

GENERAL PROGRAM INFORMATION

1. Who is our Pharmacy Benefit Manager (PBM)?

Express Scripts, Inc. is The Ohio State University's PBM. They offer 24 hour, 365 day a year Patient Care Contact Center, a national network of over 57,000 pharmacies and a Home Delivery option for your medications.

2. How can I locate an Express Scripts network retail pharmacy?

Many of the large retail pharmacy chains such as CVS, Kroger, Wal-Mart, Walgreens, and Target are in the Express Scripts network. Members can locate an Express Scripts network pharmacy by going online to express-scripts.com/custom/a8w/pharmacy.htm.

ENROLLMENT INFORMATION

3. Are my dependents, spouse, or partner eligible for this benefit?

Eligibility for Prescription Drug Program coverage is based upon enrollment in a university Medical Plan. Refer to [Medical Plan Eligibility](#) for details.

4. How/when can I sign up?

You and your eligible dependents automatically receive Prescription Drug Program coverage upon enrollment in one of the university's Medical Plans.

5. When can I change my benefit elections?

Eligible employees may change their medical plan elections upon hire into a benefit-eligible position, during **Open Enrollment**, or if a **qualifying status change** occurs.

6. Will I receive a prescription plan card?

Your medical/prescription drug card lists the prescription drug plan information on the upper right hand side of the card. This is the card you will use at your pharmacy.



7. What happens to this benefit when I leave Ohio State?

Benefit coverage ends when medical coverage ends. If medical coverage is continued through **COBRA**, then employees and their dependents will have prescription drug coverage continued. Retirees may have health benefits through their retirement plans.

COVERAGE CHANGES

8. When can I change my benefit elections?

Eligible employees may change their medical plan elections upon hire into a benefit-eligible position, during **Open Enrollment**, or if a **qualifying status change** occurs.

DEFINITIONS

9. What is a copay?

It is a shared cost between the member and the health plan where the member pays a flat dollar amount and the plan pays the remaining balance.

Cost Share Example	ESI Home Delivery
Member Copay:	\$12.00
Plan Pays:	\$79.26
Total Cost:	\$91.26

10. What is a coinsurance?

It is a shared cost between the member and the health plan where each pays a defined percentage of the total cost of the medication.

Cost Share Example	ESI Home Delivery
Member Pays 30% Coinsurance:	\$59.86
Plan Pays Remaining 70%:	\$139.68
Total Cost:	\$199.54

11. What is a formulary brand name drug?

The medications listed on the formulary list are chosen based on comparative clinical effectiveness, safety profiles, and opportunities to help contain costs. The formulary list used by the university’s prescription drug program can be found online at hr.osu.edu/benefits/osuformulary.pdf.

12. What is a non-formulary brand name drug?

Brand name medications that are not part of the formulary list are commonly considered non-formulary because of safety and/or efficacy concerns. Every therapeutic class of drugs has either a generic or formulary option available. When a new drug comes onto the market, the Pharmacy and Therapeutics Committee looks at the drug’s safety and efficacy compared to similar drugs already available.

13. What is a generic drug?

Generic drugs, like brand name drugs, are federally controlled to meet the same standards of composition, safety, strength, purity, and quality. If you receive a generic drug, you will pay a lower amount than for a brand name drug.

FORMULARY

14. What is the Prescription Drug Formulary list for the university’s medical plans?

It is a list of prescription drugs (online at hr.osu.edu/benefits/osuformulary.pdf) showing formulary status to which the Pharmacy and Therapeutics Committee has agreed. The Pharmacy and Therapeutics Committee is composed of the Medical Director of OSU Managed Health Care Systems, Manager of Pharmacy Benefits, Director of Medical Services, Director of Behavioral Health Services, and university specialty department chairs or designees. Our formulary is proprietary. The P & T Committee looks at a drug’s efficacy, safety, and cost compared to similar drugs already available. Ohio State will maintain a custom formulary that will be administered by Express Scripts. However, the P & T Committee will continue to meet regularly to review formulary status of new and existing drugs and any changes made will be updated and available online at hr.osu.edu/benefits/hb_prescription.

15. Where can I find the cost of my prescription and whether it is generic, formulary or non-formulary?

- Use the Express Scripts’ pricing tool located on the home page once registered at express-scripts.com
- Contact ESI at 1-866-727-5867 to speak to a Patient Care Associate.

16. If I price a medication using the Express Scripts pricing tool will that be the price I pay when I order my medication?

The Express Scripts pricing tool is to be used as an estimate only. Some prices are based on the drug’s average wholesale price and may vary slightly by pharmacy.

17. I tried to price my medication but it tells me to contact Express Scripts via phone? Why can’t I get a price online?

Due to the complexity and dosage variations on certain medications such as injectibles, sprays, or inhalers, members need to call a Patient Care Advocate at 1-866-727-5867 for the most exact pricing. Some medications require a prior authorization before they can be filled. Your physician can initiate the prior authorization process by contacting:

- Express-Scripts Ohio State University Pharmacist and Physician dedicated line at 1-888-720-3934 (includes prior authorization)

- Faxing a prior authorization request to Express Script Prior Authorization Department at (fax) 1-800-357-9577
- Sending a letter requesting a prior authorization to: Express Scripts Inc, Prior Authorization Department, 6625 W. 78th Street, Mail Route BL0345, Bloomington, MN 55439)

18. Why did I receive a generic drug when my prescription was written for a brand name drug?

Express Scripts may legally substitute a generic drug when a brand name drug is prescribed. A generic drug is federally controlled to meet the same standards of composition, safety, strength, purity, and quality

19. My physician wrote DAW on my prescription. What does this mean?

DAW stands for dispense as written. Physicians would write this on a prescription if they feel the patient needs the brand name drug since generic substitution is automatic.

COST SAVINGS OPPORTUNITIES

20. What options are available for lowering and/or containing my medication costs?

There are several options available:

- Talk with your physician about generic and formulary brand name drug alternatives to determine if a less expensive drug alternative is available that would be right for you.
- Talk with your pharmacist about generic and formulary brand name drug alternatives.
- Participate in the Value-Based Prescription Drug Plan under the CareAllies care coordination program for specific chronic conditions. Visit yourplanforhealth.com to learn more.
- Several area pharmacy chains offer 30-day supply for \$4 generic programs and 90-day supply of generic medication for a flat dollar copay.
- Some of your out-of-pocket pharmacy expenses may be eligible for reimbursement pre-tax through the Health Care **Flexible Spending Account**.

21. Why is it necessary for Ohio State to make ongoing changes to the prescription drug program?

Because prescription drugs continue to represent the fastest-rising cost in U.S. health care spending, as well as a significant segment of the costs within the university's faculty and staff health plans, it is necessary for the university to review its prescription drug coverage and determine where it could be amended to help contain these costs. By implementing plan design features to encourage utilization of medications that are both clinically appropriate, yet most cost-effective to the plan and its members, the university is taking important steps to help ensure that it can continue providing valuable prescription drug coverage in the future.

FLEXIBLE SPENDING ACCOUNTS

22. Will this affect my taxes?

Some of your out-of-pocket pharmacy expenses may be eligible for reimbursement pre-tax through the Health Care **Flexible Spending Account**.

EXPRESS SCRIPTS WEBPAGE

23. How may I manage my prescription medications?

- The Express Scripts website offers members the opportunity to manage their prescriptions through a secure, on-line account. Members may price medications, order refills, track the status of orders, locate participating retail pharmacies, and view prescription history.
- To create an account go to express-scripts.com and click on "Activate your account." Follow the on-screen prompts to complete your registration.

24. Who will have access to my on-line account?

- The primary cardholder is responsible for managing the account for him/her as well as for all covered dependents.

- In compliance with HIPAA, the primary cardholder must certify at the time of registration that permission to access prescription information has been obtained from each dependent over age 18. He/she must also agree to use the dependents' prescription history solely for the purpose of prescription benefit management.

25. Does my dependent have access to his/her own account information?

Express Scripts is exploring the development of enhanced capabilities to provide dependents access to their own account information. Information will be provided as it becomes available.

26. How can I update my personal notifications from Express Scripts Home Delivery?

You can update personal information such as email or phone notification preferences for prescription orders, payment information, or your account password under the “Account Settings” web site option.

27. Where can I find information on my prescription cost history to use for Flexible Spending purposes?

Once registered and logged into the express-scripts.com website a member can click on “My Prescriptions” on choose “Prescription History”.

SPECIALTY MEDICATIONS

28. What is a specialty medication?

It is usually a high-cost pharmaceutical product that is generally, but not exclusively, biotechnological in nature. Specialty medications are typically injectable, may require refrigeration, special handling/delivery, and/or distinct safety protocols. All injectable drugs are not necessarily specialty medications. A list of specialty medications can be found online at hr.osu.edu/hrpubs/ben/rx-specialtymedslist.pdf.

29. Who dispenses my specialty medications?

You have the option of using Express Scripts specialty pharmacy, CuraScript, for your specialty medications. You may also obtain your specialty medications from your network retail pharmacy. If you choose to use CuraScript your specialty medications will be delivered to your home, your doctor’s office, or any approved location. You will have access to specialty healthcare experts, guidance in how to take your specialty medications correctly, support in managing your medical condition, and more.

30. Where can I find the cost of my specialty medication and whether it is generic, formulary, or non-formulary?

- To determine formulary status of specialty medications under the pharmacy benefit (retail or home delivery):
 - Call CuraScript at 1-866-519-7261
 - Go online to hr.osu.edu/benefits/hb_prescription, click on links under “Specialty Medications”
- To determine formulary status of specialty medications under the medical benefit (outpatient clinic, physician’s office, etc.):
 - Contact NGS 1-866-442-8257

Specialty Medications ¹	Retail	Home Delivery	University Medical Plans
Supply Limit	30-day supply	30-day supply	30-day supply
Generic Drug	20% coinsurance, \$5 minimum, up to \$30	20% coinsurance, \$4 minimum, up to \$25	20% coinsurance ² no maximum
Formulary Brand Name Drug	20% coinsurance, up to \$60	20% coinsurance up to \$50	20% coinsurance ² no maximum
Non-Formulary Brand Name Drug	50% coinsurance no maximum	50% coinsurance no maximum	50% coinsurance no maximum
----- Annual prescription drug out-of-pocket limit applies ³			

¹ For specialty medication fact sheets and other helpful prescription information, visit hr.osu.edu/benefits/hb_prescription.

² Prime Advantage Plus Non-Network coverage for formulary specialty medications has a 30% coinsurance

³ Prime Care Connect enrollees have a \$1,000 per person annual out-of-pocket maximum.

INFERTILITY MEDICATIONS

31. What is an infertility medication?

It is usually a high-cost pharmaceutical product that is. A list of specialty medications can be found online at hr.osu.edu/oe/rxchart-infertility.pdf.

32. Who dispenses my infertility medications?

You have the option of using Express Scripts specialty pharmacy, CuraScript, for your specialty medications. You may also obtain your specialty medications from your network retail pharmacy. If you choose to use CuraScript your specialty medications will be delivered to your home, your doctor’s office or any approved location. You will have access to specialty healthcare experts, guidance in how to take your specialty medications correctly, support in managing your medical condition and more.

33. Where can I find the cost of my infertility medication and whether it is generic, formulary, or non-formulary?

- To determine formulary status of specialty medications under the pharmacy benefit (retail or home delivery):
 - Call CuraScript at 1-866-519-7261
 - Go online to hr.osu.edu/benefits/hb_prescription, click on links under “Specialty Medications”
- To determine formulary status of specialty medications under the medical benefit (outpatient clinic, physician’s office, etc.)
 - Contact NGS 1-866-442-8257

Infertility Medications ¹	Retail	Home Delivery
Lifetime Maximum Benefit³		\$ 25,000
Supply Limitations	30-day supply	30-day supply
Generic Drug	20% coinsurance, \$5 minimum, up to \$30	20% coinsurance, \$4 minimum, up to \$25
Formulary Brand Name Drug	30% coinsurance, no maximum ⁵	30% coinsurance, no maximum ⁵
Non-Formulary Brand Name Drug	50% coinsurance, no maximum ⁵	50% coinsurance, no maximum ⁵

- 1 The infertility treatment medical benefit includes the cost of prescription medications and requires prior authorization from Managed Health Care Systems (MHCS).
- 2 The prescription drug program annual out-of-pocket maximum does not apply to infertility medications.
- 3 Infertility treatment has a separate lifetime maximum benefit.
- 4 Certain non-specialty generic medications are available as a 90-day supply with a \$12 copay.
- 5 The infertility drug coinsurance does not have a maximum coinsurance per prescription.

PRIVACY PROTECTION

34. Will my privacy be protected?

[View the HIPAA Notice of Privacy Practices](#) for more information on how your personal information is protected.

RESOURCES

35. Where can I obtain additional information?

Your questions can be answered by:

- Calling Express Scripts at 1-866-727-5867 to speak to a customer service representative
- Visiting hr.osu.edu/benefits/hb_prescription
- Contacting the Office of Human Resources Customer Service Center at service@hr.osu.edu, (614) 292-1050, 1-800-678-6010, or Fax: (614) 292-6235
- Contacting Ohio State University Health Plan, (614) 292-4700, 1-800-678-6269, or Fax: (614) 292-1166.

VALUE-BASED PRESCRIPTION DRUG PLAN

36. What is the Value-Based Prescription Drug Plan?

Faculty, staff, and their dependents who actively participate in ongoing calls with a CareAllies Care Coordinator for management of asthma, chronic obstructive pulmonary disease (COPD), diabetes, and heart disease (coronary artery disease or congestive heart failure) are eligible for the Value-Based Prescription Drug Plan. This benefit will reduce or eliminate the cost of the prescription medications taken specifically for these chronic conditions. By participating in the Care Coordination program the copay for any generic drugs taken for the chronic condition will be waived and the coinsurance amount for formulary brand-name drugs taken to treat the chronic condition will reduce by 50 percent. If a member chooses not to participate in the CareAllies Care Coordination program they will not be eligible for the Value-Based Prescription Drug Plan.

37. What does the Value-Based Prescription Drug Plan benefit structure look like?

Prescription Type	Prime Care Advantage	Prime Advantage Value	Independent Choice	Out-of Area Plan	Prime Advantage Plus		Prime Care Connect	
	Retail Pharmacy		Home Delivery		Retail Pharmacy	Home Delivery	Retail Pharmacy	Home Delivery
Generics	\$0		\$0		\$0	\$0	\$0	\$0
Formulary Brand-Name Drugs	15% coinsurance, up to \$30		15% coinsurance, up to \$75		\$12.50 copay	\$32.50 copay	15% coinsurance, up to \$30	15% coinsurance, up to \$75
Non-Formulary Brand-Name Drugs¹	50% coinsurance, no maximum		50% coinsurance, no maximum		\$45 copay	\$115 copay	50% coinsurance, no maximum	50% coinsurance, no maximum

¹ Not eligible for the Value-Based Prescription Drug Plan

38. How do I know if my medication qualifies for the Value-Based Prescription Drug Plan benefit?

Refer to the Value-Based Prescription Drug Plan Benefit Guide to see a listing of all eligible medications. The benefit guide can be found at hr.osu.edu/hrpubs/ben/rxvbdguide.pdf.