Affordable Care Act (ACA)
2016 Healthcare Revolution

Medication Therapy Management Plans
June 28, 2016

Champion the Integrity of the Healthcare Dollar by Optimized Efficient Performance Based Outcome | Dedicated to Service | Engage in the Process | Embrace in Proactive Opportunities for Improvement | Execute with Excellence

Political Subdivision Value Based Synergy Managing the Multi-Faceted Solutions to Healthcare Costs and Performance Based Outcome
24/7/365
Leveraging Purchasing Power of Political Entities for Cost Effective Employee Benefit Solutions

- Pre Sixty-five Pool
- Active Pool
- UMR/UnitedHealthcare Network Access
- HITECH Sophistication
- Optum Complex: Centers of Excellence
- OptumInsight: Data Analytics and Pricing Transparency
- Optum Collaborative Care: Claim Integrity Audit
- Reinsurance Expertise
- Regulatory Benefits Compliance
- Prescription Pricing Review
- Network Access
- Post Sixty-five Benefits
- Wells Fargo Prescription Pricing Review
- Competitive
- MemberCentric
- Affordable
- Innovative
National Committee for Quality Assurance
has awarded

TML MultiState Intergovernmental Employee Benefits Pool
(TML MultiState IEBP)

Commercial PPO
an accreditation status of

ACCREDITED

for service and clinical quality that meet or exceed
NCQA’s rigorous requirements for consumer
protection and quality improvement.

David Chan, M.D.
Chair, Board of Directors

Martin S. J.
President

March 16, 2018
Expiration Date

June 8, 2016
Date Granted
Due to the Patient Protection Affordable Care Act March 23, 2010 with a reconciliation on March 30, 2010, IEBP made the decision to seek Health Benefit Plan Accreditation from the National Committee for Quality Assurance, a private, 501 (c) (3) not-for-profit organization dedicated to improving health care quality since its founding in 1990.

The NCQA seal is a widely recognized symbol of quality. Organizations incorporating the seal into advertising and marketing materials must first pass a rigorous comprehensive review and must annually report on their performance. For consumers and employers, the seal is a reliable indicator that an organization is well-managed and delivers high quality care and service. NCQA consistently raises the bar, accrediting health plans face a rigorous set of more than sixty (60) standards and must report on their performance in more than forty (40) areas in order to earn NCQA’s seal of approval.

IEBP received the NCQA seal of approval March 16, 2018 earning 46.18 out of 50 points/96.18%

From inception, the Pool’s purpose was to provide Texas political subdivisions with an alternative to the commercial insurance marketplace.

Availability of healthcare benefits at a competitive price, coupled with excellent service is the main component of the Pool’s mission.

As a result, the Board of Trustees closely reviews administrative costs and takes a very aggressive position towards cost management, Healthy Initiatives services, and effective managed care strategies.

Susan Smith, Executive Director of TML MultiState IEBP said, “Receiving the Health Benefit Plan Accreditation from the National Committee for Quality Assurance is just the most recent achievement that demonstrates IEBP’s commitment to serving Political Subdivisions in managing their healthcare costs. TML MultiState IEBP continues that commitment through innovations that provide employees, dependents and retirees ease of access to performance based care around the clock, everyday.”
## Medication Therapy Management Plan

**Benefit and Language Modifications**

<table>
<thead>
<tr>
<th>$</th>
<th><strong>Drug Tier</strong></th>
<th><strong>Includes</strong></th>
<th><strong>Helpful Tips</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>No Cost Share</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>Tier 1</td>
<td>Lower cost, commonly used generic drugs. Some low cost brands may be included.</td>
<td><strong>Use Tier 1 drugs for the lowest out-of-pocket costs.</strong></td>
</tr>
<tr>
<td>$$</td>
<td>Tier 2</td>
<td>Many common brand-name drugs, called preferred brands.</td>
<td><strong>Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.</strong></td>
</tr>
<tr>
<td>$$$</td>
<td>Tier 3</td>
<td>Mostly higher cost brand drugs, also known as non-preferred brands.</td>
<td><strong>Many Tier 3 drugs have lower cost options in Tier 1 or 2. Ask your doctor if they could work for you.</strong></td>
</tr>
<tr>
<td>$$$$</td>
<td>Tier 4</td>
<td>Cost Share Drugs “Me Too” medications</td>
<td><strong>Many Tier 4 drugs have lower cost options in Tier 1 or 2. Ask your doctor if they could work for you.</strong></td>
</tr>
<tr>
<td>$$$$$</td>
<td>Tier 5</td>
<td>SpecialtyRx/Biotech medications</td>
<td></td>
</tr>
</tbody>
</table>

### Plan Exclusions

**Exclusion**

6 month maximum exclusion for P&% committee decision due to Recall experience in 2016-2017

### Excluded Launch Program

**Dollar Threshold Review**
# MTMP No Cost Share Tiers

## Covered Individual Out of Pocket (OOP)

<table>
<thead>
<tr>
<th>Prescribed <strong>(Doctor Ordered)</strong> Over the Counter Alternates and Prescription Networks</th>
<th>Retail: (up to 34 day supply max unless noted otherwise)</th>
<th>Mail/ Maintenance: (up to 90 day dispensement)</th>
<th>SpecialtyRx/Biotech/ Biosimilar: (up to 34 day dispensement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Cessation (Nicorette Gum), Quantity Limit - 3 months per plan year</td>
<td>$0.00</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Aspirin, Folic Acid, Fluoride Chemoprevention Supplements, Iron Deficiency Supplements, and Vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at an increased risk for falls; per prescription</td>
<td>$0.00</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Network Retail: 34 day Non-Cost Share most Generic Dispensement</td>
<td>$5.00 (up to 34 day supply)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Network Retail: 90 day Non-Cost Share most Generic Dispensement</td>
<td>$14.00 (35 up to 90 day supply)</td>
<td>$30.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>OptumRx Network <strong>Non-Cost Share</strong> Best Brand/Formulary List</td>
<td>$43.00</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>OptumRx Network <strong>Non-Cost Share</strong> Non-Best Brand/Non-Formulary List</td>
<td>$65.00</td>
<td>$155.00</td>
<td></td>
</tr>
<tr>
<td>OptumRx Network Cost Share</td>
<td>$120.00</td>
<td>$300.00</td>
<td></td>
</tr>
<tr>
<td>OptumRx Specialty/Biotech Prescriptions</td>
<td>N/A</td>
<td>N/A</td>
<td>$100.00 (up to 34 day supply)</td>
</tr>
<tr>
<td>OptumRx Biosimilar Generic Prescriptions</td>
<td>N/A</td>
<td>N/A</td>
<td>$75.00 (up to 34 day supply)</td>
</tr>
<tr>
<td>Prescription Refill Control Standards</td>
<td>75%</td>
<td>70%</td>
<td></td>
</tr>
</tbody>
</table>
## MTMP No Cost Share Tiers

### Women's Preventive Health Services

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Retail Rx Medical Plan</th>
<th>Prescription Plan</th>
<th>Plan Ineligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Contraceptives Generic <em>(no cost share)</em></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>IUD Device <em>(no cost share)</em></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implant Device <em>(no cost share)</em></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent Implantable Contraceptive Coil <em>(subject to the appropriate deductible and benefit percentages)</em></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insertion and/or Removal of Contraceptive Devices <em>(no cost share)</em></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine Pregnancy Test, Urinalysis, Sonogram to Detect Placement of Device <em>(no cost share)</em></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injectable Contraceptives <em>(no cost share)</em></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Injectable Administration Fee <em>(no cost share)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diaphragm (cervical), Hormone Vaginal Ring, Hormone Patch, Cervical Cap, Spermicides, Sponges <em>(no cost share)</em></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Diaphragm (cervical) Instruction and Fitting Fee <em>(no cost share)</em></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Contraceptives</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Over-The-Counter (OTC) Contraceptives not otherwise listed as covered</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Contraceptive Management <em>(no cost share)</em></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Condoms <em>(no cost share)</em></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Female Surgical Sterilization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications for risk reduction of breast cancer in women who are at increased risk for breast cancer and at low risk for adverse medication effects: Tamoxifen or Raloxifene</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Women found to be at increased risk using a screening tool designed to identify a family history that may be associated with an increased risk of having a potentially harmful gene mutation must receive coverage w/o cost-sharing for genetic counseling, and, if indicated, testing for harmful BRCA mutations. This is true regardless of whether the woman has previously been diagnosed with cancer, as long as she is not currently symptomatic of receiving active treatment for breast, ovarian, tubal, or peritoneal. Jan 1, 2016 genetic counseling for BRCA testing is covered 100% as a preventive benefit.

Mandate to provide a list of the lactation counseling providers available within the network under the plan or coverage. Grandfathered plans cannot apply cost-share expenses for OON lactation services. Services for lactation support services w/o cost-sharing must extend for the duration of breastfeeding.
Potential Underwriting Variables

- **Nasal Steroids**
  - Impacts utilization on: Beconase AQ®, Dymista®, Flonase® (brand), Nasacort AQ®, Nasonex®, Omnaris®, Rhinocort AQ®, Veramyst®, QNASL®, triamcinolone, Zetonna®
  - Alternative Drugs: Generic: fluticasone (for Flonase®) and flunisolide

- **Stomach Ulcer/Reflux Drugs/Gastrointestinal/Stomach: Proton Pump Inhibitors**
  - Impacts utilization on: Aciphex®, Dexilant®, Duexis®, esomeprazole, lansoprazole, Nexium® (prescription strength), omeprazole, Protonix®, rabeprazole, Vimovo®, Zegerid® capsules (prescription strength – including generic omeprazole/bicarbonate)
  - Alternative Drugs: Generic: omeprazole, pantoprazole, ibuprofen, and famotidine separately (for Duexis®); Over-the Counter (OTC) versions of Nexium® 24 HR (esomeprazole), Prilosec® (omeprazole), Prevacid® (lansoprazole), and Zegerid® (omeprazole/sodium bicarbonate) are available at member’s out of pocket cost.

- **Respiratory/Allergy/Asthma: Antihistamines**
  - Impacts utilization on: Clarinex®, Xyzal®
  - Alternative Drugs: Over-the-Counter (OTC) versions of Allegra® (fexofenadine), Claritin® (loratadine), and Zyrtec® (cetirizine) are available at member’s out of pocket cost.

- **Operations Cost:** $19,077,761

- **Comparison Note actual operation for 10.11.14-9.30.15:** $18,083,288
  - Claim Cost Offset A&G Reference Based Pricing: $5,226,877
Medication Therapy Management Program

- Medication Therapy Management Alliance Partners
  - Pharmacy Benefit Manager
  - Evidence-Based Medication Review
    - Step Therapy
    - Prior Authorizations
    - Quantity Limits
    - Drug Exclusions
  - Ineligible Prescriptions Discount Access
  - Exclude Launch Program 6 months
  - Dollar Threshold PBM Review

- Over the Counter Alternates and Prescription Networks

- Managing Cost Alternatives
  - Pharmacy Benefit Manager
  - Evidence-Based Medication Review
  - Exclude New Launch Program
    - Maximum 6 months of delay to ensure efficacy of medications
    - Drug Recalls has increased over the last 6 months
## Medication Therapy Management Plan

### Benefit and Language Modifications

<table>
<thead>
<tr>
<th>Drugs Covered under this Benefit</th>
<th>Drugs Not Covered under this Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Legend Drugs;</td>
<td>1. Dietary supplements, vitamins or formulas, vitamins individually or in combination;</td>
</tr>
<tr>
<td>2. Insulin or oral diabetic prescription;</td>
<td>2. Growth hormones after age 15;</td>
</tr>
<tr>
<td>3. Disposable insulin needles/syringes and physician prescribed needles/syringes/supplies;</td>
<td>3. Immunization agents, biological sera blood or blood plasma;</td>
</tr>
<tr>
<td>4. Disposable blood/urine/glucose/acetone testing agents (e.g. Acetest Tablets, Clinitest Tablets, Glucometer (one per calendar year), Lancets, Diastix Strips, Tes-Tape and Chemstrips);</td>
<td>4. Male pattern baldness medications; hair growth stimulants;</td>
</tr>
<tr>
<td>5. Diabetic supplies will be purchased with order for oral diabetic prescription. The plan will allow needles, syringes, lancets and testing strips at no charge if ordered within 30 days of a prescription at the same pharmacy;</td>
<td>5. Therapeutic devices or appliances, including support garments and other non-medicinal substances, regardless of intended use;</td>
</tr>
<tr>
<td>6. Tretinoin all dosage forms (e.g. Retin-A, Differin, Tazorac);</td>
<td>6. Charges for the administration or injection of any drug;</td>
</tr>
<tr>
<td>7. Compound medication of which at least one ingredient is a legend drug to maximum $200.00 per prescription payment;</td>
<td>7. Drugs labeled “Caution - limited by Federal Law to investigational use” or experimental drugs even though a charge is made to the individual;</td>
</tr>
<tr>
<td>8. Any other drug which under the applicable State Law may only be dispensed upon the written prescription of a physician or other lawful prescriber;</td>
<td>8. Medications which are to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar premises which operates on its premises or allows to be operated on its premises, a facility for dispensing pharmaceuticals;</td>
</tr>
<tr>
<td>9. Contraceptives: Oral, Brand Extended cycle (mail order only), Generic Extended cycle (Network at 90 days copay), Transdermal patches, Contraceptive devices, Levonorgestrel (Norplant), Prescription Strength Only;</td>
<td>9. Fertility medications;</td>
</tr>
<tr>
<td>10. Depo Provera;</td>
<td>10. Any prescription refilled in excess of the number specified by the physician or any refill dispensed after one year from the physician’s original order;</td>
</tr>
<tr>
<td>11. Central Nervous System Stimulants (e.g. Adderall, Adderall XR, Focalin, Focalin XR, Ritalin, Dexedrine, etc.) will be covered for individuals through age 16 (Individuals 17 years and older will require prior authorization through RxResults, subject to cost share.);</td>
<td>11. Prescription which an eligible individual is entitled to receive without charges from any Workers’ Compensation Laws or which is prescribed for an injury or illness which is excluded from any medical coverage which is provided in conjunction with this prescription benefit;</td>
</tr>
<tr>
<td>12. Prescribed smoking deterrent medications containing nicotine or any other smoking cessation aids, all dosage forms;</td>
<td>12. Anti-obesity medications;</td>
</tr>
<tr>
<td></td>
<td>13. Prescribed prenatal vitamins are not covered under the prescription card. Claims for prescribed prenatal vitamins with a pregnancy diagnosis may be submitted to IEBP for payment consideration;</td>
</tr>
<tr>
<td></td>
<td>14. Cholesterol/Triglyceride-Lowering Agents: Lovaza&lt;sup&gt;®&lt;/sup&gt;, Niaspan&lt;sup&gt;®&lt;/sup&gt;, and niacin ER, omega-3 acid cap 1 gm and Vascepa&lt;sup&gt;®&lt;/sup&gt;;</td>
</tr>
</tbody>
</table>
### Medication Therapy Management Plan

#### Benefit and Language Modifications

<table>
<thead>
<tr>
<th>Drugs Covered under this Benefit</th>
<th>Drugs Not Covered under this Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Growth hormones through age 15;</td>
<td>15. Non-legend drugs other than those listed above;</td>
</tr>
<tr>
<td>14. Extended Release anti-depressive agents: Wellbutrin XL, Effexor XR;</td>
<td>16. Lifestyle convenience prescriptions (i.e., erectile dysfunction prescriptions and topical and buccal testosterone products);</td>
</tr>
<tr>
<td>15. Extended Release migraine prophylactic agents: Depakote ER.</td>
<td>17. Nutritional Supplements (i.e., Deplin®, Metanx®);</td>
</tr>
<tr>
<td></td>
<td>18. SGLT-2 Antidiabetics (e.g., Invokana®, Invokamet®, Farxiga®, etc.), and Jardiance®;</td>
</tr>
<tr>
<td></td>
<td>19. Topical non-narcotic pain medications (e.g., Sinelee®, Flector®, Solaraze®, etc.);</td>
</tr>
<tr>
<td></td>
<td>20. Certain extended release metformin: Glumetza®, metformin ER 1000mg and Fortamet®;</td>
</tr>
<tr>
<td></td>
<td>22. Certain antifungals: Jublia®, Kerydin®, Extina® Aer 2%, Cresemba® (all forms), and Onmel®;</td>
</tr>
<tr>
<td></td>
<td>23. Certain topical steroids: Enstilar®;</td>
</tr>
<tr>
<td></td>
<td>24. Non-injectable (including pellets) testosterone;</td>
</tr>
<tr>
<td></td>
<td>25. Non-FDA approved medication.</td>
</tr>
</tbody>
</table>
Specialty Trend

Specialty spend increased to 50% of all prescriptions in 2018

Spending on Specialty Medicines in 2015 Increased 21.5% to $150.8Bn on an Invoice Price Basis

- Specialty medicine spending increased on a net price basis by 15% to $121Bn in 2015.

- Spending on specialty medicines doubled in the last five years, contributing 70% of overall medicine spending growth between 2010 and 2015.

- Specialty medicines now account for 36% non-discounted medicine spending, up from 24% in 2010.

- Increased specialty spending was driven primarily by treatments for hepatitis, autoimmune diseases, and oncology which accounted for $19.3Bn in increased spending.

Source: IMS Health, National Sales Perspectives, Jan 2016
# Specialty Drugs

## 2016 Significant Specialty Drug Approvals and Pipeline Highlights

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>2nd Half</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV Zepatier™️</td>
<td>Asthma Cinqair®️</td>
<td>Parkinson’s Disease Nuplazid™️</td>
<td>Autoimmune Taltz®️</td>
<td>Autoimmune brodalumab</td>
<td>HIV (Q3) abacavir/ lamivudine‡</td>
<td>DMD (Q4) Catena®️</td>
<td>Oncology (Q4) atezolizumab</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oncology imatinib‡</td>
<td>HIV Descovy®️</td>
<td>PBC Ocaliva™️</td>
<td>DMD eteplirsen</td>
<td>Rheumatoid Arthritis sarilumab</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Oncology Venclexta™️</td>
<td>Autoimmune Inflectra™️</td>
<td>Neurology Austedo™️</td>
<td>HCV sofosbuvir/ velpatasvir</td>
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<tr>
<td>MS Zinbryta™️</td>
<td></td>
<td></td>
<td>Oncology Xegafri™️</td>
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</tbody>
</table>

*Source: CVS Health, Insights Executive Briefing, Specialty Pipeline: Blockbusters on the Horizon, Issue 5, 2016*
Specialty Drugs

Disease Categories to Watch

- Liver Disease: projected annual sales over $1 billion
- Oncology: More than half of the specialty products in clinical development target various kinds of cancer.
- HIV: Three new drugs to treat HIV could be approved this year. The anticipated new products are combination, fixed-dose products that may provide enhanced safety and lower toxicity for patients.
- Inflectra: Biosimilar of Remicade and moderate to severe Chron’s disease. Single dose of Remicade is $1,300 to $2,500 usually on top 10 drug list for biotech.
- Zarxio biosimilar for Neupogen

Other Notable Potential Launches

- The 2016 Specialty Pipeline
  - multiple sclerosis
  - hepatitis C
  - psoriasis
  - rheumatoid arthritis
  - the first specialty agent for Parkinson’s Disease psychosis

Prescription Care Management

Prescription Care Management (PCM) works with your employees to help reduce their pharmacy drug spend. PCM does this by helping switch from higher cost drugs to lower cost drugs. The recurring use of lower cost drugs results in a substantial savings to your company and your employees.

There are multiple advantages to partnering with PCM:

- **Cost Savings.** PCM creates savings and gives your company the ‘good news’ that is often elusive in our current health benefit climate.
- **PCM will help you gain a ‘Savings Edge’ that your PBM does not provide.** Create the most efficient pharmacy program available by adding Prescription Care Management to improve your current PBM program.
- **PCM offers potential savings averaging 10% of the group’s total drug spend.**
- **Minimal effort by your benefits department.** PCM does all the work.

At PCM, the customer service experience is our top priority. Our friendly, knowledgeable pharmacy service team provides accurate information about prescription savings alternatives. We assist employees by being good listeners and providing more than is expected. Our representatives identify and anticipate your employee’s needs, alleviating doubts and offering cost effective prescription options.

By selecting PCM’s prescription savings program, you can rest assured that our professional pharmacy team is proactively monitoring your pharmacy plan – saving you money and providing the highest quality of care.
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Client Name (Employer)</td>
<td>13. Specialty, brand or generic-drug indicator (generic flag)</td>
</tr>
<tr>
<td>3</td>
<td>Patient Identification #</td>
<td>15. Day’s Supply</td>
</tr>
<tr>
<td>5</td>
<td>Person Code</td>
<td>17. Physician Name and/or NPI #</td>
</tr>
<tr>
<td>6</td>
<td>Date of Birth/Age Indicator</td>
<td>18. Member Copay amount</td>
</tr>
<tr>
<td>7</td>
<td>Date Filled</td>
<td>19. Employer paid amount</td>
</tr>
<tr>
<td>8</td>
<td>Rx # and/or Claim # (Transaction Code)</td>
<td>20. Dispensing Fee</td>
</tr>
<tr>
<td>9</td>
<td>Drug Name, strength &amp; dosage form</td>
<td>21. Total Paid amount (copay + company pay)</td>
</tr>
<tr>
<td>10</td>
<td>NDC</td>
<td>22. Formulary or Non-Formulary/Tier identifier</td>
</tr>
<tr>
<td>11</td>
<td>Unit of Measure</td>
<td>23. Sales Tax (if applicable)</td>
</tr>
<tr>
<td>12</td>
<td>DAW code</td>
<td>24. Pharmacy Provider Name or NPI #</td>
</tr>
</tbody>
</table>
Thank You for your Time and Attention!

Questions and Answers Session
**Medication Therapy Management Plan**

**Benefit and Language Modifications**

**Step Therapy**
For Clinical Authorization, doctor/prescription prescribers should call RxResults toll free: (855) 892-0936 or local: (501) 686-7463. Your doctor/prescription prescriber will be asked a series of questions and RxResults will then approve or deny the authorization request.

Sample of what will occur at pharmacy: Claim is processing for Advair® & the following message will alert the pharmacist: Step Therapy after inhaled steroid 1st or Prior Authorization call toll free: (855) 892-0936 or local: (501) 686-7463.

**Asthma. Required for members <40 years of age** who have not demonstrated adherence to an inhaled corticosteroid (ICS) (90 days of therapy in the past 120 days).

Category A
Inhaled corticosteroid (ICS) - Member must demonstrate adherence to an inhaled steroid and/or satisfy specific clinical criteria as determined by RxResults prior to obtaining a Category B medication.

Category B (Only after failure with a Category A medication)
- Advair®
- Brovana®
- Dulera®
- Foradil®
- Perforomist®
- Serevent®
- Symbicort®

**Antibiotics. Required for all members filling a prescription for vancomycin or Dificid®.**

**Category A**
metronidazole - A patient must first try and fail treatment with any metronidazole agent (metronidazole, metronidazole SR) in the past 30 days.

**Category B**
- Dificid®
- vancomycin

Treatment Plan Adherence is required for authorization to be approved.

Note: All clinical programs (Clinical Prior Authorization, Step Therapy, Cost Share Drugs, etc.) are subject to change without notice to accommodate new drug entries to the marketplace and adjustments in established medical and pharmacy practice guidelines.

**Important Information**
- IEBP Billing & Eligibility: (800) 282-5385
- RxResults (Doctor/Prescription Prescribers Only): Toll Free: (855) 892-0936 | Local: (501) 686-7463
- IEBP Website: www.iebp.org
Clinical Prior Authorization
The list of conditions below may change as appropriate for the plan. For prior authorization requests, please have your doctor/prescription prescriber call RxResults toll free: (855) 892-0936 or local: (501) 686-7463. Your doctor/prescription prescriber will be asked a series of questions and RxResults will then approve or deny the authorization request. A Prior Authorization is active for one year. If the covered individual has consistently taken the medication, (no lapse in medication greater than 100 days) the prescribing provider will be required to resubmit clinical information to maintain the ongoing Prior Authorization Approval.

Analgesics/Anti-inflammatory/Pain Agents
These medications may be reimbursed following satisfaction of clinical criteria as determined by prior authorization review.
- Actiq®
- Fentora®

Antibiotics
- Zyvox®

Antifungals
- VFEND®

General. These medications may be reimbursed following satisfaction of clinical criteria as determined by prior authorization review.
- Attention Deficit Disorder ADHD (For individuals 17 years of age or older)
- Narcolepsy Medications including Xyrem® (For individuals 17 years of age or older)
- Acne Medications: only required for Tretinoin all dosage forms (e.g. Retin-A, Differin, Tazorac) (For individuals 26 years of age or older)

Major Biotech Prescription Categories
- Blood Cell Deficiency
- Crohn’s Disease
- Cystic Fibrosis
- Hemophilia
- Hepatitis C
- HIV/Immune Deficiency Medications
- Multiple Sclerosis
- Oncology Oral
- Osteoarthritis
- Psoriasis
- Pulmonary Arterial Hypertension
- Renal Disease
- Rheumatoid Arthritis
- Others
Testosterone - Injectable Products. Two separate morning lab results defining the testosterone level will be required. The lab report will indicate whether the level is low or within normal ranges and benefit eligibility will be determined by prior authorization review.

Testosterone - All Products. Two separate morning lab results defining the testosterone level will be required. The lab report will indicate whether the level is low or within normal ranges.

 Injectable Only (topical and buccal testosterone products are not covered)

Diabetes. These medications may be reimbursed following satisfaction of clinical criteria as determined by prior authorization review.

- Bydureon®
- Byetta®
- Januvia®/Janumet®, Janumet XR® (covered for diabetes only)
- Jentadueto®
- Juvisync®
- Kazano®
- Onglyza®
- Oseni®
- Tradjenta®
- Trulicity®
- Victoza®
- Byetta®
- Kazano®
- Onglyza®
- Oseni®
- Tradjenta®
- Trulicity®
- Victoza®
- Januvia®/Janumet®, Janumet XR® (covered for diabetes only)
- Jentadueto®
- Juvisync®
- Kazano®
- Onglyza®
- Oseni®
- Tradjenta®
- Trulicity®
- Victoza®
- Byetta®
- Kazano®
- Onglyza®
- Oseni®
- Tradjenta®
- Trulicity®
- Victoza®
- Januvia®/Janumet®, Janumet XR® (covered for diabetes only)
- Jentadueto®
- Juvisync®
- Kazano®
- Onglyza®
- Oseni®
- Tradjenta®
- Trulicity®
- Victoza®
- Byetta®
- Kazano®
- Onglyza®
- Oseni®
- Tradjenta®
- Trulicity®
- Victoza®

Lipid-Lowering Agents (Statins)

- Crestor® (Prior authorization required for 40mg strength only. Other strengths considered Cost Share Copay drugs.)

Gout

- Uloric®

Congestive Heart Failure

- Corlanor®

Topical Anesthetics

- 5% lidocaine patches
- 5% Lidoderm®

CNS Stimulants

- modafinil
- Nuvigil®
- Provigil®
Medication Therapy Management Plan

Benefit and Language Modifications

Cost Share Copay Drugs
IEBP has implemented a clinical evidence-based approach to its prescription plan for groups adopting 2016-2017 2015-2016 Plan Year benefits. As such, IEBP will impose a higher patient copayment for drugs for which there is no clinical evidence to show that non-preferred “Cost Share Drugs” perform any better than therapeutic doses of less costly preferred “Alternative Drugs”.

ADHD/CNS Stimulants
Impacts utilization on: Immediate Release Amphetamine Products: Adderall®, Adderall XR®, Amphetamine ER, Aptensio XR®, Concerta®, Daytrana®, Dexedrine®, Dexedrine CR®, dextroamphetamine ER, Dynavel®, Focalin®, Focalin XR®, guanfacine ER, Intuniv®, Kapvay®, Metadate CD®, methylphenidate ER, Quillichew®, Ritalin® (brand only), Ritalin LA®, zenzedi Immediate Release Methylphenidate Products: Concorfe®, Daytrana®, Intuniv®, Kapvay®, Nuvigil®, Provigil® (brand only)
Alternative Alternate Drugs: Generic: methylphenidate®, amphetamine salts, clonidine, guanfacine immediate release, methylphenidate (for Intuniv®), clonidine (for Kapvay®), modafinil (for Provigil®, Nuvigil®); Brand: Strattera®, Vyvanse®

Analgesics/Anti-Inflammatory/Pain Agents
Impacts utilization on: Duragesic®, Lazanda®, Subsys®
Alternative Drugs: Generic: fentanyl patch, fentanyl lozenge
Impacts utilization on: Arthrotec®, Celebrex®, celecoxib, Daypro®, diclofenac/misoprostol combination, mefenamic acid, Mobic®, Naprelan®, Naproxen CR®, Ponstel®, Vivlodex®, Flector patch®, Solaraze®, Pennsaid®, Zipsor®, Zorvolex®
Alternative Drugs: Generic: diclofenac, ibuprofen, naproxen, diclofenac
Impacts utilization on: Conzip®, Rybix®, Ryzolt®, tramadol ER, Ultracet®, Ultram®, Ultram ER®
Alternative Drug: Generic: tramadol
Medication Therapy Management Plan
Benefit and Language Modifications

**Antibiotics**/Anti-Infective Agents
Impacts utilization on: amoxicillin/clarithromycin/lansoprazole combination, Acticlate®, Adoxa®, Amoxicillin* (brand only), Doryx®, doxycycline hyclate DR, Dynacin®, Minocin®, minocycline ER, Monodox®, Moxatag®, Oracea®, Periostat®, Solodyn®, Targadox®, Oraxyl®, PrevyPac®.

Alternative Drugs: Generic: amoxicillin (for Moxatag), doxycycline, capsule-minocycline capsules (for Dynacin®, Solodyn®) (for Adoxa®, Doryx®, Monodox®, Periostat®, Oracea®, Oraxyl®)

**Anticonvulsants**

Alternative Drugs: Generic: gabapentin (for Gralise®, Lyrica®, Neurontin®), immediate release lamotrigine (for Lamictal XR®, lamotrigine ER)

**Antidepressants/Fibromyalgia**
Impacts utilization on: Cymbalta®, duloxetine, Desvenlafaxine ER®, Effexor XR®, Irenka®, Khedezla® ER®, Pristiq®, Savella®, venlafaxine ER (tablets only), Viibryd®.

Alternative Alternate Drugs: Generic: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, paroxetine, sertraline, venlafaxine, venlafaxine ER (capsules only)

**Antihypertensive Agents**
Impacts utilization on: amldipine/valsartan, amldipine/valsartan HCTZ, Amturnide®, Atacand®/Atacand HCT®, Avapro®/Avalide®, Azor®, Benicar®/Benicar HCT®, Cozaar®/Hyzaar® (brand only), Diovan®/Diovan HCT® (brand only), Edarbi®/Edarbyclor®, Eprosartan* (brand only), Exforge®/Exforge HCT® (brand only), Micardis®/Micardis HCT®, Tekamlo®, Tekturna®/Tekturna HCT®, telmisartan/telmisartan HCTZ, Teveten®, Teveten HCT®, Tribenzor®, Twynsta®, Valtorna®.

Alternative Alternate Drugs: Generic: metprolol-hydrochlorothiazide (for Dutoprol®), any generic ACE Inhibitor, eprosartan/eprinosartan HCTZ (for Teveten®, Teveten HCT®), irbesartan/irbesartan HCTZ (for Avapro®, Avalide®), losartan/losartan HCTZ (for Cozaar®, Hyzaar®), valsartan/valsartan HCTZ (for Diovan®, Diovan HCT®).
Medication Therapy Management Plan
Benefit and Language Modifications

Central Nervous System: Sedative Hypnotics
Impacts utilization on: Ambien®, Ambien CR®, Belsomra®, Edluar®, eszopiclone, Intermezzo®, Lunesta®, Rozerem®, Silenor®, Sonata®, zolpidem ER®, Zolpimist®

**Alternative** Alternate Drugs: Generic: doxepin (for Silenor®), zaleplon (generic for Sonata®), zolpidem (for Intermezzo®, Zolpimist®), zolpidem immediate release (generic for Ambien®)

Cardiovascular: Misc.
Impacts utilization on: Durlaza®
**Alternative Drug:** Over-the-counter aspirin at member’s out of pocket cost.

Lipid-Lowering Agents (Statins)
Impacts utilization on: Advicor®, Altoprev®, amlodipine/atorvastatin combination, Caduet®, Crestor® (except 40mg strength), Lescol®, Lescol XL®, Lipitor®, Livalo®, Mevacor®, Pravachol®, Simcor®, Vytorin®, Zetia®, Zocor®

**Alternative** Alternate Drugs: atorvastatin (generic for Lipitor®), lovastatin (generic for Mevacor®), pravastatin (generic for Pravachol®), simvastatin (generic for Zocor®), rosuvastatin

Lipid-Lowering Agents (Fibric Acid Derivatives)
Impacts utilization on: Antara®, fenofibrate 43, 120, 130, 135, and 145 and 150mg, fenofibric acid, Fenoglide®, Fibricor®, Lipofen®, Lofibra®, Lopid®, Tricor®, Triglide®, Trilipix®

**Alternative** Alternate Drugs: fenofibrate except for 120, 130, 135, 145 and 150mg (generic for Tricor® and various other brands), gemfibrozil (generic for Lopid®)

Migraine Headaches
Impacts utilization on: almotriptan, Amerge®, Axert®, Frova®, Imitrex® (brand), Imitrex® Spray®, Maxalt®, Relpax®, Sumatriptan® Spray®, Sumavel®, Treximet®, Zecuity Pad®, zolmitriptan, Zomig®, Zomig ZMT®

**Alternative** Alternate Drugs: Generic: naratriptan (for Amerge®), rizatriptan (for Maxalt®), sumatriptan (for Imitrex®)
Nasal Steroids
Impacts utilization on: Beconase AQ®, Dymista®, Flonase® (brand), Nasacort AQ®, Nasonex®, Omnaris®, QNASL®, Rhinocort AQ®, triamcinolone, Veramyst®, Zetonna®
Alternative Alternate Drugs: Generic: flunisolide and fluticasone (for Flonase®), mometasone spray

Osteoporosis Drugs
Impacts utilization on: Actonel®, Actonel® w/Calcium, Alendronate® (brand), Atelvia®, Binosto®, Boniva®, Fosamax®, Fosamax-D®, ibandronate (generic for Boniva®), risedronate
Alternative Alternate Drug: Generic: alendronate

Otic Products
Impacts utilization on: Auralgan®
Alternative Alternate Drug: Generic: benzocaine-antipyrine

Overactive Bladder Drugs
Impacts utilization on: Detrol®, Detrol LA®, Ditropan XL®, Enablex®, Gelnique®, Myrbetriq®, oxybutynin ER®, Oxytrol® patches, Sanctura®, Sanctura XR®, tolterodine, tolterodine ER, Toviaz®, trospium CL, trospium CL ER, Vesicare®
Alternative Alternate Drugs: Generic: oxybutynin immediate release, darifenacin

Respiratory/Allergy/Asthma: Antihistamines
Impacts utilization on: Clarinex®, levocetirizine, Xyzal®
Alternative Alternate Drugs: levocetirizine, Over-the-Counter (OTC) versions of Allegra® (fexofenadine), Claritin® (loratadine), and Zyrtec® (cetirizine) are available at member’s out of pocket cost.
**Medication Therapy Management Plan**

**Benefit and Language Modifications**

**Respiratory/Allergy/Asthma: Antihistamines – Decongestant**
Impacts utilization on: Clarinex-D®

**Alternative** Drugs: desloratidine, Over-the-Counter (OTC) versions of Allegra-D® (fexofenadine-D), Claritin-D® (loratadine-D), and Zyrtec-D® (cetirizine-D) are available at member’s out of pocket cost.

**Skeletal Muscle Relaxants**
Impacts utilization on: Amrix®, Carisoprodol® 250mg (brand), cyclobenzaprine ER, Fexmid®, Flexeril®, Lorzone®, metaxalone (generic for Skelaxin®), Norflex® (including its generic orphenadrine injection), Parafon Forte®, Robaxin®, Skelaxin®, Soma®, Soma® Compound, Soma® Compound w/Codeine, Tabradol®, tizanidine (capsules only), Zanaflex®

**Alternative** Drugs: Generic: carisoprodol, chlorzoxazone, cyclobenzaprine, methocarbamol, tizanidine tablets

**Stomach Ulcer/Reflux Drugs/Gastrointestinal/Stomach: Proton Pump Inhibitors**
Impacts utilization on: Aciphex®, amoxicillin/clarithromycin/lansoprazole combination, Dexilant®, Duexis®, esomeprazole, lansoprazole, Nexium® (prescription strength), omeprazole/sodium bicarbonate, Omepracid® (prescription strength), Prevcid®, Prilosec® (prescription strength), Protonix®, rabeprazole, Vimovo®, Zegerid® capsules (prescription strength – including generic omeprazole/bicarbonate)

**Alternative** Drugs: Generic: famotidine separately (for Duexis®), ibuprofen, omeprazole, and pantoprazole; Over-the-Counter (OTC) versions of Nexium® 24 HR (esomeprazole), Prevcid® (lansoprazole), Prilosec® (omeprazole), and Zegerid® (omeprazole/sodium bicarbonate) are available at member’s out of pocket cost.

**Topical Antifungal Agents**
Impacts utilization on: Pedipirox-4®

**Alternative** Drug: Generic: ciclopirox

**Cost Share Copays**
Network Retail Copay – up to 34 day supply - $120 or cost of drug (whichever is less)
Mail Order Copay – 35 up to 90 days supply - $300 or cost of drug (whichever is less)
# IEBP Top 10 SpecialtyRx

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<th>NDC</th>
<th>Label Name</th>
<th>Total Amt Due</th>
<th>Approved Copay</th>
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