



EXPRESS SCRIPTS
Charting the Future of Pharmacy

Frequently Asked Prescription Benefit Questions

Georgia Department of Community Health-

Board of Regents of the University System of Georgia

Board of Regents of the University System of Georgia

Welcome to the Express Scripts Prescription Drug Program

The Board of Regents has selected Express Scripts to manage your prescription drug plan beginning January 1, 2001. The goal of this program is to provide you a quality prescription drug service that continues to offer the benefits you and your family need while also helping to control costs.

The following information provides responses to the most frequently asked questions about managed prescription drug benefits and the service features of Express Scripts. Additionally, information is included about the benefit plan changes that are effective January 1, 2001.

Frequently Asked Questions

Q. What will my copayment be for prescription drugs effective January 1, 2001?

A. To help control your health care costs without compromising quality, the Board of Regents has adopted a 3-tier benefit plan design to be implemented January 1, 2001. It will make use of a carefully developed preferred drug list. A preferred drug list is a comprehensive list of generic and brand name drugs.

Members will be responsible for the following copay levels:

<i>Retail Pharmacy – up to 30 days supply</i>	<i>Member Copay</i>
Tier 1: Generic drug	\$10.00
Tier 2: Preferred brand drug	\$20.00
Tier 3: Non-preferred brand drug	20% with \$35 minimum and \$75 maximum

<i>Maintenance Retail Supply – up to 90 days supply</i>	<i>Member Copay/One copay per 30 days supply</i>
Tier 1: Generic drug	\$10.00, \$20.00 or \$30.00
Tier 2: Preferred brand drug	\$20.00, \$40.00 or \$60.00
Tier 3: Non-preferred brand drug	<ul style="list-style-type: none">• 1-30 days supply: 20 % with \$35 minimum and \$75 maximum• 31-60 days supply: 20% with \$70 minimum and \$150

	<p>maximum</p> <ul style="list-style-type: none"> • 61-90 days supply: 20% with \$105 minimum and \$225 maximum
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Q. How can I keep my prescription drug costs down?

A. The use of generic prescription drugs, whenever available, is most cost effective. Don't be shy – discuss your prescription options with your doctor. Ask whether an alternative, less expensive option would work for your condition.

Q. What is a preferred drug list?

A. A preferred drug list is a list of recommended prescription medications that is created, reviewed and continually updated by a team of physicians and pharmacists. The preferred drug list contains a wide range of generic and brand name preferred products that have been approved by the Food and Drug Administration (FDA). Your doctor can use this list to select medications for your health care needs, while helping you maximize your prescription drug benefit.

A medication becomes a **preferred drug** based first on safety and efficacy, then on cost-effectiveness.

Q. How does the preferred drug list work with the three-tier copay?

A. The three-tier copay works as follows:

- Tier one covers generic products.
- Tier two covers preferred brand name drugs.
- Tier three covers non-preferred brand name drugs.

Pharmacies are encouraged to dispense a generic medication whenever possible, *unless the physician or member has specifically requested that only a particular brand name prescription be dispensed*. If a prescription for a non-preferred brand medication is dispensed at the request of your physician, the third-tier copayment will be charged.

Prior to January 1, 2001, Express Scripts will send you a complete preferred drug list, which we encourage you to give to your physician during your next visit.

Q. Will I pay more if I receive a brand name drug and there is a generic available?

A. It depends. If there is a brand name drug and a generic available, the “*pay the difference*” rule will apply.

- If your physician prescribes/mandates that you take the brand name drug over the generic, then you will only be responsible for the preferred brand or non-preferred brand copay. If this is the case, be sure that your physician indicates that only the brand name drug can be dispensed.

- If you choose the brand name drug over its generic equivalent (your physician is not requiring it), you will be required to “*pay the difference.*” This means that you will pay the generic copay plus the difference in cost between the brand name or non-preferred brand name and its generic equivalent. This “*pay the difference*” fee is commonly referred to as an ancillary charge.

Q. What is the difference between brand name and generic drugs?

A. *The brand name* is the trade name under which the product is advertised and sold, and is protected by patents so that it can only be produced by one manufacturer for a pre-determined number of years. Once a patent expires, other companies may manufacture a generic equivalent, providing they follow stringent FDA regulations for safety.

Generic drugs are drugs for which the patent has expired, allowing other manufacturers to produce and distribute the product under a generic name. Generics are essentially a chemical copy of their brand-name equivalents. The color or shape may be different, but the active ingredients must be the same for both. The preferred drug list contains only FDA- approved generic medications. An example of a generic medication is diazepam, which is the generic equivalent of Valium®.

Q. What is the difference between a preferred brand name drug vs. a non-preferred brand name drug?

A. A *preferred brand name drug* is a medication that has been reviewed and approved by a group of physicians and pharmacists, and has been selected for preferred status based on its proven clinical and cost effectiveness.

A *non-preferred brand name drug* is a medication that has been reviewed by the same team of physicians and pharmacists who determined that an alternative drug that is clinically equivalent and more cost effective is available. These designations may change as new clinical information becomes available.

Q. What pharmacies are included in the Express Scripts network?

A. With the Express Scripts program, you can get your prescription at any of the more than 53,000 participating pharmacies located nationwide. The network in Georgia includes the major chains as well as independent pharmacies.

Pharmacy location information can be obtained by contacting the Express Scripts Customer Service Center at 1-877-650-9341 (effective 10/16/00). Our website will also contain this same information; there will be link from the Board of Regents to our website (effective 10/16/00).

If you find that your pharmacy is not participating, please refer them to 1-877-650-9341 for contract information. If you obtain a prescription from a non-participating pharmacy, you will be required to pay cash and submit a claim form to Express Scripts. Be sure and ask

the pharmacist for a printout of your prescription transaction. In this event you will be responsible for the copay plus the difference in cost between the cash price and what the contracted rate would have been at a participating/network provider.

Q. Where is the Customer Service Center located and what are your hours?

A. Members and pharmacies in the Board of Regents/Express Scripts program will have a single, dedicated toll-free number that will be answered by Express Scripts Call Center Associates 24 hours a day, 7 days a week. Because of the advanced technology and training used by Express Scripts, your calls will be answered promptly by knowledgeable staff who can answer your questions. *The following number will be available on 10/16/00 for your convenience.*

ESI/BOR member services, 1-877-650-9341

Copay Examples:

Generics

If you get a generic drug and:

- The total cost is >\$10, you pay \$10
 - Example: The prescription costs \$18.23, you pay \$10.00 and the Plan will pay the remaining \$8.23
- The total cost is <\$10, you pay the cost of the drug
 - Example: The prescription costs \$7.49, you pay \$7.49

Preferred Brands

If you get a preferred brand and:

- There is no generic available, you pay \$20
 - Example: The prescription costs \$45.22, you pay \$20 and the plan pays \$25.22
- There is a generic available (DAW 2), you pay \$10 plus the difference in cost between the generic and brand
 - Example: The brand costs \$45.22 and the generic costs \$18.23, you pay the \$10 generic copay plus the difference (\$26.99) for a total of \$36.99. The plan pays \$8.23 (which is equal to what it would have paid if you got the generic).

Non-preferred Brands

If you get a non-preferred brand and:

- There is no generic available and:
 - the cost is \$31.46, you pay \$31.46
 - the cost is \$46.81, you pay \$35.00 (non-preferred minimum)
 - the cost is \$185.41, you pay \$37.08 (20% of total cost)
 - the cost is \$339.77, you pay \$67.95 (20% of total cost)

- the cost is \$408/11, you pay \$75.00 (non-preferred maximum)
- There is a generic available (DAW 2), you pay \$10 plus the difference in cost between the generic and brand
- Example: the non-preferred brand costs \$185.41 and the generic cost \$53.74, you pay \$10 plus the difference ($\$131.67$)= $\$141.67$. The plan pays \$43.74.