



## **Prescription Drug Coverage Frequently Asked Questions**

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### **What is a drug formulary?**

This is a list of medications that your health plan will cover. It must include medications from each category of drugs so that medically necessary medications are available when ordered by your provider. A formulary may not include every drug in each category; it may include generic drugs when they are available. A drug formulary may include step therapy in which certain drugs must be tried and found to be insufficient or unsuccessful before other drugs will be covered. The drug formulary does not include drugs available over the counter even with a prescription from your provider.

### **Where can I review the drug formulary?**

The formulary is available at the prescription drug coverage provider's website, [www.express-scripts.com](http://www.express-scripts.com).

### **What if the drug I need is not on the formulary?**

There may be other drugs on the formulary in the same category as the drug you need. It is up to your provider to determine which formulary drugs may be equivalent to treat your condition.

### **Will a drug formulary change over time?**

The drug formulary contains brand-name and generic medications approved by the Food & Drug Administration (FDA) that have been reviewed and recommended by health care professionals responsible for the research and decisions surrounding our drug list. New and existing drugs are reviewed and chosen for or removed from the formulary based on various factors, including their safety, effectiveness and value.

### **What is the difference between brand name and generic medication?**

There is no difference in the active ingredients between a brand name drug and its generic equivalent.

- Brand-name: Usually available from only one manufacturer and may have patent protection
- Generic: Required by law to have the same active ingredients as its brand-

name version but is normally only available after the patent expires on the brand-name drug.

You can typically reduce your out of pocket costs by using generic medication.

### **How do I order medications using home delivery (Mail Order)?**

If you take maintenance medications for conditions that require you to take a drug on an ongoing basis, you can typically get a 90-day supply of your medication for the same price as two 30-day prescriptions filled at a retail pharmacy. Call the number on the back of your ID card or submit your order online, and your medications are delivered directly to your home.

### **How much will I pay for my prescriptions?**

When you use a participating pharmacy, you will be required to pay a fixed co-payment or co-insurance depending on your plan. In general, you will pay the least amount for generic medications and the highest amount for non-preferred medications. Having your doctor prescribe generic drugs or drugs listed on the formulary can help reduce your total prescription out-of-pocket costs.

### **What is prior authorization and step therapy?**

Certain prescription drugs (or the prescribed quantity of a drug) may require prior authorization before you can fill the prescription. Some drugs require prior authorization because they may not be appropriate for every patient or may cause side effects.

Prior authorization helps promote appropriate utilization and enforcement guidelines for prescription drug coverage. Your doctor will be notified to provide any information required for prior authorization. At the time you fill a prescription, your pharmacist is informed of the prior authorization or step therapy requirement through the pharmacy's computer system and is instructed to contact your health plan. The health plan will review the request and communicate the approval criteria to the requestor. If additional information is needed, the pharmacist may contact your prescribing physician.

Your doctor may also request an exception to the prior authorization/step therapy requirements, such as in instances in which you have an allergic or adverse reaction to the medication, or another documented clinical reason that prevents you from following the prior authorization and/or step therapy requirements. In addition, step therapy involves medication that is prescribed only after you try a "first-line" drug when starting or changing a medication under the plan. In instances in which one of these medications isn't clinically effective and/or appropriate for a particular member, the step therapy requirements may allow the physician to then prescribe a different medication. For additional detail regarding prior authorization and step therapy, and the medications that are subject to these requirements, call the pharmacy benefit telephone number listed on the back of your ID card.

**What do I need to do if one of my prescriptions requires a prior authorization or step therapy?**

When you fill your prescription at a retail pharmacy, your pharmacist will be notified that your medication requires prior authorization and will take the necessary steps to request it.

**Are generic medications as safe and effective as brand-name drugs?**

Yes. Generic medications are regulated by the FDA. In order to pass the FDA review and be A-rated, the generic drug is required to be therapeutically equivalent to its counterpart brand-name medication in that it must have the same active ingredients, and the same dosage and strength.

**How can I request a generic medication?**

Your physician and pharmacist are the best sources of information about generic medications. Simply ask one of them if your prescription can be filled with an equivalent generic medication. You may be subject to higher out-of-pocket cost for brand drugs.

**Can I request a brand-name drug?**

Your doctor may prescribe the brand-name drug even when a generic version is available. However, if a generic is available, you will pay the difference in cost between the generic and brand-name drug plus the generic co-payment.

**Can I have my prescription switched to a drug with a lower co- payment?**

If your current prescription medication is not a generic, call your doctor and ask if it is appropriate for you to switch to a lower cost generic drug. The decision is up to you and your doctor.