

## Copay Tiers

### ***Generic Drugs (Tier 1):***

Approved by the U.S. Food and Drug Administration (FDA), generic drugs contain the same active ingredients as brand name drugs, are just as safe and effective, and usually cost less. In most cases, Massachusetts law requires the dispensing of generic drugs whenever possible. You pay the lowest copayment for generic drugs.

### ***Brand/Formulary Drugs (Tier 2):***

Brand/Formulary Drugs (Tier 2) are marketed under a trademarked brand name, usually by one manufacturer, and usually do not have less costly generic equivalents. Brand/Formulary Drugs are selected based on a review of the relative safety, effectiveness and cost of the many FDA approved drugs on the market. Your copayment for Brand/Formulary Drugs is higher than for Generic Drugs, but lower than for Brand/Non-Formulary Drugs, which are described below.

### ***Brand/Non-Formulary Drugs (Tier 3):***

Any brand name drug that has not selected as a Brand/Formulary Drug is a Brand/Non-Formulary Drug (Tier 3). This category includes any brand name drug for which there are formulary brand or generic and brand. You and your doctor may decide that a Brand/Non-Formulary Drug is most appropriate for you. These medications are still covered, but at the highest copayment level.

### ***New to Market Medications (Under Clinical Review):***

- Brand name drugs that are new to the market at not typically added to the list of covered drugs for at least six months after FDA approval. Once the FDA approves a drug, a committee of physicians and pharmacists reviews the drug's safety, effectiveness and value. During this clinical review period, the drug is not covered.
- If your physician feels that it is Medically Necessary to prescribe this medication, he or she can fill out a Medication Request Form and submit it for review, along with documentation of medical necessity. Medical necessity includes, but is not limited to; inadequate response or allergic reaction to drugs that are currently part of the formulary.

### ***Brand not covered, Generic product preferred:***

Drugs with FDA approved generic equivalents are only covered if Medical Necessity has been established. Your physician may request prior authorization for a brand name drug by filling out a Medication Request Form and submitting it for review, along with documentation of medical necessity. Medical necessity includes, but is not limited to; inadequate response or allergic reaction to generic. If approved, the copay for a medication under this status would be Tier 3.

### **Important Notes**

- Please be aware that once a generic equivalent is available, a drug will move to Tier 3, but will not be covered without the above noted prior authorization.
- Massachusetts state law requires pharmacists to dispense a generic equivalent unless otherwise indicated by the physician.

### **What are the effects of not switching to a generic?**

- You will pay a higher copay.
- If you choose to continue on the brand name drug, a new prescription from your physician will need to state "Dispense as written" or "No substitution."
- Contact your physician if interested in discussing alternatives.