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ISSUE

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2022 Market Check

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COVID on the
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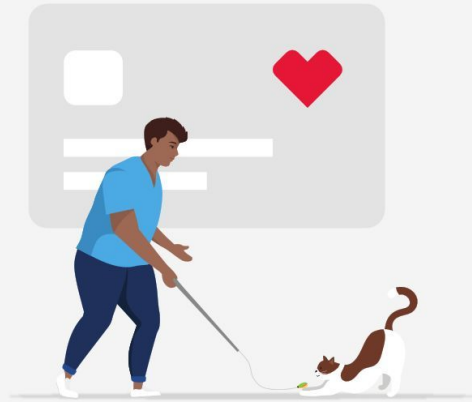


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1. CVS Health Analytics, 2021. Data from PrudentRx Savings Summary, March 2021. All data sharing complies with applicable law, our information firewall and any applicable contractual limitations. Savings projections are based on CVS Caremark data. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan and other factors. P1008460321

2. CVS Specialty Internal Data, accessed March 16, 2021. P1008500321

3. CVS Specialty Internal Data, accessed March 16, 2021. P1008480321

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UPCOMING EVENT



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Christopher V. Goff
CEO & General Counsel

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MESSAGE FROM CHRIS

As we enter another holiday season, it's great to feel at least some semblance of normalcy and greater confidence about what's to come next year. While we just wrapped up another virtual annual meeting, we're in full force planning many in-person events for 2022. Be sure to save the date for our Pharmacy Benefits Conference on March 16 in Columbus, Ohio and the Innovations in Benefits Conference on May 18 in Canton, Ohio. Also, keep an eye out for a regional Sightlines event near you to hear the latest updates on pharmacy benefits from our team of clinical and PBM experts.

Our team grew significantly once again in 2021 with a total of seven new employees. These new team members add depth to our client solutions, pharmacy, analytics and marketing teams. This growth in our team is necessitated by the outstanding achievements of our business development team, which has surpassed our goal of adding \$200 million in each of the past four selling seasons. Each new win is one where we work through a competitive RFP process, conducted by an independent and objective consultant, to prove that our solution is not just the most advantageous for the client at that given point-in-time, but that our structure and collaborative approach sets up the client for the best results into the future. By the end of 2022, we expect to surpass \$2 billion in total pharmacy spend vis-à-vis our PBM contracts.

On page seven, Dave Uldricks outlines how our organization achieves some of the most competitive pricing in the market for our clients each year through annual contract negotiations as part of our market check process. While many purchasing collectives conduct a market check, our process and results consistently outperform our competitors. For our clients, the market check ensures that they always have market-leading pricing and do not need to wait for their next bid for cost savings and price improvements. Particularly in a time of unplanned economic uncertainty, such as the pandemic, ensuring a competitive contract each and every year is essential.

Be sure to check out the article on page three by Matt Harman and Courtney Keefe, members of our clinical team, to discover how new approaches to obesity coverage could lead to gains in productivity and fewer sick days for employees. On page 11, readers can gain unique insight into how COVID has impacted the pharmacy industry from Senior Director of Client Solutions, Kelly DiNardo. Finally, this issue's client spotlight, on page 17, features Michelle Smith, assistant vice president, human resources at The University of Akron.

I wish you, your families and your colleagues a safe and happy holiday season and look forward to seeing you in the new year!



Employers Health is proud to be recognized by ERC as one of 99 great Northeast Ohio workplaces for top talent. This is the second time that our organization has received the NorthCoast 99 Award.

NorthCoast 99 is an annual recognition program and event in its 22nd year that honors 99 great Northeast Ohio workplaces for top talent. "More than a business award or event, NorthCoast 99 is a yearlong research project that ERC established to help employers make a notable difference not only in the lives of their employees, but also in the economic vitality of their communities," said Samantha Marx, ERC director of client service, who oversees the program.

NorthCoast 99 winners participated in a rigorous application process that asked for detailed information on how their organization addresses top-performer attraction, development and retention in the following areas: organizational strategy, policies, and benefits; talent attraction, acquisition and onboarding; employee well-being; employee engagement and talent development; total rewards; and diversity and inclusion.

Is it Time to Rethink Obesity Drug Coverage?

by Courtney Keefe, PharmD | Pharmacy Resident &
Matt Harman, PharmD, MPH | Vice President, Clinical Solutions



Obesity has been identified as a public health crisis in the United States for years. However, the subpar clinical performance of past weight loss medications has rightly led to access restrictions by plan sponsors that limit exposure to low value options. Recent and pending drug approvals have shown better outcomes within clinical trials that may completely shift how we approach treatment and make a compelling case in favor of coverage of obesity products. It is important for employers to understand the new clinical landscape and potential strategies to manage this expanding drug class.

Obesity Coverage Background

Per the CDC, prevalence of obesity in the United States from 2017-2018 was 42.4%, just under half of the population. That was a drastic increase from around 30.5% back in the early 2000s. It has been shown that being overweight or obese is associated with an increased risk of developing Type 2 diabetes, heart disease, high cholesterol, joint problems and more. Annual medical costs associated with obesity were about \$147 billion in 2008; not to mention the mortality and morbidity that is associated with obesity.

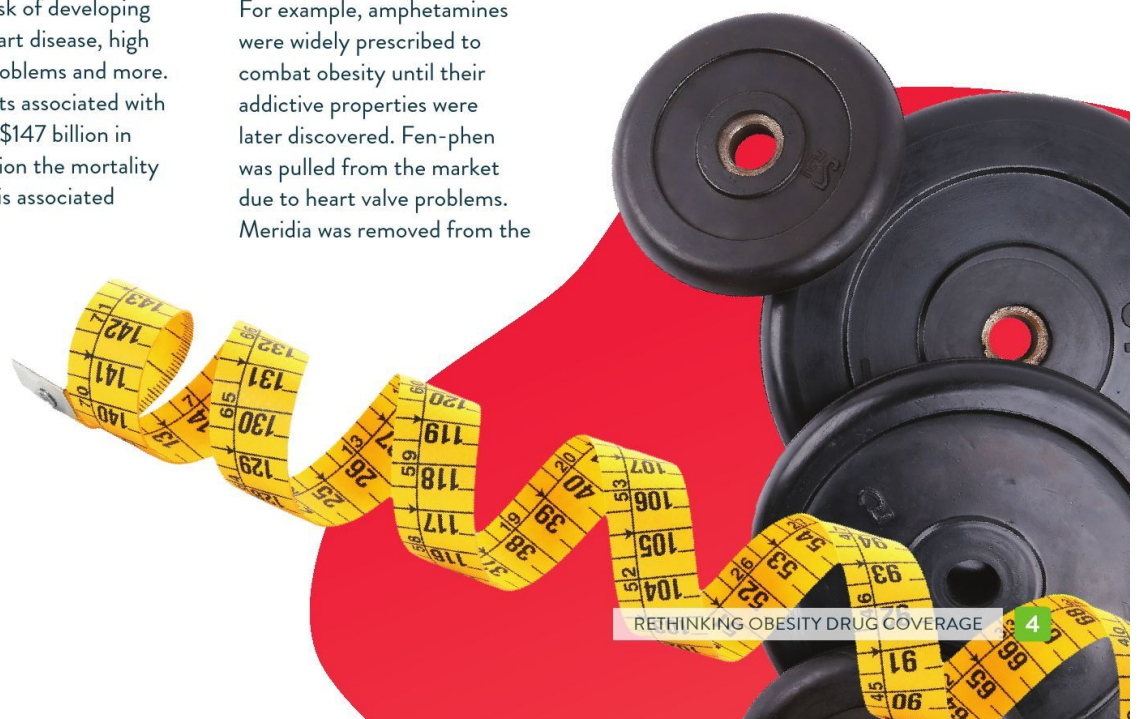
Notoriously, obesity drug coverage has been considered cosmetic by employers deciding whether to cover this class of medications or to exclude them altogether. Within the Employers Health book of business, 60% of clients exclude obesity drugs while 25% cover them after prior authorization (PA) with the remainder allowing access without any restrictions. Looking deeper into our clients' costs, the per member per month (PMPM) net spend for employers with PAs on obesity products was \$0.85 PMPM, while the plan spend for those without any restrictions was \$1.08 PMPM in 2021. As for government-sponsored benefits, Medicare currently excludes obesity prescription drugs while Medicaid covers them.

The success of previous anti-obesity medications, or lack thereof, may explain the resistance of adoption for coverage. Previous medications on the market not only lacked clinically significant efficacy but they also created patient safety issues. For example, amphetamines were widely prescribed to combat obesity until their addictive properties were later discovered. Fen-phen was pulled from the market due to heart valve problems. Meridia was removed from the

market because of an increased risk of heart attack and strokes, the very things people are worried about with obesity in the first place. On top of that, many anti-obesity medications reduce weight by less than 5% when adjusting for the placebo-controlled groups of clinical trials. While 5% weight loss has some health benefit, it is often not enough for sustained weight control or to prevent obesity-related comorbidities.

Weight Loss Pipeline Update

Recent FDA approvals in the obesity space may have changed the game and have plan sponsors rethinking their stance on obesity coverage. Wegovy (semaglutide) and Imcivree (setmelanotide) are two medications recently approved and show better efficacy and less safety concerns in clinical trials. It's important to note, Imcivree, which was approved in November of 2020, is different than any other





anti-obesity medication in that it is the first FDA-approved medication for weight management in people with certain rare genetic conditions where patients are unable to feel full. Currently, the manufacturer, Rhythm Pharmaceuticals, offers patient assistance for those who are uninsured, who have temporarily lost insurance coverage, or whose insurance doesn't cover Imcivree. However, employers that generally exclude obesity drugs are recommended to cover Imcivree to be consistent with other genetic disorders that lack treatment alternatives. By ensuring genetic testing via PA, plan sponsors could effectively limit off-label usage for weight loss by those without the condition.

Perhaps the biggest blockbuster approval of the year occurred in June 2021 with the drug, Wegovy. It is a glucagon-like peptide-1 (GLP-1) receptor agonist similar to the medication, Saxenda (liraglutide). GLP-1s first launched for Type 2 diabetes and subsequently gained approval for weight loss due to finding that participants were losing weight in clinical trials. This is because of GLP-1's mechanism of action in which they increase satiety, or the feeling of being full, by delaying the speed of which food leaves the stomach. GLP-1s play a significant role in this phenomenon known as "gastric accommodation" in that they impact the brain's perception of fullness and lead people to reducing food intake.

While Saxenda resulted in modest placebo-adjusted weight loss of about 5%, clinical trials for Wegovy showed that patients lost 15% of their body weight on average and some even lost

more than 20%. Double-digit weight loss has significant potential to impact the many conditions associated with excessive weight, such as diabetes, hypertension and depression. While the cost of Wegovy is around \$1,400 per month, the downstream clinical and financial benefits could create enough incentive for employers to begin covering the product and drug class as a whole with proper utilization management.

Obesity Class Management Strategies

Although some plan sponsors have historically excluded anti-obesity medications from coverage, it is time to rethink this decision. For employers that would still prefer to remain with the noncoverage approach, PAs and quantity limits on the GLP-1 class would be prudent to curtail the prescribing of anti-diabetic drugs for off-label weight loss purposes that is believed to be occurring in the marketplace.

Instead of complete exclusion though, there can be utilization management strategies put in place on those specific products to drive appropriate use. At a minimum, plan sponsors need PAs in place that require patient weight documentation to eliminate off-label usage by non-overweight individuals. PA criteria should also require documentation regarding the patient's approach to lifestyle modification changes surrounding diet and exercise to mirror the clinical trial requirements.

A more advanced and economical strategy could be to use prior authorizations to steer utilization towards the most effective

medications like Wegovy. One way to accomplish this approach would be to set continuation of coverage criteria to only allow for use if a patient loses 10% or more of their weight after six months of therapy. With this approach employers can feel confident that their spend in the class is primarily going towards effective medication usage.

For employers still considering their options, covering anti-obesity medications can keep clients ahead of the curve. Helping members manage their obesity can potentially lead to productivity gains and fewer sick days for those members due to minimizing

comorbid conditions. This can lead to better member outcomes, greater retention and further recruitment due to the recent advancements in this space. With more effective and safer options now a possibility for members, obesity coverage might be as hard to refuse as your favorite dessert.



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When it comes to obesity, support employees with *The Weigh Forward*

Losing weight and keeping it off is hard because of how my body reacts to weight loss. Making a weight-management plan with my healthcare provider is important to my success— as is having coverage for an anti-obesity medicine because they can help me lose weight and maintain it!

Employers play an important role in providing access to treatment for employees with obesity

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2022 Market Check

by Dave Uldricks, J.D., LL.M. |
Senior Vice President, PBM Contracting and Strategy

Momentum takes many forms. Sometimes momentum comes from maintaining and improving upon tried-and-true methods, and sometimes it comes from blazing new trails...

For 2022, Employers Health secured its third consecutive record-setting-year for pricing improvements attained through the Market Check, and if current trends continue it will be the third-consecutive record for net growth of the Employers Health pharmacy coalition. Many factors contribute to this momentum, from the tireless efforts of our business development team to secure new business, to the white-glove service provided by our client solutions and clinical teams. But the greatest contributors to this string of success are the momentum we are building in the pharmacy consulting community and the truly collaborative relationship Employers Health has built with its clients and PBM suppliers.

As in years past, Employers Health began the 2022 Market Check process roughly 16 months in advance. In September 2020

Employers Health engaged a national pharmacy practice to gather market intelligence on 2022 pricing as it existed in the fall of 2020. This information combined with the market intelligence Employers Health continuously gathers from its sales efforts and the consulting community were used to form the substance of Employers Health's first pricing proposal to our PBM providers in January 2021. And, as is customary, negotiations ensued for the next several months

– until things got a little turbulent.

The purpose of a Market Check is to ensure that the pricing enjoyed by Employers Health clients is always competitive. The only way to do this is to compete in the marketplace. As of the writing of this article, Employers Health has competed in over 200 opportunities for new business effective January 1, 2022. Win or lose, it is the feedback that we receive from the pharmacy consulting community during these competitive

Opportunities that gives us the tools we need to work with our PBM providers to ensure that EH clients always have competitive pricing.

In the fall of 2020, the national pharmacy practice we engaged confirmed that the pre-Market Check pricing we already had in place for 2022 was very competitive. And, in the early part of 2021, the feedback we received from the pharmacy consulting community echoed that sentiment; however, somewhere between March and April that story started to change, and by May of 2021, Employers Health's pricing for 2022 was beginning to lag.

Every few years, pricing in the PBM marketplace gets a little turbulent for any number of reasons, and that certainly was the case for the 2022 Market Check. Much of the competitive pressure this year came from carve-in arrangements with major health plans, but a fair amount of pressure also came from competing coalitions. One of the challenges that goes with Market Check negotiation is accurately assessing where the market is and where it is going. Often, market intelligence comes in bits and pieces that can be difficult to synthesize into a complete picture.

Price points and credits never tell the whole story. Exclusions, reconciliation tactics and other factors can easily change a very aggressive-looking deal into a very mediocre one. But with enough repetition, analysis and feedback from the pharmacy consulting community, certain trends began to appear and the picture became clear.

When the market goes haywire is when Employers Health and its clients benefit the most from the Market Check and the outstanding relationship Employers Health holds with its PBM suppliers. For organizations that don't have a market check, or have a market check less than annually, the pricing improvements demanded by the market during that turbulent time either pass them by or are delayed. Even for organizations that do have an annual market check, adjustments to an accelerating market are difficult to achieve without a PBM relationship that is founded on collaboration and doing what is best for clients.

It is common for PBMs to see the market through their own lens, which is to say PBMs tend to highly scrutinize competitive intelligence that differs from their own view of the market and getting PBMs to see the market in the same way also can be a challenge. But through collaboration, constant communication, analysis and a high volume of competitive intelligence, the strength of the

relationship Employers Health has with its PBM suppliers became manifest and Employers Health was able to secure pricing improvements that will provide market-leading pricing throughout 2022 and beyond.

Employers Health hesitates to make changes to its pricing structure. However, in 2022 Employers Health clients in the CVS Caremark program will see a difference in specialty drug discounts. Currently, all specialty drug discounts are aggregated and reconciled against a specialty drug overall effective discount. This approach has worked well for many years, but as the availability of generic specialty drugs continues to increase, and specialty drug prices continue to increase, it makes sense to separate specialty drug discounts into brand and generic components.

As with non-specialty drugs, generic specialty drugs generate a much higher discount than brand specialty drugs. However, unlike non-specialty generic drugs, the incidence of the use of specialty generic drugs is quite low overall and increasingly unpredictable on a client-by-client basis. Some clients have a high ratio of generic specialty drug claims to all specialty drug claims while some clients have a low ratio.

By separating specialty drug discounts into brand and generic components, clients with relatively high generic specialty drug utilization will benefit from higher discounts, and clients with relatively high brand specialty drug utilization will benefit from competitive discounts and aggressive rebate guarantees. There is no direct value in separating specialty drug discounts into brand and generic components; however, this new approach will help stratify risk to the benefit of clients and CVS Caremark alike.

The purpose of the Employers Health Market Check is to ensure that our clients have market-leading pricing. Period. We believe we have done that for 2022, and we believe the strides we made this year contractually and in the pharmacy consulting community will continue to serve our clients well into the future.

TO LEARN MORE CONTACT:

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The Impact of COVID on the Pharmacy Industry

by Kelly DiNardo, GBA, CBC | Senior Director, Client Solutions



On March 11, 2020, the World Health Organization (WHO) declared the Coronavirus Disease (COVID-19) a global pandemic. At the time, the short-term and long-term impact COVID-19 would have on the medical and pharmacy industry was unknown. And, more than one year into the pandemic, the impact on health care systems and pharmaceutical markets was unprecedented, to say the least. The commencement of COVID-19 created unique fluctuations in pharmacy spend. The short-term impacts include change in demand, supply shortages and panic buying. Employers Health has diligently been monitoring the effects of COVID-19 and its short-term impact to our clients' pharmacy benefit plans. Below we have detailed how the pandemic has impacted pharmacy benefits, including fluctuations in spend, vaccination volume and acute treatment utilization.


Since the pandemic began, the pharmaceutical industry has struggled with the supply and demand of medications. Demand change can lead to shortages and those occurred in March 2020, when lockdowns began. Drug spend increased dramatically due to consumers stockpiling and panic-buying medications, especially for chronic diseases. A study on prescription medications in the United States indicated from March 13th-21st 2020, demand for asthma medications increased by 65% along with Type 2 diabetes medications which increased by 25%. COVID-19 resulted in an escalation in hospitalizations, pneumonia and patients being placed on ventilators, which all ultimately contributed to

prescription shortages. As a result, pharmacies and other providers had to use alternative methods of treatment. Globally, regulatory authorities announced medication shortages, mostly including potential treatments for COVID-19 and pneumonia.

Wholesalers' concerns for potential disruption in drug supply triggered even more stockpiling in addition to an already escalated demand from consumers for certain over the



counter and prescription drugs. Over the counter drug purchases for calming, sleeping or mood drugs increased by 14.3%. Additionally, medications treating high cholesterol, migraines, hypertension, respiratory, anxiety, mental health and hypothyroidism also saw an increase in claims due to excess buying. To avoid medication shortages, the FDA proposed and published regulations that focused on demand optimization and rational supply. These regulations included prompt approvals for COVID-19-related treatments and compulsory licensing for potential COVID-19 treatments.



Among Employers Health clients, the midyear trend for total gross cost per member per month, not including rebates, increased 11% from 2019 to 2020. In March 2020, governments were forced to impose lockdown measures to control the spread of the virus, initiating the stockpiling period mentioned previously. In the following two months, drug spend decreased rapidly while many Americans were homebound and began to rebound in May 2020, when lockdown measures were lifted in many areas.

The COVID-19 pandemic also caused elective surgeries to be postponed and routine health care to be delayed, including scheduled vaccinations. Due to overwhelmed health care systems and the fear of contracting COVID-19, routine vaccination rates declined significantly, with the use of some vaccines declining as much as 95%. Vaccine-preventable diseases have not disappeared, and individuals of all ages need to stay current on all recommended vaccinations. The one exception to this trend occurred with flu vaccination rates, which saw over 51% of the population get their flu vaccine compared to 36% the prior year.

Since the first vaccine was invented in 1796 to protect individuals against smallpox, immunizations have had an overwhelmingly profound impact on public health. Amid COVID-19, the already scarce resources of health systems and hospitals could become even more burdened with potential outbreaks of these preventable infectious diseases. Vaccines are one of the most effective tools to reduce outbreaks of once common and devastating diseases.

The pandemic triggered several countries to negotiate with COVID-19 vaccine manufacturers to ensure prompt access to the vaccines once they were developed and approved. On December 11, 2020, the U.S. Food and Drug Administration (FDA) issued the first emergency use authorization (EUA) for the COVID-19 vaccine in individuals 16 years of age or older. The first COVID-19 vaccine to gain EUA was Pfizer-BioNTech's two-dose regimen. A week later, on December 17 the FDA granted an EUA for Moderna's COVID-19 vaccine, which also required two doses to be effective. On February 27, 2021, the FDA issued EUA for the single-dose COVID-19 vaccine manufactured by Johnson & Johnson/Janssen.

In the Employers Health BoB, a spike in vaccine claims inflated gross metrics across the board. In the second quarter of 2021, vaccines accounted for 2% of total gross cost and total gross cost per member per month (PMPM) and 8% of



total prescriptions. From Q1 2021 to Q2 2021 the gross cost PMPM for vaccines rose 292%. Since the COVID-19 vaccines are brands, the increased utilization from Q1 to Q2 2021 also caused a decrease of 6% in the Generic Dispensing Rate.¹

COVID-19 affected health care systems and resulted in the interruption of usual care in many facilities. Social distancing and mask mandates were also effective at keeping contagious diseases other than COVID-19 at bay and contributed to a decline in pharmacy claims for treatments like cough and cold medicines, as well as antibiotics. Additionally, patients avoided hospitals and doctor visits for fear of contracting the virus. Telemedicine services expanded so patients could access remote care during the lockdown, but it was unfortunately not enough to offset the decline that took place. In-office health care appointments were at an all-time low in 2020, with 21% fewer diagnosis visits than expected which contributed to a decline in pharmaceutical expenditure. This impact persists into 2021, with projected diagnosis visits expected to be down 12% below baseline.² Prescription drug utilization is expected to continue to rebound now that lockdowns have been lifted.

The practice most affected by a decline in health care appointments was oncology. COVID-19's impact on cancer care has resulted in decreases and delays in diagnosing new cancers, delivering treatment and halting clinical trials. A recent study found that important tests, like lung cancer

screenings, declined by more than 50% from the previous year³ and those who delayed screenings and are diagnosed with lung cancer at a late stage could potentially have a lower five-year survival rate.⁴ If this continues, cancer morbidity and mortality are likely to increase with more cancers being diagnosed at a later stage. The Centers for Medicare and Medicaid Services have classified screening as a low-priority service and suggested health care organizations consider delaying them. The service disruption reported from some centers fluctuated with some remaining fully functional and others having to close. Most of the centers reduced their usual level of care and more than half of the reduction was out of precaution. However, in many cases, disruption was due to other causes, such as an overwhelmed system, staff shortages and lack of access to medications, which we unfortunately continue to see today. Several patients had to miss or delay chemotherapy sessions. Many centers reduced in-person visits and switched to all telehealth appointments. Patients in many centers could not access care outside of their normal location if services were halted.

The effects of COVID-19 will have a substantial impact on cancer outcomes. Health care professionals continue to learn lessons from this pandemic and likely those lessons will become an integral part of the new normal of health care mitigating the negative impact on cancer outcomes. It is also imperative for cancer services to be reorganized to protect patients with cancer and cancer care

should have a major component of effectively managing patients during pandemics or major crises to further avoid the gaps in care from COVID-19.

The long-term outcomes of the COVID-19 pandemic on health care systems and pharmaceutical markets are still playing out due to the several new variants that are emerging. There is high uncertainty over the future involvement of COVID-19 and the impacts it will continue to have on pharmaceutical consumption. It is estimated, the COVID-19 vaccine spending alone will contribute \$157 billion by 2025. Excluding spending on COVID-19 vaccines, global pharmaceutical spending is expected to drop \$4 billion from 2020 to 2025.⁵ Employers Health will remain steadfast in monitoring the effects of COVID-19 to our clients and their benefit plans and continue to provide updates with any notable changes.

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Noteworthy NEWS

Employers Health recently celebrated its first official retiree – Judy Lindquist. Congratulations and thanks to Judy for her years of service and dedication to the organization.

The Canton, Ohio office volunteered for the Pro Football Hall of Fame Enshrinement Festival packing more than 2,000 bags for attendees of the festival's Fashion Show Luncheon.

Senior Director of Client Solutions, Jay Withee, and Associate Counsel, Madison Evans, recently obtained the Certified Employee Benefits Specialist (CEBS) designation through the International Foundation of Employee Benefit Plans.

Congratulations to Joe Stoffer who recently graduated from Leadership Stark County's Spotlight program and Eric Dublikar who graduated from Leadership Stark County's Signature Program.

The Employers Health Dublin, Ohio office recently volunteered at the Mid-Ohio Foodbank packing 587 boxes of food for area senior citizens.



Emma Grantier obtained her MBA from the University of Akron and was recently promoted to Sales and Marketing Operations Specialist.

The Employers Health clinical team vaccinated nearly 2,000 individuals through its flu vaccine program this past fall.

Welcome to Employers Health's newest team members – Tu Doan, PharmD and Courtney Keefe, PharmD, *Pharmacy Residents*; Coral Snow-Ferguson, *Director, Client Solutions*; Nathaniel Neading, *Client Solutions Specialist*; Catherine Shi, *Business Intelligence Analyst*; Tori Sinclair, *Client Solutions Executive*; and Rachelle Bruss, *Events and Marketing Operations Coordinator*.

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Client Spotlight

The
University
of Akron

Michelle Smith
Assistant Vice President,
Human Resources



The University of Akron is an urban public research university based in Northeast Ohio with more than 200 degree programs from associate degrees to Ph.D. and a vibrant campus life with more than 300 student organizations. Today, it employs nearly 3,000 individuals at four campuses throughout northeast Ohio.

We sat down with Michelle Smith, Assistant Vice President of Human Resources at the University, to discuss its approach to benefits.

How long have you been with The University of Akron and have you been with the HR/Benefits Team the entire time?

I joined The University of Akron's human resources team ten years ago in our benefits department. During that time, I have served in a few different roles here at the University. Today, benefits remain a large focus of my responsibilities.

Why/how did you choose to get involved in employee benefits?

Working in human resources I realized what a large role access to health care and benefits can play in someone's quality of life. I enjoy working with vendor contacts to ensure employees and their families have support to navigate and get the most out of their benefits.

How does your company approach health benefits and overall well-being for your employees?

Benefits are an important part of our total compensation package. In higher education, a robust and competitive benefit package is a differentiator when recruiting and retaining talent. We strive to provide high-quality, affordable, family-friendly benefit offerings to meet the needs of our diverse workforce.

How has your organization been innovative in delivering benefits?

As a university, we offer a number of unique benefits not available at other employers. Some of the more obvious ones are tuition remission for many of our employees, their spouses and dependents as well as memberships at our award-winning Rec and Wellness Center. We strive to offer a competitive insurance package along with additional coverage for life insurance, disability and more.



What has surprised you about working in benefits?

I don't think anything surprises me anymore. What might have been viewed as a fringe consideration for a benefit package ten years ago can now be considered standard practice, and that dynamic has only accelerated over the last few years. Benefits are always changing and evolving to meet the needs of the consumers, providers and employers.



What are your thoughts on the future of employee benefits?

I think the future of benefits will include more transparency. Employers and plan participants will want to understand more about the costs associated with their benefits and the dynamics that exist in the same services having varying costs between providers. I think that this



From left to right: Lani Moledor and Michelle Smith

will be true across all benefits, but medical and pharmacy will continue to have the most visibility due to their volume of use and contribution to overall costs. People want to know the success rate of providers and what the care will cost.

How long have you been engaged with Employers Health?

We joined Employers Health in 2012 to maximize our pharmacy benefits through its group purchasing program through CVS Caremark.

What value do you derive/perceive by being part of an organization like Employers Health?

Employers Health is a valued partner in maintaining our excellent benefits program. Not only does Employers Health provide excellent resources and training on relevant topics, our team there is always ready to assist with bids, contracts and ongoing pricing checks. One of the ways that we are able to offer competitive benefits to our employees is by leveraging as much value from the contract as possible. Working with Employers Health allows us to continue to see savings year over year, even when we do not make drastic changes to the benefits or plan design offered to our employees and their families.

Have a story to share?
Contact us at
info@employershealthco.com





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US-Rx Care's fiduciary Pharmacy Benefits Risk Management services helped achieve \$2,500,000 a year in savings to the consortium's 10,100-member plan

- Specialty medication management
- Over 400 specialty Rx's targeted.
- Savings exceeding \$20 PMPM (9:1 ROI)
- Over \$2.5 MM in specialty Rx savings annually
- Process behind the scenes to members with process integrated into current PBM process

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