

An elderly couple is shown in a warm, intimate embrace. The woman, on the left, has short, straight white hair and is wearing a black and white checkered button-down shirt. The man, on the right, has short grey hair, wears glasses, and a grey and black patterned sweater over a dark collared shirt. They are both smiling and looking at each other. The background is a bright, sunlit room with large windows, a wooden table with books, and a plaid blanket on a bed.

health
markets.

**Make the most
of your medication
coverage**



One of the benefits of getting prescription drug coverage is getting help paying for your regular medications. And given that nearly 70% of all doctor visits involve some kind of drug therapy, according to the Centers for Disease Control and Prevention (CDC), there's a good chance that you'll be putting your prescription drug plan to good use.

Under the Affordable Care Act (ACA), all qualified health plans include prescription drug coverage. This is true whether you get your plan through an employer or individually.

Although Original Medicare (Parts A and B) doesn't cover prescription costs, you can purchase a Part D plan or enroll in a Medicare Advantage plan that also covers prescription drugs.

But simply having medication coverage and actually using it to your advantage are 2 different things.

So take a deep breath. You don't have to figure this all out on your own. HealthMarkets is here to help you get the most out of your medication coverage.



Don't worry, we're not sending you back to math class.

A formulary is insurance-speak for the list of drugs your plan will help pay for. Even though more than 20,000 prescription drugs are approved for use in the United States, no drug plan will cover all of them. Instead, each year your insurance company develops and publishes a list so members know which medications made the cut. (There may be specific lists for different plans and locations, so be sure to find the right one for your insurance plan.)

A formulary also tells you which tier (category) each drug is in and whether it's affected by something called utilization management (UM). Here's a closer look at tiers and UMs and how they affect your drug choices.

The drug tiers decoded

The tiers are a way for insurance companies to categorize different medications, usually by price. Generally, the higher the tier, the higher your out-of-pocket cost will be. While some drugs may be covered at no cost, you may pay either a flat rate per drug (copay) or a percentage of the cost (coinsurance). The breakdown:

Tier 1: Generic drugs

Tier 2: Preferred brand-name drugs

Tier 3: Non-preferred brand-name drugs

Tier 4: Specialty drugs, which are often available only at select pharmacies

Brand-name drugs vs. generic drugs

A brand-name drug is one that's protected by a patent and controlled by the company that developed it. Once that patent expires, companies can create generic drugs and sell them at lower prices. Generics can cost 30% to 85% less than their brand-name equivalents.

But are they as safe and effective? Yes. The U.S. Food and Drug Administration requires them to be. "They've reviewed that generic medications are of high-quality and they are substitutable for the brand name," says Joey Mattingly, Ph.D., Pharm.D., an associate professor at the University of Maryland School of Pharmacy. "It's important that the patient doesn't feel like when they take a generic that it's going to be less effective."

Looking for a new plan to cover your medications?

A licensed insurance agent at HealthMarkets Insurance Agency can help you find the right one. Call **800-827-9990**.

(continued)

What “utilization management” (UM) means

If you’ve ever been told that you need to try a less expensive prescription medication before getting approved for what you were originally prescribed, you’ve experienced utilization management. These are requirements insurers place on certain drugs to control costs and prevent misuse. Common UM strategies include:

Quantity limits: You can receive only a certain quantity of the medication, perhaps a 30-day supply, before being able to get a refill.

Prior authorization: The insurance company must approve the medication ahead of time. Without this prior approval, you’ll have to pay the full price.

Step therapy: If more than 1 medication is available for your condition, you must try the lower-cost medication first. If it doesn’t work, you can then try the more expensive version of the medication.

You don’t have to keep all that information straight, but you should be aware of the brand-name medications you take. “It’s important to know those because they’re the ones that get moved around a lot — on and off the formulary or from Tier 2 to Tier 3,” says Mattingly.



How to read a drug list

Take a look at the chart below, which is an example of a plan’s formulary. Lisinopril is a generic drug commonly used to treat high blood pressure. In addition to the generic version, it’s available in 2 brand-name versions: Prinivil and Zestril.

The generic version is in Tier 1, while 1 brand-name version is in Tier 3. (This plan doesn’t cover the other brand-name version, so it’s not listed.) Whether you pick the cheaper or more expensive option, you’ll be subject to a quantity limit (QL) of 60 doses per 30 days.

| Drug name | Tier | Utilization Management requirements |
|---|------|-------------------------------------|
| lisinopril 2.5 mg tablet / 5 mg tablet / 10 mg tablet | 1 | QL: 60 per 30 days |
| Prinivil 2.5 mg tablet / 5 mg tablet / 10 mg tablet | 3 | QL: 60 per 30 days |

Example presented is hypothetical and provided for illustration purposes only.



Pharmacists aren't just people who fill your prescriptions at your local drugstore. They're health professionals who can help you with many other preventive healthcare services, including administering vaccines, providing nutrition counseling, and overall medication management.

And if you're juggling multiple conditions and medications, your pharmacist becomes an even more important part of your care team, says Mattingly. That's why he recommends picking a local pharmacy you trust and sticking with it.

"If you're taking multiple medications, you really want to have a good pharmacy or

pharmacist that you work with regularly versus going to whichever pharmacy is most convenient that day," he says. "They can really get to know you, get to know your preferences, and get to know what you're concerned about."

Your pharmacist can guide you on how and when to take your drugs, and they can give you a heads-up about what kind of side effects to expect. They can even partner with your doctor to make sure you've gotten the proper tests done to show progress and to monitor for certain side effects, like changes in liver function.

Remember, you're not on this journey alone.

Medication reminders

Having trouble keeping track of when to take your prescriptions? These free smartphone apps can help out.

- 1. Medisafe:** Besides getting reminders, you can also communicate with your care team via the app.
- 2. MangoHealth:** Take your medications on time and earn rewards points!
- 3. Round Health:** Need refill reminders? This app has those and more.

HealthMarkets is not affiliated with suggested apps and is not responsible for the user's experience.



You know you should see your doctor every year, but what about an appointment with your pharmacist?

It's a good idea to schedule an annual medication review (sometimes called a brown-bag checkup) annually. During this meeting, which can last 30 minutes or more, your pharmacist will check all your prescriptions, over-the-counter medications, supplements, and herbal products to make sure the dosages are right and you aren't taking anything that's out of date or discontinued.

They will also check for potential adverse interactions with other drugs, supplements, or foods. For example, drinking grapefruit juice can interfere with some blood pressure medications, and taking the drugs Zocor (a statin) and Biaxin

(an antibiotic) together can cause a potentially fatal muscle injury.

"When you get to a point where you're taking 3 or 4 medications, that's where it gets really important that you sit down with a specialist who's a pharmacist," says Mattingly. "Our claim to fame is that we know how these molecules are interacting with your body and interacting with one another."

Medicare Part D drug plans must offer free Medication Therapy Management services to beneficiaries who meet certain criteria, such as having multiple chronic diseases. Not all prescription drug plans include this benefit. Just call the number on your ID card to find out.

5 ways to save on prescriptions

- 1** Try generic drugs over brand-name drugs. Ask your doctor or pharmacist if one or the other is available.
- 2** Choose the lowest-tier drug that will be effective. In most cases, higher-tier drugs will cost more.
- 3** Ask about an over-the-counter equivalent. The active ingredients in some prescription drugs are also found in over-the-counter drugs.
- 4** Use your insurer's mail-order option for maintenance medications. You can save a little money and a lot of trips to the pharmacy.
- 5** Buy with FSA or HSA funds. If you have a flexible spending account or health savings account, use that money before paying out of pocket.

You can also save on prescriptions with the right health plan.

Call a licensed insurance agent at HealthMarkets Insurance Agency today at **800-827-9990**.

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