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Pharmacy Benefit Dimensions®

An Independent Health company

PHARMACY BENEFITS NEWSLETTER WINTER 2018

Pharmacy Benefit Dimensions receives 5-Star CMS Rating for EGWP program

Pharmacy Benefit Dimensions (PBD) has earned a 5-Star Rating for its Medicare Employer Group Waiver Plan (EGWP) Prescription Drug Plan (PDP) from the Centers for Medicare and Medicaid Services (CMS).* The annual Star Ratings are designed to help Medicare beneficiaries assess the quality, value and performance of every Medicare plan throughout the nation.

Using a 5-Star Quality Rating System, with 5 being the highest-rated plan, the 2019 Medicare Star Ratings for all Medicare Advantage plans and Medicare Part D prescription drug plans were recently released.

For the 2019 plan year, the PDP administered by Pharmacy Benefit Dimensions is one of only four PDPs in the country to achieve a 5-star designation from CMS. The average overall star rating of a PDP for the 2019 plan year is 3.29.

"We are very proud to achieve this prestigious designation from CMS," said Lynne Olewine, president of PBD. "To be one of only four PDPs in the nation to receive the highest overall rating is a testament to the work being done by our team to ensure we are providing the best outcomes for our employer groups and their employees."

The key components that Part D prescription drug plans are measured on each year include:

- Drug Plan Customer Service
- Member Complaints and Changes in the Drug Plan's Performance
- Member Experience with the Drug Plan
- Drug Safety and Accuracy of Drug Pricing

EGWP PDPs are customized Medicare prescription drug plans developed exclusively for employer and union groups. Employer groups partner with a Pharmacy Benefit Manager, or PBM, that has contracted directly with a Medicare Part D plan sponsor. An EGWP PDP is not open to the individual market, but rather a specific plan only available for employers or union groups. Employers generally use EGWP PDPs to provide supplemental coverage for Medicare-eligible retirees and covered Medicare-eligible dependents beyond the standard benefits typically offered by other Medicare prescription drug plans.

**Star Ratings are based on 5 stars. Star Ratings are assessed each year and may change from one year to the next.*

FDA approves new flu treatment

In October, the U.S. Food and Drug Administration (FDA) approved Xofluza™ (baloxavir marboxil) for the treatment of acute uncomplicated influenza, for people 12 years of age and older.

According to a release from Genentech, the makers of Xofluza, it is a "single-dose oral medicine with a novel proposed mechanism of action that inhibits polymerase acidic endonuclease, an enzyme essential for viral replication." In other words, where other similar drugs work to keep the virus from spreading throughout the body, Xofluza actually prevents the virus from copying itself.

While the new drug certainly provides another option for combating the flu, yearly flu vaccines still remain as the primary means for both preventing and controlling flu outbreaks. The seasonal flu vaccine is also one of the most effective ways to protect yourself, your family and your community from the flu and serious flu-related complications.

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PBD clinical program spotlight – COPD & Asthma

In the Summer issue of *Dimensions*, we highlighted our approach to reduce overutilization of opioids and inappropriate prescribing practices. In this issue, we will review clinical programs we have in place to help members manage respiratory conditions such as Asthma and Chronic Obstructive Pulmonary Disorder (COPD).

PBD performs Medication Therapy Management (MTM) for our Medicare Advantage members with prescription drug coverage. These members typically manage multiple medications for chronic respiratory conditions. The program is designed to help identify and prevent medication related problems, optimize the way members take their medications, and improve overall health outcomes.

MTM consists of two types of medication reviews:

1. **Comprehensive Medication Review:** A detailed one-on-one review between the MTM pharmacist and the patient or a caregiver, usually lasting about 15 to 20 minutes. If any issues are identified, our expert pharmacists will work with a member's prescriber to find resolutions. Our pharmacist will mail the member an updated medication list and an action plan.
2. **Targeted Medication Review:** All eligible MTM members receive quarterly targeted reviews based on claims data and common medication issues. The pharmacist may reach out to members or follow-up directly with the member's physician if issues are identified.

Additionally, PBD has worked tirelessly to secure several value-based contracts with drug manufacturers which hold manufacturers accountable for the efficacy of their medication.

One example of PBD's innovative contract agreements revolves around a COPD medication known as Stiolto® Respimat® (tiotropium bromide and olodaterol) which contains two medications used as maintenance treatment for patients with COPD. By leveraging readily accessible data, PBD can measure medication performance by identifying improvements in COPD for patients prescribed Stiolto Respimat.

By adequately controlling a patient's COPD with this inhaler, we hope to reduce the need for additional inhalers, as well as overall costs associated with treatment. Implementing and monitoring these agreements helps PBD add value for our members by ensuring everyone is receiving the right drug for the right price.

PBD enters new innovative agreement with pharmaceutical manufacturer

As part of our commitment to deliver proactive formulary management for our clients and members, PBD is proud to announce another unique partnership with a major pharmaceutical manufacturer. Effective Sept. 1, 2018, PBD launched a program with Amgen – a multinational biopharmaceutical company – that is designed to help offset increasing costs of expensive pharmaceuticals.

Hyperlipidemia, often referred to as "high cholesterol," is a well-established risk factor for developing cardiovascular disease (CVD). In the United States about **610,000 people** die of CVD every year, amounting to roughly **1 in every 4 deaths**.

Several medications are currently available on the market to help reduce high cholesterol levels. Due to their cost, safety, tolerability, and effectiveness, statin medications are often used as first line therapy to lower LDL ("bad") cholesterol. However, there are limited options for patients who are either intolerant to statin therapy, develop CVD despite being on maximally tolerated statin therapy, or have severe high cholesterol.

In December 2017, the U.S. Food and Drug Administration (FDA) approved Repatha® (evolocumab) as the first PCSK9 inhibitor to prevent heart attacks, strokes and coronary revascularizations in adults with established CVD. Repatha is administered by subcutaneous injection and is listed at an average wholesale price (AWP) of $1,340 per month. Due to the high incidence of CVD in the general population and significant cost of this therapy, PBD is closely monitoring the utilization of this class.

Our exclusive contract agreement with Amgen has allowed PBD to leverage readily accessible data to monitor per member per month (PMPM) costs for our clients. This agreement gives monetary liability to the manufacturer if costs exceed a given threshold. By monitoring this metric, we hope to offset expenditure increases for our clients while improving member access.

As a result of this agreement and other novel approaches, PBD can mitigate increasing costs associated with chronic disease states. We will also continue to review pharmacologic classes for opportunities to develop additional innovative strategies for clinical and contract management.

Good to know: Notable formulary changes for 2019

Pharmacy Benefit Dimensions (PBD) will be making some important changes to its drug formulary for 2019. Below is an overview of those changes, all of which are effective January 1, 2019. For recent and other upcoming formulary updates, please read the article on page 4.

Tradjenta® to become Preferred.
Januvia® to move Non-Formulary.
It is well established that cardiovascular disease is a leading complication and cause of death for people with diabetes. As such, PBD will prefer Tradjenta® as the agent of choice for the class of medications commonly referred to as dipeptidyl peptidase 4 (DPP-4) inhibitors. Currently, clinical treatment guidelines published by the American Diabetes Association recommends that physicians consider prescribing medications with a proven cardiovascular benefit in patients with cardiovascular disease. There are now several published clinical trials reporting significant reductions in cardiovascular events for patients taking medications such as sodium glucose co-transporter 2 (SGLT-2) inhibitors and glucagon-like peptide 1 (GLP-1) agonists. PBD takes a holistic approach when making formulary decisions by evaluating clinical data, utilization patterns, and cost trends to continue improving clinical outcomes for our members.

Xtampza® ER to become Preferred.
OxyContin® and oxycodone ER to move Non-Formulary.
The opioid epidemic, characterized by misuse and addiction of opioids which includes prescription medications, is a national crisis that affects public health as well as the socioeconomic welfare of our communities. In addition to the adverse health consequences of opioid abuse, the Centers for Disease Control and Prevention (CDC) estimates that the total "economic burden" of prescription opioid misuse alone in the United States is $78.5 billion a year, including the costs of health care, lost productivity, addiction treatment, and criminal justice involvement. Xtampza® is a new extended-release, abuse-deterrent capsule formulation of oxycodone, for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Xtampza® ER is manufactured in capsules containing microspheres formulated with oxycodone base and inactive ingredients that make the formulation more difficult to manipulate for the intent to abuse. To help address the opioid epidemic, PBD is encouraging the utilization of safe and effective medication formulations where appropriate to help make a positive impact on our members and the communities we serve.

Genotropin® to become Preferred Growth Hormone Agent
Growth hormone deficiency (GHD) is a rare disorder commonly diagnosed in children and characterized by the inadequate secretion of growth hormone (GH) from the pituitary gland. This small gland located at the base of the brain is responsible for the production of several hormones. According to the National Organization for Rare Diseases, lack of growth hormone often results in growth retardation, short stature, and maturation delays. Genotropin® is a medication used to treat growth failure and is administered by injection under the skin. Due to the complexity and rarity of the condition, growth failure often requires significant patient monitoring and adherence to therapy to ensure patients experience positive clinical outcomes. To provide an additional layer of care and guidance for patients prescribed Genotropin, Pfizer offers several patient support programs, such as the Genotropin Navigator Program® and the Pfizer Bridge Program® (see www.genotropin.com for more information), both of which PBD believes will benefit our members. By preferring this medication as an exclusive option, PBD is confident our members will feel encouraged to pursue appropriate patient support resources available to them.

Aleem Merani joins PBD as Pharmacist, Clinical and Account Management

From supervising pharmacist and program manager to overseeing special projects, Aleem Merani has done it all in the world of pharmacy.

"It's safe to say I've worn many hats," explains Merani, who joined Pharmacy Benefit Dimensions (PBD) in July as the organization's new pharmacist, clinical and account management. "But I'm very excited to be in this new role where I can help achieve goals for PBD and our clients."

Prior to joining PBD, Merani served as a staff pharmacist and special projects manager for Mobile Pharmacy Solutions in Buffalo, and held a role as a supervising pharmacist for Urgent Care Pharmacy in Clarence. Merani will now lead and collaborate with the PBD clinical pharmacy and account management teams to develop and support clinical programs, account management strategy, and other cross-functional initiatives.

"I have always had a desire and passion to make positive impact through efficient means. Sometimes that means not just counseling a patient but helping create a policy or recommend action plans that benefit a whole member population," said Merani.

Merani holds an undergraduate degree majoring in both biology and psychology from Brock University, a PharmD degree from the University at Buffalo School of Pharmacy and Pharmaceutical Sciences and is currently pursuing his MBA at the University at Buffalo Jacobs School of Management.

Pharmacy Benefit Dimensions drug formulary update

The Independent Health Pharmacy & Therapeutics (P&T) Committee, which is made up of 15 participating physicians and four network community pharmacists, meets quarterly to review and make changes to the drug formulary. All drug tier decisions made by the committee are based on efficacy and safety first, and economics only after clinical effectiveness has been determined.

Below are changes to the Pharmacy Benefit Dimensions drug formulary that were recommended by the P&T Committee at its September 2018 meeting:

The following medications were added to the formulary:

DRUG	CATEGORY	TIER	COMMENTS
Delstrigo®	Anti-Viral/HIV	Tier 2	
Orilissa®	Endometriosis	Tier 2	PA
Symtuza®	Anti-Viral/HIV	Tier 2	
Tibsovo®	Oncology	Tier 3	PA, SP
Mulpleta®	Hematology	Tier 3	PA, SP
Galafold®	Enzyme Disorder	Tier 3	PA, SP
Takhzyro®	Immunology	Tier 3	PA, SP
Diacomit®	Neurology	Tier 3	PA
Qbrexza®	Dermatology	Tier 3	PA
Oxervate®	Ophthalmology	Tier 3	PA
Pifeltro®	Anti-Viral/HIV	Tier 3	
Arakoda/Krintafel®	Anti-Malarial	Tier 3	
Annovera®	Contraceptive	Tier 3	
Inveltys®	Ophthalmology	Tier 3	

The following changes will be made to the formulary (Effective January 1, 2019, unless otherwise stated):

- Genotropin®- Move to Tier 2, PA
- Humatrope® - Move to NF
- Movantik® - Remove PA and ST (effective October 1, 2018)
- Norditropin® - Move to NF
- Nutropin AQ® - Move to NF
- Omnitrope® - Move to NF
- Saizen® - Move to NF
- Serostim® - Move to NF
- Viocase® - Move to NF
- Zomacton® - Move to NF
- Zorbtiv® - Move to NF

The following new generic medications are available:

BRAND NAME	GENERIC NAME	CATEGORY
Makena®	hydroxyprogesterone	Fertility
Uceris®	budesonide tab	GI
Welchol®	colesevelam	Hyperlipidemia/DM
Cosopt PF®	dorzolamide PF	Ophthalmology

The following medications were reviewed and will remain non-formulary:

- Cequa®
- Jornay PM®
- Kapspargo Sprinkle®
- Nocdurna®

The following medications were reviewed and will be covered as a medical benefit:

- Aristada Initio® - PA
- Azedra® - PA
- Perseris® - PA
- Poteligio® - PA, SP
- Xerava® - PA
- Zemdri® - PA

ABBREVIATION KEY
PA: Prior Authorization
ST: Step Therapy
NF: Non-Formulary
SP: Specialty Medication
QL: Quantity Limit
AL: Age Limit