than \$2.00 for a drug you take continuously, ask if the pharmacist has billed the state or you may call Member Services.

Long-term Drugs

If you are on VHAP-Pharmacy, VScript, or VScript Expanded, beginning with prescriptions you pick up on July 15, 2009, drugs for certain long-term treatment must be given to you in 90-day supplies. These are drugs taken routinely to manage select health issues. They depend on the person's situation and include, but are not limited to, high blood pressure, cholesterol, and diabetes (3304, 3202.1).

The first time you try the drug, it can be for a shorter period of time while your provider decides if it is right for you. After that, you will get a 90-day supply. Prescribers have been told about this change. Your prescriber may have to change your prescription to say it is for 90 days at a time.

OVER, PLEASE

Over-the-Counter (OTC) and Generic Drugs

If you are on VPharm and take certain drugs to lower your cholesterol or reduce stomach acid, beginning July 15, 2009 you will be part of a new project to increase the use of over-the-counter (OTC) and generic drugs. You will need to use one of a selected group of OTC or generic drugs in order for VPharm to help pay for the cost. This will happen when these drugs are preferred in at least 90% of the Part D prescription drug plans (3506).

If you were taking a brand name drug on June 30, 2009 for one of these conditions because you had a prior authorization from your Medicare Part D plan, you may be able to continue to take that drug. Your prescriber may have to notify us of that prior authorization.

If your prescriber asks for an authorization for a brand name drug, he or she must show us that you previously tried the VPharm selected OTC or generic drugs and that they did not work or you had bad side effects to them. If you have not tried the VPharm selected drugs before, he or she must explain in detail why the preferred drugs will not work or will have bad side effects.

If you have questions about these changes, call Health Access Member Services at 1-800-250-8427.

Appeal Rights

These changes are being made to comply with the state’s Fiscal Year 2010 budget. If you want to appeal any of these changes you may request a fair hearing in person, over the phone, or in writing. You may ask for a fair hearing any time up to 90 days after this notice is mailed to you. For more information or to ask for a fair hearing, call Member Services at 1-800-250-8427. Services will not continue as they are now while your fair hearing is being decided. (VScript 3204.5, VHAP-Pharmacy 3302.6, VPharm 3504.3)

Please insert this page in your Pharmacy Programs Handbook. It updates information on pages 5 and 7. If you would like another copy of the handbook, please call 1-800-250-8427.

REMINDER OF NOTICE OF PRIVACY PRACTICES

This is to remind you that the Agency of Human Services (AHS) has a Notice of Privacy Practices concerning health information we receive from you or others when you apply for or receive services from AHS.

The notice tells you about how we may use or share your health information and when we may not do so. It also tells you about your rights.

If you would like to obtain a copy of the Notice of Privacy Practices you may request one by calling the AHS Privacy Officer at 802-241-2841.

You can also find the notice on the AHS website, www.ahs.state.vt.us. (Click on “Help for Vermonters” in the box on the left and look for link to Notice of Privacy Practices.)