

Copay Assistance Programs

Reducing financial barriers and overall plan costs



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EXPRESS SCRIPTS®

**CHAMPIONS
FOR
BETTER™**

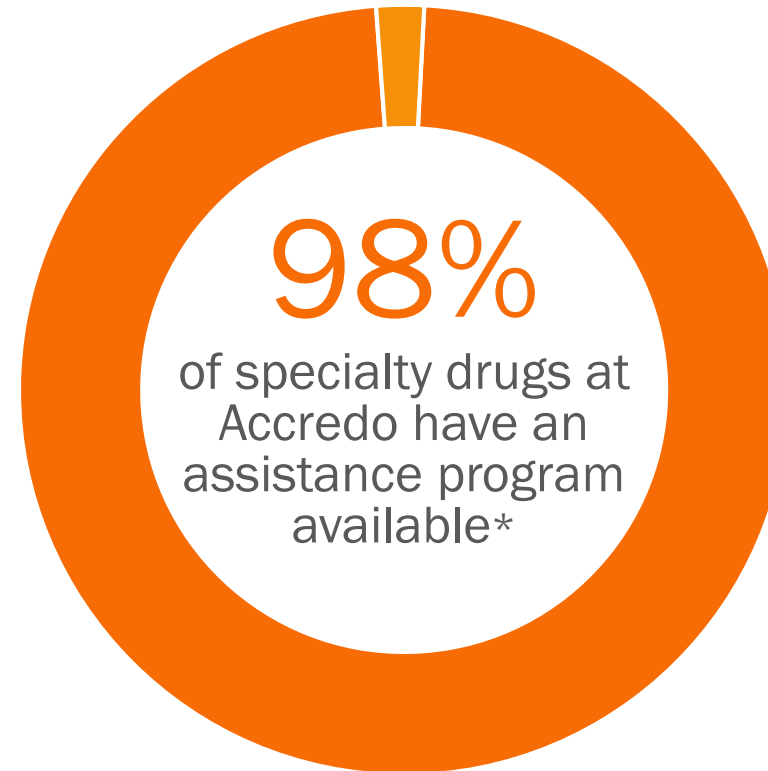
Supporting patients with financial assistance



Industry leader in helping thousands of patients find sources of assistance through 130+ programs

Pharma and foundational programs

- Chronic Disease Fund®
- Patient Access Foundation
- Patient Advocate Foundation
- Leukemia & Lymphoma Society®
- Cancer Care® Co-payment Assistance Foundation
- Patient Access Network Foundation
- **120+ more**



*Accredo book of business data, 2015. Sources include manufacturer and charitable programs. Trademarks are the property of their respective owners.



Copay assistance positively impacts adherence



Higher adherence
7- 9% improvement in
adherence rates

among MS, inflammatory
conditions and oncology patients
who enrolled in a financial
assistance program in 2015



The Accredo® difference

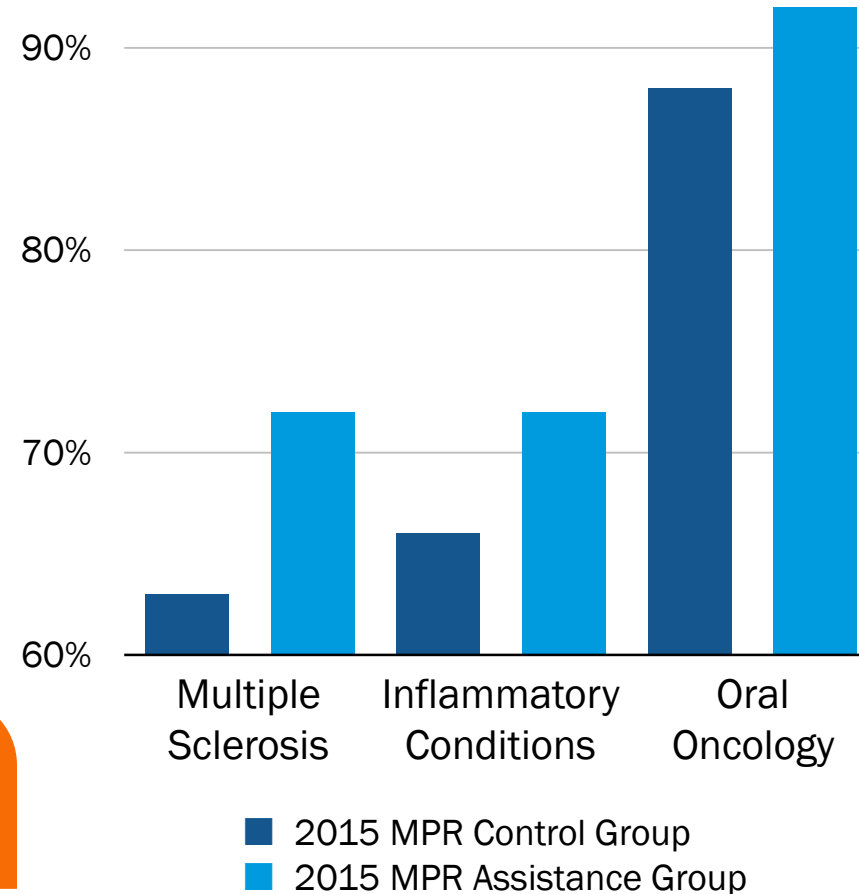
Accredo secured
\$575 million
in total copay assistance
for patients in 2017

Closing the financial gap
for patients in need



Adherence research

Control group versus patients enrolled
in an assistance program in 2015*



*Express Scripts Data - study included a subset of multiple sclerosis, inflammatory conditions and oncology patients on chronic therapy



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CHAMPIONS
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SaveonSP

Utilizes Affordable Care Act state benchmarks to maximize the value of manufacturer copay assistance programs



Copay offset savings program



About the Program

- Utilizes Affordable Care Act (ACA) state benchmark to **change client plan design**
- Select drugs designated as **Non-Essential Health Benefits**
- **Copays increased** to maximize manufacturer funding
- Targets **150+** specialty drugs in **10** therapy classes
- Reduces patient's responsibility to **zero**



Average savings range from
\$2.50 to \$4.50 PMPM*



Sample Medications Covered

Therapy Class	Assistance/Fill
Hepatitis C	\$7,500
Cystic Fibrosis	\$2,300
Multiple Sclerosis	\$2,000
Inflammatory	\$1,666
Hemophilia	\$1,666
Oncology	\$1,250
Pulmonary Arterial Hypertension	\$1,200
Blood Cell Deficiency	\$1,000
Hereditary Angioedema	\$1,000
Asthma & Allergy	\$850

*Net of program shared savings fee

Teamsters Local 338

CLIENT SUMMARY

- **401.769230769231**
total lives
- **10**
impacted members
- **87**
impacted claims
- **\$384**
average member copay per rx

BENEFIT FOR PATIENTS AND THE CLIENT



• **\$56 K**
annual plan savings *

• **\$11.58**
PMPM client savings*

• **\$0**
member cost

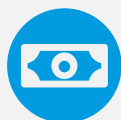
Every month you can be saving \$4,654 with SaveonSP setup

*Net of program shared savings fee. Savings based on sponsor's utilization, the most restrictive state benchmark and ESI National Preferred, Basic and High Performance Formulary. Savings may vary based on sponsor's actual utilization or a different benchmark or formulary. Savings do not represent any type of guarantee by SaveonSP or ESI.



Cost comparison – self-injectable RA drug

The Scenario:



\$25 initial patient copay

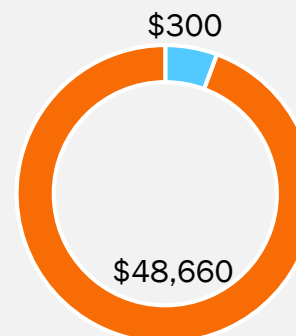


12 annual fills

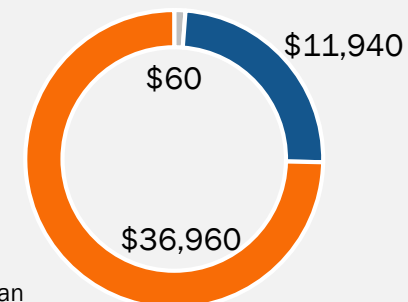


Total cost of treatment, including copay and plan cost is **\$48,960** annually

No copay assistance



Using SaveonSP



■ Plan responsibility
■ Patient responsibility
■ SaveonSP pass thru to Plan
■ Copay assistance

SaveonSP helps the patient achieve a zero dollar copay

Case study: SaveonSP copay offset program



THE CHALLENGE

- Clients concerned with their increasing specialty spend



OUR SOLUTION

- The SaveonSP copay offset program utilizes plan design changes to designate select specialty drugs as non-essential health benefits and set copay to copay assistance maximum



MEASURABLE RESULTS

- Increased copays funded by manufacturer copay assistance led to **\$5.6M** in annual plan savings, an average of **\$3.34 PMPM**
- The **977** impacted members saved **\$575k**
- Clients' specialty drug trend averaged **-6%** since program enrollment

Clients savings accounted for **10%** of their specialty drug spend for the same period

Client requirements



Self-funded clients



Sign an **amendment to the ESI/Saveon program agreement** and change benefits accordingly



Documentation of the new plan design in the **Summary Plan Description (SPD)**



90 to 120 days to implement the solution

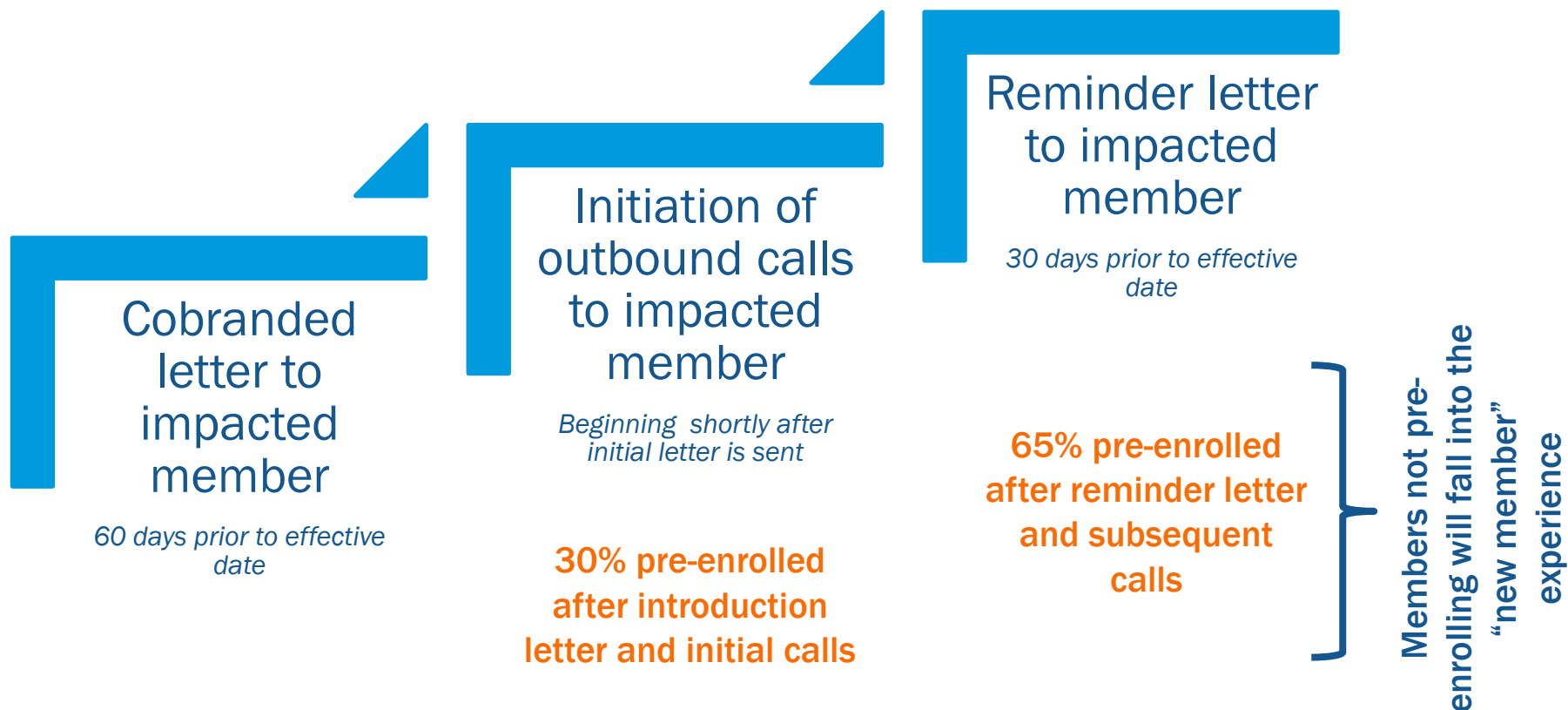
Non-eligible clients:

- Government, Medicaid, Medicare, EGWP, Exchange, HSA HDHPs and HRA (set to pay on prescription benefits) programs
- Plans with Grandfathered status*

*Grandfathered status may be lost upon implementation of SaveonSP; plans should evaluate whether the savings offsets the impact

Outreach prior to effective date

Members identified from claims history file about 90 days before effective date



After the member successfully enrolls with SaveonSP, the subsequent steps will be bypassed