

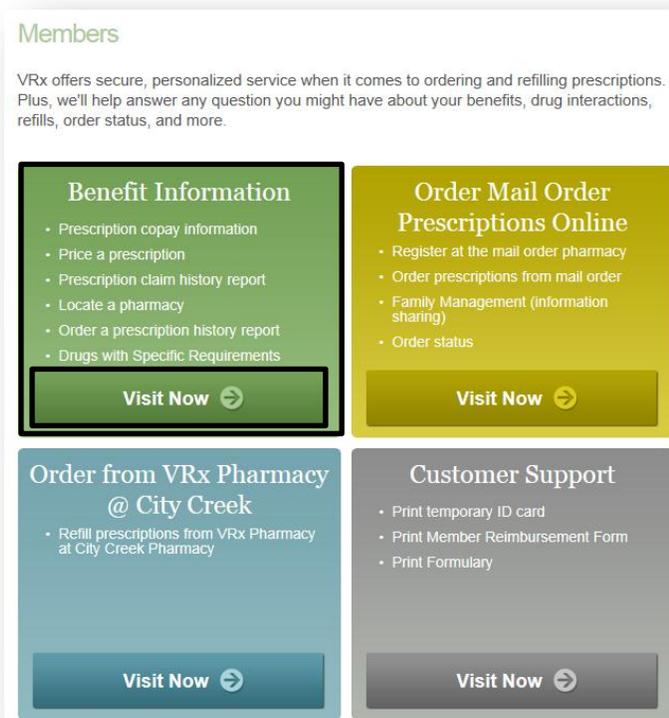


How to Use the Benefit Information Tab

Step 1 Go to www.MyVRx.com and login using your earlier registered username and password.



Step 2 Once logged in you will be directed to the home screen where 4 colored boxes with multiple options are available. This tutorial is for the **Benefit Information** box.



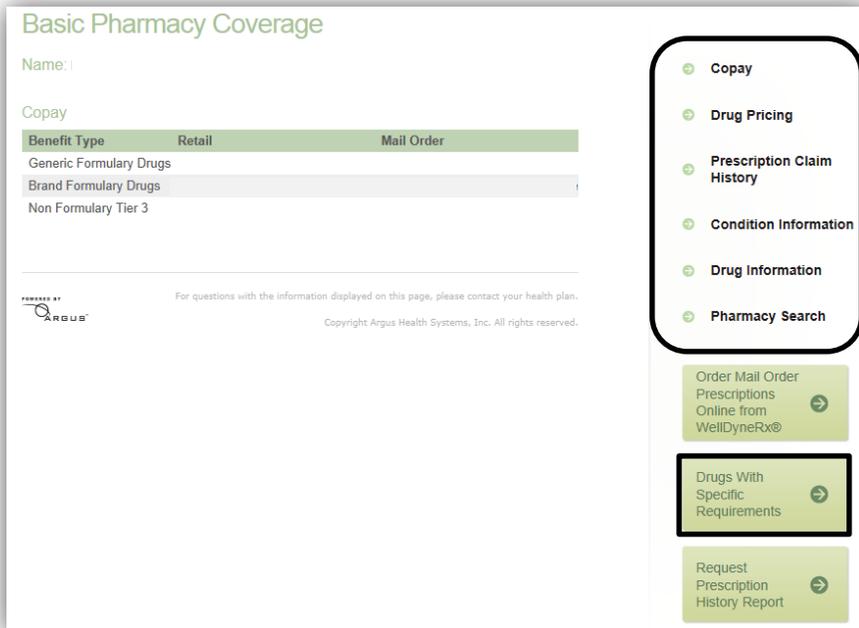
Step 3

This box has all your benefit information including a search function to look up covered medications, medications you've filled and what pharmacies you can go to and more. Click on the  button.



Step 4

When you click this link you will pull up the index screen. The options are: [Copay](#) | [Drug Pricing](#) | [Prescription Claim History](#) | [Condition Information](#) | [Drug Information](#) | [Pharmacy Search](#) | [Drugs with Specific Requirements](#)



From this screen there are several options to choose from on the right. Each option will open in a new tab so you should always be able to get back to this index page.

Step 5

If you click on the  link your basic copay structure will be shown.



Step 6

Click on the **Drug Pricing** in order to search drug coverage and what estimated price you can expect. This is approximate and not an exact price. You need to choose your drug name by clicking **Find Drug...** enter your drug name hit **Search** then choose your drug from the options available.

Drug Pricing

Member: Birth Date: Gender:

Selected Drug: [no drug selected] **Find Drug...**

Selected Pharmacy: Mail Order Pharmacy **Find Pharmacy...**

Quantity:

For day supply, enter the total days for which the doctor prescribed the medication, e.g. 30 days, 5 days, etc.

Days Supply:

Price Drug

[Doctor Prescription Abbreviations](#)

Drug Search

[Back to Drug Pricing](#)

Look up a drug by brand or generic name

Search

Then choose a pharmacy by clicking the **Find Pharmacy** button. You can also choose the option for mail service.

Find a Pharmacy

[Back to Drug Pricing](#)

To refine your search, please supply as much information as possible in the fields below:

Search pharmacies close to my location

Search pharmacies by name and/or location

Pharmacy Name:

Starting Address:

City:

State: All

Zip Code:

Proximity: within 1 mile

Search

Once you have chosen your drug and pharmacy you need to choose the quantity and day supply your doctor will/has prescribed.

Drug Pricing

Member:

Selected Drug: Prilosec 20 mg capsule, delayed release

Selected Pharmacy: Mail Order Pharmacy

Enter numeric quantity, e.g. 30

Quantity: 30

For day supply, enter the total days for which the doctor prescribed the medication, e.g. 30 days, 5 days, etc.

Days Supply: 30

	Prilosec 20 mg capsule, delayed release (Brand)	OMEPRAZOLE (Generic)
Member Cost:	4.10	8.20
Health Plan Cost:	4.10	0.00
Total Cost:	8.20	8.20

Step 7

Prescription Claim History

If you click on **Prescription Claim History** you can pull up all the medications you've filled. Enter a date range to view.

Pharmaceutical Claim Summary

Date Range:

From: To:

Date range must be between the dates 07-08-2011 to 11-08-2012

Name	Claims Count	Member Cost	Plan Cost
	0	\$0.00	\$0.00
Totals	0	\$0.00	\$0.00

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Step 8

If you click on **Condition Information** you can search for different conditions and commonly used medications associated with the condition.

Condition Information - Attention-Deficit Hyperactivity Disorder

Back To Condition Search

Medications used to treat Attention-Deficit Hyperactivity Disorder

- Adderall 10 mg tablet
- Adderall 12.5 mg tablet
- Adderall 15 mg tablet
- Adderall 20 mg tablet
- Adderall 30 mg tablet
- Adderall 5 mg tablet

Drug Dictionary

Back To Condition Search
Back To Condition Information

Drug Description, with dosage info

Generic Name
amphetamine-dextroamphetamine
(am-FET-a-meen)DEX-troe-am-FET-a-meen)

Common Brand Name(s)
Adderall

Over-the-counter Equivalent
No over-the-counter equivalent drug is available.

Uses
This combination medication is used as part of a total treatment program to control attention deficit hyperactivity disorder (ADHD). It may help to increase the ability to pay attention, stay focused, and control behavior problems. This product is a combination of stimulants (amphetamine and dextroamphetamine). It is thought to work by restoring the balance of certain natural substances (neurotransmitters) in the brain. This drug may also be used to treat certain sleeping disorders (narcolepsy); it should not be used to treat tiredness or to hold off sleep in people who do not have a sleep disorder.

How To Use
Read the Medication Guide provided by your pharmacist before you start using

Step 9

If you click on **Drug Information** you can search for different drugs and see more information about the drug and what other medications can interact with it.

Drug Search

Look up a drug by brand or generic name

Drugs containing "..."

Add Drug names that match search

- Protonix 20 mg tablet delayed release
- Protonix 40 mg granules delayed release for susp in packet
- Protonix 40 mg IV Solution
- Protonix 40 mg tablet delayed release

Drug Cabinet

- Protonix 20 mg tablet delayed release
- Protonix 40 mg granules delayed release for susp in packet

Step 10 If you click on **Pharmacy Search** you can find pharmacies within the network. You can either search for a specific pharmacy name or any pharmacy within your area. If you do not enter a pharmacy name, it will list multiple pharmacies in your area.

Find a Pharmacy

To refine your search, please supply as much information as possible in the fields below:

Search pharmacies close to my location
 Search pharmacies by name and/or location

Pharmacy Name:

Starting Address:

City:

State:

Zip Code:

Proximity:

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Find a Pharmacy

Search Results: 8 pharmacies found for the following criteria

STARTING LOCATION	PHARMACY SEARCH
Address:	Name:
City: SALT LAKE CITY	Proximity: within 1.0 mile
State: UT	
ZIP Code: 84111	

[New Search](#)

Previous 1 | 2 | page 2 of 2

- VRX PHARMACY @ CITY CREEK** (801) 236-8879 0.95 miles

60 E SOUTH TEMPLE STE 110
SALT LAKE CITY, UT 84111-1004
- SMITHS PHARMACY 44 #706044** (801) 355-5257 0.98 miles

876 EAST 800 SOUTH
SALT LAKE CITY, UT 84102
- MEDICAL PLAZA PHARMACY** (801) 539-0231 0.99 miles

508 E S TEMPLESUITE124
SALT LAKE CITY, UT 84102-1013

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Pharmacy Search

Pharmacy Search > Search Results

Pharmacy Location

SMITHS PHARMACY 94 #706094

455 SOUTH 500 EAST
SALT LAKE CITY, UT 84102
(801) 328-6033

Starting Location

Address:

City:

State:

ZIP Code:

Estimated Driving Time: 1 minutes
Total Miles: 0.59

Instructions	Distance
Depart E 600 S / Martin Luther King Jr Blvd toward S 300 E	0.6
Turn left onto S 500 E	0.35
Arrive at S 500 E	0

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Once you have chosen the pharmacy you want if you click on the purple car to get directions to the pharmacy.

You can also enter your current location.

Step 11

Drugs With Specific Requirements

This field shows you what type of specific requirements a medication may have before it will be covered by your insurance.

Just click on the Special Requirement next to the drug you would like to view.

Drugs With Specific Requirements

Some medications have specific requirements before they are covered by your plan.

- Preauthorization** is required for certain drugs. Your physician or prescriber must complete the preauthorization process before the plan will cover medications that require preauthorization.
- Quantity Limits** are used on some medications to ensure appropriate use and safety. Limits can be accumulative which means that the number of pills or units dispensed will be counted over time and across strengths and formulations of the same medication or medications that treat the same condition.
- Step Therapy** medications require the use of other medications that treat the same condition and are generally more cost effective without compromising quality. Step therapy may be waived (with a preauthorization request) if determined to be medically necessary. The use of samples does not waive the step therapy requirement.

Your physician can request an exception to quantity limits and step therapy through the preauthorization process.

Please note: Not all Plans require the use of step therapy or preauthorization for all drugs. You can check the coverage status of medications on your plan with the Drug Pricing tool.

Brand Name	Generic Name	Special Requirement
Accutane	Isotretinoin	Preauthorization
Adcirca	Tadalafil	Preauthorization
Adoxa	Doxycycline Monohydrate	Step Therapy
Atacand/Atacand HCT	Candesartan/Candesartan HCT	Step Therapy
Avastin	Bevacizumab	Preauthorization
Benicar/Benicar HCT	Olmesartan/Olmesartan HCT	Step Therapy
Byetta	Exenatide	Step Therapy
Carimune	Immune Globulin IV	Preauthorization

P.O. Box 9780
Salt Lake City, UT 84144-9780
801-417-9722 or 877-879-8022

Fax Request to 801.449.3090

PRIOR AUTHORIZATION REQUEST

MEDICATION: ACCUTANE® (Isotretinoin, Claravis, Solvent, Isotretinoin)

INDICATION: Accutane is approved for the treatment of severe recalcitrant nodular acne and other severe forms of acne with scarring that has not responded to other treatments. Other first line treatments for acne are topical acne preparations and appropriate systemic antibiotics.

QUANTITY LIMIT:

- 180 capsules per strength or quantity sufficient for 24 weeks of therapy
- Patients who require extended treatment will be reviewed on a case-by-case basis.

Patient Information

Name: _____
DOB: _____
Insurance: _____
ID #: _____
ICD-9: _____
Date: _____

Prescriber Information

Name: _____
Phone: (____) _____
Fax: (____) _____
Supervising MD #XXXX: _____
Signature: _____

First-time Accutane Patient

1. What type of acne is the patient diagnosed with?

2. What topical therapies has the patient tried? Please list in the table below.

Topical Agent	Duration of Therapy	Reason for Discontinuation
a.		
b.		
c.		

3. What oral antibiotics has the patient tried? Please list in the table below.

Oral Agent	Duration of Therapy	Reason for Discontinuation
a.		
b.		
c.		

Repeat Accutane Patients (Accutane use in the last 12 months)

4. What was the patients' dose after titration?

5. Has the patient been off Accutane for at least 6 weeks? YES NO

Notes: Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.

*Authorization responses are based to the number listed on the form which should adhere to security standards for Personal Health Information. This form is intended for VRx members only.

VRx Office Use

Approved Only: _____
#FIC: _____
Expires: _____

Desired: Medication is excluded by Plan. Patient does not meet criteria.

Request Pending: _____
Request Closed: _____

Submit additional information as noted and resubmit.
 Review period has expired without sufficient information for review. A request may be resubmitted if desired.

For Prior Authorizations it will bring up a PDF copy of the Prior Authorization form your physician will need to fill out and send into VRx.

STEP THERAPY

Adoxa

Common Use:
Treatment of moderate to severe acne, inflammatory lesions of rosacea, or periodontal disease.

Plan Requirement:
A 60 day trial of one or more of the following generic antibiotics is required prior to the coverage of Adoxa. Examples Include:
Clindamycin (generic Cleocin)
Doxycycline (generic Doryx, Monodox)
Erythromycin (generic E.E.S, Eryc)
Minocycline (generic Dynacin, Minocin)
Tetracycline

VRx

***If you have questions regarding an alternative generic antibiotic medication please contact a VRx Benefit Advocate at 801-417-9722 (Salt Lake area) or 877-879-9722 weekdays, from 8:30 a.m. to 5:00 p.m. MST**

12/2011

	<p>For Step Therapy it will bring up what other medications will need to be tried and for how long before the requested medication will be covered.</p>
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