

Welcome to the SIG University HR Roundtable Series

Understanding the Changing Rx Landscape

Cory Easton, Principal, HORIZON Health Ventures, LLC

April 25, 2018



SIG University

Webinars - Seminars - Roundtables - Legal Alerts - Podcasts

SIG University brings you the most critical information you need in order to stay knowledgeable about HR trends and keep your Health and Welfare plans up-to-date with Healthcare Reform and other federal Health and Welfare benefit regulations and trends.

www.silbs.com/sig-university



SIG University - Webinars

MAY 2ND, 3 PM – 4 PM EST

Making a Difference: What's Next in Meaningful Employee Wellness

MAY 16TH, 12 PM – 1 PM EST

Captives: Not Just for the Fortune 500 Anymore!

MAY 30TH, 12 PM – 1 PM EST

Marketing Your Culture

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SIG University – Upcoming Events

SAVE THE DATE! UPCOMING HR ROUNDTABLES

MAY 22 (DC): Beyond Benefits & Broccoli: Thinking Outside the Wellness Box

Speaker: Rachel Druckenmiller, Director of Wellbeing, SIG

MAY 31: Building a Thriving Culture at Work

Speaker: Rachel Druckenmiller, Director of Wellbeing, SIG

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2018 Mid Atlantic Benchmarking Survey

If you are a Mid Atlantic employer with 50 or more employees, then you are invited to participate in the 2018 Mid Atlantic Benchmarking Survey

Our survey provides companies with comparable benchmarking data for:

- Medical Plans
- Dental, Life, and Disability Benefits
- Innovative Benefits & Strategies
- Wellness & Vision
- Other Specialty Benefits

www.silbs.com/benchmarking

SURVEY CLOSES MAY 22!



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April 2018



Understanding The Changing Rx Landscape



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Pharmacy Trend & Important Metrics

Projected
'17 Trend
(Gross)

11.8%

**Cost
Drivers**

Specialty
Trend, New
Rx's & New
Indications
Introduced



Specialty

16%-25% Year over
Year Trend until 2025

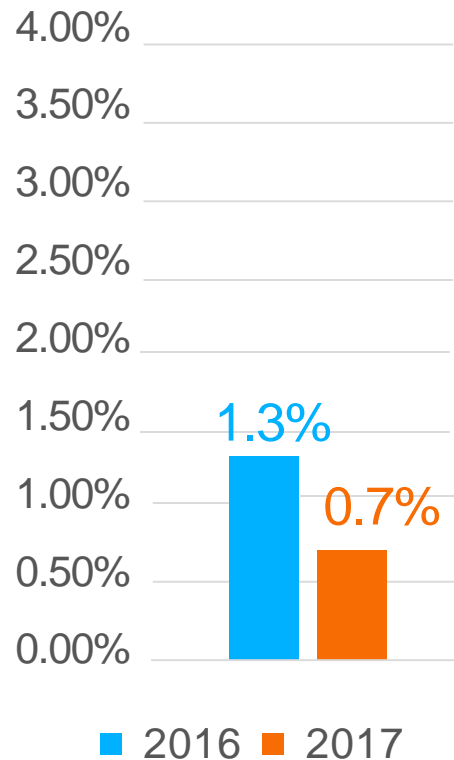
GDP

\$597B by 2025 or 20%
of Gross Domestic
Product (GDP)

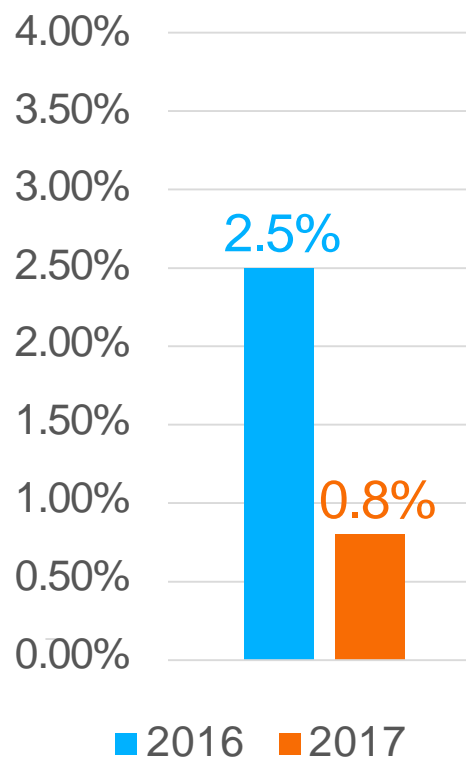


2017 Commercial Trend

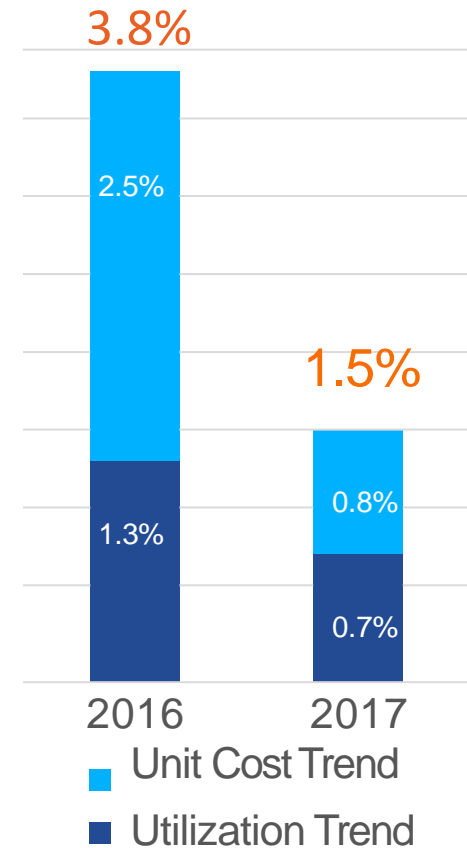
Utilization Trend
2016 vs. 2017



Unit Cost Trend
2016 vs. 2017



Total Trend
2016 vs. 2017



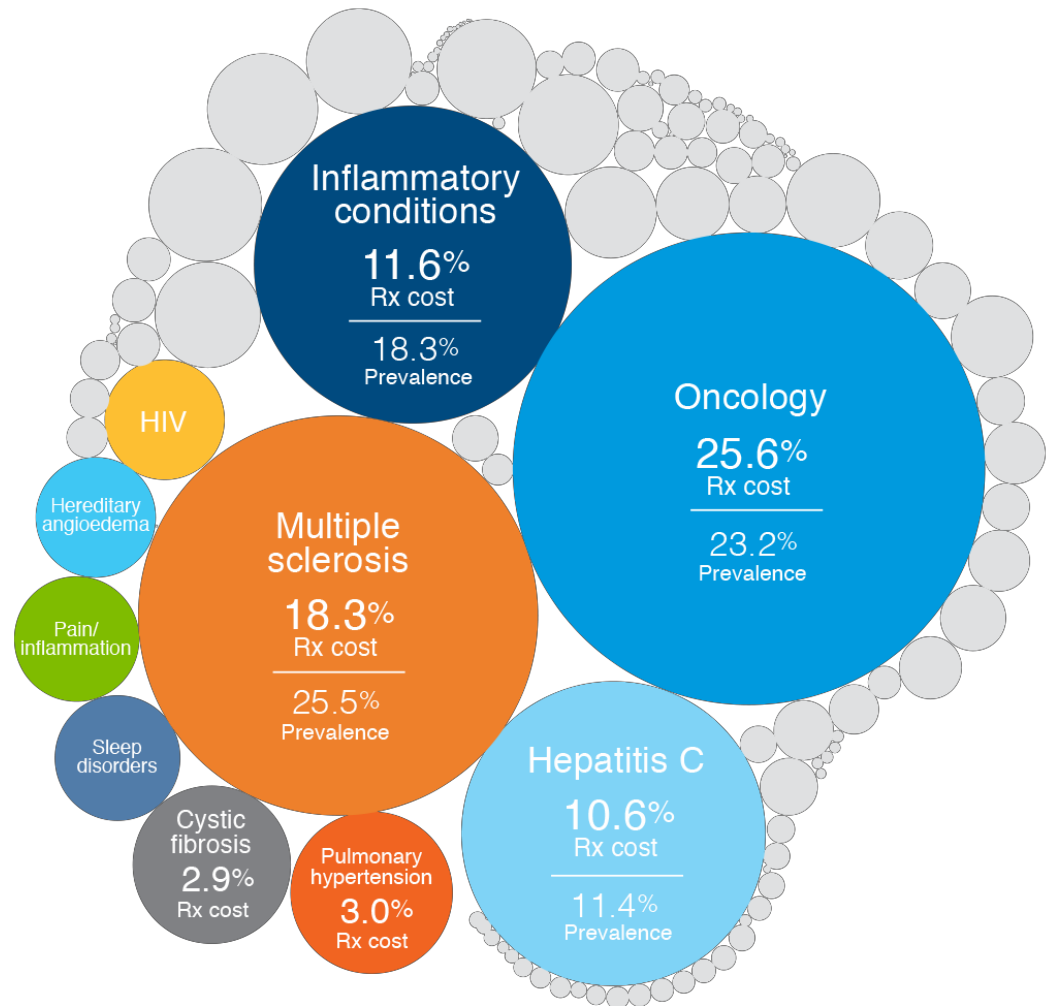
2017 **Unit Cost Trend** is **68% Lower** Than in 2016



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Therapy classes of people with \$50,000+ in Rx cost

**9 OUT OF 10 REQUIRE
SPECIALTY MEDICATION**





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Specialty Trend Drivers

AGING POPULATION



10,000

Americans will turn 65
every day until 2030¹

NEW DRUGS FOR UNMET NEEDS



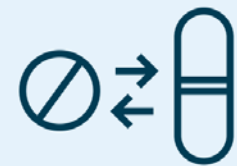
88

New drugs 2015-2016²

220

New drugs 2017-2019²

NEW INDICATIONS



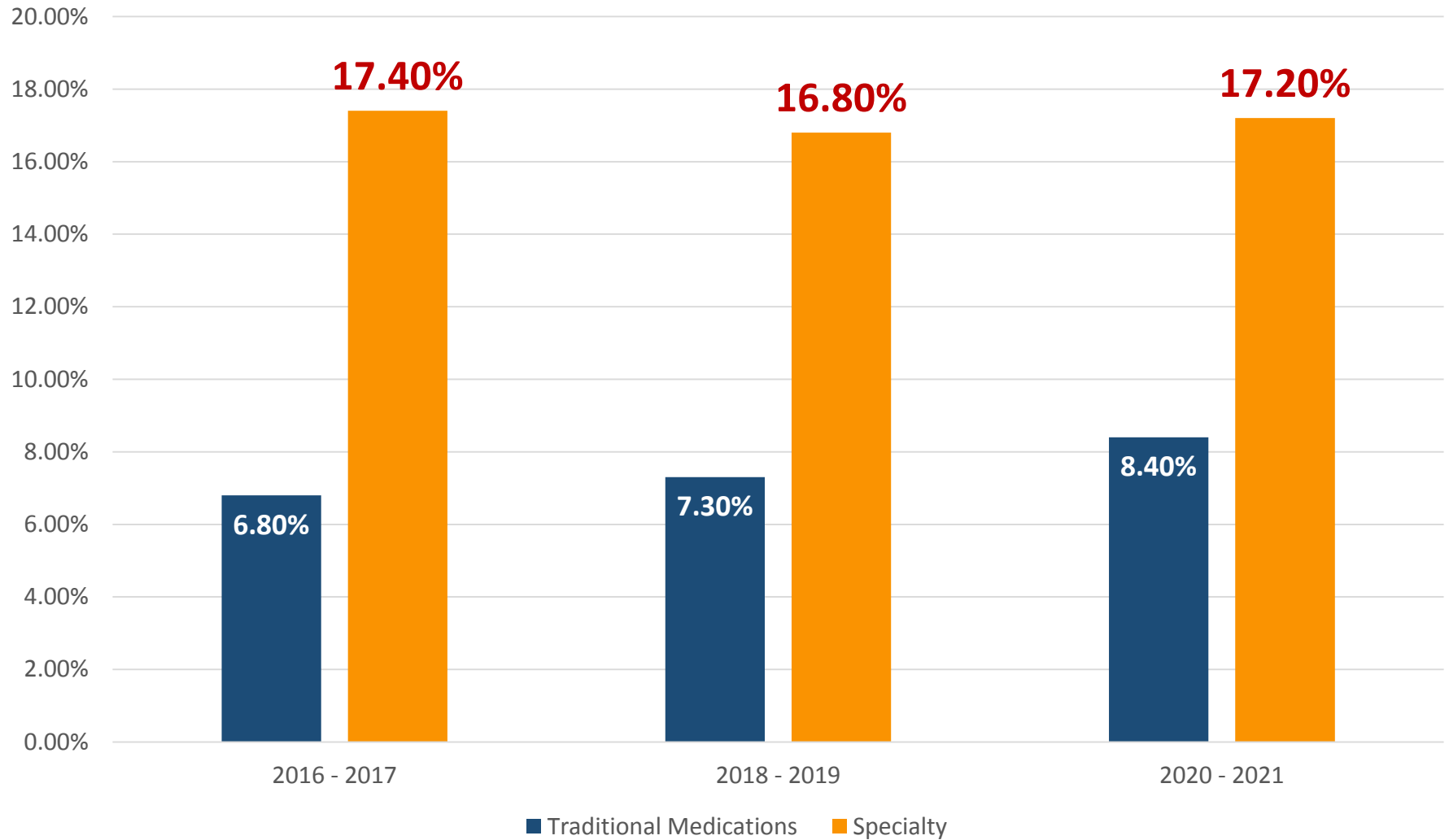
101

New indications
2017-2019²



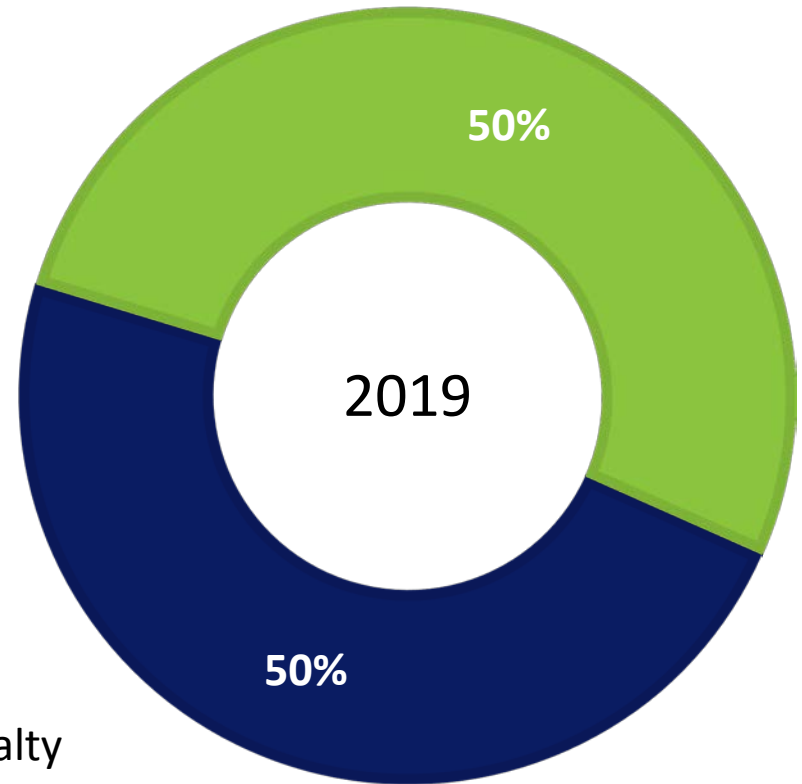
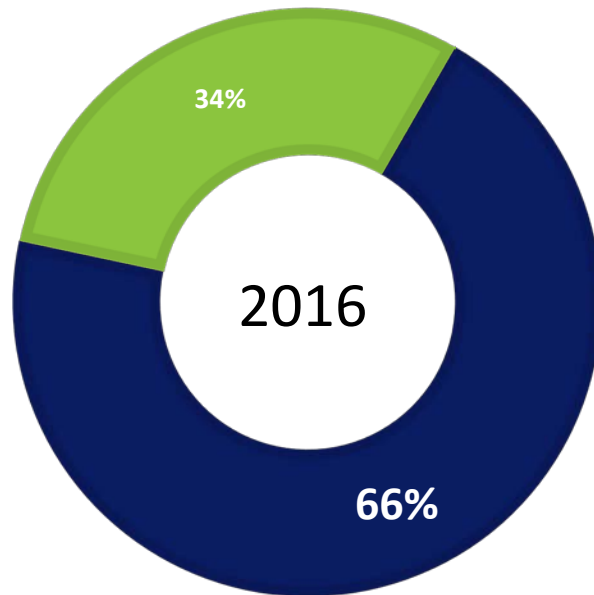
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Projected Specialty Trend





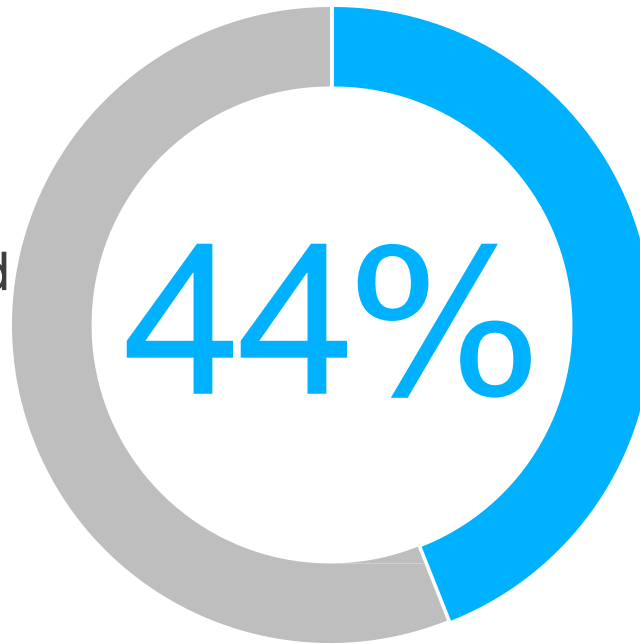
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■ Specialty
■ Traditional

Leading the way for patients and plans in 2017

- Record low commercial net trend for 2017
- Low increases for Medicare and Medicaid
 - 2.3%
 - 3.7%
- Decrease for Health Insurance Exchanges
 - -3.3%



OF PLANS
SPENT LESS
PER PERSON
ON
PRESCRIPTION
DRUGS IN 2017

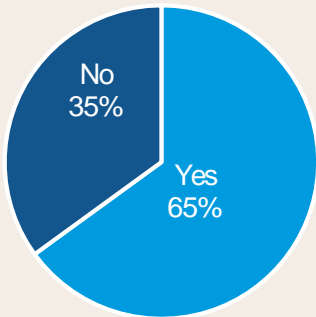




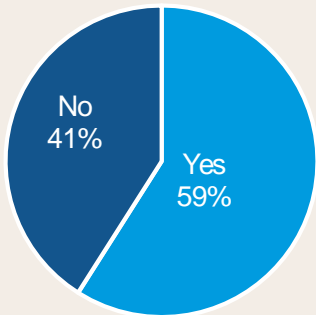
Management Trends

Exclusive Specialty

Do you have a restricted network for specialty drugs?

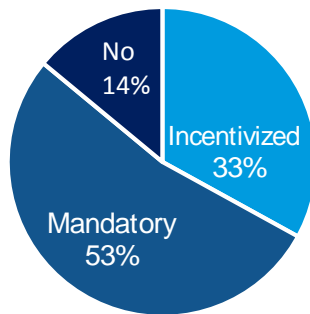


If no, would you be willing to implement one in the future?

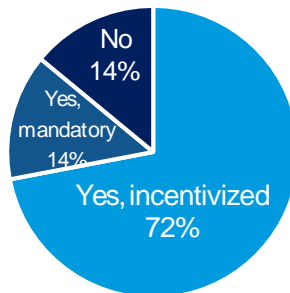


Home Delivery

Do you have a home delivery program in place?

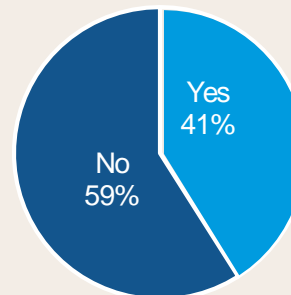


If no, would you be willing to implement a program?

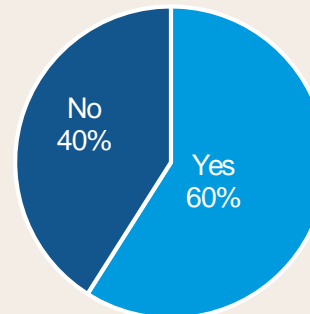


Narrow Networks

Do you have a preferred retail pharmacy network design?

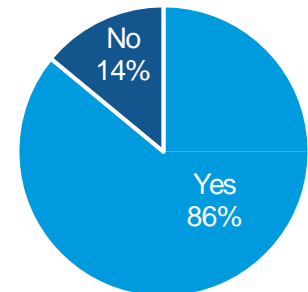


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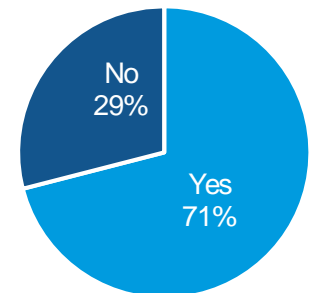


Step Therapy

Do you implement Step Therapy?



If no, do you plan to implement step therapy in the future?



Payor problems create market opportunities

Source: JPMorgan 22nd Bi-annual Proprietary PBM Survey, 12/2017. Surveys were fielded electronically by 51 respondents who are responsible for making benefit decisions for leading U.S. companies. In aggregate, the respondent companies comprised ~700,000 employees and had aggregate annual drug spend of roughly \$2 billion.



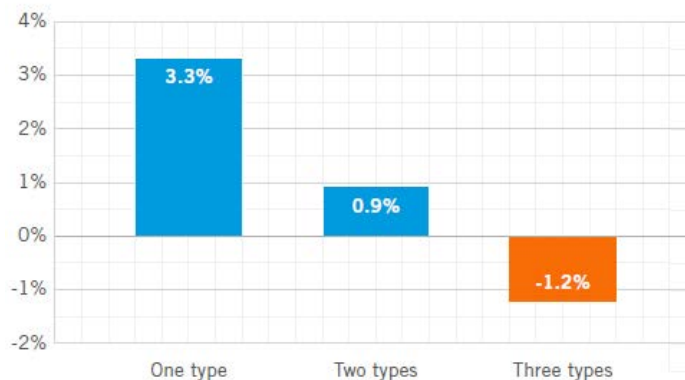
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Value of Clinical Management

- Plans that adopted a broader variety of clinical, specialty and other core PBM solutions had lower trend than those adopting fewer types of solutions.
- Spending for plans that implemented all three types of solutions in 2017 decreased 1.2%.

TREND FOR PLANS ADOPTING SOLUTIONS

By breadth of solutions adopted in 2017*



Plans
adopting all
three types of
solutions in
2017 had
-1.2%
trend





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Trend and Spend Overview for COMMERCIAL

UTILIZATION TREND

↑0.7%

UNIT COST TREND

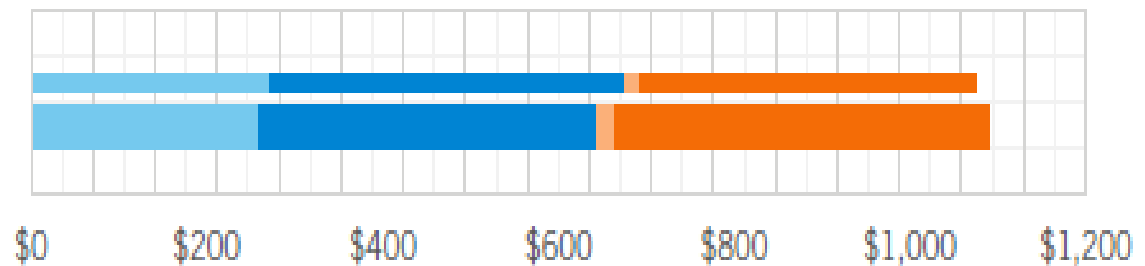
↑0.8%

TOTAL TREND

↑1.5%

Total per-person
spending increased
1.5% (net), with
inflammatory
conditions leading
all classes

COMPONENTS OF PMPY* SPEND



KEY

Traditional Generic

Traditional Brand

Specialty Generic

Specialty Brand

2016

2017





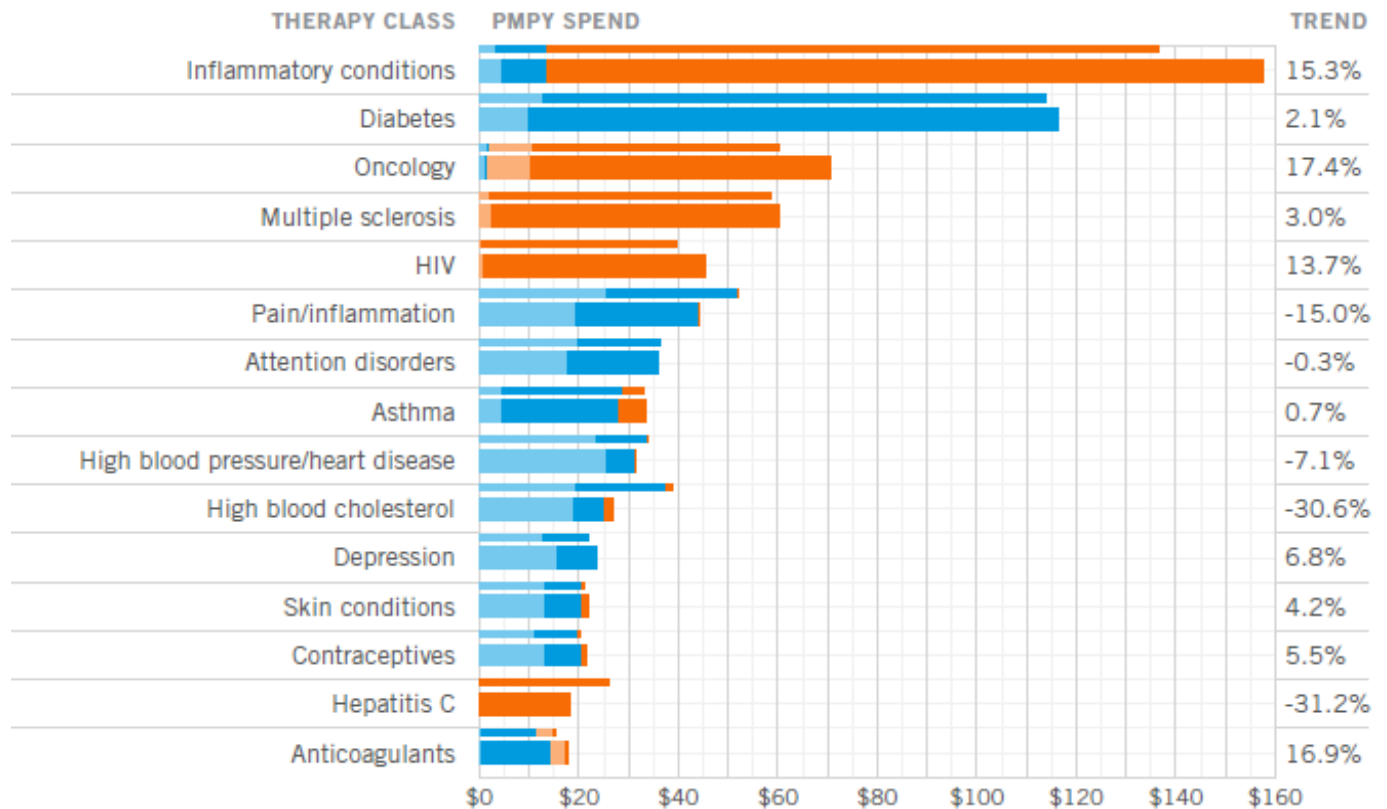
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Trend and Spend Overview for COMMERCIAL

COMPONENTS OF TREND FOR TOP 15 THERAPY CLASSES

Show table

Ranked by 2017 PMPY* spend for commercial plans



Total
per-person
spending
increased
1.5% (net)
with
inflammatory
conditions
leading all
classes



Trend and Spend Overview for COMMERCIAL

Total per-person
spending
increased 1.5%
(net), with
inflammatory
conditions
leading all
classes

RANK	THERAPY CLASS	PMPY SPEND	TREND		
			UTILIZATION	UNIT COST	TOTAL
1	Inflammatory conditions	\$157.49	3.9%	11.4%	15.3%
2	Diabetes	\$116.23	4.2%	-2.1%	2.1%
3	Oncology	\$70.66	4.3%	13.2%	17.4%
4	Multiple sclerosis	\$60.20	-3.4%	6.4%	3.0%
5	HIV	\$45.20	2.5%	11.1%	13.7%
6	Pain/inflammation	\$44.06	-2.1%	-12.9%	-15.0%
7	Attention disorders	\$36.12	2.9%	-3.2%	-0.3%
8	Asthma	\$33.40	2.6%	-1.9%	0.7%
9	High blood pressure/ heart disease	\$31.41	0.6%	-7.6%	-7.1%
10	High blood cholesterol	\$26.82	0.3%	-30.9%	-30.6%
11	Depression	\$23.68	4.4%	2.4%	6.8%
12	Skin conditions	\$21.80	2.2%	1.9%	4.2%
13	Contraceptives	\$21.44	2.6%	2.9%	5.5%
14	Hepatitis C	\$17.90	-40.4%	9.2%	-31.2%
15	Anticoagulants	\$17.67	3.0%	13.9%	16.9%
	Other therapy classes	\$365.63	-0.9%	0.6%	-0.3%
TOTAL FOR ALL THERAPY CLASSES		\$1,089.75	0.7%	0.8%	1.5%



Forecasting trend for commercial plans

TREND FORECAST FOR KEY THERAPY CLASSES

2018-2020, ranked by 2017 PMPY* spend

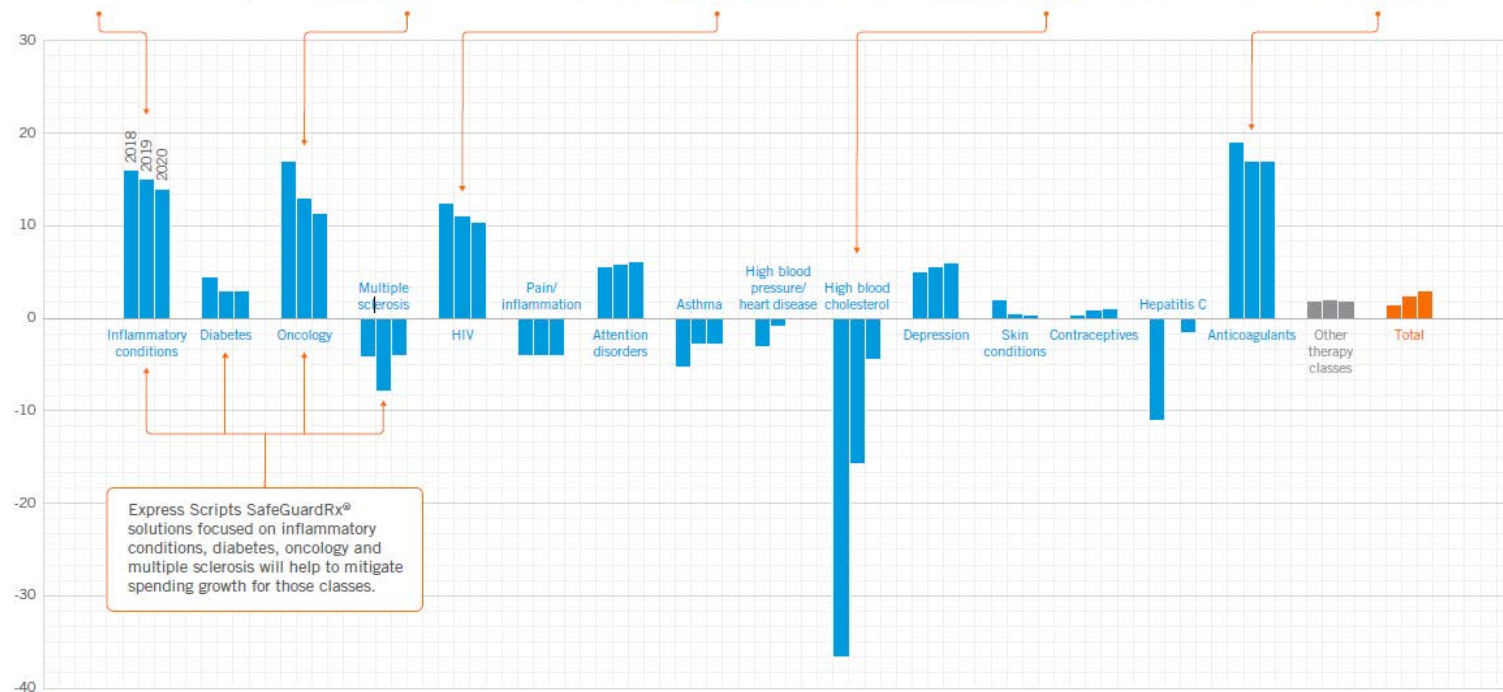
Inflation for brand drugs to treat **inflammatory conditions** will continue, as biosimilar savings are not expected until after 2020.

For **oncology**, higher introductory prices for drugs that treat rare cancers will drive unit costs, as longer treatment duration and more oral therapies shifting to the pharmacy benefit will increase utilization.

HIV medications will have high trend due to the shift from older TDF¹ drugs to newer, often more expensive TAF¹ combination therapies that have fewer side effects and equivalent effectiveness.

With few new **high blood cholesterol** drugs in the pipeline, we expect downward unit cost trend to continue as market share shifts from brands to recently approved generics for Zetia[®] (ezetimibe) and Vytorin[®] (ezetimibe/simvastatin).

Spending for **anticoagulants** will rise due to brand inflation and additional indications for newer drugs, along with increased utilization as prescribers gain experience with these new drugs.





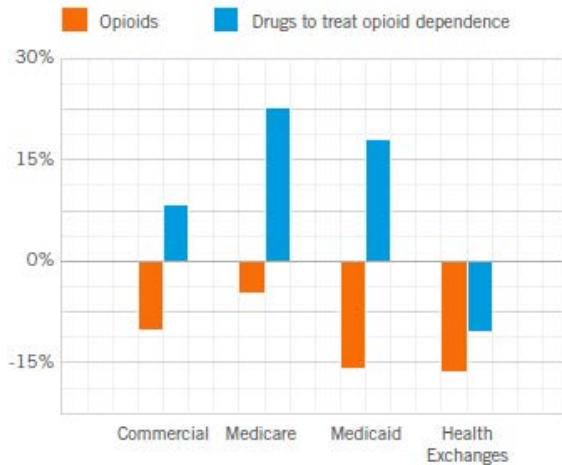
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Curtailing the opioid epidemic

Average days' supply **declined nearly 60%** in just 90 days for patients in our programs receiving first-time opioid prescription

UTILIZATION TREND

2017, for patients across plan types



AVERAGE DAYS' SUPPLY PER INITIAL FILL

2017, for patients in Advanced Opioid Management



~96%

Of patients in the program filled a seven-day supply or less for an initial opioid prescription





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Focused on patient care and value

At risk diabetes patients added medication to prevent heart attacks.

15.1% of patients added statin therapy to Diabetic Care. If this was a standard plan requirement, nearly 13,000 patients over the next 10 years could prevent heart attack.

Average member out-of-pocket cost for a 30-day prescription was \$11.24

Members saw a modest 12¢ increase in OOP costs per Rx vs. 2016.



Share of costs per prescription paid by members held steady

Commercial members paid 14.3% of total prescription costs in 2017, the same as in 2016.

Patients in high-deductible plans have higher OOP costs

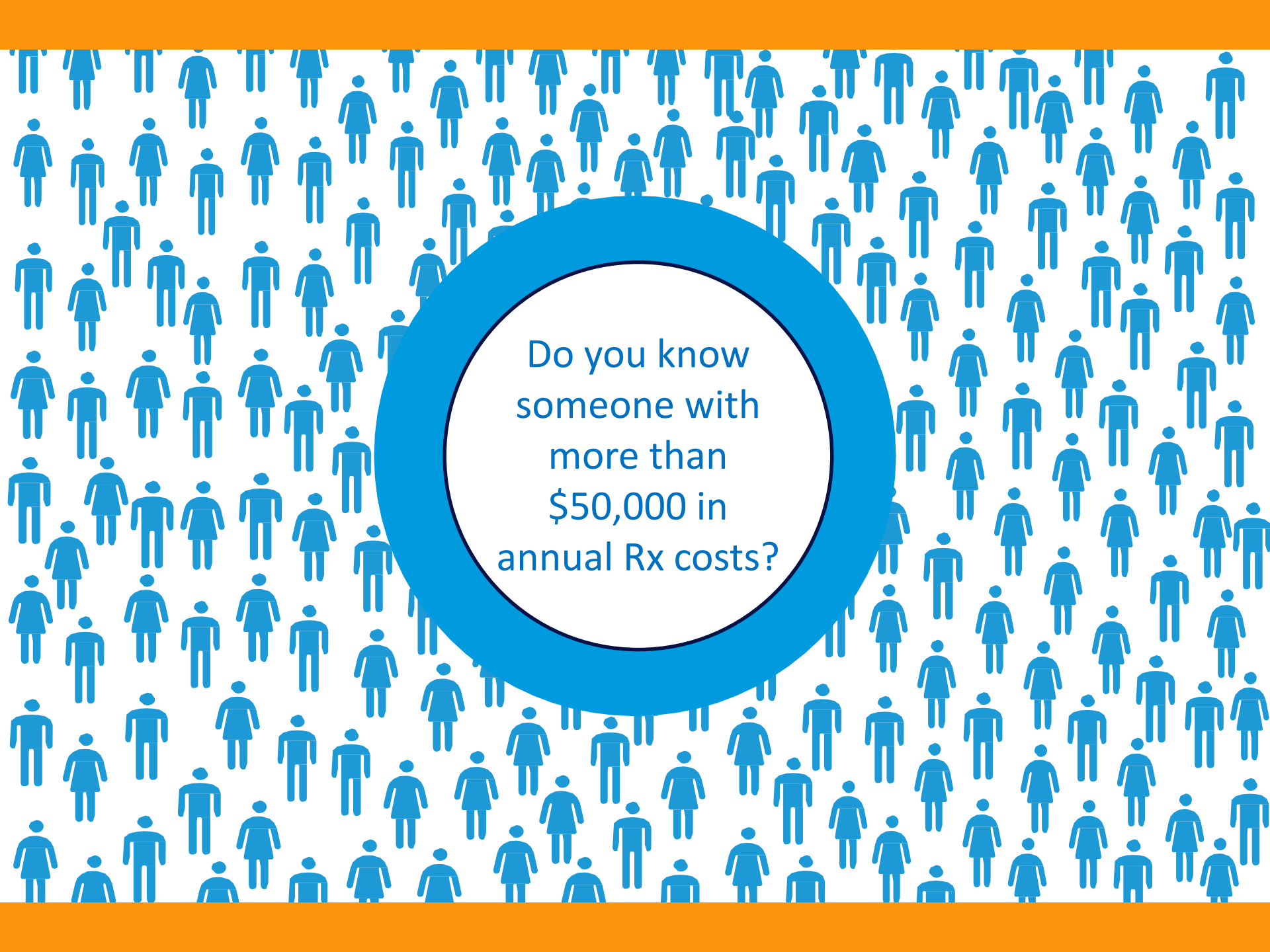
Patients in high-deductible consumer-directed healthcare (CDH) plans paid more in average yearly out-of-pocket costs (\$268.86) than those in standard commercial plans (\$200.24), despite 23.5% lower utilization.



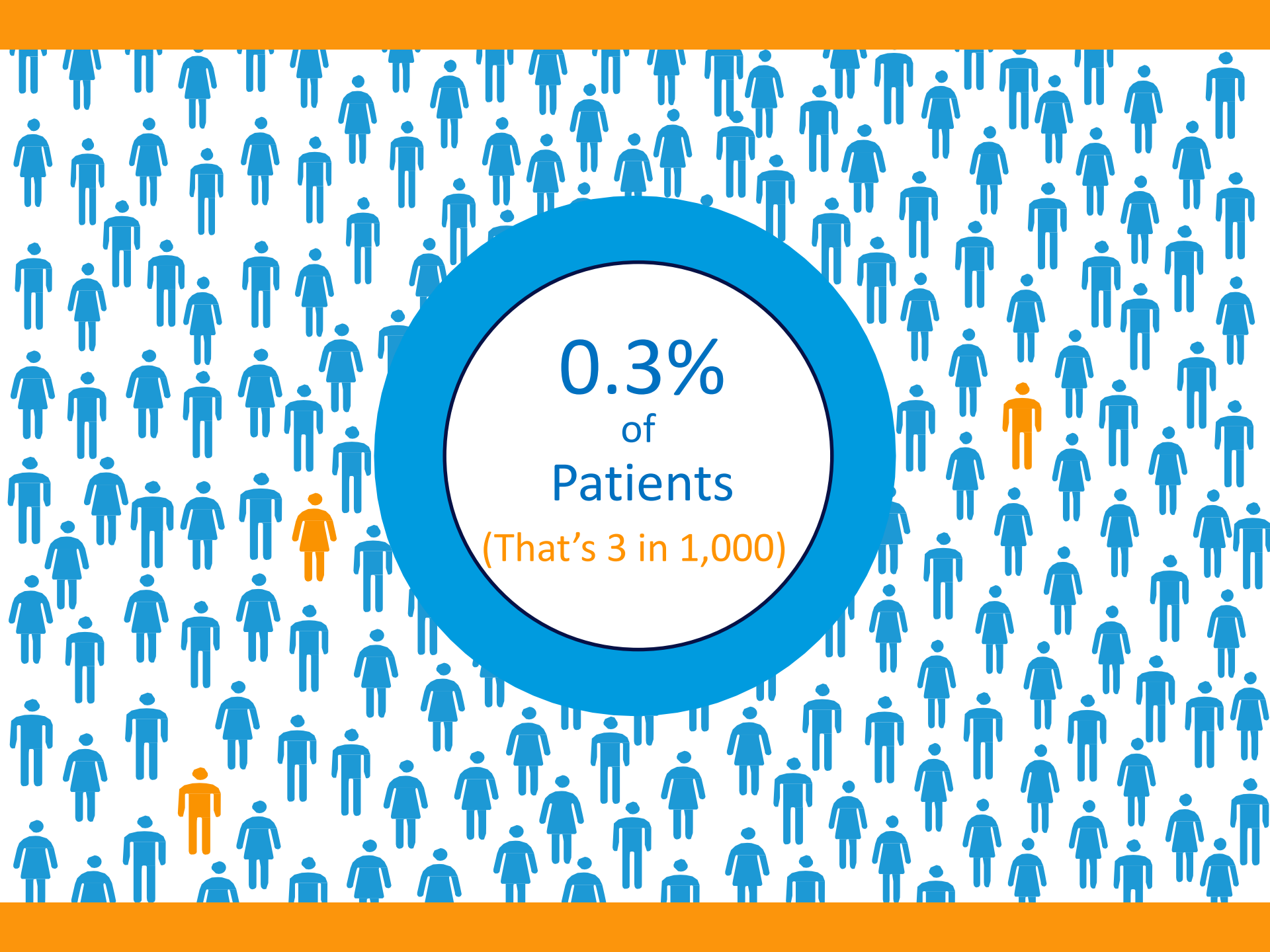
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Managing Pharmacy: Today & Tomorrow

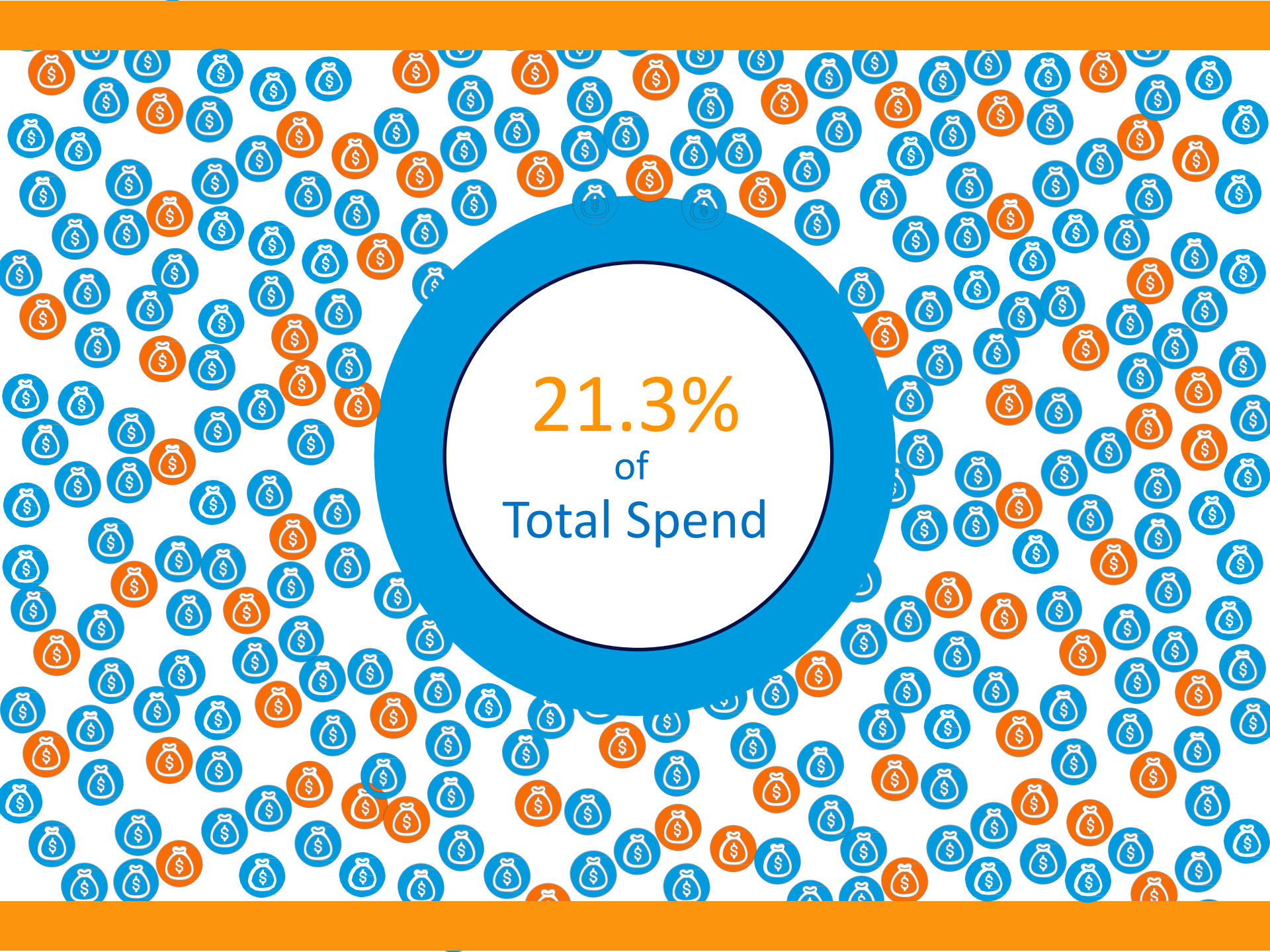
The background of the slide is filled with a dense, repeating pattern of small, blue, stylized human icons. These icons are arranged in a way that they appear to be walking or standing in various directions, creating a sense of a large crowd. The icons are simple, with a circular head and a rectangular body, and are colored in a solid blue. The overall effect is a textured, busy background that represents a large population.

Do you know
someone with
more than
\$50,000 in
annual Rx costs?



0.3%
of
Patients
(That's 3 in 1,000)

The infographic features a large blue circle in the center containing the text. The background is filled with a dense pattern of small human icons. Most icons are blue, but three are orange, representing the 0.3% mentioned in the text. The orange icons are located at approximately (240, 550), (800, 430), and (150, 850) in a 1000x1000 coordinate system.



21.3%
of
Total Spend

The infographic features a central white circle with a thick blue border. Inside the circle, the text '21.3%' is written in orange, 'of' in blue, and 'Total Spend' in blue. The background is white and filled with numerous small icons of money bags, each containing a dollar sign. The money bags are colored in two shades: blue and orange, and are scattered across the entire area, creating a dense, textured effect. The top and bottom edges of the image are bordered by solid orange bars.

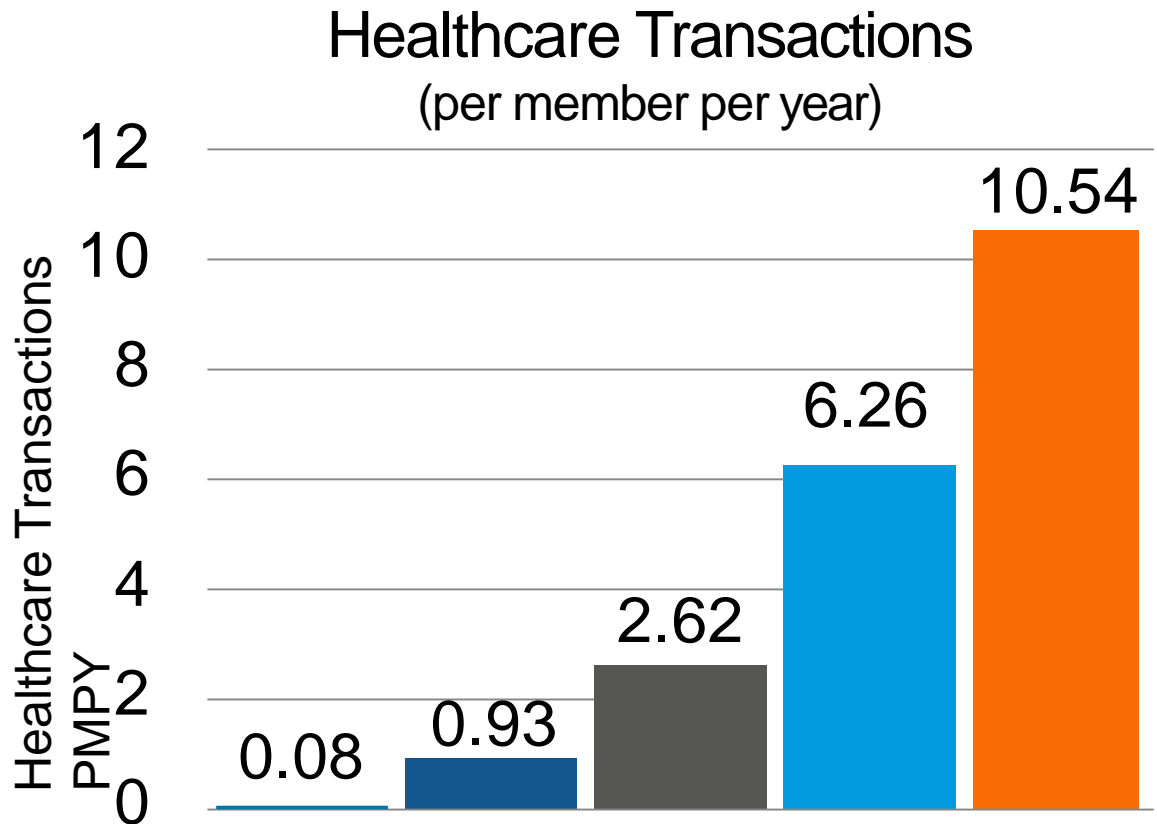
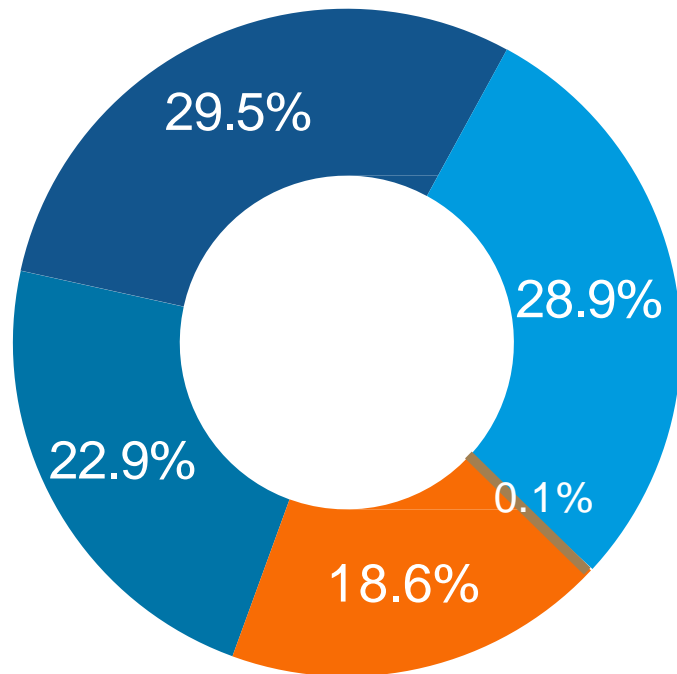
The image features a large, light blue circle in the center, which serves as a frame for the text. The background is filled with a dense pattern of small, stylized money bags. Each money bag is depicted as a white outline of a bag with a drawstring top, containing a dollar sign. These bags are colored in two shades: blue and orange, and are scattered across the entire white background. The top and bottom edges of the image are bordered by solid orange horizontal bands.

\$80
Billion



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Pharmacy is the most widely used benefit



■ Inpatient ■ Outpatient ■ Ancillary ■ Physician ■ Pharmacy

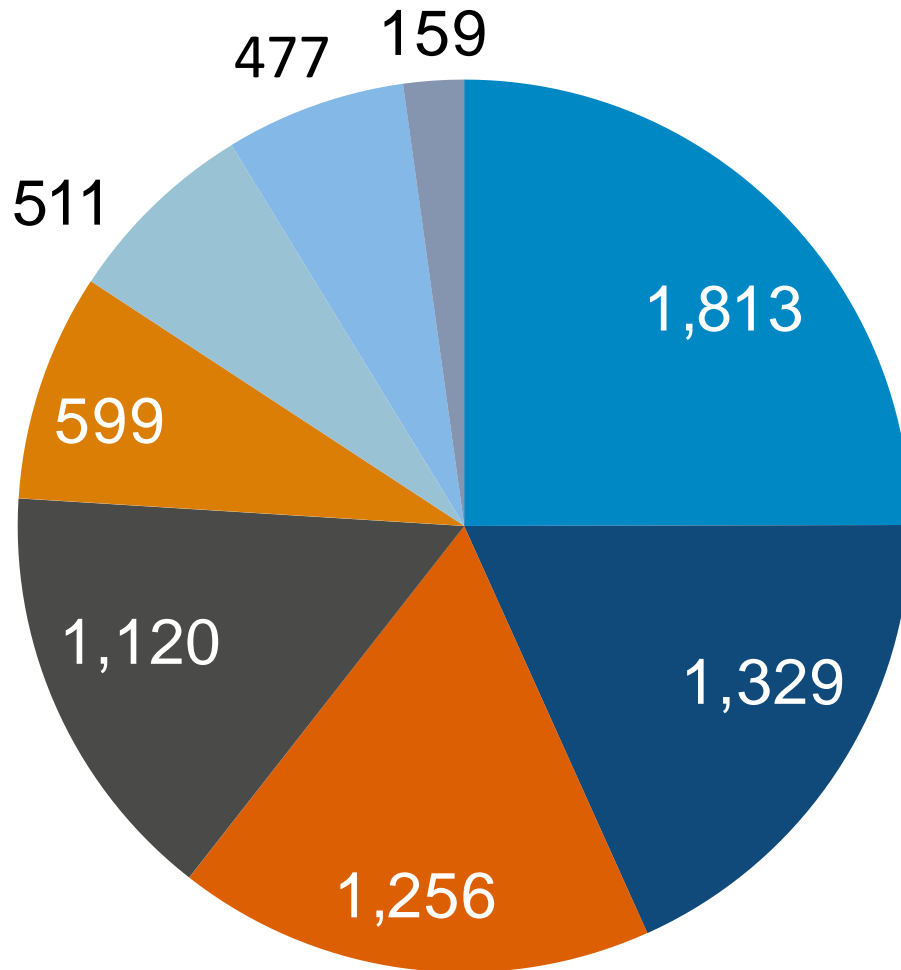




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7,000 potential drugs in development

Pipeline Products By Therapeutic Area



- Cancer
- Neurological
- Infectious Disease
- Immunology
- Cardiovascular
- Mental Health
- Diabetes
- HIV/AIDS



A biosimilar is defined as “a biological medicinal product that contains **a version of the active substance** of an already authorized original biological medicinal product.

A biosimilar **demonstrates similarity** to the referenced medicinal product in terms of quality characteristics, biological activity, safety and efficacy based on a comprehensive comparability exercise.”

IMS Health, 2014





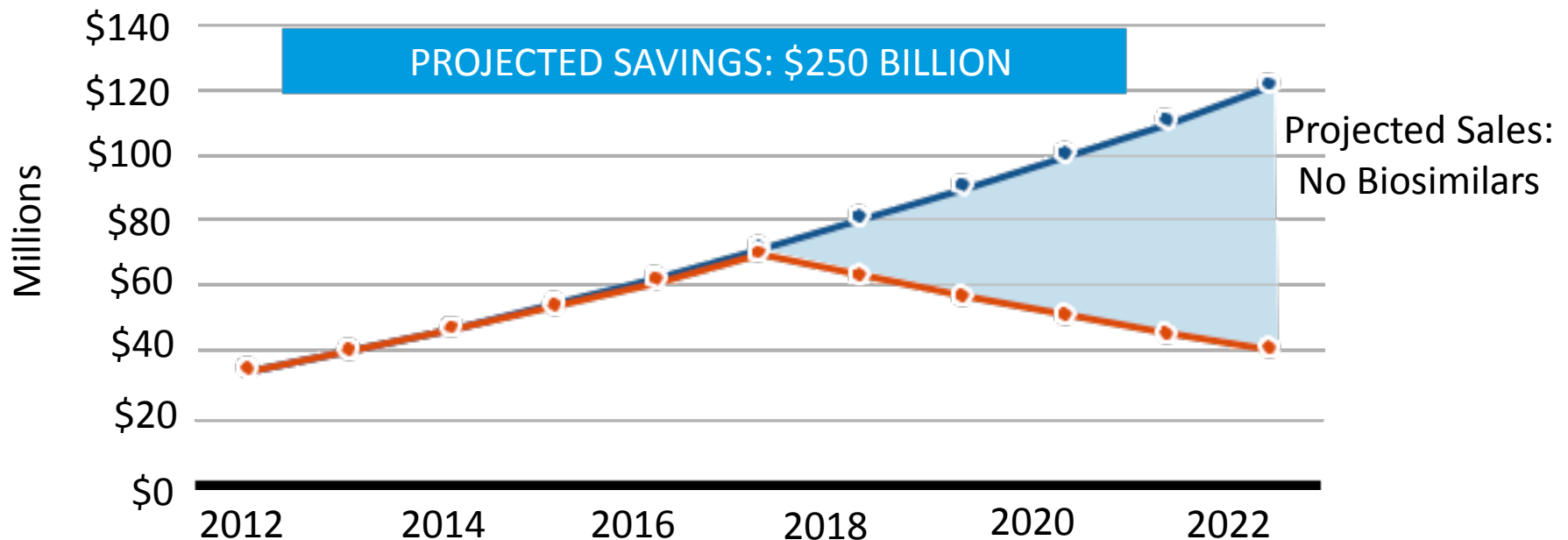
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Biosimilars





Biosimilars could create headroom for funding expensive, innovative therapies



A new frontier: Gene therapy

- Repairs, deactivates or replaces dysfunctional genes that cause disease
- 4,000 diseases linked to gene disorders
- High cost: \$475k-\$1.5M per patient
- Single administration
- Very small patient populations
- Durability periods vary



First products reached the European market, but few patients received treatment

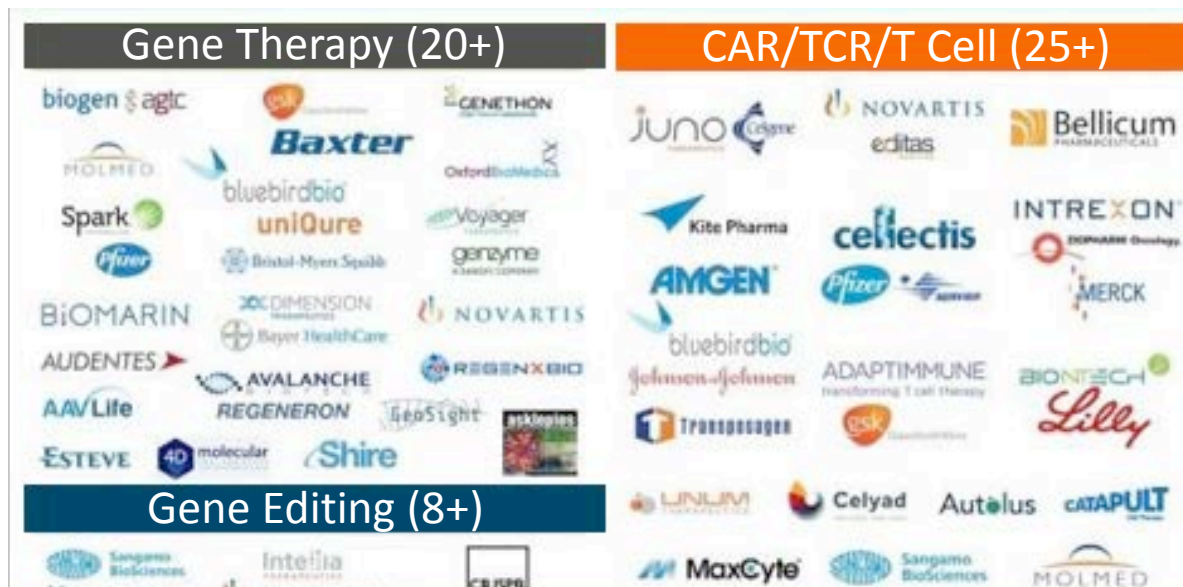


\$1.4 Million
failed



\$665,000
Money-back
guarantee

Nevertheless, there is plenty of interest



1,500+ products in development
>75% are at discovery or preclinical phase

First U.S. gene therapy OK'd



\$475,000

Cost, guaranteed
clinical results

One-time treatment for lymphoblastic leukemia

- Lethal blood and bone-marrow cancer
- 3,100 diagnoses in the U.S. each year
- Affects children and young adults

Targeting ultra-rare diseases

- Lipoprotein lipase (LPL) deficiency – inhibits fat digestion
- ADA-SCID (“bubble boy disease”) – inability to fight infection in children
- MLD (metachromatic leukodystrophy) – destroys brain white matter in children
- Leber Syndrome – causes blindness
- Hemophilia – bleeding disorder

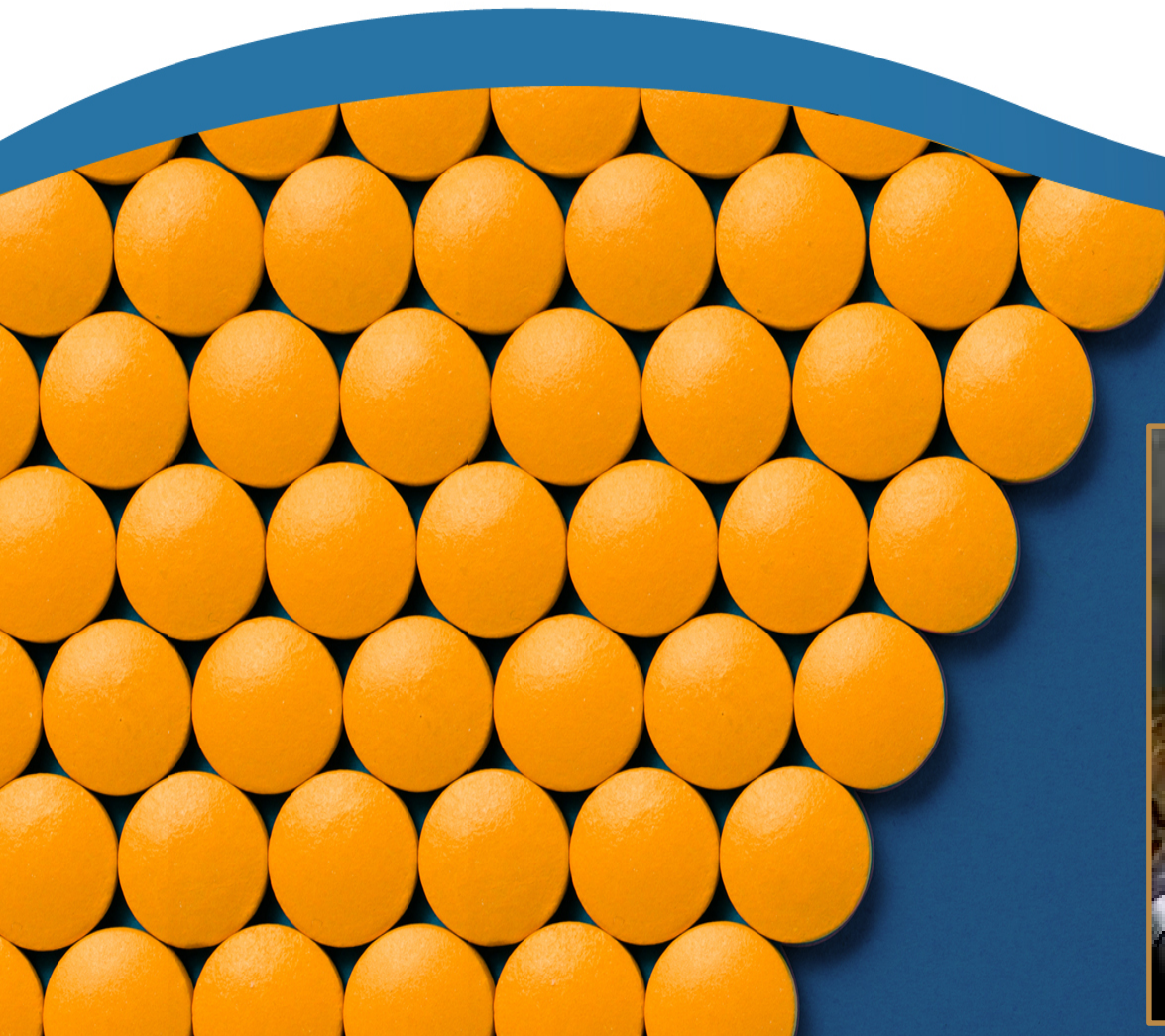
**Next 18 months –
3+ approvals possible in the U.S.**





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**“Toto, we’re not in
Kansas anymore...”**





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Carve-In vs Carve-Out

Carve-In

HEALTH PLAN

Medical Pharmacy

Dental Vision



Employer has a single bundled contract for all services

Carve-Out

HEALTH PLAN

Medical
Dental
Vision

PBM

Pharmacy



Employer maintains two separate contracts/vendors each with specific and unique expertise



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PBM tools can improve care and drive value





Key Takeaways

8-15% Savings

- Effective PBM contracting

% Savings

- 80%-100% of Rebates

10-30% Savings

- Evaluate the carve out potential

2-10% Savings

- Early adopter of management programs:
 - Mandatory generic programs
 - PBMs exclusionary formularies
 - Step Therapy
 - Exclusive Specialty Pharmacy
 - Compound management program

2% Savings; w/channel
Management addl 3%+

- Exclusive Specialty Pharmacy and specialty management programs; medical channel management

Save money
now so that
you can
afford the
high cost
drugs of
tomorrow



Basics of Pharmacy Contracting

- Do you have a contract *specific* to your pharmacy benefit?
- Does your contract clearly list out the discounts/fees/rebates that are applied and guaranteed to **your** claims utilization?
- Does your contract clearly define under what circumstances those discounts/fees/rebate guarantees are applied to **your** claims?
- Does your contract clearly state what detailed information you will have access to relative to **your** claims utilization and experience?
- Does your contract contain audit rights allowing you to validate that your carrier or PBM is compliant with their financial & operational obligations under the terms of the contract?



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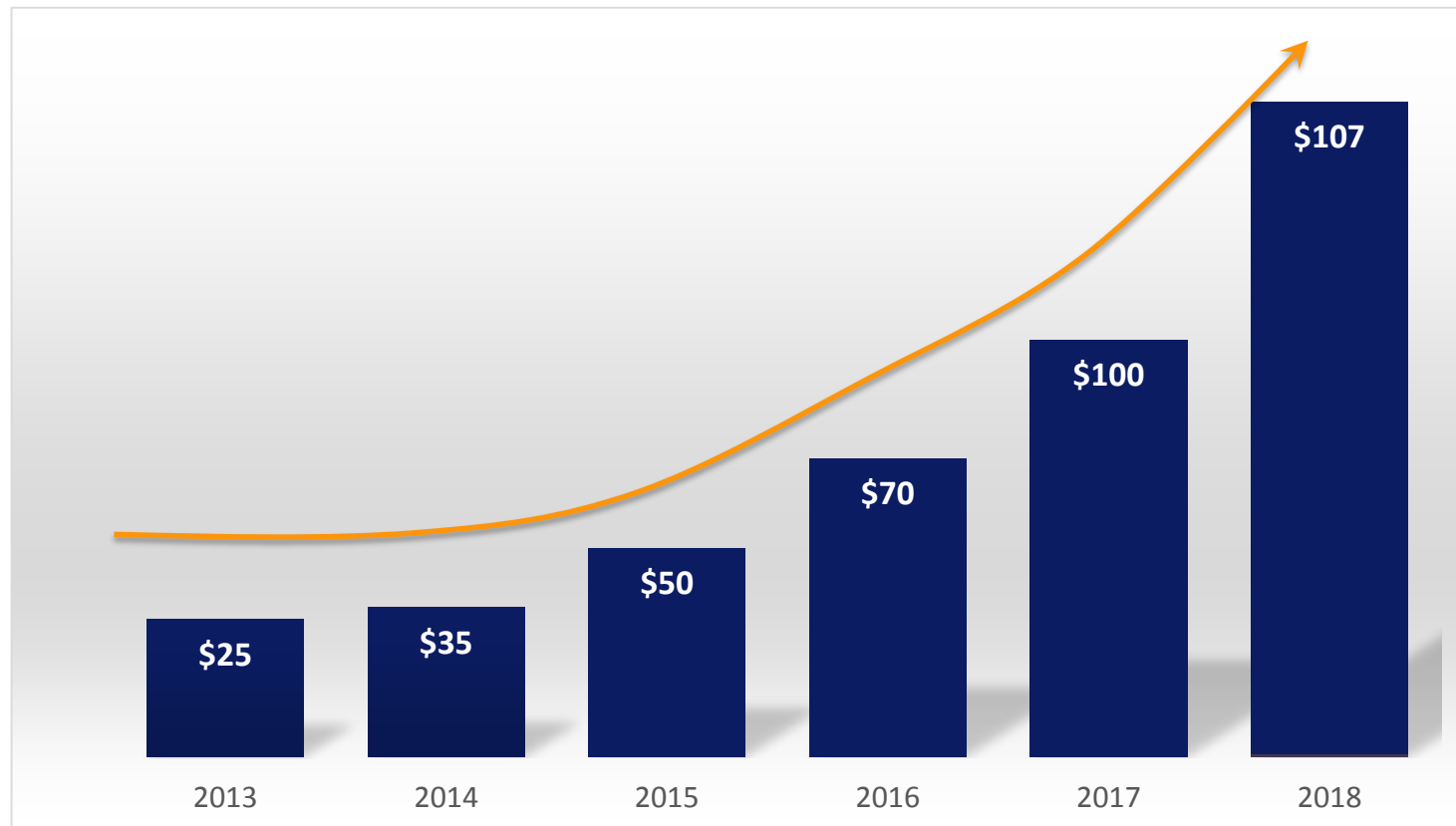
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Rebate Value Over Time

Rebate per Brand Claim (100% of rebates)





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tomorrow



Understand your options & opportunity

Have you performed an analysis to understand the value of PBM carve out?

250 employees and 500 Members

Incumbent:	
	Financial Costs
Ingredient Cost	\$997,640
Dispensing Fees	\$7,245
Member Contribution	-\$144,871
Administration Fees	\$0
Rebates	-\$62,560
Net Plan Cost	\$797,454

Proposed: PBM Option 1	
	Financial Costs
Ingredient Cost	\$941,304
Dispensing Fees	\$4,561
Member Contribution	-\$144,871
Administration Fees	\$21,930
Rebates	-\$85,921
Net Plan Cost	\$737,003

Savings

\$60,451

7.6%

Proposed: PBM Option 2	
	Financial Costs
Ingredient Cost	\$932,038
Dispensing Fees	\$5,293
Member Contribution	-\$144,871
Administration Fees	\$21,930
Rebates	-\$131,127
Net Plan Cost	\$683,263

Savings

\$114,191

14.3%



Key Takeaways

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% Savings

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10-30% Savings

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2-10% Savings

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Specialty Pharmacy Benefit Management Spectrum of Solutions

BENEFIT PLAN DESIGN

Reduce waste and encourage adherence through formulary strategy, days' supply design, and member cost share recommendations

NETWORK MANAGEMENT

Savings on unit cost discounts through Exclusive Specialty program

UTILIZATION MANAGEMENT

Significant savings through programs like Prior Authorization, Drug Quantity Management, and Preferred Specialty Management

MEDICAL BENEFIT MANAGEMENT

Savings through management of medical-billed specialty drug spend

**Full spectrum of specialty drug management
programs to reduce waste for plan sponsors**



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Medical Channel Management

MEDICALLY BILLED SPECIALTY-DRUG CHALLENGES

- Lack of program control
- Limited reporting and utilization management
- Inconsistent clinical protocols between pharmacy and medical
- J-code billing format
- Delays in billing

MEDICAL CHANNEL MANAGEMENT SOLUTION

- Better visibility and control of specialty spending
- Increased savings from coverage and therapy management
- Real-time adjudication
- Tracks spending at NDC level
- Improved reporting

»» **47% OF ALL SPECIALTY DRUG SPEND**

is billed through the medical benefit



These novel treatments/solutions raise many questions

Policy

What new frameworks do we need?

Value

How will it be measured?
Who will measure it?

Financing

What options exist beyond lump-sum payments?

We must address critical issues to bring new therapies within reach





PERFORMANCE
PHARMACY
SOLUTIONS



**And If That's Not
Enough....**



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Acquires or partners with a large PBM

Re-engineers the wheel with a small PBM(s)

Becomes a bricks & mortar pharmacy in order to become a mail order distributor

Supply Chain – Direct Contracting

What will Anthem do now?
How does OptumRx respond?
What does the Aetna integration mean to existing CVS clients?
Who could be the alternative winners?
How does all of this affect me?



HOW WILL YOU TAKE ADVANTAGE OF THE CHAOS?!





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Takeaways



Fewer people are driving an increasing share of cost



We'll need every available tool to improve care and manage costs



New solutions will evolve and keep pace with data & technology



The ecosystem of pharmacy is changing – understand your options





***“The reasonable man adapts himself to the world:
the unreasonable one persists in trying to adapt the
world to himself. Therefore all progress depends on
the unreasonable man.”***

-George Bernard Shaw



Reminders



BRING A FRIEND OR GUEST!



COMPLETE YOUR SURVEY



TAKE YOUR HRCI/SHRM CERTIFICATE



Thank You for Attending!

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