

MESSA Saver Rx

PROGRAM OVERVIEW



8 *ways to save*



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Good health. Good business. Great schools.

MESSA Saver Rx

MESSA's new **MESSA Saver Rx** drug program is designed to help MESSA members save money and stay healthy by providing discounted copayments on more than a hundred generic maintenance drugs prescribed for chronic conditions. **MESSA Saver Rx** will also reduce health care costs over the long term for our members and for their MESSA health plan by providing lower copayments for prescription drugs that are critical to managing chronic conditions and symptoms.



MESSA Saver Rx is an innovative and unique program on the leading edge of Value-Based Insurance Design (VBID) principles. Medical research on VBID strategies shows that lowering copayments for generic prescription drugs used to treat certain chronic conditions increases patient compliance with taking the prescription as directed. Increased patient compliance reduces the number of subsequent acute events, emergency room visits and hospitalizations. With **MESSA Saver Rx**, copayments range from \$2 to \$40 (Note:

the copayment can be more than \$40 if a patient insists on purchasing a brand name prescription drug when a generic is available and medically appropriate).

MESSA Saver Rx provides many cost-effective strategies that save money for members by reducing their copayments and limiting their out-of-pocket costs while supporting their good health. Members can limit their copayments by talking with their doctor about generic equivalents and therapeutic alternatives, and by asking for 90-day supplies of maintenance prescriptions.

UNDERSTANDING THE DIFFERENCE BETWEEN GENERIC EQUIVALENTS AND THERAPEUTIC ALTERNATIVES

Generic equivalents and “therapeutic alternative” prescription drugs are different. Generic equivalents for a brand name drug have the same active chemical ingredients as the brand name version. Therapeutic alternatives are drugs that have essentially the same medical effect in the treatment of a disease or condition, but they do not contain the

same active ingredients as the brand name drug. If a doctor prescribes a brand name drug that does not have a generic equivalent, a member can avoid the \$40 brand name copayment by asking the doctor to prescribe a generic therapeutic alternative that is medically appropriate.

8 ways to save



- 1 \$2 copayment for up to a 34-day supply of generic maintenance medications for specific chronic conditions and diseases**, including more than a hundred generics used to treat asthma, diabetes, high blood pressure and high cholesterol. If a patient has been diagnosed with one of these conditions, she should talk with her doctor about the “therapeutic classes” listed on the next page to see if there’s a \$2 generic that is medically appropriate for her condition.
- 2 \$10 copayment for up to a 34-day supply of all other generics.**
- 3 \$10 copayment for up to a 34-day supply of Over-the-Counter (OTC) medications used to treat heartburn and seasonal allergies.** A prescription for the OTC drug is required and must be presented and filled at the pharmacy counter in order to be covered. The member pays only the \$10 copayment and the pharmacy will bill the remaining costs to their health plan. OTC drugs covered by the \$10 copayment are Prilosec[®], Prevacid[®], Zegerid[®], Claritin[®], Claritin D[®], Zyrtec[®] and Zyrtec D[®] (list current as of July 1, 2010).
- 4 \$20 copayment (reduced from \$40) for up to a 34-day supply for specific brand name maintenance drugs used to treat diabetes and asthma.** For diabetes, covered drugs are Insulin and Glucagon emergency kits. For asthma, covered drugs are fast-acting and long-lasting inhalers and drugs in the “Leukotriene Modifiers” therapeutic class like Singulair[®]. Currently there are no generic versions of these drugs. Consistent use of these medications is critical for long-term management of diabetes and asthma. Increased patient compliance with prescription directions also lowers medical costs over the long term by helping to reduce the frequency of emergency room visits and hospitalizations.
- 5 \$40 copayment for up to a 34-day supply of brand name drugs when no generic product exists.** The median cost of a brand name drug to MESSA is \$215. Members can reduce their brand name copayment by asking their doctor about prescribing a “therapeutic alternative” instead. If the brand name prescription is a maintenance medication for a chronic condition, members can also ask their doctors for a 90-day prescription and save a full copayment every three months (see #7 & #8 below).
- 6 Whenever possible choose generics.** When the member insists on a brand name drug when a generic is available and medically appropriate, the member must pay a \$40 copayment plus the difference between the BCBSM-approved amount and the retail cost of the drug (which can be substantial).
- 7 Save with a 90-day retail network pharmacy.** Most Michigan pharmacies participate in the BCBSM/MESSA 90-day retail network. If the patient is taking one of the \$2 generics for high blood pressure, high cholesterol, diabetes or asthma, the copayment for a 90-day supply is \$4.

Members who are taking a generic maintenance medication for other chronic conditions can fill a 90-day prescription and pay \$20 (two \$10 copayments) versus \$30. Similarly if the prescription is for a brand name with no generic available, the copayment is \$40 for up to a 34-day supply and \$80 for a 90-day supply (versus \$120 when purchased monthly).

***IMPORTANT NOTE:** When a member insists on a brand name drug when a generic is available and medically appropriate, the member must pay the appropriate copayment PLUS the difference between the BCBSM-approved amount and the retail cost of the drug.*
- 8 Save with Medco-by-Mail.** Purchase a 90-day supply of a maintenance medication from MESSA’s mail order pharmacy, Medco-by-Mail. Similar to purchasing from a 90-day retail network pharmacy, Medco-by-Mail provides a 90-day supply (with a 90-day prescription) for the price of two copayments. Full details on mail order purchasing are available in the Prescriptions by Mail area at www.messa.org.

***IMPORTANT NOTE:** When a member insists on a brand name drug when a generic is available and medically appropriate, the member must pay the appropriate copayment PLUS the difference between the BCBSM-approved amount and the retail cost of the drug.*

MESSA Saver Rx: Important Notes and Additional Information

1. There are more than a hundred generic prescription drugs that are eligible for the \$2 copayment provision in **MESSA Saver Rx**. The list can change daily as new generics come to market. Because of the large size of the list and its quick-changing nature, as a member convenience MESSA defines the list of drugs eligible for the \$2 copayment based on the medical condition and by large “therapeutic classes” of generics. The conditions and therapeutic classes are listed below:
 - a. Asthma
 - Sympathomimetic agents
 - b. Diabetes
 - Antidiabetic agents
 - c. High blood pressure, high cholesterol and coronary artery disease
 - ACE Inhibitors
 - Alpha Beta Blockers
 - Beta Blockers
 - Calcium Channel Blockers
 - Cardiac Drugs, NEC
 - Loop Diuretics
 - Potassium Sparing Diuretics
 - Thiazide Diuretics
2. Members cannot combine a coupon or other manufacturer offer with Over-the-Counter drugs (Prilosec, Prevacid, Zegerid, Claritin, Claritin D, Zyrtec and Zyrtec D) covered by the \$10 copayment. A prescription for the OTC drug is required and must be presented and filled at the pharmacy counter in order to be covered. This list may be updated over time due to market changes.
3. MESSA Saver Rx includes an annual \$1,000 per person/\$2,000 per family copayment maximum. When a generic is available and the member insists on the brand name drug, the charges above the \$40 brand name copayment do not count toward the annual maximum.
4. Plan coverage is available at out-of-state pharmacies associated with Medco. If a member is outside of Michigan and needs to fill a prescription, she should call ahead or ask the pharmacist to make sure the pharmacy participates with Medco. MESSA members can also search for a participating pharmacy at: www.messa.org or call the MESSA Member Service Center at 800.336.0013.
5. If a member’s physician writes DAW for a brand name when a generic is available, the member could incur substantial costs above the copayment amount. The physician may request an exception for the patient to take the brand name by submitting documentation that the patient has tried the generic and it is not appropriate because of side effects or because it is ineffective.

The information in this program overview of the **MESSA Saver Rx** plan is intended to be general in nature and not definitive. This information is current as of July 1, 2010. If you have specific questions about plan coverage under **MESSA Saver Rx**, please call MESSA’s award-winning Member Service Center at 800.336.0013.

TAKING A BRAND NAME? MEMBERS CAN SAVE WITH A GENERIC EQUIVALENT OR A THERAPEUTIC ALTERNATIVE

Lipitor® v. a generic statin

If a member takes Lipitor every day to treat high cholesterol, his annual cost with MESSA Saver Rx is \$320 (4 x \$80 copayment for a 90-day supply). In addition to his copayment, the cost to his MESSA health plan for a year’s supply of Lipitor is \$1248. The total annual member/plan cost for Lipitor: \$1568.

If the member chooses to take a generic therapeutic alternative statin instead of Lipitor, his annual costs would be lowered to \$16 (4 x \$4 for a 90-day supply). The member would save \$304. The cost to his health plan for a year’s supply of a generic statin would be approximately \$300 (\$948 less than the cost of Lipitor to his plan).

The total annual member/plan cost would be about \$316 and the total savings for the member and his health plan would be about \$1252 every year.

Nexium® v. Prilosec® OTC

If a member takes Nexium every day to treat heartburn, her annual cost with MESSA Saver Rx is \$320 (4 x \$80 copayment for a 90-day supply). In addition to her copayment, the cost to her MESSA health plan for a year’s supply of Nexium is \$2328. The total annual member/plan cost for Nexium: \$2648.

If the member chooses to take Prilosec OTC, an over-the-counter generic therapeutic alternative that is also effective for treating heartburn, instead of Nexium, her annual costs would be lowered to \$80 (4 x \$20 for a 90-day supply). The member would save \$240. The cost to her health plan for a year’s supply of Prilosec OTC is \$179. The total annual member/plan cost for Prilosec OTC: \$259.

Taking Prilosec OTC instead of Nexium saves each member and her health plan about \$2400 every year.