Demystifying Your PBM Contract

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Demystifying Your PBM Contract

- Introduction
- Pharmacy impact on U.S. Healthcare
- Dissecting contract elements
- Ensuring proper transparency
- Fiduciary responsibility
- In depth analytics

Objectives

- Attendees will be able to identify key PBM contract components.
- Be aware of the impact of definitions on financial management of the benefit.
- Better understanding of the language of the industry and how to leverage it to the plan sponsors advantage.

Industry Evolution— Where Insurance Premiums Are Going 22.2¢ 20.2¢ 16.1¢ 23.3¢ 4.7¢ Prescription Doctor Office & Hospital Taxes Clinic Visits Drugs Services Stays 2.30 3.3¢ 1.8¢ 1.6¢ 1.6¢ 0.7¢ Technology Other Fees Customer Finance, Care Administration Provider

& Analytics

Management

& Business

Engagement

Expanditure estimates allowe produced by AHIP. Detribution of spanding among administrative

Claims, & Special

Investigations

Profit

Management

Industry Evolution— PBM Technology Influencing Everything! **BETTER CARE &** FINANCIAL **PUBLICTRUST** IMPROVE CONSUMER WORKFORCE **GREATER VALUE** STABILITY & CONFIDENCE **EXPERIENCE Environmental considerations:** Labor challenges 91111110 Affordability (members and payors) Inflation Political influences **Evolution of Advanced Value-Based** care models Savings Health Improvement Metrics (KPIs) Stability of institutions • Trust—Creditable messaging to improve member experience Technological influence to improve member journey/experience Partnerships to efficiently provide quality care Increased competition

Industry Evolution

Medication	Worldwide Sales (2020)	LOE Date	Comment
Humira	\$20 Billion	Early 2023	Potentially 11 biosimilars
Keytruda	\$14+ Billion	2028	Oncology
Revlimid	\$12 Billion	2025-2026	Challenges have been common
Eliquis (small molecule)	\$9 Billion	2027-2029	Large risk for com.
Eylea	\$8+ Billion	2025-26	Beovu (Novartis) launch
Stelara	\$8 Billion	2025-26	Recent Growth 20%/vr
Opdivo	\$7 Billion	2028	Sales increasing
Dovoto	\$6 Billion	2027-2029	HIV
Ibrance	\$5.4 Billion	2027	Oncology
Januvia/Janumet	\$5.3 Billion	2022-2023	Decreasing recent sales
Trulicity	\$5.1 Billion	2027-29	Diabetes
Prolia	\$4.6 Billion	2025-26	Anticipates new product
Cosentyx	\$4 Billion	2025-26	Psoriasis - Taltz switch
Victoza	\$3 Billion	2022-23	GLP-1

PBM Business Model Under Stress

Health Product Developer + Science and Insights Engine

- Develop and manage care pathways (e.g., oncology)
- Collaborate to bring digital therapeutics (DTRx) to market
- · Leverage Artificial Intelligence to shape care delivery
- Shared services to enable retail pharmacies (i.e., central fill) and specialty pharmacies
- Manage a data ecosystem and marketplace transforming data into actionable insights
- Provide interoperability and transparency solutions for providers and plans
- Create industry utilities to lower transaction costs and shift financial models

Data and Platform Infrastructure Builder

Consumer Centric Health

 Develop integration with providers at a local level to participate in care delivery leveraging virtual health and remote patient monitoring

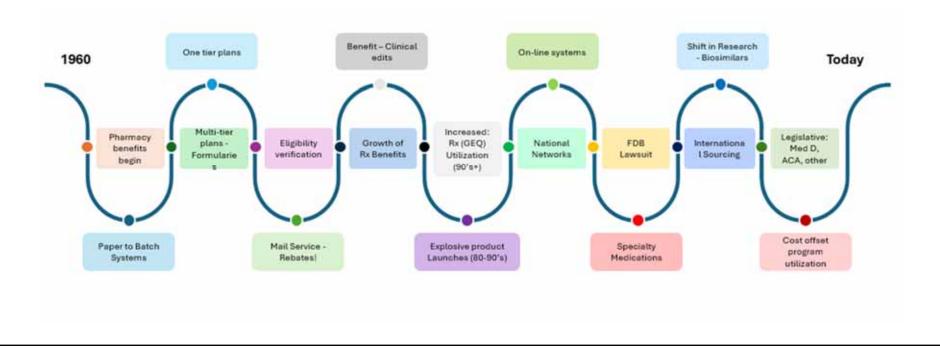


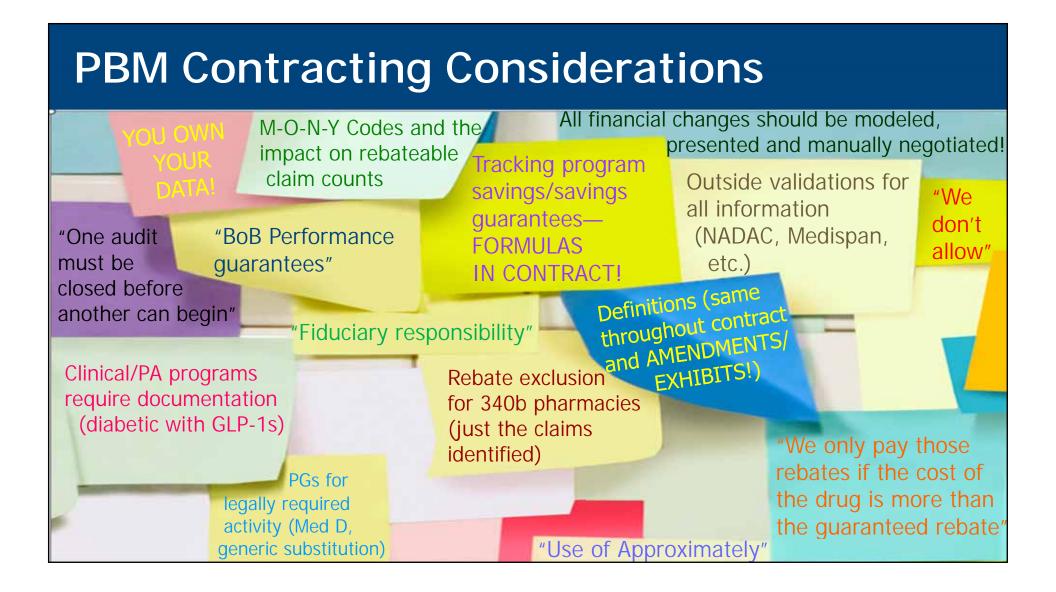
- Leverage deep understanding of diseases and patients to develop precision engagement approach that incorporates drivers of health and behavioral health to provide turnkey solutions
- Shift to bear risk around pharmacy through valuebased contracts with pharmaceutical manufacturers and through collaboration with plans and providers
- Transform underwriting to be more personalized and offer integrated reinsurance and life insurance coverage models with activity based rewards tied to healthy behaviors

Individualized Financier

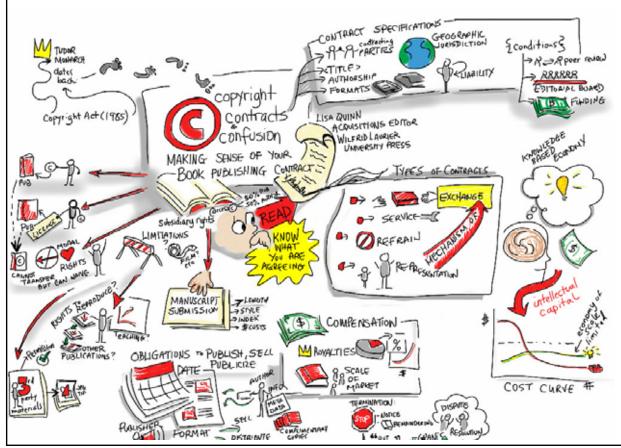
Evolution of a Benefit Manager Not Taking Risks

Nowhere in this evolution does a PBM take "RISK" ALL ADMINISTRATIVE FUNCTIONS and now financial arbitrage





Actions to Take?



- Sections for a Consultant to review:
- Financials
- · Definitions consistency
- PGs Client Specific
- Pricing benchmark and "parameters"
- · Duties to be performed by plan
- Duties to be performed by Vendor (Services also)
- Payment Terms/Records (these are yours)
- Audit Rights
- Confidentiality
- Exclusivity
- Term & Termination (becoming an issue)
- Market Check
- Compliance
- Pharmacy Network
- "Exclusions"
- Protect your interests (Acct Manager)

Parts of a Contract Admin and Clinical Zero Balance Logic

Contracting Considerations

One year length	Or	Multiyear length
Traditional	Or	Transparent (or pass through)
MONY definitions	Or	Proprietary definitions
Exclusive specialty	Or	Open specialty
Aligned formulary	Or	Non-aligned formulary
Rebate minimum guarantees paid qtrly.	Or	Received form pharma paid qtrly.
Fiduciary like standards	Or	No fiduciary responsibility
Audit rights	Or	Not eligible for audit
Market check every year	Or	Market check once every three years

Goals of PBM Contract

- Optimize pharmacy benefit performance
- Clearly defined not open to interpretation
- Contract reflects RFP responses
- Transparency and fiduciary considerations
- Audit, financials and guarantees
- Reconciliation
- Data access
- Clear definitions

Formulary DECISIONS

- Goal of a formulary
 - Encourage the use of safe, medically appropriate and cost-effective medications that result in improved health care outcomes at a reasonable cost.
- Grandfathering

Successful formularies

- Encourage use of generics
- Maintain clinical integrity
- Secure competitive pricing
- Incorporate rebates to maximize financials
- Adapt to a changing marketplace
- More effective clinical management

VS.

Open formularies

- Receive lower rebates
- Difficult to clinically manage
- Assume greater risk
- Lower disruption

Market Checks

- Critical tool to ensure competitive PBM terms over the life of the contract
- Ensure market check language is in contract
- Stale pricing in second and third year
- Respond to rapidly changing pharmacy marketplace
- Timing and how many
- 1% delta

Discount Terms, Exclusions and Reconciliation

- Understand your pricing model
 - Spread/pass-through/NADAC/AWP/?
- Medication category exclusions
- End of year reconciliation
 - PG on timing and payment
- Ingredient cost
 - No clinical program savings allowed
- Definitions/MONY codes vs. Proprietary

Rebate Terms

- Clearly define rebate exclusions
 - If not excluded, rebate should be paid
- Are non-formulary medications rebateable?
- PBM does not receive a rebate on a medication but not specifically exclude
- Medication excluded from rebate guarantee but 100% rebate passed through (LDD)

Common Rebate Exclusions
Biosimilars
Coordination of benefit claims
340B Claims
COVID vaccines, test kits, and therapeutics (e.g. antivirals)
Subrogation Claims
Claims dispensed from an on-site or Sponsor or Plan owned pharmacy
Limited Distribution Claims (LDD)
Long term care pharmacy claims
Home infusion claims
Indian Health Services/Tribal claims
Member Submitted Claims
Compounds
OTCs
U&C claims
Vaccines

Rebate Terms

- Minimum rebate guarantees.
- 100% pass-through of all rebates and forms of manufacturer revenue/compensation.
 - Guaranteed vs. earned
- On a quarterly basis, PBM pays the minimum guaranteed amount or what was earned whichever is higher.
- Pay rebates 90 days after the close of a quarter (commonly 180).

Rebate Terms

- America Rescue Plan Act/AMP Cap
- Rebate Credits = A credit towards the achievement of the rebate guaranteed amount ("rebate credit") in the event of a change impacting the amount of rebates expected as a result of the availability of clinically comparable drugs eligible for a lower rebate
- Auditability

Rebate Reconciliation

- Annual basis
- Timing (report completion and payment)
- Offsets
 - PAP, copay card, clinical, discount...
- Supporting documentation
- Performance guarantee

Independent Contract Monitoring—Rebates

01/01/2023 to 12/31/2023					
Q1 2023	\$468,100				
Q2 2023	\$445,525				
Q3 2023	\$510,125				
Q4 2023	\$495,525				
Total	\$1,919,275				

R30 Brand	R90 Brand	Mail Brand	Specialty	Total
562	214	52	31	859
487	245	47	24	803
601	217	80	33	931
531	265	50	30	876
2,181	941	229	118	3,469

Rebate Amo	unts
Retail Brand 30	\$275
Retail Brand 90	\$800
Mail 90	\$800
Specialty 30	\$3,250

- Comparing PBMs rebate payment to the minimum guarantees
- Verify the classifying of drugs (exclusions and pass-through)
- Yearly increases

Independent Contract Monitoring—Discounts

			0	1/01/2023 to	12/31/20	23				
Channel	Drug Type	Specialty Ind	Claim Count	Contracted AWP Discount	PBM Cal		Actual AWP Discount	Actual AWP Variance	Contract Variance	
Retail 30	Brand	Non-Specialty	303	20%	35°	%	20%	0%	\$0	
Retail 30	Generic	Non-Specialty	2,200	84%	86°	%	86%	2%	\$14,000	
Retail 90	Brand	Non-Specialty	698	17%	31 ^o	%	16%	-1%	(\$2,000)	
Retail 90	Generic	Non-Specialty	11,842	87%	85°	%	85%	-2%	(\$33,000)	
Mail Order	Brand	Non-Specialty	241	24%	40°	%	24%	0%	\$0	
Mail Order	Generic	Non-Specialty	23	88%	889	%	88%	0%	\$0	/
Specialty	Brand	Specialty	541	20%	30°	%	1 17%	-3%	(\$120,000)	
Specialty	Generic	Specialty	19	50%	50°	%	50%	0%	\$0	
Grand Total			15,867	49%	56	%	48%	-1%	(\$141,000)	
Scenario	Drug Nam	ne and strength	Total AWP	Ingredient Cost	Discount	Dispensing	g Fee Memb	er Cost Plan Co	ost	ppay Card Amoun
1 (COSENTYX SE	NSOREADY PEN	\$8,000	\$6,400	-20%	\$0	\$1,	000 \$5,400		\$1,000
			1					1		
2 (COSENTYX SE	NSOREADY PEN	\$8,000	\$5,400	-32.50%	\$0	\$	0 \$5,400)	\$1,000
						/ _				
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Termination

- With or without cause
 - This agreement may be terminated by the sponsor for any reason or for no reason upon ninety (90) days' prior written notice of such termination.
 - Obligations upon termination: PBM will not withhold or delay payment of any rebates or any other such financials as a result of the sponsor terminating the agreement with or without cause.
- Transition files and fees

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