

Results: TEAM's Exclusion Drug List

Drug Name	Common Uses	#Rxs	Submitted Cost for all unique claims	Cost of Medication if filled for one year	Cost of Alternative if filled for one year
Xyzbac	Multivitamin	29	\$87,505	\$764,702	\$4,872
Auvi-Q	Allergic Reactions	27	\$177,990	\$317,790	\$16,200
Kuvan	PKU	1	\$14,612	\$175,349	\$0
Vimovo	Anti-inflammatory	3	\$18,008	\$135,237	\$1,800
Mebolic	Multivitamin	4	\$5,854	\$70,242	\$672
Testosterone Gel	Low Testosterone	12	\$5,747	\$68,963	\$8,640
Belsomra	Insomnia	13	\$5,658	\$67,896	\$1,560
Androgel	Low Testosterone	6	\$4,968	\$59,617	\$4,320
Pennsaid 2%	Knee Pain	1	\$2,551	\$30,613	\$1,020
Kerydin	Nail Fungus	1	\$1,819	\$21,822	\$720
Zyvit	Multivitamin	1	\$1,258	\$15,099	\$168
Jublia	Nail Fungus	1	\$1,178	\$14,132	\$720
Silenor	Insomnia	2	\$1,028	\$12,334	\$240
Dexilant	Acid Reflux / GERD	3	\$1,671	\$12,207	\$720
Absorica	Acne	1	\$2,745	\$10,982	\$1,408
Hysingla ER	Narcotic Analgesic	1	\$828	\$9,942	\$360
Androderm	Low Testosterone	1	\$749	\$8,989	\$720
Prevacid	Acid Reflux / GERD	1	\$1,456	\$5,823	\$240
Addyi	Female Low Libido	1	\$483	\$5,793	\$0
Rozerem	Insomnia	3	\$901	\$3,600	\$120
Beconase AQ	Allergies	1	\$351	\$1,053	\$51
Plan Cost Avoidance Due to Ability to Exclude Drugs		113	\$337,359	\$1,812,185	\$44,551

Excluding egregiously priced drugs saved an **actual \$337,359 in cost avoidance!** “Had” the claims been filled appropriately for 12 months, the cost would have been \$1,812,185; but was avoided.

Rx Financial Highlights

Utilization	PYE June 2018	PYE June 2019	% Change	Comments
Number eligible	8,956	7,804	-13%	Significant decrease in eligible members will impact PMPM averages
Percent utilizing	89%	94%	5%	Significant increase in utilizing members
Trends				
Gross PMPM	\$149	\$155	5%	National trend is 11%
Plan Paid PMPM	\$130	\$135	3%	Benchmark is 9%
Plan Paid PMPM Net Net [^]	\$110	\$108	-20%	Includes rebates; Difference between \$135 Plan Paid PMPM and \$108 Plan Paid PMPM Net Net [^]
Plan Paid PMPM w/o Specialty	\$88	\$83	-6%	
Specialty Plan Paid PMPM	\$42	\$52	23%	Increasing specialty costs combined with decrease in members increases PMPM
Claims PMPY	15.4	14.9	-3%	
Total Claims PMPY (counts 90 ds as '3')	22.4	22.3	-1%	
Generic Dispense Rate	85.9%	85.9%	0.0%	
Drug Spend				
Gross Costs	\$15,962,117	\$14,542,915	-9%	Decrease consistent with decrease in members
Specialty (included above)	\$4,560,258	\$4,871,734	7%	Specialty cost drivers include Autoimmune +\$160k, Cancer +\$100k
Plan Paid	\$14,013,984	\$12,608,601	-10%	Diabetic classes down \$300k; Anticoagulants +41k, Antipsychotics +\$18k
Specialty (included above)	\$4,542,936	\$4,857,590	7%	Plan saved ~\$26k in PYE June 2019 and \$45k in PYE June 2018 from Specialty PAP program
Member Paid	\$1,948,134	\$1,934,315	-1%	
Specialty (included above)	\$17,323	\$14,143	-18%	
Rebates Paid				
Rebates [^]	\$2,196,299	\$2,494,052	14%	
Plan Paid After Rebates	\$11,817,684	\$10,114,549	-14%	Includes rebates

[^] "Net Net" means rebates are factored in and it reduces plan costs

Rx Financial Highlights *(continued)*

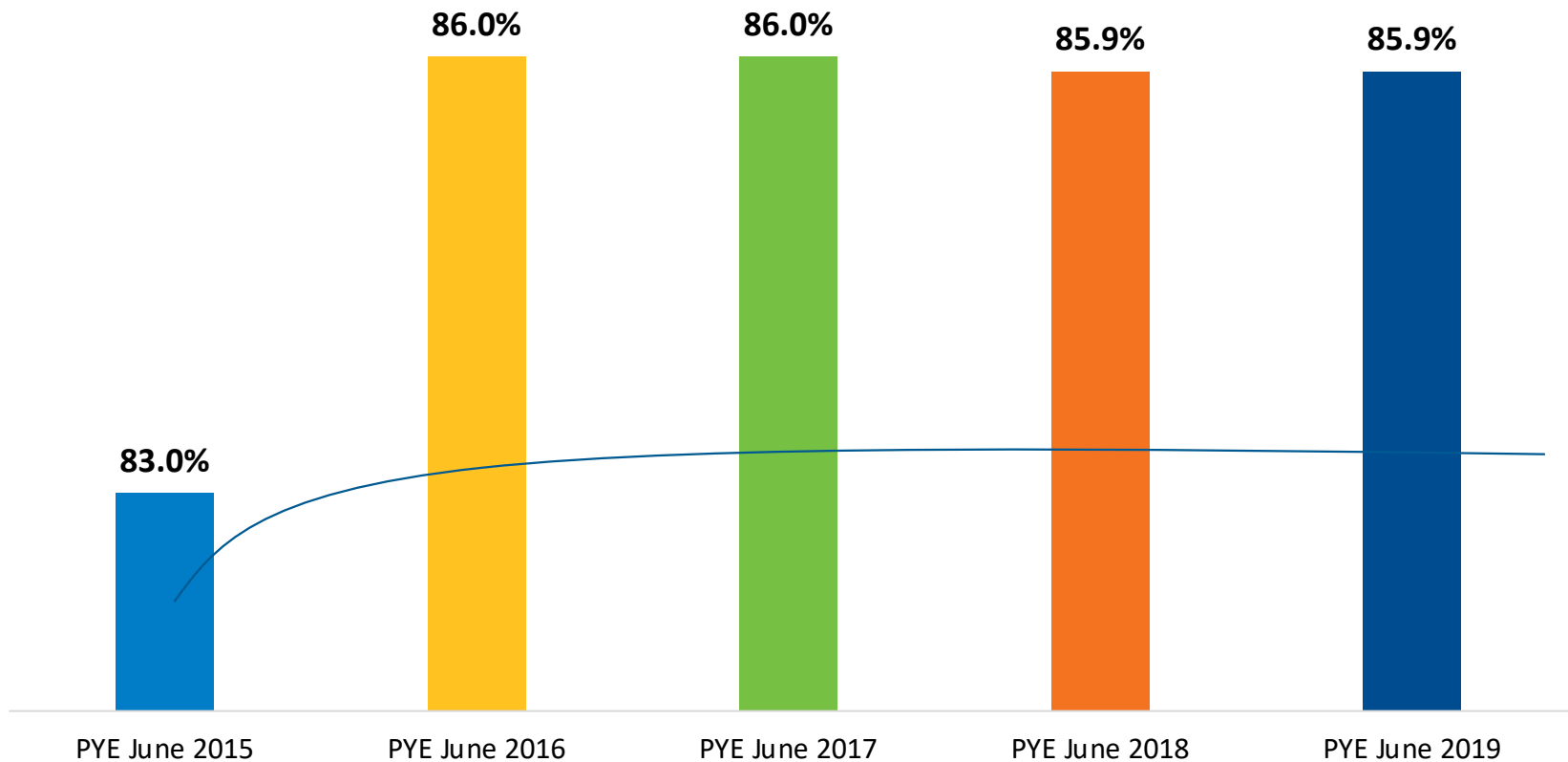
Cost Share	PYE June 2018	PYE June 2019	% Change	Comments
<i>Member</i>	12%	13%	1.1%	
<i>Member w/o Specialty</i>	17%	20%	2.9%	
Average Gross Costs				
<i>Avg Gross Cost /R30 Conv Brand</i>	\$322	\$325	1%	
<i>Avg Gross Cost /R90 Conv Brand</i>	\$589	\$699	19%	New brand drugs to R90 that were not in prior claims history included Velphoro, Metoprolol, Pentasa, Novolog, Latuda, Uceris, and Rexulti--with an average gross cost per rx of \$4,280 per claim--this contributed to the increase in cost/brand at R90
<i>Avg Gross Cost /Mail Conv Brand</i>	\$916	\$1,027	12%	In the top 10 drugs by gross cost at Mail, the avg cost per claim increased by \$340 due to inflation and needing more (quantity). Or, avg cost increased from \$2,552 to \$2,892
<i>Avg Gross Cost /R30 Conv Generic</i>	\$29	\$27	-7%	
<i>Avg Gross Cost /R90 Conv Generic</i>	\$61	\$60	-3%	
<i>Avg Gross Cost /Mail Conv Generic</i>	\$76	\$68	-11%	
<i>Avg Gross Cost/ Spec Brand Rx</i>	\$6,614	\$7,001	6%	
<i>Avg Gross Cost/ Spec Generic Rx</i>	\$1,498	\$1,992	33%	
Claim Counts				
Claims	137,918	116,418	-16%	Consistent with decrease in eligible members
Adjusted Claims (counts 90 ds as '3')	200,744	173,770	-13%	
<i>R30 Brand</i>	14,629	12,780	-13%	
<i>R30 Generic</i>	89,601	72,769	-19%	
<i>R30 OTC</i>	1,495	1,438	-4%	
<i>R90 Brand</i>	2,950	2,265	-23%	
<i>R90 Generic</i>	23,838	23,060	-3%	Small decrease, still indicating some movement to Retail 90
<i>R90 OTC</i>	318	260	-18%	
<i>Mail Brand</i>	670	387	-42%	
<i>Mail Generic</i>	3,533	2,645	-25%	
<i>Mail OTC</i>	104	59	-43%	
<i>Specialty Brand</i>	677	682	1%	
<i>Specialty Generic</i>	103	73	-29%	

Benchmarks

Rx SPEND	PYE June 2018	PYE June 2019	BENCHMARK
Gross Cost PMPM (Trend)	15%	5%	11%*
Plan Paid PMPM (% Change)	17%	3%	9%*
Plan Paid PMPM	\$130	\$135	\$114 - \$170
Claims PMPY	15	15	10 - 14
Average Plan Paid Per Rx	\$102	\$108	\$117 - \$168
Average Member Paid Per Rx	\$14	\$17	\$7 - \$14
SPECIALTY PHARMACY			
Average Plan Paid Per Specialty Rx	\$5,824	\$6,434	\$5,828 - \$8,811
Average Member Paid Per Specialty Rx	\$22	\$19	\$21 - \$141
Specialty Plan Paid PMPM	\$42.27	\$51.87	\$36 - \$62
CLAIMS			
90-Day Supply Claims	23%	25%	8% - 21%
Generic Dispensing Rate	86%	86%	83% - 86%

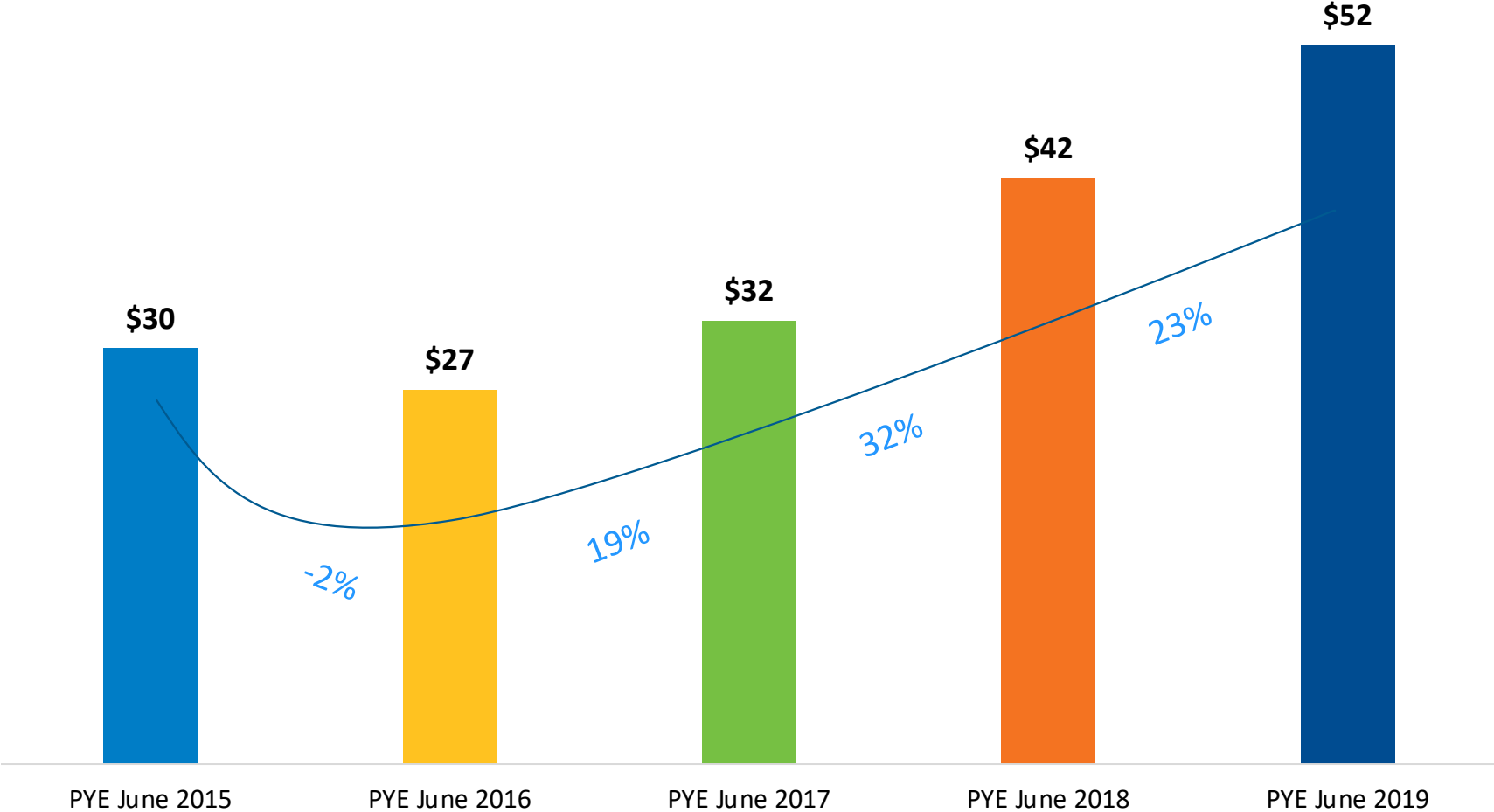
** Specialty costs affecting trend; trend number derived by TEAM Pharmacy Consulting, Inc. polling underwriters at Carriers and PBMs Express Scripts Benchmark Data for Local Government, July 2018 – June 2019*

Generic Dispense Rate

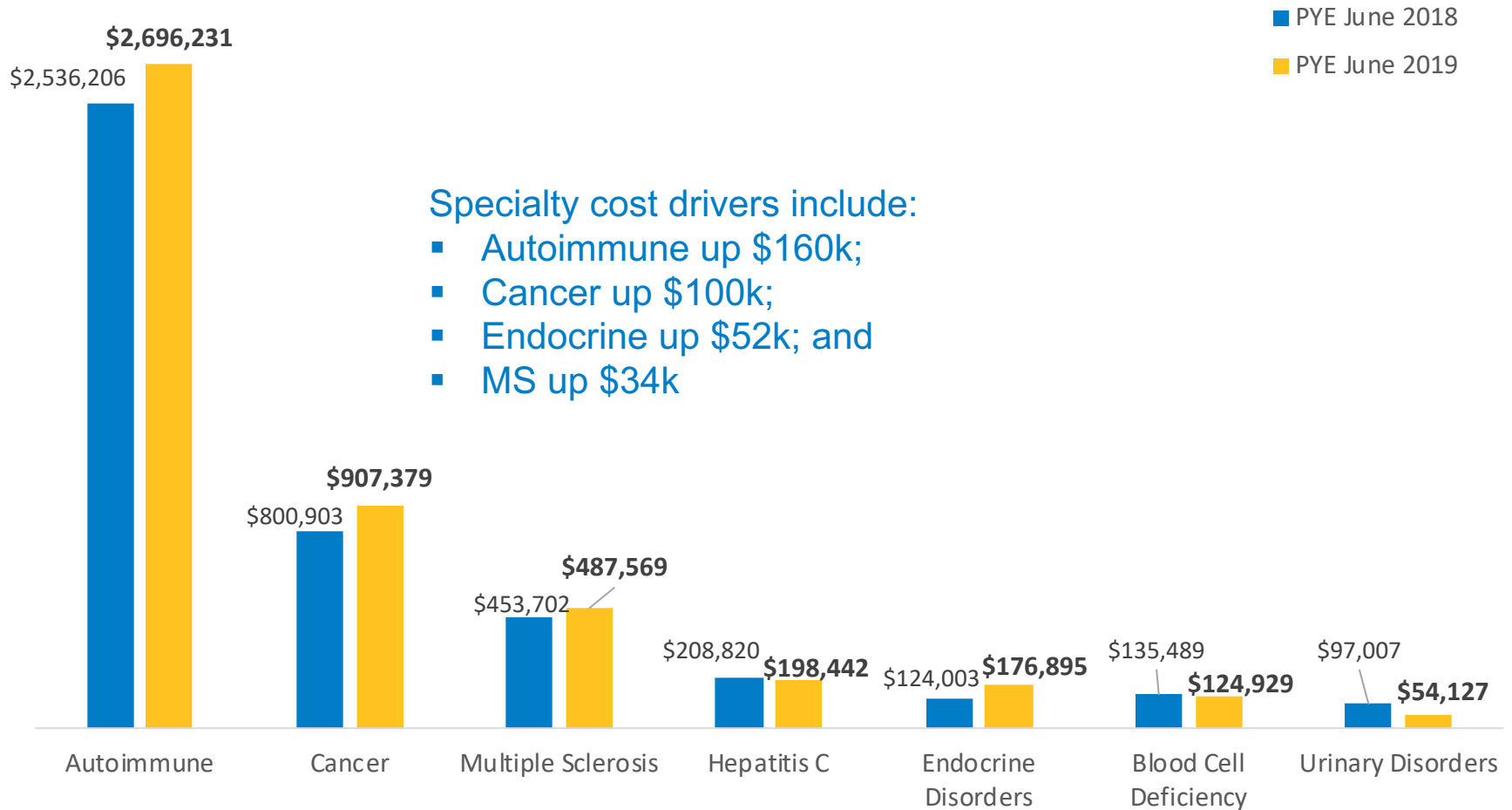


Generic Dispense Rate is flat for past several years; which is good considering the new brands that have come to market for irritable bowel, diabetes, depression, and psychosis

Specialty Plan Paid PMPM

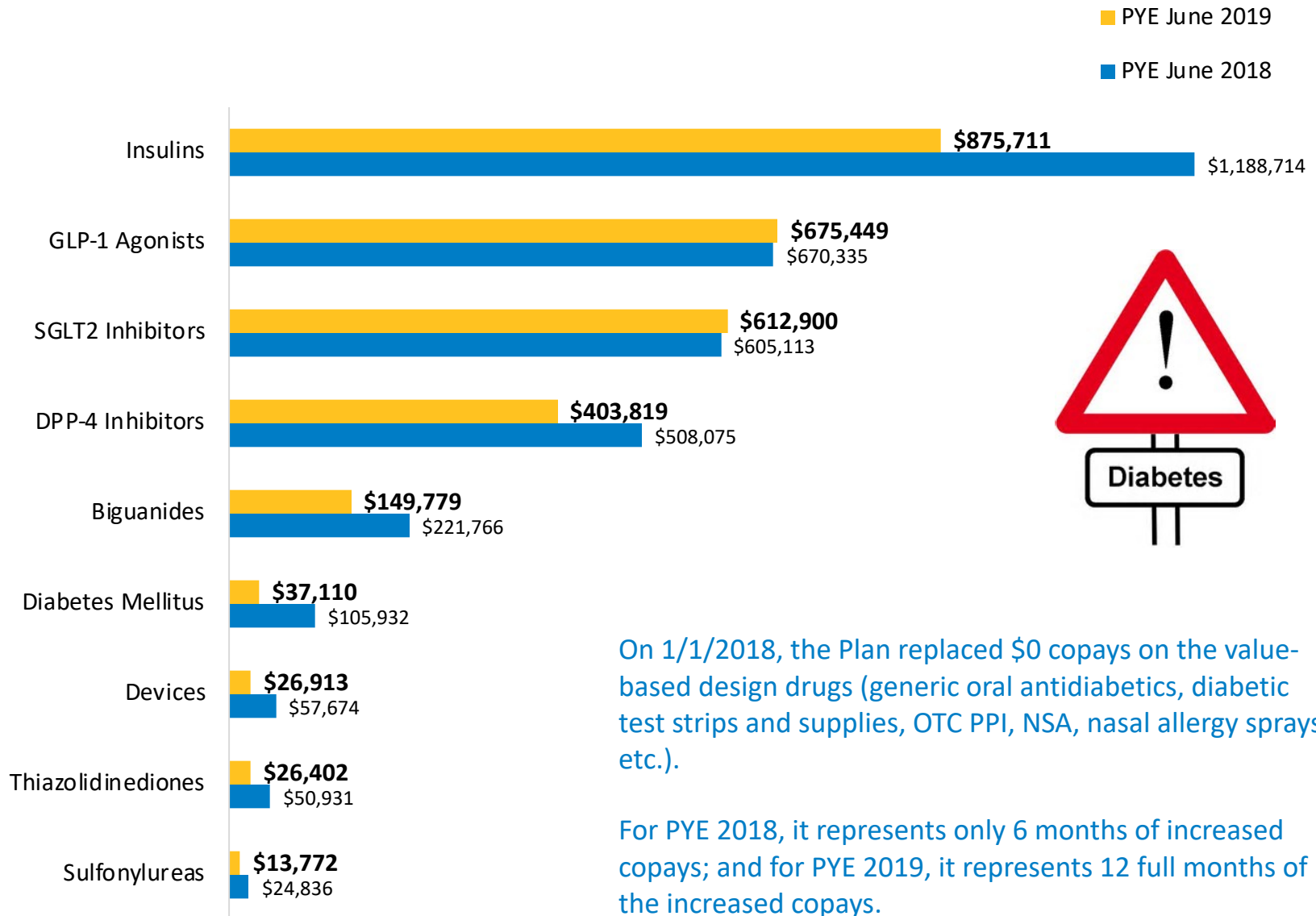


Specialty Pharmacy: Common Uses



Autoimmune includes Rheumatoid Arthritis, Plaque Psoriasis, Crohn's Disease, Ulcerative Colitis, Psoriatic Arthritis, and Ankylosing Spondylitis.

Top Diabetic Therapy Classes by Plan Paid

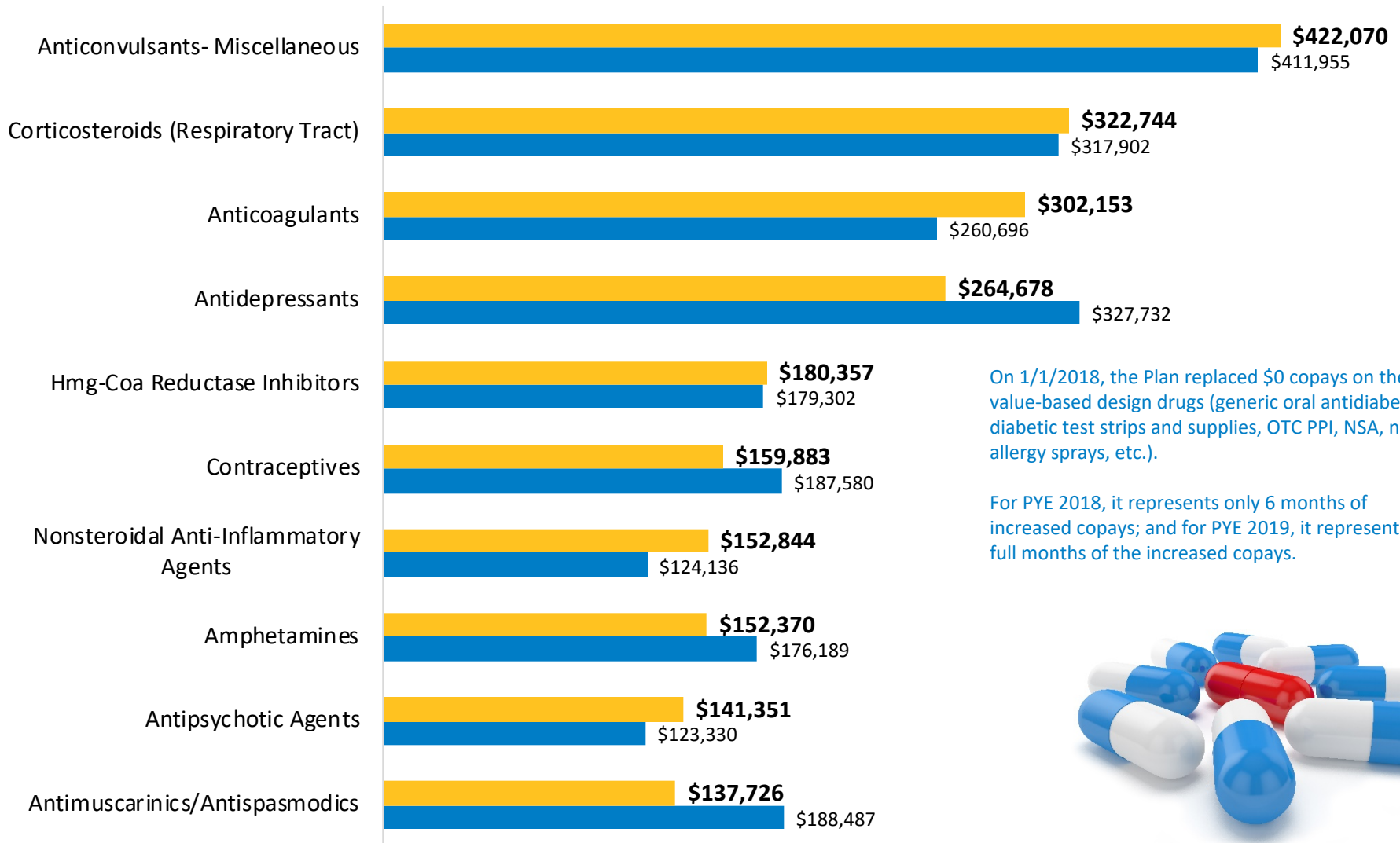


Top Conventional Classes by Plan Paid

(Diabetic Drugs Excluded)

■ PYE June 2019

■ PYE June 2018



On 1/1/2018, the Plan replaced \$0 copays on the value-based design drugs (generic oral antidiabetics, diabetic test strips and supplies, OTC PPI, NSA, nasal allergy sprays, etc.).

For PYE 2018, it represents only 6 months of increased copays; and for PYE 2019, it represents 12 full months of the increased copays.



SafeGuardRx® Client Value Specialty Summary

Oklahoma Public Employees Health & Welfare Plan

Performance Period: 07/01/2018 - 06/30/2019

\$772.1K in overall client value achieved through:

Program	Current SafeGuardRx Financial Guarantees ¹	Drug Cost Avoidance ²	Medical Cost Avoidance ³	Therapy Management Cost Avoidance ⁴	Total Accrued Rebate Value	Total Value
Cholesterol Care Value	\$2,738	\$15,112	N/A	N/A	\$4,900	\$22,750
Hepatitis Cure Value	\$1,495	\$4,729	\$0	\$0	\$3,500	\$9,724
Inflammatory Condition Care Value	\$16,000	\$76,956	\$0	\$272,246	\$258,300	\$623,502
Multiple Sclerosis Care Value Program	\$0	\$61,217	\$0	\$3,060	\$21,000	\$85,278
Oncology Care Value	\$4,137	\$0	N/A	\$26,733	\$0	\$30,870

\$51.5K in Accredo Patient Copay Assistance for your members

- 1 Due to Point of Sale discounts value may differ than credit/payment reported
- 2 Savings driven by utilization management or NPF or SafeGuardRx specific rules
- 3 Savings driven by optimal adherence
- 4 Savings driven by intervention from specialist pharmacist outreach to patient/physician



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SafeGuardRx® Client Value Traditional Summary

Oklahoma Public Employees Health & Welfare Plan

Performance Period: 07/01/2018 - 06/30/2019

\$1.5M in overall client value achieved through:

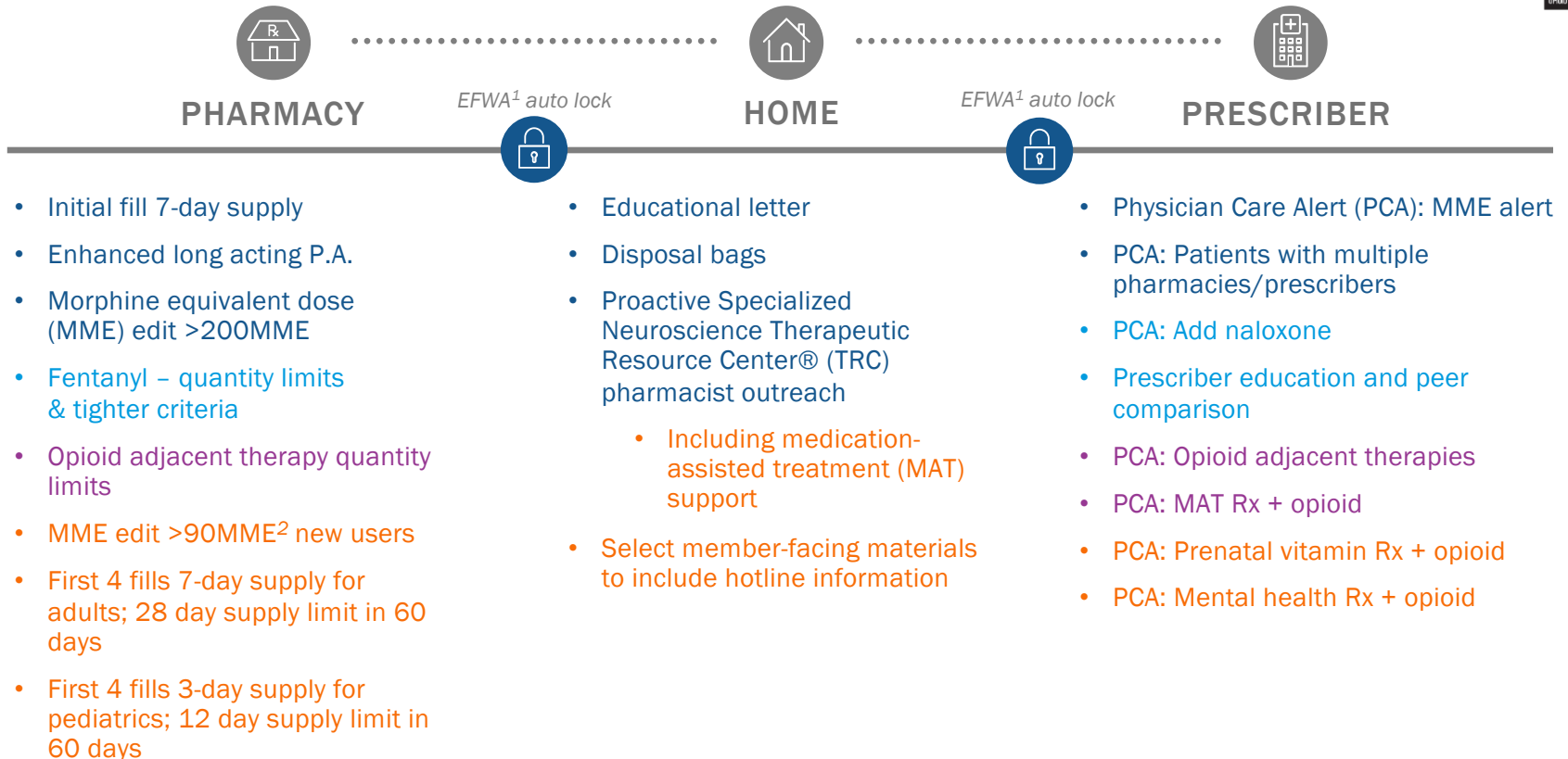
Program	Current Year SafeGuardRx Financial Guarantees ¹	Drug Cost Avoidance ²	Preferred Network Savings	Total Accrued Rebate Value	Total Value
Diabetes Care Value	\$0	\$0	\$0	\$1,416,455	\$1,416,455
Market Events Protection Program	N/A	\$5,911	N/A	N/A	\$5,911
Pulmonary Care Value	\$0	\$0	\$0	\$68,980	\$68,980
GRAND TOTAL SAVINGS					\$2,263,470

1 Due to Point of Sale discounts value may differ than credit/payment reported
 2 Savings driven by utilization management or NPF or SafeGuardRx specific rules
 3 Savings driven by optimal adherence
 4 Savings driven by intervention from specialist pharmacist outreach to patient/physician



A proven and evolving approach

1.0 core
2.0 enhancements
3.0 enhancements
4.0 enhancements



¹Enhanced Fraud, Waste and Abuse

Oklahoma Public Employee's Cost for AOM is \$0.39 PMPM (per member per month) or estimated \$37,954 per year.

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Decreasing the amount of opioids dispensed – AOM Successes

Enrollment of AOM was 6/1/18

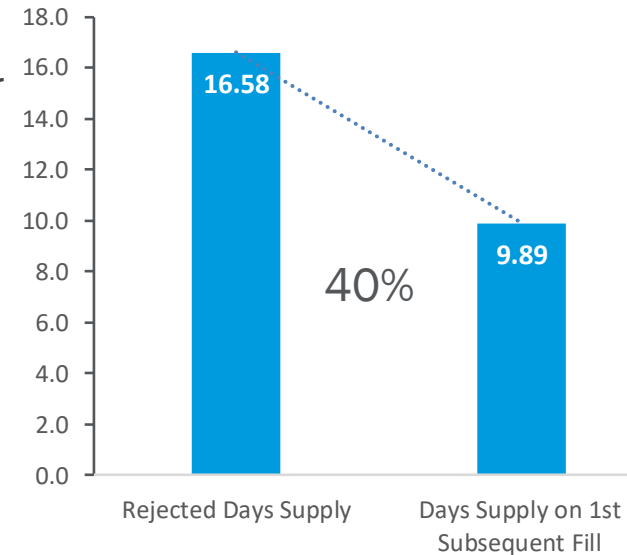
40% reduction in the average day supply per claim for first time short acting opioids

94% of short acting opioid patients prescribed an opioid for the first time exceeding a 7-day supply and were successfully reduced to a 7-day supply or less

27% of patients prescribed a long-acting opioid as initial therapy were redirected to safer, short-acting

6% claims paid for >7 day supply with PA override short acting opioids

Avg Days Supply per Claim



Important restrictions

- Don't mix your medicine including over-the-counter side effects.
- Make sure your doctor knows you are taking this medicine.
- Pain medicine can impair your ability to drive or operate machinery. See your doctor to see if you should avoid driving or operating machinery while taking this medicine.

1,221 member education letters mailed



477 drug disposal bags mailed



183 Opioid Alerts Sent to Physicians*

*May represent alerts generated from Advanced Opioid Management and RationalMed



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Advanced Opioid Management – Executive Summary

- 21%** Change in the number of patients on short acting opioids from the previous period to the current period
- 8%** Change in the number of short acting opioid days' supply per Patient from the previous period to the current period
- 44%** Change in the number of patients on long acting opioids from the previous period to the current period
- 31%** Change in the number of long acting opioid prescriptions from the previous period to the current period
- 70%** Change in the number of new patients on long acting opioid from the previous period to the current period**
- 4%** Change in the number of opioid prescribers per patient from the previous period to the current period

Does not include patients with cancer or receiving palliative care

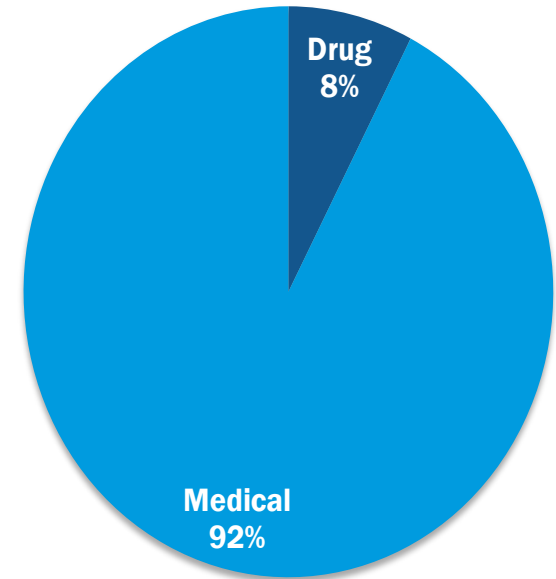
**** New to Long-Acting therapy, not opioid therapy**



Advanced Opioid Management Savings Analysis

Drug Cost Savings	
Long Acting Edit	\$2,954
Short Acting Edit	\$2,229
Fentanyl Patch DQM Edit	\$0
Fentanyl Transmucosal PA Edit	\$0
Benzodiazepine DQM Edit	\$954
Gabapentin DQM Edit	\$2,525
Muscle Relaxants DQM Edit	\$216
Total	\$8,877

Total Program Savings



Medical Cost Avoidance*	
Total	\$62,675

*Medical Cost Savings does not include Opioid 2.0 Rules at this time

Total Estimated Savings \$71.6K

Estimated \$0.67 PMPM Savings

Estimated Pharmacy plan savings \$0.08 PMPM

Estimated Medical plan savings \$0.58 PMPM



2018-2019 Advanced Utilization Management Savings

Summary of savings achieved through participation in our Advanced Utilization Management programs.

July 2018 to June 2019 SAVINGS

PROGRAM	ABOUT	July 2018 to June 2019 SAVINGS
Step Therapy	Promotes the safe and effective use of a less expensive, yet clinically effective, therapeutic alternative medication.	\$242,807
Prior Authorization	Promotes the safe and effective use of medications per their FDA approved uses.	\$467,177
Drug Quantity Management	Manages drug costs by aligning the dispensed quantity of medication with FDA-approved dosage guidelines.	\$192,652
Program Fees	Total PMPM fee related expenses for clinical programs	(\$104,132)

**Total Net Savings:
\$798,504**

- Date Range: 07-01-2018 to 06-30-19
- Current AUM Fees are \$1.07 PMPM (per member per month) and based on member count of 8,110. New enrollment was 8/2019.

National Preferred Formulary – A Billion Reasons

\$429,026

in annual savings tied to formulary exclusions

“We will move market share to the product that delivers best clinical outcomes at the best price. This approach will generate **\$1 BILLION IN SAVINGS** for our clients.”

Steve Miller, MD – Express Scripts

74

TOTAL EXCLUSIONS

6.0%

MEMBER IMPACT

9.5%

MEMBERS PURSUED A CLINICAL EXCEPTION



NATIONAL PREFERRED FORMULARY

Brand-for-Generic substitution

Population: Oklahoma Public Employees Health & Welfare Plan

Members: 7,804

Date Range: 2018-07-01 through 2019-06-30

Preference of select branded medications and exclusion of higher net-cost clinically equivalent generic alternatives



Decreases net drug costs



Ensures a seamless member experience



Does not impact the member's generic copay amount

\$213 K in estimated client savings

<1% of members are impacted

95% of claims convert to preferred branded medications



Annual Review Summary

July 2018 - June 2019

Clinical Impact	
Safety Alerts Volume	3,330
Successes and Success Rate (change in therapy/treatment)	808 (29%)
Total Number of Unique Members with Safety Alerts	1,317
Financial Impact	
Rx Savings	\$68,925
Medical Savings	\$621,698
Total Healthcare Savings (Rx + Medical)	\$690,623

RationalMed cost is \$0.35 PMPM or approximately \$34,062 annually.



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Safety Alert and Savings Detail

Safety Alert Category	Safety Alerts/Consideration				Savings		
	Safety Alert Volume	Unique Safety Events	Successes (Therapy or Treatment Change)	Success Rate %	Pharmacy (Rx)	Medical	Total
Adverse Drug Disease	929	824	315	38%	\$46,400	\$250,076	\$296,475
Adverse Drug Interaction	346	277	126	45%	\$10,015	\$82,414	\$92,429
Dose Duration	322	273	35	13%	\$1,489	\$68,612	\$70,101
Drug Age	8	8	6	75%	\$0	\$17,318	\$17,318
Drug Pregnancy	3	3	4	133%	\$65	\$17,318	\$17,383
Drug Therapy Duplication	72	47	32	68%	\$2,516	\$66,226	\$68,742
Duration	180	156	46	29%	\$1,275	(\$3,388)	(\$2,113)
Excessive Dosing	43	38	17	45%	\$433	\$13,041	\$13,474
Quantity Consideration	3	3	2	67%	\$32	\$0	\$32
High Risk Medications	136	130	77	59%	\$1,583	\$16,822	\$18,405
ADVERSE DRUG RISK	2,042	1,759	660	38%	\$63,808	\$528,439	\$592,248
Misuse/Abuse	8	3	5	167%	\$0	\$0	\$0
Polypharmacy	189	90	48	53%	\$4,745	\$46,757	\$51,502
COORDINATION OF CARE	197	93	53	57%	\$4,745	\$46,757	\$51,502
Omission of Essential Drug Therapy	175	152	27	18%	(\$6,888)	\$64,640	\$57,753
Under Dosing	21	19	11	58%	(\$88)	\$30,212	\$30,123
Suboptimal Patient Drug Adherence	95	84	18	21%	N/A	(\$49,286)	(\$49,286)
Omission of Testing & Diagnostics	65	61	10	16%	\$467	\$935	\$1,402
OMISSION OF CARE	356	316	66	21%	(\$6,509)	\$46,501	\$39,992
Omission of Therapy	456	353	27	8%	\$6,273	\$0	\$6,273
Opioid Care Coordination	0	0	0	0	\$0	\$0	\$0
MED	2	2	2	100%	\$609	\$0	\$609
Suboptimal Patient Drug Adherence	277	230	-	0%	\$0	\$0	\$0
Adverse Drug Disease Consideration	0	0	0	0	\$0	\$0	\$0
PHYSICIAN CARE	735	585	29	5%	\$6,882	\$0	\$6,882
TOTAL	3,330	2,753	808	29%	\$68,925	\$621,698	\$690,623



A new 360° view, a 180° change

By 2030, 80 million Americans will have 3+ chronic conditions and projected U.S. healthcare spend is \$5.5 trillion.* In a healthcare market demanding more cost control, improved outcomes, personalization and an “easy button” to manage it all, plans are faced with how to evolve their approach — and fast. Introducing a new clinical management option for plans wanting a transformation.

**DRIVING BETTER
OUTCOMES, CARE,
AND VALUE —
WE GUARANTEE IT.**

PERSONALIZATION

Identifies areas requiring clinical attention

Right interventions at right time to meet your goals

Right for the patient



CARE COORDINATION

Health Connect platform

360° visibility to patient activity

Population Health Manager

Coordination with all clinical entities

OUTCOMES-BASED APPROACH

Performance-based clinical outcomes

Establish performance-based guarantees

*Deloitte 2018 Study: The Convergence of Health Care Trends

DYNAMIC PERSONALIZATION

Personalized end to end approach


Care Coordination

Call your doctor
NO REFILLS
New Rx required

TRC Pharmacist

Physician EMR Communications



Personalized Member Communications



Mango Health

Metabolism Test



Healthy eating support



Diabetes and Hypertension Remote Monitoring

Provider detailer

Quality Pharmacy Networks



Proactively selecting the right set of evolving engagements for each person's individual needs... recalculating as we go for the greatest outcomes.



Guaranteed clinical outcome model

- Access to **all Express Scripts clinical capabilities** and **Care Insights Hub**
- **Personalized and optimized member experience**—achieving your clinical outcome goals
- **ROI savings guarantee** and **pay-for-performance** model on guaranteed outcomes



Diabetes

- Improve statin use in diabetes
- Maintain diabetes adherence
- Improve diabetes adherence
- Comprehensive diabetes care HbA1C <8%

Inflammatory Conditions

- Improve DMARDs use for Rheumatoid Arthritis

Opioid Dependence

- Reduce average days' supply per claim for first time short-acting opioid Rx
 - Percent of patients prescribed a long-acting opioid as initial therapy were redirected to a safer, short-acting opioid

Cardiovascular Disease

- Maintain hypertension adherence
- Improve hypertension adherence
- Improving beta blocker use in patients with heart failure and/or history of heart attack

Pulmonary

- Improve inhaled corticosteroids use for uncontrolled asthma and COPD

Behavioral Health

- Improve and maintain behavioral health medication adherence