



Optimizing Health, Safety, and Savings Through Independent Clinical Management



The pharmacy landscape is complex and ever-changing. Today, high-cost brand and specialty medications account for more than 50% – and growing – of a plan's total pharmacy spend. Comprehensive clinical management, focused on each plan's unique goals and each patient's health needs, can help deliver sustainable savings while providing robust, accessible pharmacy benefits to members.

Our clinical management solutions tackle high-cost areas – like specialty drugs and plan design inefficiencies – to recommend changes that offer real value without unnecessary sacrifices.

62%

of our clients had a member who cost the plan more than \$100,000 in 2024 – a 19% increase in 1 year!

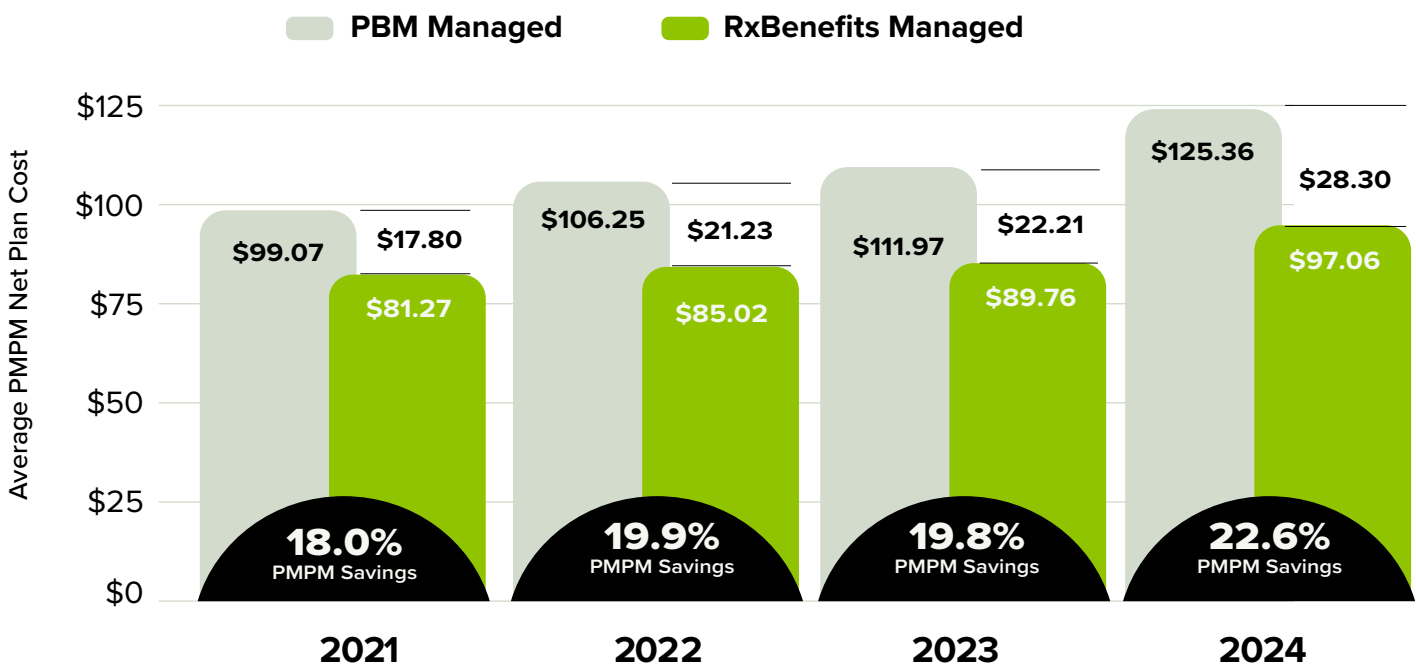
We are committed to delivering long-term, reliable value that ensures our clients' pharmacy plans are not only effective today, but remain resilient against rising specialty costs and other emerging trend drivers, including GLP-1s and other high-cost brands.

Our Clinical Solutions Outperform PBM-Managed Programs

Our clinical solution provides ROI savings guarantees based on a validated formula that focuses only on hard dollar savings. When compared to plans with similar designs, clients who contracted with RxBenefits for their clinical management consistently saw **18%-22%** lower costs every year over a three-year period when compared to plans managed by the PBMs.

RxBenefits Managed Utilization Yields Lower PMPM

Independent, Unbiased, and Client-Aligned to Achieve Best Outcomes

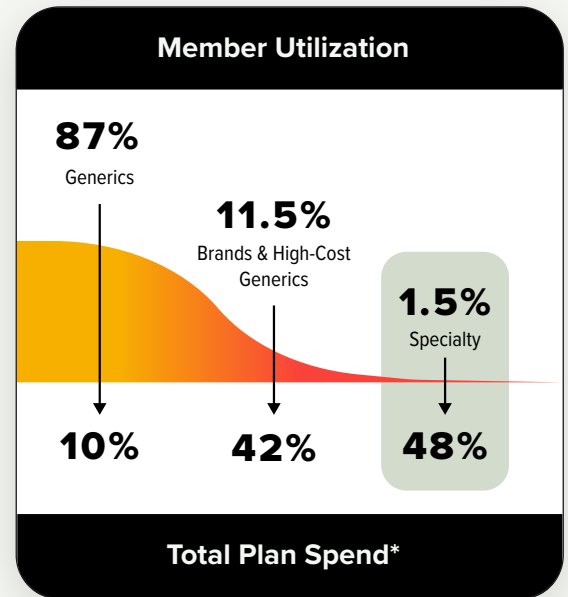


Clients who contracted with RxBenefits for clinical management experienced considerably lower costs - **more than \$200,000 in annual savings for a group with 1,000 members.***

Clinical Management Solutions

Backed by our multidisciplinary team of more than 1,000 pharmacy experts and an array of specialty cost containment solutions, RxBenefits empowers organizations to design plans that balance member impact and plan cost while focusing on long-term sustainability. By eliminating wasteful spending and optimizing costs through precise clinical utilization, we help clients realize savings they can rely on without jeopardizing member satisfaction or access to care.

- Transforming complex pharmacy data into clear, actionable insights.
- Leveraging data to identify opportunities and risks, thereby reducing volatility and enabling predictable financial outcomes.



*Total Gross Cost, RxBenefits Book of Business, 2024.

Low Clinical Value Formulary Exclusions

We carefully evaluate the PBM formularies and identify where there are drugs in a class that are substantially more expensive than others with similar effectiveness.

- Low clinical value medications are removed from a PBM's formulary.
- Members are directed to safe, less costly, and equally effective alternatives, with no negative impact to plan rebates.

Independent Prior Authorizations

Because PBMs profit every time a prescription is filled, their computer-based algorithms approve roughly 90% of prior authorization (PA) requests. Our independent, pharmacy-led clinical management solution involves careful review of a patient's chart notes and lab results in the context of the prescribed medication to ensure both specialty and non-specialty drug therapies are medically necessary, appropriately dosed, and prescribed in alignment with U.S. Food and Drug Administration (FDA) guidelines and clinical best practices.

Foundational PAs: Any and all required PAs are routed to the RxBenefits clinical team for independent review and decision-making.

GLP-1 Medications: Originally approved to treat type-2 diabetes, many glucagon-like peptide 1 (GLP-1) agonists have since been approved for weight loss, leading to a massive increase in prescribing and utilization. The updated utilization management edits implement a systems-based claims history review to verify medical necessity before prescriptions are filled. If the system cannot verify medical necessity, the request is reviewed by the RxBenefits clinical team for medical appropriateness and FDA-approved dosing before approval.

Independent Prior Authorizations

High Dollar Claim Review: High-cost medications – those typically costing \$1,000 or more for a 30-day supply – are flagged for review by an independent licensed pharmacist who:

- Conducts a contextually relevant review of medical documentation and other prescribing information to ensure medical appropriateness.
- Works with the prescriber to resolve any issues that arise to prevent potentially harmful off-label use.

Complex Condition Intervention:

- Provides ongoing clinical management into high-cost specialty drug therapies used to treat the most complex conditions.
- Can include a peer-to-peer clinical review by a condition specialist, a licensed provider with expertise in that specific condition and drug therapy.
- Validates the member's ongoing response to drug therapy, promotes the lowest cost solution, and manages “dose creep” to minimize the impact of these high-dollar claims.

High-Touch Therapeutic Interchange

48%

conversion with direct
provider engagement*

\$14.6M

in pre-rebate
savings*

~\$45K

in annualized gross
savings per intervention*

Up to 50% or more of a plan's specialty spend, and 25% of their overall plan spend, is concentrated in two drug classes: anti-inflammatory and dermatological agents. Our solution features:

- A Clinical Decision Support Engine to identify the greatest opportunities for intervention.
- Expert specialty pharmacists, who guide providers to lower cost, therapeutically appropriate alternatives.
- A transparent and empowering PA process to keep members informed at every step.
- Therapeutic response monitoring capability to ensure patients benefit from therapy over time.

Enhanced Member Digital Experience

In today's fast-paced world, members want a customizable and convenient way to access and receive their information.

Our Member Experience:

- Offers real-time access to current PA and prescription status.
- Provides access to 18 months of pharmacy claims, including eligible dependents.
- Boosts member engagement and satisfaction with personalized updates based on their communication preferences.



Annual ROI Report

7.4:1 ROI

realized on average, for RxBenefits clients in 2024

Our Annual ROI Report is built on a transparent, mathematically sound methodology that calculates hard-dollar savings. Clients realized a 7.4:1 ROI in 2024, on average.

As part of our 2:1 ROI Savings Guarantee, plans with at least 1,000 members will achieve annual savings of at least twice what the plan paid in program fees.

A 1:1 savings guarantee applies to groups with fewer than 1,000 members.

Transparent, Strategically Optimized Pharmacy Benefits

Request a Financial Analysis today to see how we can deliver a pharmacy benefits solution that prioritizes member care at the lowest cost to the plan and strategically delivers savings that pave the way for sustainable success.



Get started by scanning the QR code or visiting

www.rxbenefits.com/who-we-serve/labor-and-trust/



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