



EXPRESS SCRIPTS®



California Schools
Employee Benefits Association

Manage your Prescriptions Online Through the Express Scripts Pharmacy www.express-scripts.com

Customer service specialists are also available 24 hours a day/7 days a week at **1-800-711-0917**. Get a 90-day supply of your prescription delivered to you with free standard shipping. Typically your prescription will arrive within 8 days after the Medco by Mail pharmacy receives your order. Refills generally arrive in 3 to 5 days.

Generic drugs are approved by the US. Food and Drug Administration (FDA). They can be expected to work the same way in the body. They can be taken the same way and used to treat the same condition.

Generic drugs can cost about 30% to 80% less than brand name drugs! Talk with your doctor and ask whether a less expensive generic drug could treat your condition. If your doctor agrees, ask to have a new prescription for the generic that you can fill under your plan. Have the doctor write the prescription for up to a 90-day supply, plus refills up to a year (if appropriate).

If you need medication right away, also ask for a 30-day supply prescription that you can fill at a participating retail pharmacy.

PLEASE READ THE GUIDELINES BELOW FOR THE EXPRESS SCRIPTS/CSEBA PLAN

Clinical Management Programs - Prior Authorization and Quantity Duration

This rule focuses on clinical efficacy, health and safety, appropriate diagnosis, and dispensing. We want to ensure that the medication being dispensed is for the appropriate therapy and in the correct quantity as indicated by the manufacturer. Prior Authorization, Quantity Limits and Step Therapy are components of the clinical management program.

During this review, Express Scripts asks your doctor for more patient information than what is on the prescription before the medication may be covered.

Maintenance Medication – Retail Purchase

If you are using MAINTENANCE MEDICATION, such as an RX for hypertension, high cholesterol; prescriptions that you take every day; and PURCHASE at the local drug store:

- Members will be asked to use mail order. If after 3 retail purchases, member does not use mail order; the next refill will cost 2 copays instead of 1 for a 30-day supply.

In order to give the patient time to take advantage of Medco by Mail, the first 3 times he or she purchases each long-term drug at a participating retail pharmacy, he or she will pay the plan's participating retail pharmacy co-payment. After that, he or she will pay a higher cost for the long-term drug unless he or she chooses to order through Medco by Mail.

The patient should continue to get all short-term drugs, such as antibiotics, at a participating retail pharmacy. The patient will pay the plan's **participating retail pharmacy co-payment** for short-term drugs.

The Quality of Mail-Order Medications

You can always count on the quality of the medications that you get through the Medco by Mail pharmacy. They are the same high quality as those you currently use.

Special Handling of Temperature Sensitive Medications

Medco by Mail takes care to protect the potency and effectiveness of your medications. Therefore, any medications that are sensitive to extreme heat or cold are shipped in special insulated packaging with gel packs designed to keep the contents at the correct temperature throughout the delivery process. In addition, you can arrange for those types of medications to be delivered at a time and location that's convenient for you, thus helping to keep exposure to heat or cold to a minimum.

Choosing Brand Name Drug When Generic is Available - Member Pays the Difference

When an employee **chooses** a brand-name drug when a generic equivalent is available, he or she will pay the generic co-payment, plus the difference in cost between the brand-name drug and the generic drug—even if the doctor requests the brand-name medication on the prescription (dispense as written). **If the physician can provide documentation that the patient absolutely must take the brand name medication for medical reasons, the member will pay the brand-name copay and not the difference in the cost between the brand-name medication and the generic.** (Effective July 1, 2013). An approval process is required. However, if the employee purchases a brand-name drug and a generic is *not* available, he or she will pay only the brand-name co-payment.

Examples

Assumptions: Brand Name Co-payment: \$10, Generic Co-payment: \$5

Example: Member chooses 30-day supply Oxycontin[®] instead of the generic equivalent oxycodone. Drug Cost: \$155 for Oxycontin[®] or \$ 65 for oxycodone.

Member pays: \$5 (generic retail co-payment) + \$90 (difference between generic and brand name)
\$95 member co-payment total.

Client Cost: \$145 without generic choice – or \$60 using generic choice. Preferred Drug Step Therapy

The Preferred Drug Step Therapy promotes generic and preferred brand name medications as first-line therapy to increase generic utilization, enhance savings to the plan and members, and improve formulary compliance. This program focuses on specific drug classes (listed below) and requires that a member try generic or preferred brand name medications in place of non-preferred brand-name drugs. Step therapy is intended to reduce costs to the patient and the plan by encouraging use of medications that are less expensive but can still treat the patient's condition effectively.

If a patient is taking a medication that requires step therapy, he or she will receive a letter explaining that the plan will not cover it unless the alternative medication is tried first. The letter will also have information on starting a coverage review if the patient's doctor believes that he or she should take the original medication.

- Proton Pump inhibitors
- Antidepressants (SSRIs) – new users only
- Osteoporosis Therapy
- Sleep Medications (Hypnotics)
- Intranasal Steroids
- Triptans (migraine medications)
- Angiotensin II Receptor Blockers (ARBs) – treats high blood pressure, diabetic nephropathy (kidney damage due to diabetes), congestive heart failure

Coverage Reviews/Prior Authorization

Some medications are not covered unless the patient receives approval through a coverage review (prior authorization). This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective. There are other medications that *may* be covered, but with limits (for example, only for a certain amount or for certain uses) unless you receive approval through a review.

During this review, Express Scripts asks the patient's doctor for more information than what is on the prescription before the medication may be covered under the plan.

The Coverage Review Process

To save time and help avoid any confusion, we'd like to highlight the coverage review process, both at a retail pharmacy and through mail order.

At a retail pharmacy in the plan's network:

- The patient takes the prescription to your local pharmacist, who submits the information to Express Scripts. If a coverage review is necessary, Express Scripts automatically notifies the pharmacist, who in turn tells the patient that the prescription needs to be reviewed or requires "prior authorization."

- The patient, the pharmacist, or your doctor may start the review process by calling Express Scripts toll-free at 1 800 753-2851, 8:00 a.m. to 9:00 p.m., Eastern Time, Monday through Friday.
- Express Scripts contacts the patient's doctor requesting more information than what is on the prescription. After receiving the necessary information, Express Scripts notifies the patient and the doctor (usually within 1-2 business days) confirming whether or not coverage has been approved.
- If coverage is approved, the patient pays their normal co-payment/coinsurance for the medication. If coverage is not approved, the patient will be responsible for the full cost of the medication or, if appropriate, the patient can talk to their doctor about alternatives that may be covered. *(The patient has the right to appeal the decision. Information about the appeal process will be included in the letter that the patient receives.)*
- **Special note:** If the plan has a limit on the amount of medication covered, their pharmacist can fill the prescription up to the amount allowed. If the prescription exceeds the amount covered by the plan, Express Scripts will alert the pharmacist whether a coverage review is available to obtain an additional amount.

Through mail-order pharmacy, Medco By Mail:

- The patient mails the prescription to the Medco by Mail pharmacy.
- If a coverage review is necessary to obtain coverage for the medication, we will contact the doctor to request more information than what is on the prescription. After receiving the necessary information, the Medco by Mail pharmacy notifies the patient and the doctor (usually within 1-2 business days) confirming whether or not coverage has been approved.
- If coverage is approved, the patient receives the medication and simply pays the normal co-payment/coinsurance for the medication. If coverage is not approved, the prescription is returned to the patient. *(The patient has the right to appeal the decision. Information about the appeal process will be included in the letter that the patient receives.)*
- **Special note:** If the plan has a limit on the amount of medication, then the Medco by Mail pharmacy will only dispense the amount allowed. The patient will receive a statement that explains the limit and tells the patient whether a coverage review is available to obtain an additional amount.

To find out whether the plan has coverage limits on certain medications, call Member Services at the toll-free number on your prescription drug ID card.

Patients can also visit us online at www.Express-Scripts.com.

After logging in, click "price a medication" in the "prescriptions & benefits" section. After selecting a medication, see if there are any coverage notes.

Enhanced Generic Auto-Substitution

When a new generic drug comes to market, The Medco by Mail pharmacy immediately begins to substitute the brand-name drug with the generic equivalent (where permissible), achieving over 97% generic substitution rate in their mail pharmacies within the first week of a new generic launch. A patient that uses the Medco by Mail pharmacy would typically get the new generic at the first refill post the generic launch.

With this new capability, prescriptions that are ordered within 60 days from the day a brand-name drug will become available as a generic will result in the patient receiving two limited fills:

- The first limited fill will contain enough brand name medication to last at least two weeks past the generic launch
- The second limited fill will complete the balance of the prescription with the generic

Patients may benefit from this enhancement by paying a lower cost share for their medication earlier. The patient's cost share is prorated based on the percentage of the prescription filled with brand-name or generic medication.

Gaps In Care

Express Scripts has introduced online services to alert covered members taking maintenance medications of gaps in care that could harm their health. The service, called an "*online safety net*" is designed to cover all of an individual's medications, whether filled at the Medco by Mail pharmacy or a retail pharmacy.

Members who register at www.Express-Scripts.com are alerted when their medication supplies run low or they have missed a refill.

RationalMed Program

RationalMed Patient Safety Solutions assesses each member's complete health profile - medical claims, pharmacy claims, lab results, and self-reported patient data - against thousands of continuously updated, evidenced-based clinical rules.

Using integrated data and predictive modeling, *RationalMed* identifies potential drug therapy-related health risks that may result in hospitalization and other adverse outcomes. Express Scripts then alerts physicians, pharmacists, members, or other care management professionals as directed by the client.

Personalized Medicine

The **Express Scripts personalized medicine programs** support providers by facilitating pharmacogenomics testing and providing information that helps the physician make prescribing decisions. Through our programs, we help physicians provide truly personalized medicine - selecting the right drug and the right dose more quickly, safely and effectively. Focusing on this mission, the

Express Scripts personalized medicine programs can improve care and help lower overall healthcare costs for members.

The **Express Scripts personalized medicine programs** identify members who may benefit from testing, engage the physician and the member in a therapeutic alliance, and coordinate genetic testing, laboratory analysis, and feedback of testing results to the member's physician.

Specialist pharmacists and genetic counselors at Express Scripts and its affiliates have advanced training and unparalleled experience, and are available to assist physicians with interpreting test results and considering therapy changes. Members also benefit from faster access to appropriate drugs and dosages.