MAPLE SHADE BOARD OF EDUCATION PRESCRIPTION DRUG COMPARISON

| | Current Horizon Prescription The prescription plan is be | Proposed BeneCard Prescription ased on the medical plan. |
|---|--|--|
| Current Horizon Direct Access \$20 Proposed Aetna Choice POS II \$20 | Retail Copayments (30 day supply) Generic - \$5 Brand Preferred - \$20 Brand Non-Preferred - \$20 Mail Order Copayments (90 day supply) Generic - \$10 Brand Preferred - \$40 Brand Non-Preferred - \$40 | Retail Copayments (30 day supply) Generic - \$5 Brand Preferred - \$20 Brand Non-Preferred - \$20 Mail Order Copayments (90 day supply) Generic - \$10 Brand Preferred - \$40 Brand Non-Preferred - \$40 |
| Current Horizon Direct Access \$20/\$30 Proposed Aetna Choice POS II \$20/\$20 | Retail Copayments (30 day supply) Generic - \$3 Brand Preferred - \$18 Brand Non-Preferred - \$46 Mail Order Copayments (90 day supply) Generic - \$5 Brand Preferred - \$36 Brand Non-Preferred - \$92 | Retail Copayments (30 day supply) Generic - \$3 Brand Preferred - \$18 Brand Non-Preferred - \$46 Mail Order Copayments (90 day supply) Generic - \$5 Brand Preferred - \$36 Brand Non-Preferred - \$92 |
| Current Horizon OMNIA Proposed Horizon OMNIA | Retail Copayments (30 day supply) Generic - \$3 Brand Preferred - \$10 Brand Non-Preferred - \$10 Mail Order Copayments (90 day supply) Generic - \$5 Brand Preferred - \$15 Brand Non-Preferred - \$15 | Retail Copayments (30 day supply) Generic - \$3 Brand Preferred - \$10 Brand Non-Preferred - \$10 Mail Order Copayments (90 day supply) Generic - \$5 Brand Preferred - \$15 Brand Non-Preferred - \$15 |
| Current Horizon POS \$20 Proposed Aetna QPOS \$20 | Retail Copayments (30 day supply) Generic - \$3 Brand Preferred - \$18 Brand Non-Preferred - \$46 Mail Order Copayments (90 day supply) Generic - \$5 Brand Preferred - \$36 Brand Non-Preferred - \$92 | Retail Copayments (30 day supply) Generic - \$3 Brand Preferred - \$18 Brand Non-Preferred - \$46 Mail Order Copayments (90 day supply) Generic - \$5 Brand Preferred - \$36 Brand Non-Preferred - \$92 |

MAPLE SHADE BOARD OF EDUCATION PRESCRIPTION DRUG COMPARISON

| Prescription Plan Protocol | | | |
|---|----------------------|-----------------------|--|
| | Horizon Yes or No | BeneCard Yes or No | |
| Prescription are subject to a formulary. | Yes | Yes | |
| Prescriptions must be medically necessary and appropriate. | Yes | Yes | |
| Certain Prescriptions require Prior Authorization to be covered. | Yes | Yes | |
| Step Therapy - Where more than one medication in certain drug classes has been shown to be clinically effective but at varying costs, the Step Therapy program requires a trial with the lower cost medication before approval of the higher cost medication, where clinically appropriate. If you purchase the higher cost medication without a prior approval, there will be no coverage. | No | No | |
| Preferred Drug Step Therapy (PDST) — Under PDST, a member is required to try and fail a lower cost prescription drug before approval of a high cost prescription drug in the following classes of drugs: Proton Pump Inhibitors (ulcer/reflux drugs), SSRI/SSNRI antidepressants, osteoporosis drugs, nasal steroids, and hypnotics | No | No | |
| Compound Drugs - Medications that mix or alter ingredients to create a medication designed to the needs of an individual patient. | Yes | Yes | |
| Medication purchased in connection with Cosmetic Services. | No | No | |