Why the Carrier You Choose Matters for Your Prescriptions

Each medical carrier has an in-house or preferred pharmacy benefit manager with its own rules about how prescription drugs are covered. That's why you need to do your homework to determine how your medications will be covered before choosing a medical insurance carrier. The covered prescription lists, or formularies, will change from what is currently available through CVS/caremark.

Your Prescription Drug Checklist

- **Is my drug on the formulary?**

  A formulary is a list of generic and brand-name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. If your drug isn't on a carrier's formulary, you'll pay more for it.

- **How much will my drug cost?**

  The cost of your prescription drug depends on how your medication is classified by your insurance carrier—generally either Tier 1, Tier 2 or Tier 3. The higher the tier, the more you'll pay.

  While generics typically cost less than brand-name drugs, insurance carriers can classify higher-cost generics as Tier 2 or Tier 3 drugs, which means you'll pay the Tier 2 or Tier 3 price for certain generic drugs. You can also find this information on the carrier sites, or use the prescription drug search tool when you enroll.

- **Will I have to pay a penalty if I choose a brand-name drug?**

  Because many brand-name drugs are highly expensive, some medical insurance carriers will require you to pay the copay or coinsurance of a higher tier—plus the cost difference between brand and generic drugs—if you choose a brand when a generic is available.

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☐ Is my drug considered “preventive” (covered 100%)?

The Affordable Care Act requires that certain preventive care drugs are covered at 100% when you fill them in network—but, each insurance carrier determines which drugs it considers “preventive.” If a drug isn’t on the preventive drug list, you’ll have to pay your portion of the cost.

☐ Will my doctor have to provide more information before my prescription can be approved?

Many carriers require approval, or prior authorization, of certain medications before covering them. This may apply for costly medications that have lower-cost alternatives or aren’t considered medically necessary.

☐ Will I have a step therapy program?

If this applies to one of your medications, you’ll need to try using the most cost-effective version first—usually the generic. A more expensive version will be covered only if the first drug isn’t effective in treating your condition.

☐ Are there any quantity limits for my medication?

Certain drugs have quantity limits—for example, a 30-day supply—to reduce costs and encourage proper use.

☐ How do I take advantage of mail-order service?

You’ll likely need a new 90-day prescription from your doctor. And, because mail order can take a few weeks to establish, it’s a good idea to ask your doctor for a 30-day prescription to fill at a retail pharmacy in the meantime.

Getting help through the transition

A Transition of Care Worksheet is posted on the RELX Benefits Center. It includes information on what you need to do to make it through the transition, along with other helpful tips.

Beginning November 13, You can also call the RELX Benefits Center at 1.877.734.1938 Monday through Friday, from 9 a.m. to 6 p.m. ET and a representative will be there to answer your questions. In the meantime, if you have general questions, please email the RELX benefits team at corporatebenefits@relx.com.