Simply Save Rx: High Cost Generic Management

Consultant FAQ

This document contains answers to frequently asked questions you may get from our mutual clients. If your question is not answered in this document, please speak with your Consultant Relations Director.

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HEALTH SERVICES

1. Solution Overview

As drug affordability challenges continue, it's no surprise that more than 90% of employers are concerned about high-cost drugs and pharmacy cost trend overall.[1] The painful reality is that wasteful traditional drug spend continues to persist in the market, with high-cost generics gaining more traction and contributing to rising costs. Guiding members to the lowest cost drug is a top opportunity identified by plans[2], but they may not have all the strategies in place to do so effectively.

While formulary and utilization management remain key pillars of drug optimization, High Cost Generic Management is a drug optimization strategy that can be layered on top for clients that wish to manage generics more aggressively. The program targets high-cost generics, triggering a reject (prior authorization required) at point-of-sale, which drives members to switch to lower cost generic alternatives. Coverage reviews are available to ensure patients that meet clinical criteria have a pathway to continued care. This provides another option to meet affordability goals while providing members with the same therapeutic benefit at a lower cost.

Clients can contact their account team to understand what opportunities exist for their plan.

2. Is enrollment automatic?

High Cost Generic Management is an opt-in program available to all Commercial/Exchange clients - Standard, Standard-Clone, and Custom. The program is not applicable to Regulated Markets (i.e., Medicare, Medicaid) at this time.

- One-time campaign: Effective 2026, lives currently enrolled in the Unlimited Advanced Utilization Management package will automatically receive High Cost Generic Management at no additional cost, unless the client declines.

- Impacted carrier level clients will receive email notification on September 4, 2025 through a Marketo email blast, for a January 1, 2026 go-live. Clients enrolling in Unlimited AUM Package after September 4, 2025 should opt-in to High Cost Generic Management through a standard opt in process with no fee.

3. What is the enrollment timeline?

For High Cost Generic Management, clients will have a standard enrollment timeline of 90 days. All enrollments will be effective on the 1st of the month. Members taking targeted drugs will receive prenotification of the coverage change 30 days prior to the effective date.

4. How are clients informed?

All Commercial Division and Health Plan Commercial/Exchange lines of business that delegate coverage reviews to Express Scripts are eligible for enrollment. Client email templates and other materials, such as Executive Brief, are available from the client's account team.

5. **How are impacted members informed?**

   Members of clients enrolling in High Cost Generic Management are notified that they have claims for a targeted drug. The prenote letter informs members that the targeted drug that will no longer be covered without a coverage review and provides preferred alternatives and information to seek a coverage determination. Letters for impacted members are sent 30 days prior to go-live for a newly enrolled client. Member impact letters for clients already enrolled are also sent 30 days prior to any new drugs being added to the program.

6. **Can clients who manage their own coverage reviews enroll?**

   Account teams may engage Sales Support for non-ESI delegated clients interested in the solution.

7. **What are the Terms and Conditions (T&C)?**

   The T&Cs for High Cost Generic Management are available for client sign-off from their account team.