

**Capital Area Health Consortium
 Prescription Drug Program
 \$10 Copayment Generic Drugs
 \$20 Copayment Brand-Name Drugs
 Unlimited Annual Maximum**

Description of Benefits		You Pay:
Tier 1: Generic Drugs	The term “generic” refers to a prescription drug that is considered non-proprietary and is not protected by a trademark. It is required to meet the same bioequivalency test as the original brand-name drug. Tier 1 copayment applies.	\$10
Tier 2: Brand-Name Drugs	This category refers to covered prescription drugs that are sold using a commercial name rather than a generic name. For example, Prozac, the antidepressant, is a brand-name for Fluoxetine, the generic equivalent. Tier 2 copayment applies.	\$20
Annual Maximum	Per member per calendar year	Plan Pays: Unlimited

How To Use The 2-Tier Managed Prescription Drug Program

The 2-Tier Managed Prescription Drug Program incorporates two different levels of copayments: one for generic, and one for brand-name prescription drugs, as defined in the chart above. You minimize your copayments when you use generic prescriptions. You’ll still have coverage for brand-name drugs, but at a higher cost share. **Talk to your provider** about using generic drugs. You’ll have lower copayments when you use these drugs.

- You will be responsible for **one** copayment when purchasing a **34-day supply** of prescription drugs from a participating retail pharmacy.
- You’ll be responsible for **0** copayments when purchasing a **35-day to 100-day supply** of maintenance drugs through the mail-order program.

Generic Substitution: Prescriptions may be filled with the generic equivalent when available.

- When you purchase a generic drug at a participating pharmacy, you’ll only be responsible for a Tier 1 copayment.
- When a generic equivalent is available and you obtain a brand-name drug, you will be responsible for the brand-name copayment *plus* the difference in cost between the generic and brand-name drug. This provision applies unless your provider obtains Prior Authorization. When Prior Authorization is obtained (at the discretion of Anthem Blue Cross and Blue Shield), you will be responsible only for the brand-name copayment.

Connection (Concurrent Drug Utilization Review)

Connection works with the retail pharmacy’s standard guidelines to provide a **second level of quality and safety checks**. The process, which is provided on-line as part of the electronic claims filing process, helps promote access to safe, appropriate, cost-effective medications for members. Connection involves a series of rules or guidelines, which identify potential medication therapy issues and deliver a message to the pharmacy by computer before the medication is dispensed. The process alerts the pharmacist of potential issues such as drug-to-drug interactions, refills requested too close together, incorrect dosing or drug duplications.