

AFL-CIO Health & Welfare Plan

Your Pharmacy Benefits and the New Management Programs Effective January 1, 2016

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Agenda – 2016 Changes

Introduction

Overview of changes and who they apply to

Presentation on the new Medicare Prescription Drug coverage:
The **UnitedHealthcare® MedicareRx for Groups (PDP)** plan

Highlights of Pharmacy Benefit Management Programs:

- Specialty Pharmacy
- Prior Authorization
- Supply Limits
- Pharmacy Benefit Exclusions
- Member/Physician Experience

The AFL-CIO Health & Welfare Plan
Prescription Drug Benefit Management for all Members
Effective January 1, 2016



- All changes are effective January 1, 2016
- For pre-Medicare retirees and actives:
 - Your benefits are not changing
 - The drug management programs discussed in this presentation apply to you (and similar programs will also apply to Medicare eligibles)
- For Medicare eligible retirees and their spouses and dependents who are Medicare eligible (and for whom Medicare is primary):
 - You will be enrolled in the UnitedHealthcare® MedicareRx for Groups (Prescription Drug Plan) plan effective January 1, 2016. Similar drug management programs will be included in that new coverage (covered in the next presentation)
- Participants have already received communications from the Plan on the changes and how you will be notified by UHC if you are affected by one of these new programs

The AFL-CIO Health & Welfare Plan Prescription Drug Benefit Changes for Actives and Non-Medicare Eligible Retirees



What is not changing:

- Your deductible and copays applicable to your pharmacy benefits are unchanged
- The pharmacy network available to you is unchanged, except for specialty medications (more detail to follow)
- The formulary (or tier levels for all covered drugs) established for the Plan is unchanged (although the formulary does adjust and change regularly over time)

Clinical Program Goals



With so many medications available today, more people taking them, and new medications carrying very high cost, managing the *use, costs, and safety* has become increasingly complex. Comprehensive, effective clinical programs are a critical component of our prescription drug benefits, where the goal is to improve: **Compliance, Savings and Safety**

Specialty Pharmacy Program Overview

OptumRx and UnitedHealthcare work together leveraging **total cost controls** and **care coordination** to help members achieve higher adherence while lowering total cost of care.



personal,
high-touch
support

Specialized clinical experts,
not generalists



synchronized
health care services

Uniquely able to navigate the
complexity of both medical and
pharmacy benefits



improved
outcomes and
high satisfaction

Client spend is lower for members
who participate in the program

- Anemia
- Crohn's Disease
- Cystic Fibrosis
- Endocrine
- Growth Hormone Deficiency
- Hemophilia
- Hepatitis B
- Hepatitis C
- HIV
- Hypercholesterolemia
- Inflammatory Bowel Disease
- Immunodeficiency
- Immune Modulator
- Infertility
- Iron Overload
- Multiple Sclerosis
- Neutropenia
- Oncology
- Osteoarthritis
- Parkinson's Disease
- Psoriasis
- Pulmonary Hypertension
- Respiratory Syncytial Virus
- Rheumatoid Arthritis
- Transplant

Specialty Pharmacy Clinical Management Program



Providing personalized, one-on-one support and evaluating all aspects of a member's health to help them better manage their condition.

Program Overview

A specially-trained pharmacist or nurse contacts the member on a regular schedule based on their needs.

Targeted SmartTouch	Educational Materials	Personalized Services
<ul style="list-style-type: none">• Hospital Discharge Follow-up• Counseling for all new members• Identifying and Closing Gaps in Care	<ul style="list-style-type: none">• First Order Materials• Condition Information• Personalized Care Plans	<ul style="list-style-type: none">• Provider Outreach• Financial Resources• 24/7 Pharmacist Support

Applicable Conditions:

- Crohn's Disease
- Hemophilia
- Hepatitis C
- HIV
- Hypercholesterolemia
- Inflammatory Conditions
 - Ankylosing Spondylitis
 - Juvenile Rheumatoid Arthritis
 - Psoriatic Arthritis
 - Rheumatoid Arthritis
- Multiple Sclerosis
- Oncology
- Psoriasis
- Pulmonary Arterial Hypertension
- Transplant
- Ulcerative Colitis

Specialty Customer Care

Helping you every step of the way . . .



Customer Service Advocates

Can assist specialty members with the following:

- Refills of specialty medication(s)
- Verify/confirm member cost share
- Obtain specialty prescriptions
- Assist with prior authorization

Answer any questions or concerns.



Clinicians Pharmacists + Nurses

Available 24/7 for member consults and questions.

- Clinical expertise
- Education and guidance on drug administration
- Drug interactions
- Lapse in therapy
- Help manage side effects
- Collaborate with physicians when needed

Outside of Clinical Management Program

Prior Authorization

Requiring physicians to provide additional information to verify benefit coverage



Promoting safety and reducing costs

Covered

Actiq for cancer pain

approved for treating cancer-related pain in members already taking a long-acting pain medication (opioid / narcotic)



Not Covered

Actiq for migraines

Not indicated or proven safe for patients that are not regularly taking a long-acting pain medication (opioid/narcotic) for cancer pain

Supply Limits

Establish a maximum quantity of medication that can be covered

Per Copayment

- Applied to fewer drugs
- Take as needed, such as:
 - Rescue Inhalers
 - Migraines



Per Duration

- Applied to more drugs
- Taken on a regular basis, such as:
 - High blood pressure or high cholesterol
 - Specialty conditions (MS, Rheumatoid Arthritis)

Applied to approx. 275 medications, supply limits help address safety concerns, reduce waste, remove excess costs, and provide opportunities for dose optimization.

Pharmacy Benefit Exclusions

Exclusion strategies help keep cost down for everyone with use of lower-cost options.

Exclude at Launch Program

Excludes high-cost medications upon their launch on the market with no member disruption

Strategic Exclusion

Excludes medication from benefit coverage when lower-cost therapeutic or over-the-counter (OTC) alternative is available



The Price a Medication tool on myUHC.com can help determine available lower-cost options.

Exclude at Launch Evaluation Process

Upon launch, we act quickly to exclude high-cost medications, or medications with slight alteration to covered medications, until evaluation is completed

How it works: We follow pre-defined criteria to determine if a newly launched medication should be excluded; this criteria may include:

Excluding new-to-market medications that fall into these three categories gives time for proper evaluation until final coverage can be determined.

This helps ensure we:

- minimize member disruption
- allocate health care resources appropriately
- eliminate unnecessary cost

The drug contains the same or a modified version of the active ingredient of a covered medication

The drug is in a class with an over-the-counter (OTC) therapeutic equivalent

The drug contains new active ingredient(s)

Strategic Exclusion Example

Migraine Headaches: Treximet®

Combines two less expensive medications – generic Imitrex in Tier 1 and OTC pain reliever Aleve (naproxen). Treximet was excluded at launch.

Why pay \$180 more?



Decision:

 Exclude Treximet from benefit coverage



Total cost does not outweigh convenience of combination drug.



Member/Physician Experience

Member Experience

Informing members of Supply Limits and Prior Authorizations



Online

OptumRx.com alerts members to drugs that may have a supply limit or notification requirement



Customer Care

Members can call the number on their ID card regarding all programs tied to their specific drug



Pharmacy

Pharmacists receive messages when members try to fill a prescription which alerts them to requirements



Mail

We will notify members by mail if a drug they are currently using has a new supply limit or will need coverage review

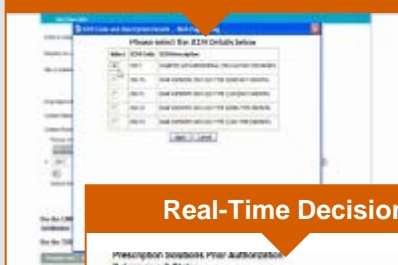
Notification Process

1. Physician fills out a form and sends to OptumRx
2. Members have the option to follow-up with physician and confirm
3. Once submitted, OptumRx completes a clinical review
4. OptumRx notifies physicians and members of decisions

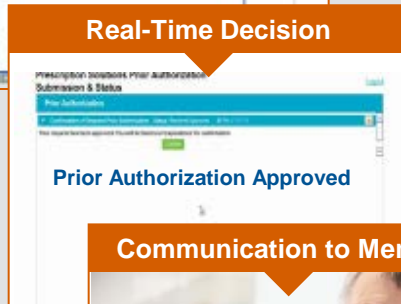
Physician Prior Authorization Web Portal

Real-time approvals and less member disruption

Prescriber Enters Detail



Real-Time Decision



Communication to Member



Accessible. Easy. Immediate.

- Physicians submit real-time, online prior authorization (PA) requests
- Auto-population feature intuitively provides 95% of a member's information
- Majority of prior authorizations are approved real-time for no member disruption

Physician Engagement

Providing physicians with information to help them care for patients

Physician Portal	Comprehensive online resources that support physicians in determining the best care
Access to PDL	To identify potentially lower-cost alternative medications <ul style="list-style-type: none"> • Physician Portal • Provisor – Smart Phone App
Direct-to-Physician Communications	Notices to physicians that could impact a member's care <ul style="list-style-type: none"> • DUR • Narcotic Utilization • Lower-cost options
ePrescribing	Reducing potential errors and identifying lower-cost options
Online Prior Authorization	Real-time approvals and less member disruption
Value Based Contracting	Use pharmacy measures to encourage use of lower-cost options

