

## **US-Rx Care: Right Rx Program Introduction and FAQs**

### **General Introduction**

We are partnering with **US-Rx Care**, an organization that has saved millions of dollars in drug expenditures for self-funded employers and their health insurance plans – totaling more than 4 million lives – over more than 20 years. Their program has the potential to **significantly reduce prescription drug costs** for both members and the plan holder.

US-Rx Care is based in Florida. They offer a wide range of clients a variety of pharmacy risk-management programs and services. The program we believe offers the greatest value for our organization is called the **Right Rx Program**.

The Right Rx Program uses an automated pharmacy claims-analysis and prescriber-communications platform to assess prescriptions being written for you and your dependents. It encourages prescribing doctors to utilize lower-cost, therapeutically similar prescription medications whenever available. Of course, each member's physician can approve or reject a recommended lower-cost medication based on their knowledge of their patient's medical history.

When a lower-cost alternative is approved by a member's physician, a new prescription is obtained for the recommended medication. The member is then contacted and educated about their doctor-supported therapy change. **Members typically save 30% or more, on average**, in out-of-pocket copays by taking advantage of their doctor-approved, lower-cost medication alternatives.

### **Frequently Asked Questions**

1. Who will be making the alternative drug recommendations to the medical doctors (i.e., What are the US-Rx Care representative's qualifications)?

Recommendations are developed by expert practicing clinical pharmacists, medical doctors, and advisors and are updated regularly to ensure the best possible drug therapies are prescribed, based on their clinical effectiveness and overall cost to patients and the plan. Individuals communicating with prescribers are trained pharmacists and pharmacy technicians.

2. What happens when a medical doctor disagrees with the recommendation of US-Rx Care?

The member's doctor always makes the final determination to approve or decline a recommended alternative. US-Rx Care provides a choice to the physician. If the physician chooses to accept the recommendation, US-Rx Care moves forward to contact the member. If the physician does not agree with a recommendation, the process stops.

3. How will US-Rx Care educate members to ensure they will not be confused in this process?

Pre-launch communication to members regarding the Right Rx program and its benefits is important. US-Rx Care provides content to us so we can communicate to our members directly to announce the program and provide an overview of how it works. Members are provided a toll-free number and invited to contact US-Rx Care Member Services whenever they have questions regarding the Right Rx program or if they would like to complete a proactive medication review.

Following launch, US-Rx Care representatives communicate with members when their doctors approve lower-cost alternative medications recommended through the Right Rx program. Phone contact is the preferred method of outreach to provide information, education, and answer member questions. If US-Rx Care is not able to reach a member after three phone call attempts, they mail a letter and that encourages the member to contact them.

4. What are the logistics involved in having US-Rx Care representatives contact members?

After first receiving prescriber approval, a trained US-Rx Care representative will contact a member by phone or mail (as described above) to inform them of an opportunity to switch from a medication they are currently taking to a lower-cost alternative therapy approved by their doctor. If the member agrees to switch to the recommended alternative, US-Rx Care then facilitates transfer of the doctor's new prescription to the member's pharmacy for them to pick up when they have finished their current supply of medication.

5. Where does US-Rx Care get member phone numbers and addresses?

Member phone numbers (and updates/changes over time) are obtained from one of three sources:

- The HR Department
- Third Party Administrator, which processes your claims – or –
- Pharmacy Benefit Manager

6. Why does US-Rx Care believe that medical doctors are not already educated regarding all the different drugs available?

Even for the best doctors, the following factors can lead to prescribing which results in higher-than-necessary prescription costs for plans and members:

- Most doctors acknowledge that they do not know the cost of the medications they prescribe.
- Doctors do not typically have access to plan-specific drug formularies (at the time of prescribing).
- Drug company representatives are highly influential on prescribing practices regardless of the efficacy, cost effectiveness, appropriateness, or safety of the medications they are paid to

promote. Drug company representatives are not paid to promote inexpensive therapy options or generics.

- US-Rx Care reminds doctors of tried-and-true medications that may no longer be promoted by drug representatives and educates them regarding new therapies that offer clinical and/or cost-saving benefits.

7. Will there be any delay in members' ability to receive their prescriptions in a timely manner?

There is no delay or member disruption in any way. The Right Rx program is retrospective, and the member completes their supply of the originally prescribed medication before an alternative is filled. This ensures no interruption, inconvenience, or additional cost to the member or the plan.

8. Where does US-Rx Care get pharmacy claims data to operate the program?

The historical claims data utilized in the Right Rx program are provided by the plan's pharmacy claims administrator.

9. Does US-Rx Care try to switch from brand to generic medications?

Yes, switches are recommended when therapeutically similar generics are available. However, US-Rx Care also recommends therapy changes from higher-cost brands to lower-cost brands as well as from higher-cost generics to lower-cost generics. In some cases, US-Rx Care may also recommend discontinuation of unnecessary or duplicate therapies based on best practices data.

10. What more can the Right Rx program offer that is not already built into the existing benefit structure?

All pharmacy benefit plans require members to utilize the generic form of a medication once the brand patent expires. This is called "mandatory generic utilization". By contrast, the Right Rx program also recommends lower-cost alternatives for brand medications (for which no generic form is available) and for generic medications where lower-cost generics are available. Therefore, the Right Rx program operates alongside, yet completely outside the "mandatory generic utilization" process.

11. Why is US-Rx Care involved in the Specialty Prior Authorization process?

Catholic Health System of Long Island has contracted US-Rx Care to perform Prior Authorization reviews for specialty medications. Prior Authorizations are a component of the plan benefit designed to make sure that medications are prescribed appropriately and are consistent with the criteria established under the plan.

How do I contact a US-Rx Care representative if I have a question?

Call 1-800-241-8440 and one of the US-Rx Care representatives will be glad to assist you and answer your questions about the Right Rx program.