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## MEMO

TO: All TEA Members  
FROM: Roberta Masters  
DATE: February 8, 2007  
RE: 10/20 Prescription Drug Coverage

This is in response to some questions regarding the 10/20 prescription coverage which became effective January 1, 2007.

BC/BS doctors have an "understanding" with MESSA that they call DRAMS (Drug Risk Analysis Services). This service deals with questions about 10/20 drug coverage for brand name medications and is a communication between the doctor and company only, not patient and company. DRAMS is part of BC/BS services and not part of MESSA. Your doctor's office should know how to contact DRAMS on your behalf.

It is no longer sufficient for a member to go a doctor and simply say that you want to stay on the brand name. It will cost a member more if he/she does so in the amount of \$20 plus any formulary costs.

If the doctor can provide proof that a patient cannot use the generic, then DRAMS can approve the brand name prescription. The proof is called a "contra-indication report". Before this action will be taken by the doctor, the patient must have first tried at least 2 generics for the prescription in question.

In return, DRAMS will give "medical necessity authorization" so that when a patient goes to the pharmacy, this authorization will appear in the system. The doctor must call DRAMS; it is not something the member does nor is there a form for the member to complete.

Obviously, we have to ask our doctors to do this on our behalf which will help to save the cost of brand name drugs that are of necessity.

There is no deductible as some have been told. Rather there is a maximum of \$1000 per person per year or a maximum of \$2000 per family per year for the costs associated with any prescription medications. When the maximum is reached, MESSA will pick up the costs after that.

It is important for members to understand that the trend in prescription drug coverage is to reduce insurance costs through prescription drug premiums. A member can no longer say to a doctor "Just write me a script for the brand name" without proof that it is necessary. In addition, it is important for a member to ask the doctor if there is a generic for medications so that the member can save him/herself from higher costs. Hopefully, the combination of this action, mail-in prescriptions to MEDCO Health, and flex-spending accounts arranged through the District Benefits Office, the increased costs will be less painful to our members and families.

Our MESSA Representative, Cindy Dickstein, continues to provide information and clarification for members regarding services. You will be provided with updates as information becomes available.