

Christian Brothers Services
Health & Benefits
Express Scripts



Prescription Drug Programs

The Trusts administered by Christian Brothers Services have chosen Express Scripts Inc. (ESI), to manage the prescription drug benefit for our members. With ESI's sophisticated dispensing technology, management programs, and mail-order pharmacies, Trust participants are provided high-quality prescription drugs at discounted prices.

Express Scripts by Mail

In the mail-order pharmacies, quality process activities as well as customer satisfaction are driven by performance measurement in four key areas: Compliance, Quality, Service and Cost. Express Scripts and each of its mail-order pharmacies are fully accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and are diligent in adhering to all applicable standards of that organization.

When you register at mycbs.org/health and click on My Prescription Drugs, you will have instant access to your prescription history, be able to price a medication, locate a pharmacy, or check reorder status.

Coverage Management

Prior Authorization

Prior authorization monitors prescription drugs to ensure you are getting a medication that is suitable for the intended use and covered by your pharmacy benefit.

If your prescription requires a prior authorization, your physician needs to be consulted to provide additional information before it can be covered under your benefit.

Step Therapy

Step therapy is a managed approach to prescription drugs intended to control costs and mitigate risks posed

by prescription drugs. *It is a review process to make sure you haven't tried another, lower first-level medication that could work and determines whether certain criteria have been met, such as age, sex, or condition; and/or whether treatment of an alternate therapy or course of treatment has failed or is not appropriate.*

Step therapy is required for certain prescribed medications. ESI will manage step therapy. There is nothing required of you as the program will automatically be implemented when certain medications are prescribed.

Quantity Limitation

Quantity limitations is a quality, cost-saving benefit promoting the safe and appropriate use of medications. These quantity restrictions are based on product labeling or clinical guidelines and are subject to periodic review and change.

Formulary

All Trust prescription drug plans include a formulary list. At its most basic level, formularies are lists of drugs, generic and brand name, which offer the greatest overall value to plan participants.

Medications indicated on the formulary list are typically grouped into three tiers: generic, preferred brand and non-preferred brand. Formulary management enables you and your physician to choose clinically appropriate and cost-effective drugs for specific conditions. The tier your medication is in determines your portion of the drug cost. Medications not on the formulary list are not covered by the Plan.

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Generic Medications

The term “generic” holds many connotations in the minds of consumers—many of them negative. When it comes to generic prescription drugs, the U.S. Food and Drug Administration (FDA) requires all generic drugs to have the same quality and performance as the brand name equivalents.

More than half of the prescription drugs available today have a generic option for consumers. Most prescription drug plans, including the medical trusts administered by Christian Brothers Services, have a lower co-payment for generic medications because the cost of generic medications is considerably less expensive than brand name medications.

Member Pays the Difference

The “Member Pays the Difference” plan design encourages generic drug usage and discourages the use of multi-source brand name drugs, when suitable generic equivalents are available. If a physician writes a prescription for a generic medication and the member requests the brand name, the member will pay the brand copay and the difference between the cost of the brand name and the cost of the generic unless the physician specifically stated to dispense the brand name with no generic substitution. In that case, or in the case of certain exemptions, they incur no penalty.

SaveonSP

SaveonSP works in conjunction with the EBT’s current pharmacy program through Express Scripts. Participants will continue to receive their specialty medications through Accredo, Express Scripts’ specialty mail order provider. SaveonSP will leverage a manufacturer’s copay assistance programs to provide both savings to participants and to the Plan.

SafeGuardRXSM

Six out of every 10 adults in the U.S. have a chronic condition. Chronic conditions not only take a toll on someone’s health, they also take a toll on annual health-care costs. The SafeGuardRx program from Express Scripts is a better way to help plans and members manage the costs of chronic conditions. (List out some of these Diabetes Care Value, Pulmonary Care Value, Migraines, etc.)

Retail Refill Allowance

Most plans limit the number of fills at a retail pharmacy to the initial fill and two subsequent refills, and then request that you convert the script to mail order. Members may continue to fill at a retail pharmacy, however, a penalty does apply.

Smart 90[®]

Smart 90 Prescriptions gives the member the option to fill a 90-day prescription at a Walgreens (or its affiliates) without retail refill limit or transfer to the Express Scripts mail-order pharmacy. Smart90 gives the member flexibility if they prefer not to have their 90 days of medication delivered to their home.

RationalMed[®]

The RationalMed program protects the safety of participants who may have prescriptions from more than one physician or pharmacy. RationalMed relies on a database that checks a member’s prescription activity against clinical evidence to avoid adverse reactions and potential drug to drug interactions.