

# Drug Insights:

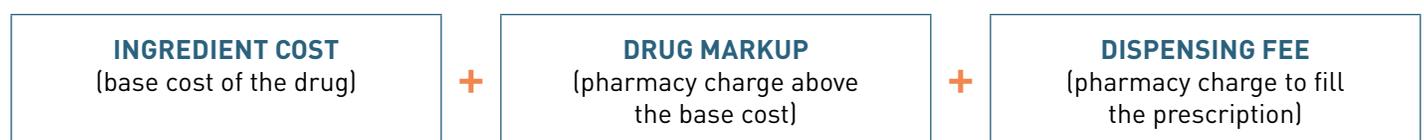
## *Reducing your out-of-pocket costs at the pharmacy*

Need to fill a prescription? Learn about pharmacy charges and how they impact your drug claims



The CAEAS-ECAB plan covers a wide range of eligible prescription drugs that are medically necessary, including many preventative vaccines, as well as diabetic supplies and life-sustaining medications that do not require a prescription (e.g., EpiPens). It does not cover most over-the-counter products, as they are generally low cost and widely available. Most medications covered under the plan are available to all members with a valid prescription, but others require prior authorization (meaning members need to meet certain clinical criteria before an eligible medication is approved for coverage).

When you fill a prescription at your local pharmacy, the overall cost has three components:



A pharmacy is a business like any other, so markups and dispensing fees can vary significantly. To help keep your plan affordable and sustainable, the CAEAS-ECAB benefits plan includes the following limits:

- **8% markup limit** (the same markup charged to provincial plans like Trillium, OHIP+ and the Ontario seniors drug plan);
- **\$6 maximum dispensing fee** per prescription; and
- **Limit of 5 dispensing fees** per chronic medication, per year.

**Example:** Jennifer goes to the pharmacy to get an asthma inhaler (Xenhale), which has an ingredient cost of \$113.38. Her pharmacy charges a 14% drug markup and a dispensing fee of \$9.97. Here's how her total claim would be determined and reimbursed under the CAEAS-ECAB plan:

	INGREDIENT COST	DRUG MARKUP	DISPENSING FEE	TOTAL
<b>Pharmacy</b>	\$113.38	\$15.87 (14%)	\$9.97	\$139.22
<b>CAEAS-ECAB plan</b>	\$113.38	\$9.07 (8%)	\$6.00	\$128.45
<b>Difference (out of pocket)</b>				<b>\$10.77</b>

As in this example, if your pharmacy charges more than the CAEAS-ECAB plan limits (or you fill a regular prescription more than 5 times a year), you are responsible for paying the difference. Here are a few strategies to minimize your out-of-pocket costs.

**TALK TO YOUR PHARMACIST.** Most people don't realize it's possible to make individual arrangements with the pharmacy manager. You can explain that you've moved to a new benefits plan with limits on markups and dispensing fees (per the above), and then ask if they would be willing to waive some or all cost differences between what they charge and what the plan covers. (If they agree to a special arrangement, make sure it's noted on your file.)

**USE A PHARMACY WITH LOWER FEES.** If you aren't satisfied with your pharmacy's response, you can always shop around for a pharmacy that charges less. If you do decide to switch pharmacies, in most cases, your new pharmacy can have your prescription history transferred from your old pharmacy to make the transition easier for you.

**FILL YOUR PRESCRIPTION LESS OFTEN.** You can usually get maintenance drugs (medications you take regularly for chronic conditions) in a 90- or 120-day supply rather than filling your prescription every month. Not only will this help ensure you don't exceed the dispensing fee frequency limit, but it also means you'll need to make fewer trips to the pharmacy.

Working hand in hand with your pharmacy can go a long way toward managing drug costs for the plan and minimizing out-of-pocket costs for you.

