GENERIC PHARMACY REPORT GLOSSARY: PRIMARY CARE PROVIDER PROGRAM

Your Group:
Your physician/provider group defined at the tax ID level.

Generic Drug:
As defined by the US Food and Drug Administration.

Generic Prescribing Rate:
This rate is based on the number of generic scripts written (captured by each provider’s DEA number and then rolled up to each provider's designated primary location’s Tax ID) as a percentage of the total number of scripts for a Tax ID during the measurement period.

See example below:
Dr. Smith has 4 practice locations (A, B, C & D) each with a different Tax ID.
(Location A, Tax ID 1; Location B, Tax ID 2; Location C, Tax ID 3; Location D, Tax ID 4)
Dr. Smith has designated his/her primary office location as B at Tax ID 2.
All of the scripts captured by Dr. Smith’s DEA#, regardless of what location they were written at (A, B, C or D), will be used in the calculation for generic utilization of the Tax ID 2 at office location B

Comparison Network
The Comparison Network is the statewide network of AQI participating providers, whose specialty (Internal Medicine, Family Practice or Pediatrics) is the same as Your Group.

Your Group’s generic prescribing rate will be compared to the Comparison Network and the difference will be calculated, as illustrated by the example in the table below.

<table>
<thead>
<tr>
<th>GROUP</th>
<th>GENERIC PRESCRIBING RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PCP Types</td>
</tr>
<tr>
<td></td>
<td>FP</td>
</tr>
</tbody>
</table>

For multi-specialty groups: The Comparison Network will be defined by a weighted methodology, based on the number of scripts written by each primary care specialty type, as illustrated by the example in the table below.

<table>
<thead>
<tr>
<th>MULTI-SPECIALTY GROUP</th>
<th>GENERIC PRESCRIBING RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PCP Types</td>
</tr>
<tr>
<td>FP</td>
<td>100</td>
</tr>
<tr>
<td>PEDS</td>
<td>80</td>
</tr>
<tr>
<td>IM</td>
<td>500</td>
</tr>
<tr>
<td>TOTAL</td>
<td>680</td>
</tr>
</tbody>
</table>
Script
A unique count for each prescription, based on patient, drug and date filled. Each refill is counted as one script.

Avg Cost/Script
The average cost per script, including Anthem and member payments.

Clinical Account Pharmacist
Clinical Account Pharmacists (CAPs) provide objective information to physicians to help them choose safe and cost-effective medications for their patients. By meeting with doctors one-on-one and in small groups, CAPs introduce practitioners to quality, cost-effective alternatives, such as generic equivalents for brand-name drugs. They share reports that include:
- Objective information about drug therapy options
- Information about complete therapeutic classes of drugs, not just those on Anthem Prescription’s formulary
- Useful tools such as prescribing algorithms and guidelines to prescribers

REFERENCES

Patients with Chronic Illnesses Underuse Medications Because of Cost
Robbins

Cost-Related Medication Underuse: Do Patients With Chronic Illnesses Tell Their Doctors?
John D. Piette, Michele Heisler, and Todd H. Wagner
Archives of Internal Medicine 2004;164:1749-1755.

Don't Ask, Don't Tell: The Status of Doctor-Patient Communication About Health Care Costs
Federman
Archives of Internal Medicine 2004;164:1723-1724.

US Food and Drug Administration
Center for Drug Evaluation and Research
Office of Generic Drugs
www.fda.gov/cder/ogd