



Butler Health Plan Pharmacy Benefits and Formulary

FREQUENTLY ASKED QUESTIONS

About Generic Medication

1. What is a generic drug?

Generic medications are less-expensive versions of brand-name medications that have been on the market for a number of years. Although generics usually have a different name, color and/or shape, they have exactly the same chemical makeup and the same effect in the body as their original brand-name counterparts. The only real difference is cost. Generics may cost less than their equivalent brand-name medications.

Chemically equivalent generic drugs have the same active ingredient as their brand-name counterparts (example: the generic drug lovastatin vs. the brand drug Mevacor®). Basically, they are the same drug, but the cost of the generic drug is much lower.

Generic drugs cost less than brand-name drugs partly because they're not advertised as much. This keeps costs lower for the manufacturers and makes prices more affordable for you — so generic drugs are good medicine for both your health and your bank account.

Most importantly, generics can be sold only after they pass rigorous tests required by the U.S. Food and Drug Administration (FDA). You can be sure when you choose a generic drug that it's both safe and effective.

2. How can I know if a generic drug is an option for me?

Ask your doctor or pharmacist if there's a generic to treat your condition. Today, many generic drugs are available. And many more government-approved generics are expected to become available in the next few years. You can also show your doctor a copy of your plan's formulary. This list includes both generics and brand-name drugs that treat many health problems. Drugs on the list have lower copayments than ones that are not on the list.

Only you and your doctor can decide on a prescription drug that's right for you, so be sure to discuss your options with your doctor.

3. How do I change to a generic version of my medication?

Ask your doctor to write “Generic Substitution Allowed,” “Therapeutic Equivalent” or to avoid checking the box that says “Dispense As Written” on your prescription. This way, your pharmacist can give you the chemical-equivalent generic instead of the brand-name drug.

If your doctor does mark “Dispense As Written,” your pharmacist can give you a chemically equivalent generic only after getting your doctor’s approval.

Make sure your doctor writes your prescription so you can get a generic when one is available. That way, you’ll get the treatment you need — and save the most.

4. What if no there is no generic or covered preferred alternative available for my drug?

Non-covered non-preferred brand name drugs have a generic or alternate covered preferred brand name drug on your drug list.

A team of independent, licensed physicians review the latest research to decide which drugs to include on the drug list. First and foremost, they consider the safety and effectiveness of drugs available to treat various health conditions. Only when there are many different drugs available that are very similar in safety, effectiveness and therapeutic effect, affordability is taken into account.

Through Express Scripts, your formulary makes a wide variety of affordable drugs available to you. Only you and your doctor can decide on a prescription drug that’s right for you, so be sure to discuss your options with your doctor.

Using a Brand-Name Drug

1. What if my doctor says a generic drug isn’t right for me?

Ask your doctor about prescribing a brand-name drug on the preferred-drug list/formulary. Your copayment for a brand-name drug on the list will be somewhat higher than for a generic, but less than what you’d pay for a drug that isn’t on the list.

For a brand-name medication that isn’t the formulary, you are responsible for 100% of the cost of the drug. That is, you pay as much as you’d pay without a prescription-drug benefit. Usually, if you’ve already tried two or more drugs on the formulary, your doctor may be able to request a “prior authorization.” If the prior authorization is approved, a drug that isn’t on the list would be covered. Without a prior authorization, you will pay 100% of the cost for that drug.

To be sure that a specific brand-name drug is covered by your benefit or to initiate a “prior authorization” review, call Express Scripts at 1-866-275-0044.

For More Information on Generics

1. Where can I find more information about generic drugs?

You can learn more about the safety and effectiveness of generic drugs by visiting the Express Scripts website at www.express-scripts.com. You can also find information about generic drugs on FDA's website at http://www.fda.gov/cder/consumerinfo/generics_q&a.htm.

To find out how much you'll save by switching from a brand-name drug to its generic version, visit www.expressscripts.com and use the Price Check feature.

Formulary or Preferred Drug List

1. What is a formulary/preferred drug list?

It is a list of prescription drugs covered by your benefit. These drugs are both cost-effective and appropriate for treating many medical conditions. The list includes generic drugs, plus many brand-name drugs. Drugs that appear on the list usually have lower copayments than drugs that aren't on the list.

2. Who decides which drugs are on the formulary/preferred drug list?

A team of independent, licensed physicians review the latest research to decide which drugs to include on the formulary. First and foremost, they consider the safety and effectiveness of drugs available to treat various health conditions. Only when there are many different drugs available that are very similar in safety, effectiveness and therapeutic effect, affordability is taken into account.

Through Express Scripts, your formulary makes a wide variety of affordable drugs available to you. The formulary is meant as a guide. Every drug covered by your benefit is not listed. The list includes about 80% of the most popular drugs used. There is a chance that one of the drugs you are taking is not on the list. You should always talk to your physician about the appropriate drugs and use the Price Check feature at www.expressscripts.com to see if your drug is covered.

The list still provides your doctor with appropriate medications to consider for your condition. By asking your doctor if any brand-name or generic drugs on the preferred-drug list/formulary are right for you, you'll be sure of getting the medications you need at the lowest cost.

3. How can I get a copy of the formulary/preferred drug list?

You should receive a copy of our preferred-drug list/formulary in the mail. You may also go to www.express-scripts.com to print a copy of the list. If you do not have access to a

computer, you can call the phone number on your ID card and ask for a copy to be mailed to you.

We recommend that you give a copy of the formulary to all of your doctors so they can put the list in your medical files. To be sure your doctors have the latest preferred-drug list/formulary to discuss with you, you may want to download and print a copy of the list to give to your doctor.

Saving on Prescription Drugs

1. What is the copayment structure?

Your prescription-drug benefit may have a tiered copayment structure. Each “tier” — or level — refers to a grouping of drugs that has a different copayment. Here’s how it works:

- The lowest copayment is charged when you use a generic drug on the formulary.
- A higher copayment is charged when you use a brand-name drug on the formulary.
- When you use a brand-name drug that’s NOT on the formulary/preferred drug list, it is not covered. You are responsible for 100% of the cost. This means you’ll pay the full price that the pharmacy charges. Drugs that are not covered are only available through retail pharmacies and cannot be obtained through Express Scripts home delivery.

2. How can I save money on prescriptions?

Ask your doctor to consider prescribing the brand-name or generic drugs on your plan’s formulary. This will let you get your medications at an affordable price. Remember, you’ll pay the lowest copayment when you use a generic drug on the formulary. In addition to saving money, you’ll also help offer affordable prescription coverage for everyone in the plan.

3. What if I need a drug that’s not on the list?

Decisions about your medications are up to you and your doctor. But if you both decide you should take a drug that isn’t on the list, that drug probably will not be covered by your prescription-drug benefit. Usually, if you’ve already tried two or more drugs on the formulary, your doctor may be able to request a “prior authorization.” If the prior authorization is approved, a drug that isn’t on the list would be covered. Without a prior authorization, you will pay a 100% of the cost of that drug.

100% Cost

1. What does it mean that non-formulary drugs are not covered?

Our prescription-drug benefit has a formulary that is a list of brand-name and generic prescription drugs you're encouraged to use to treat your condition(s). If a drug you use isn't on the formulary, you'll pay 100% of the cost. That is, you pay the full price that the pharmacy charges. By using drugs that are on the formulary, you save money. And you pay the least when you use a generic drug on the list.

2. Why does my plan include 100% cost?

We are working with Express Scripts to control the rising cost of prescription drugs. We want to make sure that you have safe, effective prescription drugs at affordable prices. To do this, we encourage you to choose drugs from the formulary. This list includes a variety of drugs that are both effective and affordable.