

## Your Prescription Drug

Your prescription drug plan encourages the use of generic prescription drugs whenever appropriate. Your copays are lower for generic medications and programs such as Step Therapy assist you in finding lower cost, equally effective alternatives when appropriate. Coverage for brand name medications is available; however, because brand drugs cost the plan more, your copay for brand name prescription drugs is higher.

Over-the-counter (OTC) medications (Proton Pump Inhibitors (PPIs) and Other Preventive Care Medications) are covered by the plan as indicated below. You can get up to a 30 day supply of an over-the-counter medication at a retail pharmacy. Over-the-counter medications are not available through mail order. In order to receive coverage for an over-the-counter medication, you must have a written prescription from your physician. Present the OTC medication, the written script and your Catamaran identification card to the pharmacy counter.

A \$4,000 individual and \$10,000 family Maximum Out-of-Pocket limit applies to pharmacy coverage. If your out-of-pocket prescription drug expenses reach \$4,000, 100% coverage will be applied during the remainder of the plan year.

NON-SPECIALTY MEDICATIONS		
Category	Retail Up to a 30-day supply	Mail Order Up to a 90-day supply
Generic	\$5	\$12.50
Preferred Brand	\$25	\$62.50
Non-Preferred Brand	\$50	\$125
Brand with Generic Available	\$50 +	\$125 +

PROTON PUMP INHIBITORS (PPIs)		
Category	Retail Up to a 30-day supply	Mail Order Up to a 90-day supply
<b>Tier 1</b> All Over-the Counter PPIs and all generics: omeprazole, pantoprazole and lansoprazole	\$5	\$12.50
<b>Tier 2</b> Non Preferred Brand	\$75	\$187.50
<b>Brand with Generic Available</b>	\$75 +	\$187.50 +

+ Plus price difference between brand and generic, or the cost of the brand drug, whichever is less.

DIABETIC SUPPLIES (test strips, lancets, etc.) & INJECTIBLE INSULIN Must have written prescription for diabetic supplies.		
Category	Retail Up to a 30-day supply	Mail Order Up to a 90-day supply
Generic, Preferred OR Non-Preferred Brand	\$0	\$0

WOMEN'S PREVENTIVE CARE		
Category	Retail Up to a 30-day supply	Mail Order Up to a 90-day supply
<p><b>Hormonal:</b> All generic birth control pills as well as some single source brand name birth control medications</p> <p><b>Transdermal Patch:</b> Ortho Evra</p> <p><b>Emergency:</b> All generic and Ella</p> <p><b>Cancer medications:</b> Tamoxifen and Raloxifene</p>	\$0	\$0

OTHER PREVENTIVE CARE MEDICATIONS		
Category	Retail Up to a 30-day supply	Mail Order Up to a 90-day supply
<p><b>Aspirin:</b> Generic over-the-counter products (to prevent cardiovascular events (for men ages 45 to 79 and women ages 55 to 79)</p> <p><b>Flouride:</b> Generic prescribed products (for preschool children older than 6 months of age through 5 years)</p> <p><b>Folic Acid:</b> Generic over-the-counter and prescribed products (for women ages 18 to 45)</p> <p><b>Iron Supplements:</b> Generic over-the-counter and prescribed products (for children ages 6 to 12 months at risk for iron deficiency anemia)</p> <p><b>Smoking Cessation:</b> Generic over-the-counter and prescribed products (for men and women ages 18 or older who use tobacco products)</p>	\$0	\$0

**BriovaRx (1.855.4BRIOVA or 1.855.427.4682)**

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BriovaRx is your exclusive specialty medication mail order pharmacy. With the exception of a short list of medications that are required for short term use in certain circumstances, specialty medications are not available from your retail pharmacy.

With BriovaRx, you receive personalized medication management, benefit coordination, education materials and social support services. This is particularly important if you are just beginning treatment with a specialty medication. Your care coordinators are specialty medication experts – in the field of study in which you require for your individual needs – and are available Monday through Friday, 8am to 9pm EST and Saturday, 9am to 1pm EST. If you have an urgent need relating to your medication after hours, a licensed pharmacist is available to assist you.

To get started, call 1.855.427.4682. A BriovaRx representative verifies benefits, assists with prior authorizations if needed and coordinates the shipment of your medications and any supplies necessary for administration, at no additional cost, to the destination of your choice.

<b>SPECIALTY MEDICATIONS</b> (Must fill through BriovaRx regardless of days supply.)		
<b>Category</b>	<b>Up to a 30-day supply</b>	<b>Up to a 90-day supply</b>
<b>Generic</b>	\$5	\$12.50
<b>Preferred Brand</b>	\$25	\$62.50
<b>Non-Preferred Brand</b>	10% of cost up to \$150 per script	10% of cost up to \$300 per script

**Retail at your Local Pharmacy vs Mail Order through Home Delivery**

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Both retail and mail order options are available. Up to a 30-day is available at retail. If you are taking a maintenance medication, you may prefer to obtain a 90-day supply through the Catamaran mail order pharmacy. You save both time and money by obtaining your prescriptions through Home Delivery/mail order.

**Time:** If you choose mail order, your medications are delivered to your home in a non-descript envelope. No waiting in line at the pharmacy.

Once your prescriptions are established at mail order, you receive a reminder – either an email or a telephone call - when it is time to refill. Pick up the phone to order your refill or go online to [www.myCatamaranRx.com](http://www.myCatamaranRx.com) and request a refill.

**Cost:** The annual cost of a Non-Preferred Brand drug at retail is \$600 (\$50 x 12 fills = \$600). The same supply of medication at mail order is \$500 (\$125 x 4 fills = \$500). That represents a \$100 savings each year

The annual cost of a Preferred Brand drug at retail is \$300 (\$25 x 12 fills = \$300). The same supply of medication at mail order is \$250 (\$62.50 x 4 fills = \$250). That represents a \$50 savings each year.

The annual cost of a generic drug at retail is \$60 (\$5 x 12 fills = \$60). The same supply of medication at mail order is \$50 (\$12.50 x 4 fills = \$50). That represents a \$10 savings each year.

Catamaran covers the cost of standard shipping.

Go to [www.myCatamaranRx.com](http://www.myCatamaranRx.com) to learn more about mail order including how to transfer your prescriptions from retail to mail order.

## Generic vs Brand

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***Always ask your doctor, 'Is there a generic available to treat my condition?'***

When a company develops a new drug, the FDA provides a period of time called a drug patent period, where no other company may sell the drug. This allows the original company to recover the investment in the research and development of the medication. But this also eliminates competition and causes the price to remain high. After the drug patent period has expired, other companies manufacture generic versions of the original brand medication. Since the production of generic medication does not require large investments in research, development and advertising, the cost of generics is significantly less than that of brand name medication. All generic drugs must meet the same FDA standards of quality as the brand-name drug.

## Generic Equivalent vs General Alternative

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Brand name drugs may have generic **equivalents** and generic **alternatives**.

A generic equivalent **contains the same active ingredient** as the brand name drug. Your pharmacy can substitute the generic equivalent drug in place of the brand name drug without a new prescription.

A generic alternative is a medication that **does not contain the same active ingredient** as the brand name, but produces the same therapeutic results. Because it is not an exact equivalent to the brand, your pharmacy **cannot** automatically substitute the generic alternative.

## Mandatory Generic and Dispense as Written

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If a prescription is presented for a brand name medication for which there is a generic equivalent available, the pharmacist is instructed to fill the script as a generic, unless otherwise directed by the member. If your physician has indicated 'dispense as written' or

'DAW' on the written prescription, the brand name medication is dispensed. This does not, however, lower the copay. If you obtain a brand name medication for which there is a generic equivalent available, you pay the brand name copay as well as the cost difference between the brand and the generic drug. Quite often, you pay the full cost of the drug.

### **Formulary or Preferred Drug List**

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Your formulary, also known as a preferred drug list, is a recommended list of brand name and generic drugs that have been compared and evaluated against other brand-name and generic medications by a committee of physicians, pharmacists and other healthcare representatives. The drugs on the preferred drug list are chosen because they provide maximum quality and value for your plan and yourself. It is recommended that you carry a copy of your formulary in your wallet or purse and provide a copy to your physician for your medical file.

### **Step Therapy**

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Step Therapy is a program especially for people who take prescription drugs for ongoing conditions like arthritis, high cholesterol, high blood pressure, etc. These drugs are sometimes referred to as maintenance medications. Step Therapy helps the member identify a safe and effective drug to treat the condition while keeping costs as low as possible for both the member and the plan.

Step Therapy drugs are grouped in categories:

**Frontline/first-line drugs (generic and some low cost brand):** These drugs are proven safe, effective and affordable. Step Therapy requires (with exceptions) that a Frontline/first-line medication be tried first. *Why?* Because these drugs provide the same health benefit as more expensive drugs, at a lower cost.

**Back-up drugs (brand):** These drugs are much more expensive to the member in the form of a higher copay and to the plan in higher overall cost. Back-up drugs have not been proven to be any safer or more effective than Frontline drugs.

Step Therapy requires members who are beginning to take Step Therapy drugs for the first time to try the Frontline drug first.

*Retail Pharmacy:* If you present a prescription for a Back-up drug at your local pharmacy, the pharmacist alerts you of the requirement to use a Frontline drug first. Your pharmacist may or may not offer to contact your physician's office to discuss your options. It is recommended that you discuss your options with your physician. In order for the pharmacy to dispense a Frontline medication, your physician must write a new prescription or call in a new prescription to the pharmacy.

*Mail Order:* Similarly, if you submit a prescription for a Back-up drug at the mail order pharmacy, Catamaran informs you that they cannot fill the script as written. They then reach out to your physician to discuss your options. Again, it is recommended that you contact your physician's office. After multiple attempts, if Catamaran receives no response from your physician's office, the written prescription is returned to you with a letter of explanation.

If there is a medical reason (i.e. allergy to the Frontline drug, tried the Frontline drug before and it didn't produce the desired therapeutic results, etc.) that would prevent you from taking the Frontline drug, your physician should contact Catamaran and request a Prior Authorization.