

Tiered Drug Formulary:

Take your medicine...if you can afford it

Access to an affordable drug plan is something that most members of the OPS take for granted. Use of the drug plan ranges from a little to a lot, depending on individual and/or family circumstances. For some, the drug plan is a literal life saver...**the cost of many acute or chronic illness medications could bankrupt you within weeks**, and then you would have to simply go without.

Currently, when you take a prescription to the pharmacist, the pharmacy is reimbursed 90 per cent of the prescription. You pay the remaining 10 per cent after \$3 is deducted.

Now, the employer has proposed to replace our current insured drug plan with a “tiered drug formulary.”

What this means: A tiered drug formulary means that all prescription drugs would be on three separate levels (called “tiers”). How much money you are reimbursed would be based on what tier the drug is on.

One example of how prescriptions would be reimbursed is on a three-tier system. Drugs on Tier 1 would be reimbursed 80 per cent. On Tier 2, 50 per cent. And on Tier 3, 20 per cent. You pay for the remaining per cent of the prescription.

Also under this plan, you would be required to go back to your doctor to change your prescriptions based on their tiered costs, even though your doctor

will have prescribed particular drugs based on your medical needs. **To add insult to injury, the union would have NO ability to challenge which drug is on which tier.**

Members will have to request an exception form be filled out by your doctor for each drug that is not fully reimbursed at the highest level. If the insurer says no again, **you will have to appeal.** This can result in numerous appeals...and numerous delays.

Who decides which drugs go on which tier? A third-party consultant, who has no medical background (and whose commission is based on dollar savings), will regularly decide the percent reimbursed for the drugs your doctor prescribes. **Often, higher-cost drugs for chronic illnesses can be placed on Tiers 2 and 3, which could cost you thousands of dollars.**

The employer claims that they will save millions, **but we don't believe that.** Our current plan already reimburses prescription costs based on the equivalent generic drug. So why would we agree to make such a massive change to our drug plan for no reason?

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