Highlights and exceptions to Brand/Generic Difference pricing:

Brand/Generic Difference pricing does not apply to all prescription drug plans. Other exceptions include:

- Drugs covered under the medical benefit
- Drugs without a generic equivalent (single source drugs)
- Generic drugs

Brand/Generic Difference pricing applies to formulary and non-formulary drugs.

A member will never pay more than the retail drug cost.

Medically necessary prescriptions may be considered for co-pay reductions on a case-by-case basis. The prescribing practitioner must submit for prior authorization to demonstrate that the brand-name drug is medically necessary over all other formulary products that can be used to treat your condition.

For diabetic drugs and supplies, Brand/Generic Difference pricing does not apply to New York plans and Vermont large group plans. Diabetic drugs and supplies are covered under the medical contract.

Want to find out what a specific drug costs?

Sign In or *Register* online at **mvphealthcare.com** and select *Pharmacy (CVS Caremark)* to *Check Drug Cost and Coverage*.

Have questions about your prescription benefits?

Call the MVP Customer Care Center at the phone number listed on the back of your MVP Member ID card.

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Brand/Generic Difference

Understanding prescription costs and what you will pay at the pharmacy.

What is Brand/Generic Difference pricing?

If you receive a brand-name drug when there is a generic equivalent available, *you may be required to pay the difference in cost between the generic and the brand-name drug, plus your Tier 1 co-pay*. This total price is called the Brand/Generic Difference.

Unless your doctor specifies that you must receive a brand-name drug, pharmacies typically defer to dispensing the generic equivalent, if one is available. You can also ask your provider or pharmacist if there is a generic alternative available. When you receive a generic drug, you are only responsible for your Tier 1 co-pay.

While you may receive the brand-name drug as prescribed, this would result in the higher Brand/Generic Difference price.

Brand-Name Drug Cost
– Generic Equivalent Drug Cost[1,2]
+ Tier 1 Co-Pay[3]
= Brand/Generic Difference

1 Generic drug cost applies to the deductible or out-of-pocket maximum (OOPM).
2 Difference in cost between brand-name and generic does not apply to deductible or OOPM.
3 Generic co-pay applies to deductible and OOPM.

Here's an example of how it works:

Betty has a prescription co-pay plan, which follows this cost structure:

Tier 1	Tier 2	Tier 3
$10	$30	$50

Her doctor has written her a prescription for a brand-name drug that has a generic equivalent. The brand-name drug has a retail cost of **$200** and the generic equivalent has a retail cost of **$50**.

If Betty receives the generic equivalent, she will be responsible only for the Tier 1 co-pay of **$10**.

If Betty receives the brand-name drug, she will be responsible for the Brand/Generic Difference of **$160**.

Here's how that's calculated:

Brand/Generic Difference = (**$200** – **$50**) + **$10**
Brand/Generic Difference = **$160**

What if the plan has a deductible?

If the deductible has not been met, you (the member) will be responsible for the full retail cost of either the generic or brand-name drug, whichever you receive.

If the deductible has been met, you will only be responsible for the Tier 1 co-pay for the generic drug. If you receive the brand-name drug, you will pay the Brand/Generic Difference price.

If the deductible has been met, and there is no co-pay or co-insurance, you will pay the difference between the retail cost of the brand drug and the retail cost of the generic equivalent.

What costs apply to the deductible?

Whether you have met the deductible or not, if you receive the brand-name drug, only the retail cost of the generic equivalent drug ($50) will apply to the out-of-pocket maximum (OOPM) and/or deductible.