

# Prescription Drug Plan Update

Kenyon College

May 24, 2018



# Plan Design Changes effective July 1, 2018

	Basic Plan Current	Basic Plan 7/1/2018	Premium Plan Current	Premium Plan 7/1/2018
Annual Deductible	\$75 / \$225	None	\$50 / \$150	None
Retail- 30 day supply				
Tier 1	20% after ded. \$10 min, \$200 max.	10%, \$10 min, \$150 max.	20% after ded. \$150 max.	10%, \$10 min, \$150 max.
Tier 2	20% after ded. \$10 min, \$200 max.	20%, \$25 min, \$150 max.	20% after ded. \$150 max.	20%, \$25 min, \$150 max.
Tier 3	20% after ded. \$10 min, \$200 max.	30%, \$50 min, \$250 max.	20% after ded. \$150 max.	30%, \$50 min, \$250 max.
Mail Order – 90 day supply (Tier 1/2/3)	No coverage	\$20 / \$50 / \$100	\$15 / \$30 / \$45	\$20 / \$50 / \$100

Note: Copays charged will be the *lesser* of:

- the actual cost of the drug;
- Or the minimum copay amount listed in the chart above.



## Category

## Description

Drug Quantity Management (DQM)

Aligns the dispensed quantity of prescription medication with FDA-approved dosage guidelines

Prior Authorization (PA)

Monitors to ensure the appropriate medication at the appropriate time in therapy

Preferred Specialty Management (PSM)

Reduces waste by promoting the use of cost effective front line drugs in therapy classes where clinically available

Step Therapy (ST)

Reduces waste by promoting the use of generics and cost effective front line drugs in therapy classes where clinically available

Fraud, Waste and Abuse (FWA)

Investigative service program that helps plan sponsors identify potential problem prescribers and members with unusual or excessive utilization patterns

Retrospective Drug Utilization (RDUR)

Evaluates a prescription against a patient's prescription history and evidence-based guidelines to alert the prescribing physician to important, drug-specific, patient-specific health and safety issues

# Voluntary Smart90 CVS-Effective 08/01/2018

## Maintenance medication network



Member chooses where  
to fill maintenance  
medications



Express Scripts  
Pharmacy<sup>SM</sup>

CVS Pharmacy<sup>TM</sup>



### Value

**Our independent** model combined with **size and scale** drives greater value, no matter where a member chooses to fill



### Adherence

Members filling prescriptions for 90-day supplies are **19% more adherent** to their therapy regimen



### Savings

**Greater savings** for both plan sponsors and members



# Voluntary

- Engages members by presenting savings opportunities with 90-day supplies
- Members have a choice of home delivery or retail for their 90-day maintenance medications
- Offers convenience with more than 32,000 pharmacies in the Smart90 network or home delivery from the Express Scripts Pharmacy<sup>SM</sup>



**Fill 1**  
Jim gets a 30-day supply at retail



## MEET JIM

Jim is a 60-year-old member with epilepsy who is taking a long-term medicine to treat his condition



**Communication 1**  
Is informed of savings opportunity with 90-day supplies



**JIM'S CHOICE**

\$\$\$  
**NO ACTION**



**Fill 2**  
Continues getting a 30-day supply at standard copayment\*\*



**Communication 2**  
Is informed of savings opportunity with 90-day supplies



\$  
**HOME DELIVERY**



Transfers Rx to the Express Scripts Pharmacy



**Fill 2**  
Gets a 90-day supply delivered right to his door

\$  
**RETAIL**



Prescription is changed to a 90-day supply



**Fill 2**  
Gets a 90-day supply\* at retail for the same low copayment as home delivery

\* Price may vary slightly at retail vs. home delivery for coinsurance plans.

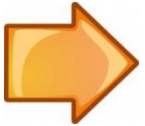


# Prior Authorization: The Right Patient



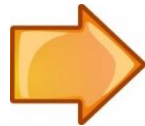
Prior Authorization ensures the clinically appropriate use of medications.

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Prior Authorization ensures that medications are used safely.

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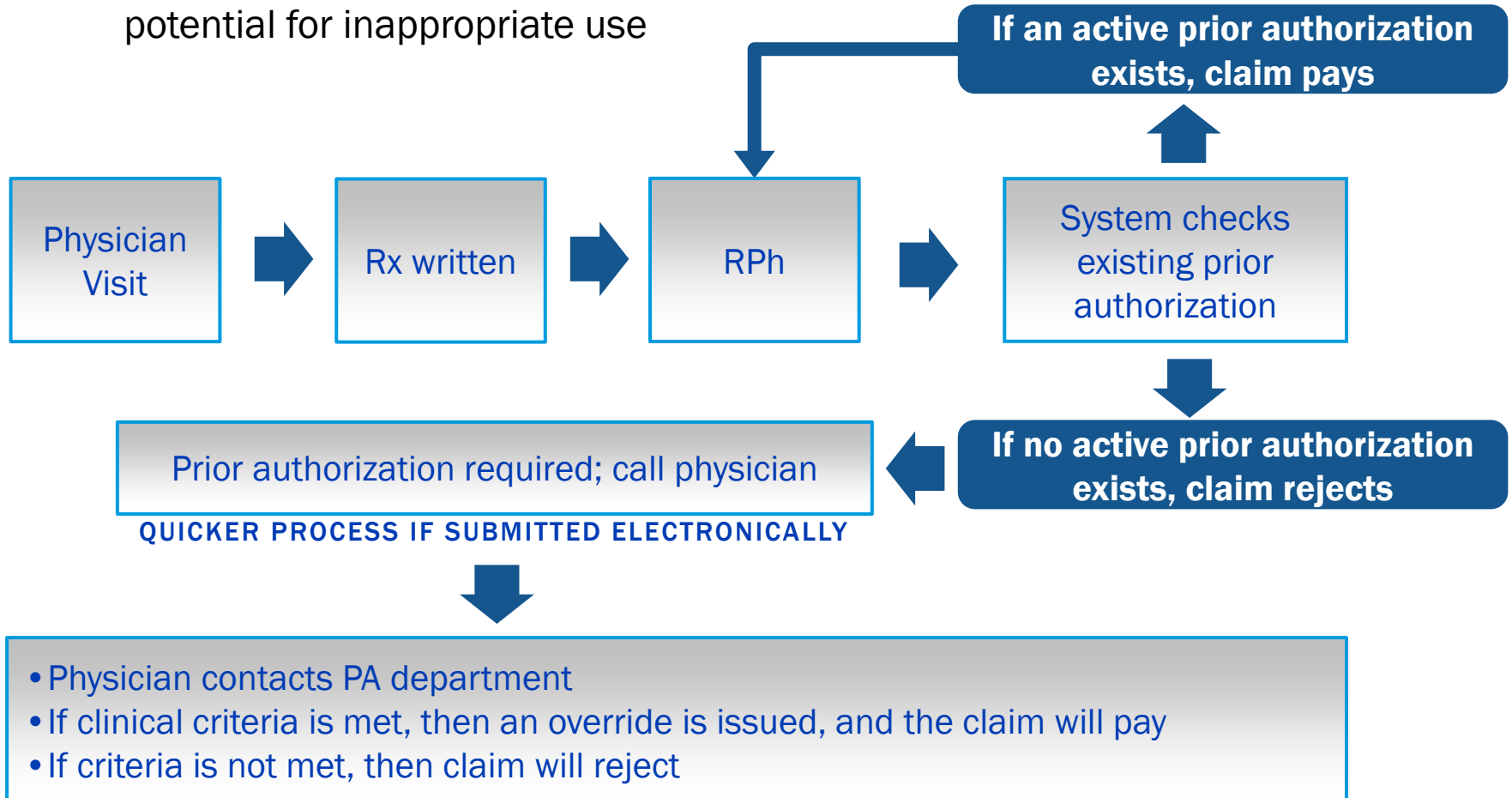
Prior Authorization asks the question: “Is this the right medication for this patient?”

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# How Prior Authorization Works

- Drives savings and patient safety through monitoring:
  - Targeted, high-cost medications
  - Medications with the highest potential for inappropriate use



# Prior Authorization – sample template member letter



<Month DD, YYYY>

<First Name> <Last Name>  
<Address line 1>  
<Address line 2>  
<City>, <State> <Zip>

**A benefit coverage update:**  
Please talk with your doctor  
about your prescription.

Dear <First Name>,

We want to let you know about an important update to your coverage. **Starting <MM/DD/YYYY>, certain prescriptions will require a review before they can be filled and covered by your prescription plan, including the one(s) listed to the right.**

During the review, your doctor can provide us with more detailed information about your prescription so we can make sure its use falls within your plan's rules. These rules are based on the product information approved by the Food and Drug Administration (FDA) as well as published clinical trials and guidelines. We want to make sure you get the safest, most effective medicine available.

**If you're still taking the medicine listed to the right and want it to be covered by your plan, ask your doctor to call Express Scripts at 800.417.1764 to arrange a review before your next refill.**

**If your doctor doesn't call and get approval, you'll be responsible for the full cost.** We don't want you to pay more, so please ask for a different prescription or have your doctor call us.

If you're no longer taking this medicine or no longer eligible under this plan, please disregard this letter.

Sincerely,

Andrew R. Behm, Doctor of Pharmacy  
Express Scripts

As of <MM/DD/YYYY>, your plan's coverage will change for the medicine(s) below.

<DRUG NAME>  
<DRUG NAME>  
<DRUG NAME>  
<DRUG NAME>

**Questions?**  
We'd be glad to help.



Call the number on  
your member ID card.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund.

Additional covered alternatives may be available. Other prescription plan considerations may apply. Costs for covered alternatives may vary. To compare drug prices, please log in at [express-scripts.com](http://express-scripts.com). Select "Save with My Rx Choices" from the menu under "Manage Prescriptions," enter your current medicine name and follow the instructions.



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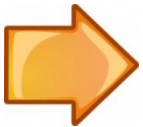


# Step Therapy: The Right Drug



Step Therapy encourages members and physicians to try clinically effective, front-line medications (usually generics) before trying second-line (usually brand name) medications

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Step Therapy asks the question “What other medications has this patient taken for this condition?”

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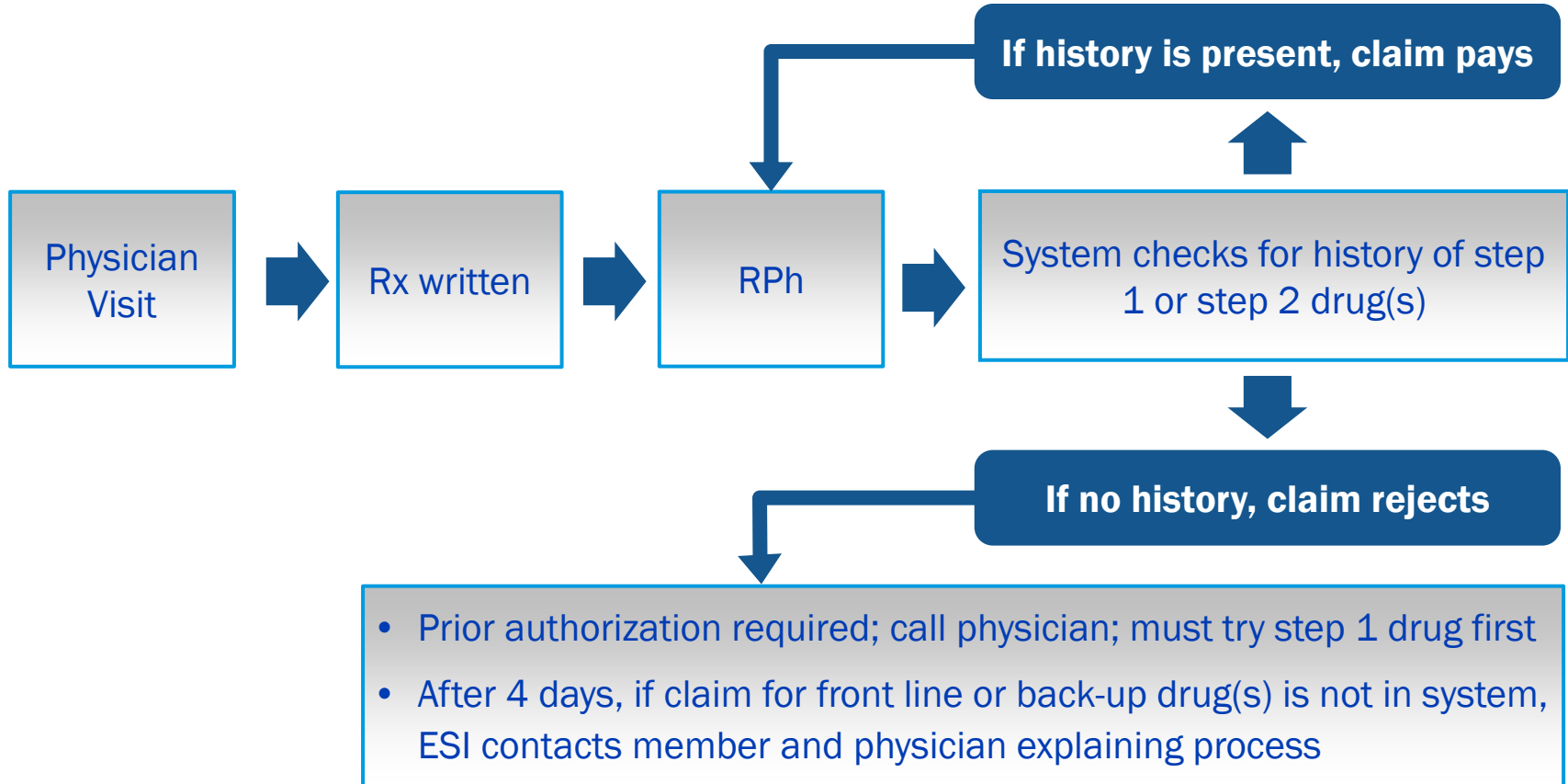


All members currently on a drug with a Step Therapy will be Grandfathered.



# How Step Therapy Works

- Step therapy reduces waste by promoting the use of generics



# Step Therapy – sample template member letter



<Month DD, YYYY>

<First Name> <Last Name>  
<Address line 1>  
<Address line 2>  
<City>, <State> <Zip>

**A benefit coverage update:**  
Please talk with your doctor  
about your prescription.

Dear <First Name>,

Express Scripts, the company managing your prescription plan, wants to let you know about an important update to your coverage. **Beginning <MM/DD/YYYY>, the medicine that you're currently taking will no longer be covered without a trial of a preferred alternative and will cost you more.** A list of preferred alternatives that are covered is located on the right. The alternatives are similar, FDA-approved medicines that are proven effective, preferred by your plan, and covered at a lower copayment.

Preferred generics or lower-cost brand medicines work just as well for most people and they typically cost a lot less than the costlier brand-name medicine you're currently taking.<\*>

**Here are the three easy steps you should follow:**

1. **Share this letter with your doctor** and ask if one of the preferred alternatives could work for you.
2. **If a preferred alternative can work for you**, your doctor can write a new prescription to replace your current prescription for <CURRENT BRAND-NAME DRUG>.
3. **Fill your new prescription** so you'll have a safe, effective preferred drug and will avoid paying the full cost.

If you have questions, we'd be glad to help. Please call Express Scripts at the number on your member ID card. And your doctor can call 800.417.1764 with any questions. We look forward to helping you save!

Sincerely,

Andrew R. Behm, Doctor of Pharmacy  
Express Scripts

**As of <MM/DD/YYYY>, your current medicine will no longer be covered and will cost you more. Please talk with your doctor about being prescribed a preferred alternative.**

**Nonpreferred drug you currently take:**  
<CURRENT MEDICATION>

**Preferred alternatives**  
<PREFERRED ALTERNATIVE #1>  
<PREFERRED ALTERNATIVE #2>  
<PREFERRED ALTERNATIVE #3>  
<PREFERRED ALTERNATIVE #4>  
<PREFERRED ALTERNATIVE #5>  
<PREFERRED ALTERNATIVE #6>

If your doctor and you agree that the preferred medicines are not right for you, your doctor may request a coverage review by calling 800.417.1764 on or after <MM/DD/YYYY>.

**Questions?**  
We'd be glad to help.



Call the number on  
your member ID card.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund.

Additional covered alternatives may be available. Other prescription plan considerations may apply. Costs for covered alternatives may vary. To compare drug prices, please log in at [express-scripts.com](http://express-scripts.com). Select "Save with My Rx Choices" from the menu under "Manage Prescriptions," enter your current medicine name and follow the instructions. <\*>In certain states, controlled substances such as sleep aids may only be available in supplies up to 30 days, and prescriptions for these medicines may not be faxed. If you live in one of those states, please call the number on your member ID card to obtain the mailing address for your prescriptions.>

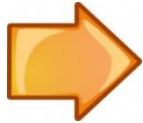


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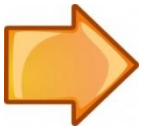


# Drug Quantity Management: The Right Amount



**Drug Quantity Management** aligns the quantity dispensed with FDA-approved dosage guidelines and other supportive evidence

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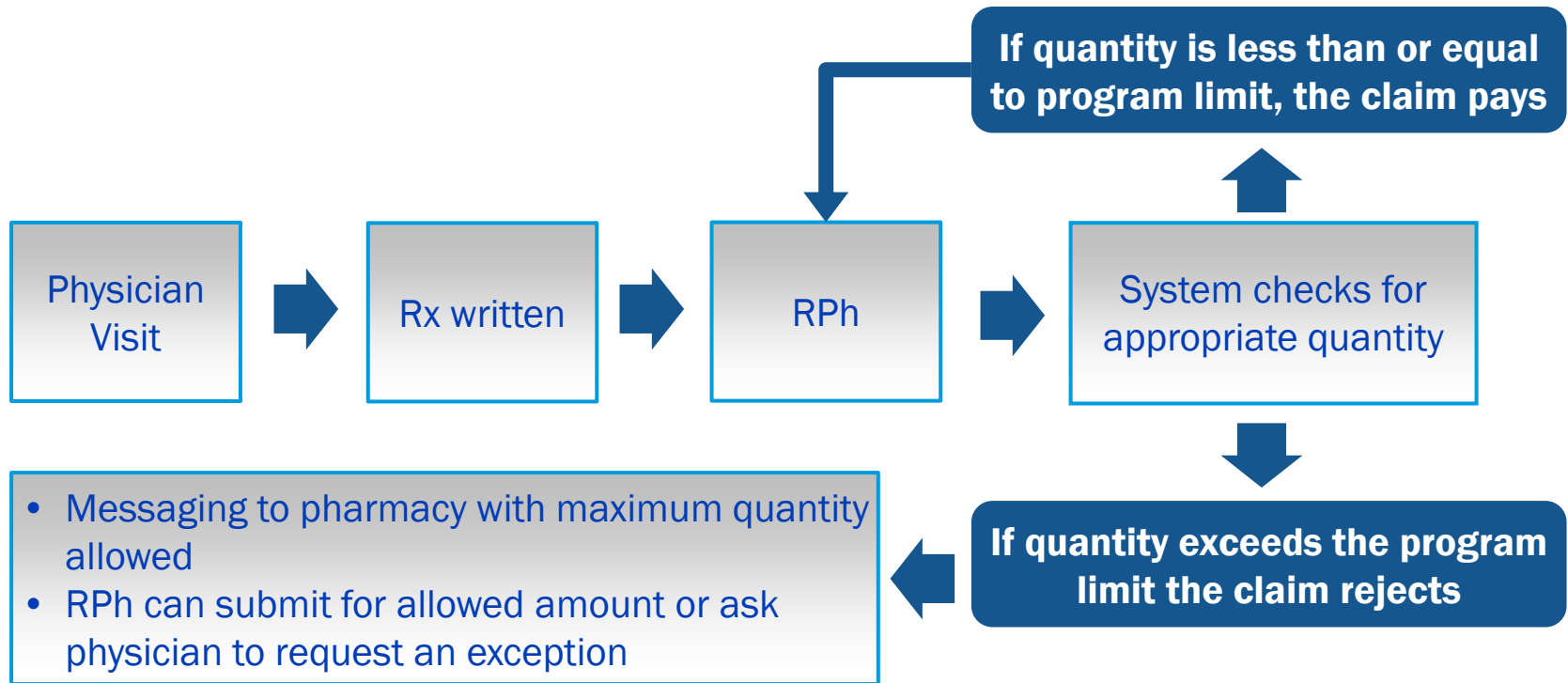


**Drug Quantity Management** asks “Is this the correct quantity (tablets/capsules) of this medication?”

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# How Drug Quantity Management Works

- Aligns the dispensed quantity of prescription medication with FDA-approved dosage guidelines
- Ensures that the most cost-effective product strength is dispensed
- Helps reduce waste in the pharmacy benefit



**If quantity is less than or equal to program limit, the claim pays**

System checks for appropriate quantity

**If quantity exceeds the program limit the claim rejects**

- Messaging to pharmacy with maximum quantity allowed
- RPh can submit for allowed amount or ask physician to request an exception

# Drug Quantity Management – sample template member letter



<Month DD, YYYY>

<First Name> <Last Name>  
<Address line 1>  
<Address line 2>  
<City>, <State> <Zip>

Dear <First Name>,

We want to let you know about an important update to your coverage. **Starting <MM/DD/YYYY>, your plan will limit how much medicine you can get at one time for certain prescriptions** (listed on the right).

This change is based on the product information approved by the Food and Drug Administration (FDA) as well as published clinical trials and guidelines. We want to make sure you get the safest, most effective medicine available. It also helps lower overall drug costs by reducing waste.

All you need to do is **one** of the following:

- **Have your pharmacist talk with your doctor** to prescribe a higher strength when one is available. **OR**
- **Ask your pharmacist to give you the amount your plan will cover** and you'll pay your copayment each time. **OR**
- **Talk with your doctor.** If your doctor doesn't agree with this change, he or she may call Express Scripts at 800.417.1764 to request a review on or after <MM/DD/YYYY>, which may let you get more. **If your doctor doesn't call and get approval, you'll be responsible for any additional costs not covered under the plan.** We don't want you to pay more, so please ask for a different prescription or have your doctor call us.

If you have any questions, we'd be glad to help. Please call us at the number on your member ID card.

Sincerely,

Andrew R. Behm, Doctor of Pharmacy  
Express Scripts

**A benefit coverage update:**  
Please talk with your doctor  
about your prescription.

As of <MM/DD/YYYY>, your plan's coverage will change for the medicine(s) below<sup>1</sup>. This means your plan will cover only fills for the amount listed below.

<u>NAME</u>	<u>LIMIT</u> <sup>2,3</sup>
<DRUG NAME>	<LIMIT>
<DRUG NAME>	<LIMIT>
<DRUG NAME>	<LIMIT>
<DRUG NAME>	<LIMIT>

1. May not be all medicines you currently take.

2. The per-month quantity allowed (unless otherwise noted). 90-day retail and home delivery are typically 3 times the per-month quantity.

3. For example, if your medicine comes in different strengths, you could take one dose of the higher strength instead of two at the lower strength. The amount of medicine you're taking is the same, but you won't pay for more doses – which can save you money.

**Questions?**  
We'd be glad to help.



Call the number on  
your member ID card.

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