



# RxBenefits® 20 Innovation 23

## FAQ



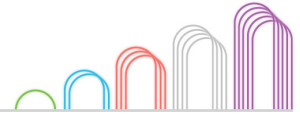
We're dedicated to supporting self-funded plan sponsors and their benefit advisors with the tools and information you need to navigate the challenges of an increasingly costly and complex pharmacy landscape.

During our free on-demand webinar, we received an array of insightful questions from participants. We've compiled all of the questions here to provide everyone who attended with valuable insights from our expert panelists. Learn more about patient assistance programs, biosimilars, pricing impacts, innovative programs, and financing solutions below, and if you missed our live event, you can [watch the webinar on demand here](#).

**Q** What impact will biosimilars play on pharmacy pricing in 2024?

**A** Historically, when a brand molecule loses its patent with multiple generic manufacturers in play, it triggers a race to the bottom in terms of price, leading to a rapid shift towards generic utilization at substantially lower prices. This shift will benefit employers by lowering costs for drugs like anti-inflammatory and dermatological products.

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**Q How quickly might we start seeing pricing impact on existing anti-inflammatory specialties as new biosimilars hit the market?**

**A** So far, there is only one biosimilar on the market, so there hasn't been a big decrease in pricing due to lack of competition. There are seven others that are anticipated to be launched in July 2023. One is an interchangeable product, Cyltezo. The manufacturers of Yusimry have announced a significantly reduced the price point at launch to \$995 per carton vs \$6,922 for Humira.

This announcement may impact the pricing strategies of the other biosimilars being released in July, and we should start seeing competition much earlier in the year than we initially anticipated.

**Q How should plans look for a way to take advantage of the steep discount for Humira's biosimilar, Yusimry, being sold through Cost Plus Drugs?**

**A** Yusimry's lower launch price will likely exert pressure on subsequent biosimilar releases. Additionally, Abbvie may protect Humira's market share by increasing rebates or lowering list prices, benefiting employers.

At RxBenefits, we are committed to providing our clients with the most effective and lowest net cost drugs in this category. We'll closely monitor Yusimry and other biosimilars to ensure optimal integration into each plan's offering, while striving to offer the lowest possible prices through healthy competition.

**Q What are some best practices to help move participants from name-brand drugs to generics?**

**A** Dispense-as-written penalties and plan design can help steer patients to generic medications while still ensuring that members have access to brands when necessary. We do see brand drug manufacturers offering "coupons" which can cause physicians to continue to prescribe brand-name medications, as they often lack the knowledge of how much these drugs actually cost.

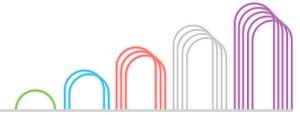
Television drug advertisements and social media play an additional role in members requesting brand-name medications. All good reasons for plans to ensure that they have an independent, unbiased prior authorization review process in place.

**Q Is RxBenefits working on any financing solutions with stop-loss carriers to alleviate the cost burden for employers?**

**A** Our sister company, RxPharmacy Assurance, launched in late 2021 with the aim of providing solutions to help employers mitigate the expense of high-cost therapies. The program incorporates a deductible of \$250,000 and covers qualified medications above \$250,000, up to \$1.25 million in a given year, and up to \$3 million in a lifetime.

Modifications to the program in 2024 will offer employers the option to include a larger list of specialty drugs, over 1,100 covered medications in total, and adjust deductible amounts, ranging from \$100,000 to \$250,000, to protect against unnecessary expenses and preserve stop-loss premiums.

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## **Q Is there a list of medications that would qualify under the RxPharmacy Assurance plan?**

**A** Certified brokers have access to a secure collaboration platform where they can review program materials and collateral supporting client conversations. The complete list of covered conditions and associated medications can be found in the specimen policy. To schedule a personal presentation from one of our product consultants, please reach out to us at [info@RxPharmacyAssurance.com](mailto:info@RxPharmacyAssurance.com).

## **Q What is the cost of RxBenefits' enhanced Protect package?**

**A** Starting on January 1, 2024, enhancements to the Protect package will be incorporated at a new price point of \$2.25 per claim. Existing RxBenefits clients will receive a discounted rate of \$2.00 per claim throughout the calendar year of 2024. Note that the projected savings associated with Protect is \$7-11 per member per month. The new Protect package offers a 2:1 ROI for groups with 1,000 or more members and a 1:1 guarantee for employers with fewer than 1,000 members.

## **Q How will the January 2024 product enhancements differ from current Step Therapy Programs?**

**A** The enhancements for anti-inflammatory and dermatological drugs offer a more member-focused approach. Our system enables personalized interactions between our pharmacists and members and their physicians to determine the most suitable alternative medication based on the patient's specific condition. Unlike step therapy programs that require trying alternative therapies, our enhancements facilitate a more tailored approach.

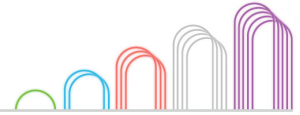
## **Q For GLP-1's, what criteria is RxBenefits examining, and what is the estimated reduction to current prior authorization approved for GLP-1's (including off-label use)?**

**A** In 2021, RxBenefits observed a total GLP-1 spend of nearly \$55 million, which nearly doubled in 2022. Through our ongoing interventions, we estimate that approximately 30% of this expenditure is attributed to non-diabetic individuals and off-label use for weight loss.

When compared to similar benefit structures utilizing electronic prior authorization, our system demonstrates a cost reduction of approximately \$0.160 per member per month, highlighting its positive impact.

With our enhanced system, we analyze past claims to identify indications of diabetes. If no such indications are found, the claim is flagged and subjected to the prior authorization process. Unlike the electronic prior authorization employed by major PBMs, our process involves a thorough review by a clinician who ensures the patient's diabetes diagnosis, without solely relying on chart notes or validation from the physician's office.

Our GLP-1 reviews have significantly increased, representing approximately 15% of our overall prior authorization volume, and approximately 55% of those reviews do not qualify upon examination of chart notes. This demonstrates the notable difference in approval/denial rates between our process and an electronic authorization process.



## **Q Will Patient Assistance solutions go away?**

**A** In the short-term, it's fair to say that Patient Assistance solutions are not going away, but the value of these programs may be diminished by lawsuits and changing program requirements that reduce coverage on some popular specialty medications. It's essential to evaluate them in conjunction with other solutions to determine their potential benefits for clients.

## **Q Which entities cover the cost and provide the funds under a Patient Assistance solution?**

**A** Patient Assistance solutions aim to qualify individuals with manufacturers or philanthropic organizations on a need-based program. The manufacturer typically sets aside funds for uninsured or underinsured patients. The specific funding arrangements vary among companies, with some charging a flat fee per member per month or a percentage of the savings achieved for the plan by removing the drug from its expenses.

## **Q Does RxBenefits have preferred alternate funding/drug importation vendor partners for Bridge?**

**A** RxBenefits collaborates with AmWins or SaveOnSP Advantage to provide alternative funding options for clients using Bridge.

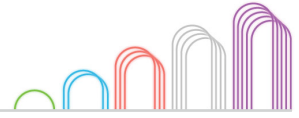
## **Q What kind of impact will the insulin price reductions have on the pharmacy landscape?**

**A** Recent legislation aims to reduce the cost of insulin, primarily benefiting individuals in terms of out-of-pocket expenses. While this helps improve accessibility for people in high-deductible plans, the overall affordability of treating diabetes remains a concern. The increasing incidence of diabetes and the introduction of expensive diabetes treatments contribute to ongoing challenges.

## **Q What is gene therapy's overall effect on the prescription landscape?**

**A** Gene therapies have been relatively uncommon but are now becoming more frequent. Typically covered through the medical benefit rather than the prescription benefit, these therapies are often included in stop-loss policies unless specifically excluded. Risk pools and affordable premium payment options are available to assist with covering gene therapy expenses.

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### Q Where can I find more information about gene therapy risk pooling?

A Reach out to our Account Management Team or Business Development Executive for further details on Embarc, and they will collaborate with our clinical team to provide you with additional information on gene therapy risk pooling.

### Q Can I get more detail on stop-loss coverage?

A To obtain more information on stop-loss coverage, please contact us to schedule a personal presentation from one of our product consultants. You can reach the RxPharmacy Assurance Team at [info@RxPharmacyAssurance.com](mailto:info@RxPharmacyAssurance.com).



If you have any questions, remember that the RxBenefits' Member Services team is here to help Monday – Friday from 7:00 a.m. to 6:00 p.m. CT at **866.769.5987** or **ClientServices@rxbenefits.com**.