

PATIENT SAVER NON-SPECIALTY

HOW IT HELPS

With a growing number of high dollar brand medications driving up drug costs, critical medications are becoming less affordable for both plans and members.

The EmpiRx Health **Patient Saver Non-Specialty** program is a cost containment solution that maximizes available copay assistance funding from drug manufacturers. This program reduces out-of-pocket spend for members while reducing the plan expenses. This is all accomplished with minimal member disruption.

Our solution combines clinical appropriateness and a personalized, high-touch member care experience.

HOW IT WORKS

We take a clinical-first approach by ensuring the medication prescribed is therapeutically appropriate for the member prior to looking for funding.

Receive Claim:

Your prescription is processed at your preferred pharmacy which may trigger a Clinical Review.

Clinical Review:

When a clinical review is triggered, we consult with the physician to ensure the member is receiving the most clinically appropriate and cost-effective treatment for their health condition.

Obtain Funding:

We facilitate the member's eligibility for assistance and handhold them through the manufacturer-specific enrollment process.

Maximize Copay Assistance:

Copay assistance is applied at the next fill to reduce the out-of-pocket spend for the member and reducing the overall cost to the plan.

SAMPLE FINANCIAL OUTCOME AFTER CLINICAL APPROPRIATENESS REVIEW

Original Claim Cost

Total Cost of Drug Per Fill: **\$500**
Current Copay Per Fill: **\$50**
Current Plan Paid Per Fill: **\$450**

Total Assistance Available

Total Annual Assistance Available: **\$1,000**
Total # of Fills: **12 per year**
Total Assistance Amount # of Fills: **New Member Responsibility \$1,000/12 = \$83.33 per fill**

New Member & Plan Responsibility

New Member Responsibility Per Fill: **\$83.33**
New Plan Responsibility Per Fill: **\$416.67**

New Member & Plan Responsibility

Copay Assistance Amount Per Fill: **\$83.33**
Member Actual Paid Per Fill: **\$0**
Plan Actual Paid Per Fill: **\$416.67**
Plan Savings Per Fill: **\$33.33 (\$450 - \$416.67)**

EmpiRx Health will work with you to implement the appropriate plan design.

PATIENT SAVER NON-SPECIALTY | FREQUENTLY ASKED QUESTIONS

What is a manufacturer assistance program?

Manufacturers offer copay assistance programs to make their medications more affordable for patients, thereby encouraging drug adherence and positive health outcomes. EmpiRx Health's approach ensures clinical appropriateness by confirming the most cost-effective treatment with the physician. Luna Health will guide members through the manufacturer-specific enrollment process. Annual copay assistance funding limits and program requirements vary by manufacturer.

Who is eligible for copay assistance through the Patient Saver Non-Specialty Copay Assistance program?

The Patient Saver Non-Specialty Copay Assistance program leverages drug manufacturer programs to reduce costs for select high-cost brand medications. The EmpiRx Health Cost Containment Team maintains a record of available copay assistance programs and identifies members on these medications through claims monitoring. Once identified, Luna Health will contact and support members through a manufacturer-specific enrollment process. A member would not be eligible for copay assistance if they are enrolled in Medicare, Medicaid, or any federal or state healthcare program.

What information about the program will members receive?

Members eligible for copay assistance through the Patient Saver Non-Specialty program receive a call from a Luna Health Coordinator to introduce the program, answer questions, and facilitate in the enrollment process. If the member cannot be reached or is unavailable at the time of their call, additional outreach attempts will be made to assist with enrollment.

What action is required by members?

A Luna Health Copay Assistance Coordinator will call members to assist with the manufacturer-specific enrollment process. The Luna Health Copay Assistance Coordinator will complete the enrollment process on behalf of the member when possible or will facilitate a three-way call if active participation from the member is required by the manufacturer. For members who are currently enrolled in an assistance program, the Luna Health Specialty Coordinator will confirm copay assistance processing information for future use.

What plan design changes are required for this program to be implemented? What decisions are required from the Plan Sponsor?

The Patient Saver Non-Specialty program pays the first claim per standard plan design. This initial fill triggers the member outreach and enrollment process. Once a member is enrolled, the copay amount will be adjusted to maximize available savings for the member and the plan.

How does EmpiRx Health maximize the available funding from manufacturer copay assistance programs?

The Cost Containment Team reviews each claim and calculates the appropriate new flat copay to ensure copay assistance is maximized, while minimizing member and plan pay amounts. Criteria including the number of remaining fills for the year, the remaining manufacturer assistance available, potential member and plan pay amounts, and any manufacturer-specific limitations or requirements are considered.

What happens after manufacturer's copay assistance has been exhausted? How is the claim processed?

There may be cases when copay assistance is only partially available or fully exhausted. If the manufacturer program allows the PBM to request additional assistance funding on a member's behalf, an EmpiRx Health Cost Containment Coordinator will conduct the outreach. If not, the Cost Containment Coordinator will request the member to contact the manufacturer. If assistance is truly exhausted, the claim will revert to the standard plan design resulting in the maximum member copay, and the remaining balance will be billed to the Plan.