



## CALIFORNIA'S VALUED TRUST

Healthcare Benefits for the Education Community

### 2009-10 Pharmacy Benefit Changes Overview

A comprehensive review of California's Valued Trust (CVT) CVS/Caremark prescription plan coverage was completed by the CVT Board this Spring. After careful consideration, several changes to the CVT PPO Pharmacy Plans for the 2009-10 plan year were made to help control drug costs and stabilize rates. These changes are effective October 1, 2009 and include the following:

#### **Generic Substitution**

For any brand-name drug with a generic equivalent available, the generic will be dispensed regardless of what the physician writes. The physician can indicate "Dispense as Written" (DAW) on the prescription or the member can still choose the brand-name drug, however, the out-of-pocket amount the member will be required to pay will increase. The participant will pay the generic copayment and the difference between the cost of the generic and brand-name drug. A recent analysis indicates the average generic prescription costs \$24.14 and a brand-name prescription costs \$160.58, so the out-of-pocket amount could be quite significant. This change will apply to all CVT pharmacy plans. A total of 1,100 out of more than 137,000 CVT members in all plans are currently impacted by this change.

#### **Pharmacy Plan Copayment Changes**

New Plan A will REPLACE ALL current Plan A groups effective October 1, 2009. There will no longer be the two pharmacy plans of \$0/0, and \$5/8 retail copay plans. We will automatically roll the affected groups into the new Plan A which will have retail copayments of \$5 for generic and \$22 for brand-name. The mail order copayments for a 90-day supply will be \$10 for generic and \$44 for brand.

#### **Generic Terminology**

A **generic** medicine is a Food and Drug Administration (FDA) approved copy of a brand-name drug. The FDA reviews each generic medicine to ensure that it is the same as the brand-name drug in safety, effectiveness, quality, and performance (how it works in the body). The generic version is available for the same use (high blood pressure, allergies, etc.) and in the same form (pill, liquid, cream, etc.) as its brand name equivalent.

By law in the United States, a generic medicine cannot look exactly like the brand-name medicine, but it must be equal to the brand name product in safety, effectiveness, quality and performance.

**Generic equivalent** is the same active ingredient of the brand-name product (e.g. brand-name drug Prilosec=generic drug omeprazole).

**Therapeutic generic alternative** is substituting a different generic product in the same therapeutic class (e.g. brand-name drug Nexium=generic drug omeprazole).

We encourage you to email [pharmacyquestions@cvtrust.org](mailto:pharmacyquestions@cvtrust.org) with any questions you may have. Our CVT Member Services team is also available at (800) 288-9870.

## Frequently Asked Questions

1. **If I prefer a brand-name drug when a generic is available what process do I follow to get the brand-name drug and what will it cost me?**

Simply request the brand-name drug at the pharmacy. Be prepared to pay the generic copayment and the difference between the cost of the generic and brand-name drug. The out-of-pocket amount could be quite significant. By accepting the generic, you would only pay the generic copayment.

2. **If I am prescribed a brand-name drug and no generic is available, what do I pay?**

You only pay the brand-name drug copayment.

3. **How can I find out what drugs cost?**

Visit [www.caremark.com/countongenerics](http://www.caremark.com/countongenerics) to see if a generic is available for a drug you are currently taking or considering. Visit the Savings Center on Caremark.com to find out approximately how much you can save over the brand-name medicine.

4. **If my doctor notes “Dispense as Written” for prescribing a brand drug when a generic is available what happens?**

If your doctor indicates “Dispense as Written” on the prescription you cannot choose a generic without a new prescription. The out-of-pocket amount you will be required to pay will increase. You will pay the generic copay plus the cost difference between the generic and brand drug.

5. **How do I request a generic medicine?**

When you need a prescription, ask your doctor if there is a generic available to treat your condition and to prescribe a generic medicine or allow generic substitution at your local pharmacy. If no generic equivalent exists for a prescription you are taking, consider asking your doctor if there is a generic alternative medicine available to treat your condition.

6. **If I have “double CVT coverage” do I have any co-pay?**

No, the co-pay will be waived as it always has been, but the cost difference will still be charged if you request a brand-name drug when a generic is available.

7. **How does the new Rx plan A work with COB if my spouse/partner has other than CVT coverage?**

You will need to check with your spouse/partners coverage to confirm how their plan will coordinate with CVT’s plan.

8. **Can I choose another CVT Pharmacy Plan?**

Every year during the month of September, which is CVT's open enrollment period, you can change to another PPO/pharmacy plan combination available to your unit/group. Pharmacy plans are not separate. A unit/group can negotiate different plans for its members.

9. **Is there an appeal process if I don't want to take a generic drug?**

This is a CVT board approved plan change and no appeal process is available.

10. **Is it possible to "carve-out" pharmacy and purchase elsewhere keeping CVT Anthem Blue Cross medical coverage?**

No, there are no individual pharmacy plans. CVT PPO plans require a combined medical and pharmacy choice(s) by groups/units.

11. **Is there savings with mail-order?**

Yes. The mail order service will fill with a 90 day supply resulting in potential greater savings to you, plus the convenience of free standard shipping to your home at a reduced copay. Getting started is quick and easy by contacting our FastStart Program at 1-866-273-5268.

12. **If a patient has been taking a name-brand drug prior to October 1, 2009 will it be changed to a generic if one is available?**

To ensure that you receive a generic, it would be best to reach out to your prescriber to obtain a new prescription written "substitution permissible".

13. **Is there now, or will there be after October 1, 2009 any specifically identified drugs, whether name-brand or generic, which a patient will be required to pay more than \$22 per month to receive?**

Yes, potentially anytime a participant or prescriber requests the brand when a direct generic is available (the DAW penalty will apply which could exceed \$22).

14. **What is the best source of information about generic drugs?**

Contact your doctor, pharmacist or other health care professional for information on generic drugs. If you have questions about drug safety or effectiveness, the FDA has set up a toll-free hotline at 1-888-463-6332. To learn more about generic drugs online, you can also visit [www.caremark.com](http://www.caremark.com) and click on Check On Drug Costs to compare brand-name medicines to generic alternatives.