

STATE OF DELAWARE PRESCRIPTION PLAN Maintenance Medication Program

The Maintenance Medication Program provides cost savings to members and the State of Delaware. Under this program, members fill 90-day prescriptions for maintenance medications for reduced copays, and are charged a copay penalty if they continue to fill maintenance prescriptions every 30 days. All 90-day prescriptions for non-specialty maintenance medications can be filled at any participating retail pharmacy or through Express Scripts Home Delivery.

Maintenance medications are generally used to control conditions or diseases that are chronic or last for an extended time, such as diabetes, high blood pressure (hypertension), high cholesterol, and asthma.

Non-maintenance medications are those medications used to treat short term conditions, such as bronchitis, bacterial infections or pain following minor surgery.

When members receive maintenance medications every 30 days, they pay three 30-day copays in order to receive a 90-day supply of medication. Under the maintenance medication program, a 90-day prescription costs the same as two 30-day fills. For example,

- Generic maintenance medication filled as three 30 day fills costs \$24.00; OR one 90 day fill costs \$16.00 for a savings of \$8.00 and an annual estimated savings of \$32.00.
- Formulary/preferred maintenance medication filled as three 30 day fills costs \$84.00; OR one 90-day fill costs \$56.00 for a savings of \$28.00 and an annual estimated savings of \$112.00.
- Non-formulary/non-preferred maintenance medication filled as three 30-day fills costs \$150.00; OR one 90-day fill costs \$100.00 for a savings of \$50.00 and an annual estimated savings of \$200.00.

If a member does not choose to fill a maintenance medication for a 90 day supply after filling the medication for three 30-day supplies, a penalty will be assessed and the member will pay a copay equivalent to the applicable 90-day copay for the medication.

Members may continue to have their treating physician write a 30-day prescription and a 90-day prescription, fill the 30-day prescription filled first to ensure its effectiveness; and then have the 90-day prescription filled. The penalty does not occur until a 30-day prescription is filled the fourth time.

Questions may be directed to Express Scripts Member Services at 1-800-939-2142 or Statewide Benefits Office at 1-800-489-8933.