

# PATIENT SAVER SPECIALTY

## HOW IT HELPS

With a growing number of specialty drugs significantly driving up drug costs, critical medications are becoming less affordable for both benefits plans and members.

The EmpiRx Health **Patient Saver Specialty** program is a specialty cost containment solution that maximizes available copay assistance funding from drug manufacturers. This program reduces out-of-pocket spend for members while reducing 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:

A specialty prescription is processed at our specialty pharmacy or one of our Limited Distribution Drug (LDD) pharmacy partners and triggers a Clinical Review.

### Clinical Review:

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:

The copay assistance is applied to member cost share to benefit both the member and plan.

### Patient Consultation:

Before shipping the medication, a clinician will discuss copay amount, adherence, potential side effects, and confirm shipping arrangements.

## SAMPLE FINANCIAL OUTCOME AFTER CLINICAL APPROPRIATENESS REVIEW

### Original Claim Cost

Total Cost of Drug Per Fill: **\$1,500**  
Current Copay Per Fill: **\$100**  
Current Plan Paid Per Fill: **\$1,400**

### Total Assistance Available

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

### New Member & Plan Responsibility

New Member Responsibility Per Fill: **\$1,000**  
New Plan Responsibility Per Fill: **\$500**

### New Member & Plan Responsibility

Copay Assistance Amount Per Fill: **\$1,000**  
Member Actual Paid Per Fill: **\$0**  
Plan Actual Paid Per Fill: **\$500**  
Plan Savings Per Fill: **\$900 (\$1,400 - \$500)**

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

# PATIENT SAVER 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. Through the manufacturer-specific enrollment process, members are handheld through enrollment process with a representative. Annual copay assistance funding limits and program requirements vary by manufacturer.

## **Who is eligible for copay assistance through the Patient Saver Specialty Copay Assistance program?**

The Patient Saver Specialty Copay Assistance program leverages third-party manufacturer programs to reduce costs for select specialty medications. The EmpiRx Health Cost Containment Team maintains a record of available copay assistance programs, identifies members on these medications through claims monitoring, and supports 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 Patient Saver Specialty will receive an introduction letter prior to the start of the program. They will also receive a call from a 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 coordinator will call members to assist with the manufacturer-specific enrollment process. They 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 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?**

Patient Saver Specialty requires a percent coinsurance to be submitted to the copay assistance program to maximize the available manufacturer funding, which is used in coordination with a maximum member copay to protect the member's financial responsibility if full copay assistance funding cannot be achieved. Because Patient Saver Specialty works best at mail order, mandatory mail for specialty with no grace fills is recommended.

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

The Cost Containment Team reviews each claim and calculates the appropriate % coinsurance 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.