

CONSUMER DRUG PAYMENT ESTIMATION

(To Assist in Completing a Claims Form)

Connecticut et al. v. Aurobindo Pharma USA, Inc., et al., 3:16-cv-02056;
Connecticut et al. v. Teva Pharmaceuticals USA, Inc., et al., 3:19-cv-00710; and
Connecticut et al. v. Sandoz, Inc., et al., 3:20-cv-00802

If you intend to file a Claim Option 2 Claim Form, you can but need not use this guide to help you estimate what you paid out-of-pocket for the Drugs at Issue (see the [Drug List](#)) between May 1, 2009 and December 31, 2019 (“Relevant Time Period”), for purposes of the Claim Form in the States’ Actions:

Documentation of purchases or payments is not required to submit a Claim Form, and this is only meant to provide guidelines. This guideline **is not** part of the Claim Form and **does not** need to be submitted with the Claim Form.

Gather Prescription Records

You might be able to gather records of your purchases by:

- Asking each pharmacy you used (local and mail order) for a year-by-year prescription history.
- Locating any bottles or labels you have with drug, quantity, and date, and pair them with the price you typically paid (from any receipts you do have, or from pharmacy records).
- Asking your health insurer or pharmacy benefit manager (e.g., Optum, Express Scripts, Caremark) for a list of your prescription claims (often called an Explanation of Benefits or ‘EOB’).
- Pulling HSA (Health Savings Account) or FSA (Flexible Spending Account) statements and reimbursement records.

When reviewing these records, you can add the amounts labeled ‘you paid’ or ‘patient responsibility’ (copays, coinsurance, deductible payments, and amounts not covered) for the Drugs at Issue and for each year during the Relevant Time Period.

You should exclude brand-name prescriptions or non-prescription items when adding “you paid” or “patient responsibility” amounts, as well as generic prescriptions not included in the list of Drugs at Issue. (see the [Drug List](#))

Use bank or credit card statements

You can find payments made for Drugs at Issue by searching your bank or credit cards statements for pharmacy merchants to identify your total pharmacy spending by year.

If those totals include non-prescription items, brand name items, or generic drugs other than the Drugs at Issue, you can estimate the percentage share that makes up the Drugs at Issue by reviewing a sample of months where you have receipts or you know your refill pattern, then apply that percentage to the full year.

Use discount card information or store savings program records

If you used a discount card or a store's low-price generic program to purchase any of the Drugs at Issue during the Relevant Time Period, you can check your app, emails, or the store's listed cash price (e.g., \$4 for 30 days, \$10 for 90 days). Multiply the listed price by how many times you filled the prescription (*i.e.* original fill and refills).

If you purchased multiple Drugs at Issue, you could do that for each of Drugs at Issue that you purchased during the Relevant Time Period and then add them up.

Create a medication list

If you have limited payment or prescription records, you can build a medication list for yourself. To do so, list the following for each year: (1) list each of the Drugs at Issue you took, (2) note the typical supply you received, *e.g.* 30-day or 90-day, (3) estimate the number of fills you obtained in the year, *e.g.* 30-day $\approx$ 12, 90-day $\approx$ 4, and (4) estimate the typical amount you paid for a fill during that year.

Multiply the number of fills a year for each medication with the typical amount you paid for a fill of that medication during that year. Add the medications and years together and add the cost of any short-term prescriptions for Drugs at Issue.

Using your plan benefits as a calculator

For each year, write down: (1) whether the Drugs at Issue that you purchased were subject to a deductible; (2) the deductible amount; and (3) the generic copay (or coinsurance %) after the deductible (noting any differences for retail vs mail order).

Estimate how many fills you had that year for the Drugs at Issue.

If you didn't meet the deductible: estimate out-of-pocket as (fills for Drugs at Issue) $\times$ (typical allowed price per fill) or assume you paid up to the deductible for those Drugs at Issue.

If you met the deductible: estimate out-of-pocket as (amount you paid toward the deductible for Drugs at Issue) + (remaining fills for Drugs at Issue $\times$ copay or coinsurance).

If prescription costs counted toward an out-of-pocket maximum, cap your Drugs at Issue out-of-pocket total at the amount you realistically could have paid under that maximum for that year.

Using an “average cost per fill” shortcut

If you know both your total out-of-pocket for a Drug at Issue and your number of generic fills in one year, you can divide to get an average per-fill cost. You then can multiply that average by your estimated fills for that Drug at Issue in another year to estimate that year’s total.

Checking your estimate

Compare your fill counts of the Drug at Issue to what’s typical for that drug (about 4–12 fills/year per medication, depending on 90-day vs 30-day). Adjust for years where your coverage or pharmacy changed.

When you make assumptions (like number of fills or per-fill costs), write them down so you can update them if you find receipts later.

Different sources can show the same purchase (for example, a pharmacy receipt may also appear on your bank or credit card statement, and discount-program records may overlap too). When totaling your spending, reconcile across sources and count each prescription fill of a Drug at Issue only once.

You can double-check your out-of-pocket estimate by comparing it to what you generally understand is your total medical spending for a typical year (based on available tax, medical, bank, or prescription records). Your estimated prescription total shouldn’t exceed your overall medical spend, and you should estimate what percentage of your overall healthcare spending typically went to prescriptions and what percentage of those prescriptions were Drugs at Issue and use those percentages as a reality check to see if the estimate is reasonable. A sample chart that you could use to estimate your yearly spend is shown below.

You should exclude brand-name prescriptions or non-prescription items when estimating your out-of-pocket spend on the Drugs at Issue for purposes of the Claim Form.

Sample (Optional) Chart for Estimating Yearly and Total Spend

Year	Estimated amount paid out of pocket	Prescriptions you are including in the amount
2009	\$	
2010	\$	
2011	\$	
2012	\$	
2013	\$	
2014	\$	

2015	\$	
2016	\$	
2017	\$	
2018	\$	
2019	\$	
Total	\$	