INSURED AMERICAN af FAMILY

VETERAN / FAMILY OWNED & OPERATED
(813) 919-8536
C.Gruenbaum@insuredaf.com
insuredaf.com

Pharmacy Savings Cheat Sheet

How to never overpay at the pharmacy counter again

The seven moves the pharmacy industry doesn't volunteer.

WHAT IT IS

Most people pay their copay and walk away. But for generics, and many brand drugs, the actual lowest price is often somewhere else. Cash, a coupon site, mail order, or a manufacturer assistance program can beat your insurance copay by 50 to 90 percent. The pharmacist usually can't volunteer that information unless you ask. Here's the playbook.

THE PRICE-CHECK ORDER

Ask the pharmacist
"What's the cash price vs. my copay?"

Check Cost Plus Drugs
2,300+ meds, 15% fixed markup

Check TrumpRx.gov
600+ generics (Amazon, Cost Plus, GoodRx)

Stack discount cards
GoodRx, SingleCare, RxSaver, compare all 3

Ask about mail-order
90-day fills typically beat 3x 30-day retail

KNOW THESE TERMS

DAW 1
Doctor flagged "brand only", locks out the generic

Step therapy
Insurer requires trying cheaper meds first

Formulary tier
Where YOUR drug sits in YOUR plan's price ladder

Gag-clause repeal (2018)
Pharmacists can legally tell you cash is cheaper

PAP
Manufacturer's income-based assistance program

THE 3 THINGS PEOPLE GET WRONG

1. **"My copay must be the best price I can get."**
   Often false. For many generics, and even some brand drugs, Cost Plus, GoodRx, or SingleCare beat the copay, sometimes by 80 percent or more. Since the 2018 gag-clause repeal, pharmacists can legally run BOTH the cash and insurance price if you ask. Always ask.

2. **"The doctor decides generic vs. brand."**
   Not always. If your prescription is marked DAW 1 ("dispense as written"), the pharmacy is locked into the brand even when a clinically identical generic exists. Ask the pharmacist: "Was DAW marked on my script?" If yes, call the doctor's office and ask them to remove it, unless there's a real clinical reason it has to be brand.

3. **"Cash always beats insurance."**
   Not always. If you're heading toward your deductible or out-of-pocket maximum, run it through insurance even when cash is cheaper, every dollar paid counts toward your OOP cap. The exception matters most on specialty drugs and chronic conditions. On a $4 generic? Pay cash and move on.

DON'T QUALIFY FOR LOW COPAYS?

Apply for the manufacturer's Patient Assistance Program. Lilly Cares, Novo Care, Pfizer RxPathways, almost every brand-name drug has a PAP that offers low-cost or free medication to people who don't qualify for Medicaid but can't afford the copay either. Income limits vary by program (often up to 400–500% of FPL). Apply through the manufacturer's website directly, third-party brokers often charge a fee for something you can do in 30 minutes for free.

Paying too much at the pharmacy counter? Call or text Craig, I'll walk you through the price-check moves and the manufacturer programs that fit your situation.

Don't go underinsured when you can be Insured AF.