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A PRESCRIPTION FOR YOUR PRESCRIPTION

For those of you who have Empire Blue Cross and Blue Shield clients as well as BCBS prospects, a change in their Prescription Drug plan has been implemented for 2010. Empire now requires a Preferred Generic Prescription design. This plan works in the following way:

If a member receives a brand name drug when a generic equivalent is available, the member will pay the brand co-pay (tier 1) plus the difference in cost between the generic and the brand name drug. An example provided by Empire states that "a physician writes a prescription for a brand name drug that has a generic equivalent and indicates Dispense as Written (DAW); the brand-name medication costs \$160 for a 30 day supply, while the generic cost is just \$60.

The employee would be required to pay the brand co-pay which for example is \$10 plus the difference between the brand name cost and the generic (\$160—\$60=\$100), for a total of \$110 for a 30 day supply of the brand name medication".



New York State law requires that a pharmacist dispense a generic equivalent of a brand name drug if it is available unless the doctor writes (DAW) on your prescription. It is most important

that you discuss this with your doctor prior to filling your prescription or at the very least, before you pick up your medication, as you might be hit with a large out of pocket cost. One recent insured was charged a \$700 difference in costs. Unfortunately this requirement has fallen under the radar for many Empire insured's.

There is an exception process where a physician demonstrates the brand-name medication is required for treatment as a medical necessity. In this case the medication would involve only the tier co-pay as applicable. We have a Blue Cross FAQ regarding this available for those who want more information.

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