ELMCR Solutions



NON-SPECIALTY PROGRAM

The Tesser Non-Specialty Program takes a quantitative approach to managing Rx costs. With an ongoing phased process, we determine what is possible, coordinate outreach,

and see what has changed. Our program does not require benefit changes and can be implemented at any time during the plan year.



Analyze: Rx data is brought into our "Ways to Save" platform to determine drug switches.



Engage:

Our tool communicates with members, providers, and pharmacies.

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Measure:

The Tesser Rx Claims Engine determines what changes occurred.

The Tesser Non-Specialty Rx Solution analyzes historical claims data to determine appropriate next steps to reduce healthcare spend using the following:



Ways to Save: Identifies equally effective drug alternates at a fraction of the cost.

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Polypharmacy: Members taking more than five medications.

Non-Compliance: Discovers members who may be at risk for more serious medical events due to non-compliance.

The Tesser Non-Specialty Rx Solution monitors drug spend, switches, and adherence rates in order to provide employers with complete and transparent view of cost savings achieved.



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Savings: Monitor drug switches to determine savings achieved on a monthly basis.



Compliance Ratio: Determine compliance rates throughout the year to ensure improvements are being made.

Results: Report savings achieved to plan sponsor on a monthly basis.

3 to 6 times ROI

RESULTS 3 to 6 times **ROI** savings for a typical client.

ELMCRx Solutions, LLC

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Magellan Rx MANAGEMENT

BETTER MANAGE YOUR SPECIALTY PHARMACY BENEFIT WITH ENHANCED CLINICAL PRIOR AUTHORIZATION OVERSIGHT

ELMCRx Solutions understands the complexity of specialty drug management. Our program offers a unique method of eliminating cost from the pharmacy benefit delivery system by combining powerful clinical management with real-time oversight to control costs and prevent unnecessary payments. Our unbiased review helps deliver the best outcome for the plan sponsor and member. We conduct a real-time audit of prior authorizations approved by the PBM to ensure that all plan parameters and clinical guidelines are followed prior to payment. Our sole focus is assisting plan sponsors in managing prescription drug program cost with effective clinical management.

Our program is currently in place with employers, health care coalitions, health plans, insurance captives, TPAs and Taft-Hartley Trusts.

The program helps:

- Protect the patient clinically
- · Protect the plan financially

WHY THE NEED FOR OVERSIGHT

Twenty percent of drugs costing <u>\$2,500 or more per 30-day supply</u> require additional review because of insufficient information provided by prescribers.

- Specialty drugs drive <u>40-50% of employer Rx cost</u>, but represent only <u>1-2% of total prescription volume</u>.
 - According to the Congressional Budget Office in 2017, <u>80% of all drugs recently approved or under</u> <u>development</u> could be classified as specialty drugs.
 - Over the past five years, prices for brand name drugs have increased by more than 50%.

The pipeline of new drugs continues to increase the cost to employer plans.

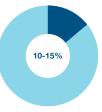
The ELMCRx Clinical Prior Authorization Program provides plan sponsors with an independent advocate to help manage specialty medications before they are dispensed.

The increased number of indications, variable levels of effectiveness and more frequent interventions call for enhanced oversight.

HOW THE PROGRAM WORKS

The Clinical Prior Authorization Program resides behind the incumbent PBM. It is not a carve out program and no plan design changes are required. **Under the program:**

- All specialty claims run through the PBM's clinical PA process with no changes in processing or clinical protocols.
- Claims in excess of a certain dollar threshold (typically \$2,500) that are approved by the PBM are reviewed by a clinical pharmacist prior to final approval.
- Intervention occurs in real-time via live access into the PBM's Clinical Prior Authorization system.



RESULTS

Average Savings of 10% to 15% for Specialty Rx Spend

All reviews are performed within guaranteed turn around times.

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