



Lawley Captive Medication Management Q1/Q2 2019



Things I Want to Review Today



- Who We Are
- Ideal Therapy Program
- P&T Program
- Next Steps

CSS Overview



Company Overview

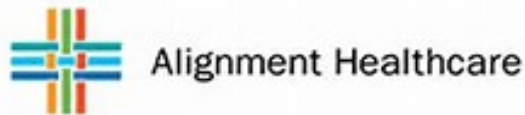
- Founded in 2000
- Located in Buffalo, NY
- Analyzed +40 million MTM members
- +45 Payers Medicare, Medicaid, Self-Insured Employers & ACOs
- Clinical Call Center



Specializing in

- Medication Therapy Management
- Care Management
- Population Health
- Quality Improvement

Client Partners





iDealTherapy

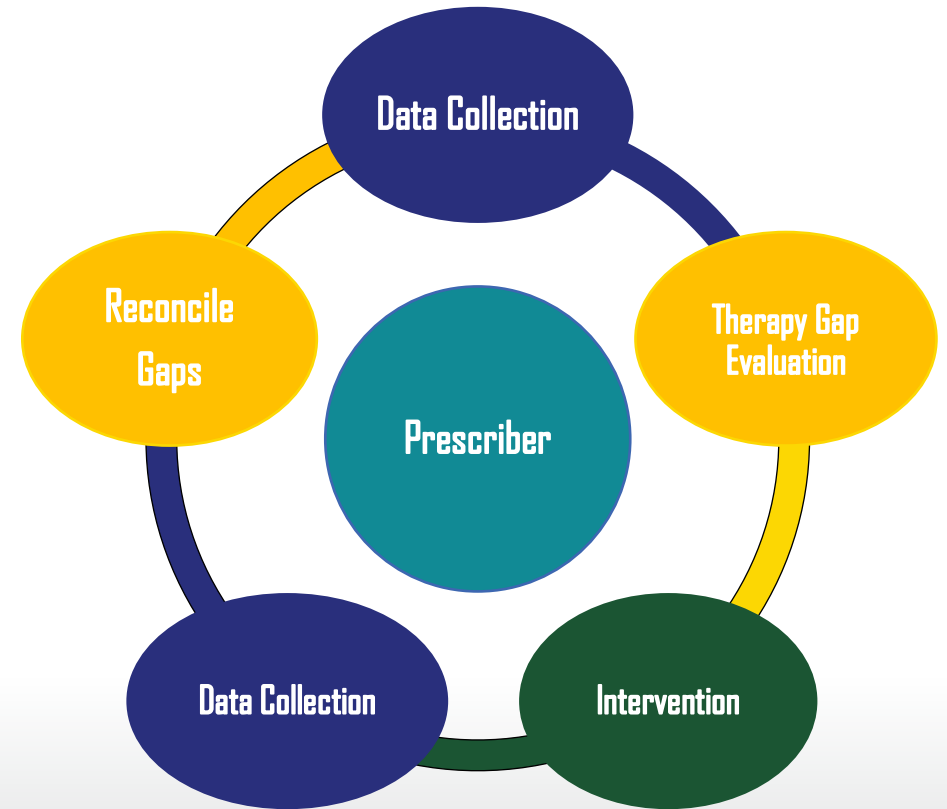


Overview and Q1 Results

Engineered Care Management



- Iterative gap confirmation and mediation
- Automated data collection
- Structured data collection
- Automated gap reconciliation



Decrease Pharmacy Spend



Type	Recommendations Made	Recommendations Accepted	Daily Savings	Total Savings (90 Days)	Conversion Rate
Dementia	0	0	\$2.21	\$0.00	-
Pain (Non-Narcotic)	41	15	\$3.37	\$4,549.50	37%
Depression	29	14	\$2.92	\$3,679.20	48%
Diabetes	30	14	\$3.21	\$4,044.60	47%
Dyslipidemia	40	15	\$3.01	\$4,063.50	38%
Hypertension	9	3	\$2.12	\$572.40	33%
Respiratory	19	8	\$3.22	\$2,318.40	42%
Ophthalmic	45	17	\$4.21	\$6,441.30	38%
Osteoporosis	21	8	\$4.15	\$2,988.00	38%
Gastro Intestinal	38	19	\$2.27	\$3,881.70	50%
Rheumatoid Arthritis	9	2	\$1.76	\$316.80	22%
Rhinitis	21	8	\$2.92	\$2,102.40	38%
Incontinence	24	17	\$1.21	\$1,851.30	71%
				\$36,809.10	

Note: First 5 months of 2019

Improve Care Quality



Quality Gap	Identified	Eliminated	Conversion Rate
Drug Interactions	54	29	54%
Duplicate Therapy	33	22	67%
Geriatric (Beers)	3	2	67%
Diabetic / Cholesterol	7	3	43%
Diabetic / Renin	8	3	38%
		59	

Adherence



Quality Gap	Identified	Eliminated	Conversion Rate
Diabetes	176	28	16%
Cholesterol	185	34	18%
Hypertension	202	28	14%

Note: New addition based on midyear meeting

Opioids



Quality Gap	Identified	Eliminated	Conversion Rate
Morphine Equivalents > 90 mg	16	5	31%
Opioid w/ Gabapentin	5	2	40%
Opioid w/ Benzodiazepine	6	1	17%
		8	

Note: New addition based on midyear meeting



P&T Committee



P&T Charge



- Maintain pharmacy-related medical policies that promote the safety, effectiveness, and affordability of medications.
- Review new drugs, drug classes, new clinical indications, therapeutic advantages, new chemical entities, and new safety information.
- Review and update Pharmaceutical Management Policies and Procedures at least annually and as new pharmaceutical information becomes available.
- Share pharmacy-related policies with captive PBM's
- Monitor PBM activity to assure adherence with captive related policies

New Drugs 2017

- Approved Monographs (17)
- Tabled for additional review (5)
- Grandfathering for existing users
- Retrospective review for appropriateness

Drug Therapy Guidelines		Tecfidera (dimethyl fumarate)
Benefit	Applicable	Review Dates:
Pharmacy	x	Effective Date:
Medical		Next Review:

Medication Description

Tecfidera (dimethyl fumarate), although the mechanism of action is not yet known, it is thought to have an effect on the nuclear factor-like 2 (Nrf2) pathway. This pathway is involved in cellular response to oxidative stress and is believed to illicit its effects on multiple sclerosis patients through anti-inflammatory and cytoprotective properties.

Position Statement

Coverage is determined through a prior authorization process with supporting clinical documentation for every request.

Policy

Coverage for Tecfidera is provided for treatment of the following:

- Relapsing-remitting multiple sclerosis in children ≥ 10 years of age:
 - The neurologist must provide documentation of the following:
 - Member meets the Macdonald criteria for diagnosis of relapsing-remitting multiple sclerosis.
 - Increased frequency and severity of relapse (more than just sensory disturbances)
 - Pronounced increase in MRI activity with multiple contrast-enhancing lesions.
 - Provider has obtained a baseline CBC including lymphocytes prior to initiation.
 - It must be documented that the member has failed Copaxone (glatiramer acetate).
 - Members that are currently receiving Tecfidera therapy will be grandfathered in pending evaluation of efficacy and safety.

Quantity Limitations

Excluded Drug List



- Anomaly medication
- Exorbitant Pricing
- Readily available alternatives

Therapeutic Class	Excluded Medications	Preferred Agents and Comments
<i>Anti-Infective</i>		
Antifungal	Sporonox, Onmel, Vfend	Costly brand and multisource antifungals with less expensive generic alternatives
<i>Central Nervous System</i>		
Anti-Migrane	Sumavel Dosepro Effective 3/7/18	Sumatriptan injection Kit Dosepro is sumpatriptan in a proprietary injector priced at ~\$1,200 each. Generic sumatriptan injection kits provide an equivalent product for ~\$150.
Narcoleptics	Nuvigil, Provigil	Costly brand narcoleptics with less expensive generic alternatives
Narcotic Antagonists	Evzio Effective 3/7/18	Naloxone syringe, Narcan Nasal Spray Evzio is naloxone injection in a proprietary injector priced at ~\$4,900 (ea.). naloxone injection or narcan nasal spray provide equivalent products priced between \$150-200 (ea)



What's Next



Diabetic Cost



Spend	Total Population	Diabetics	Percent
<= \$250	2495	181	7%
\$250-499	339	17	5%
\$500-999	217	15	7%
\$1000-1999	132	13	10%
\$2000-3999	44	6	14%
>=\$4000	39	1	3%

Diabetic Adherence



PDC	No. of Diabetics	Percent
0-49%	9	4%
50-79%	107	46%
>=80	117	50%

Note – Proportion Days Covered(PDC)

Re-evaluating Diabetic Care

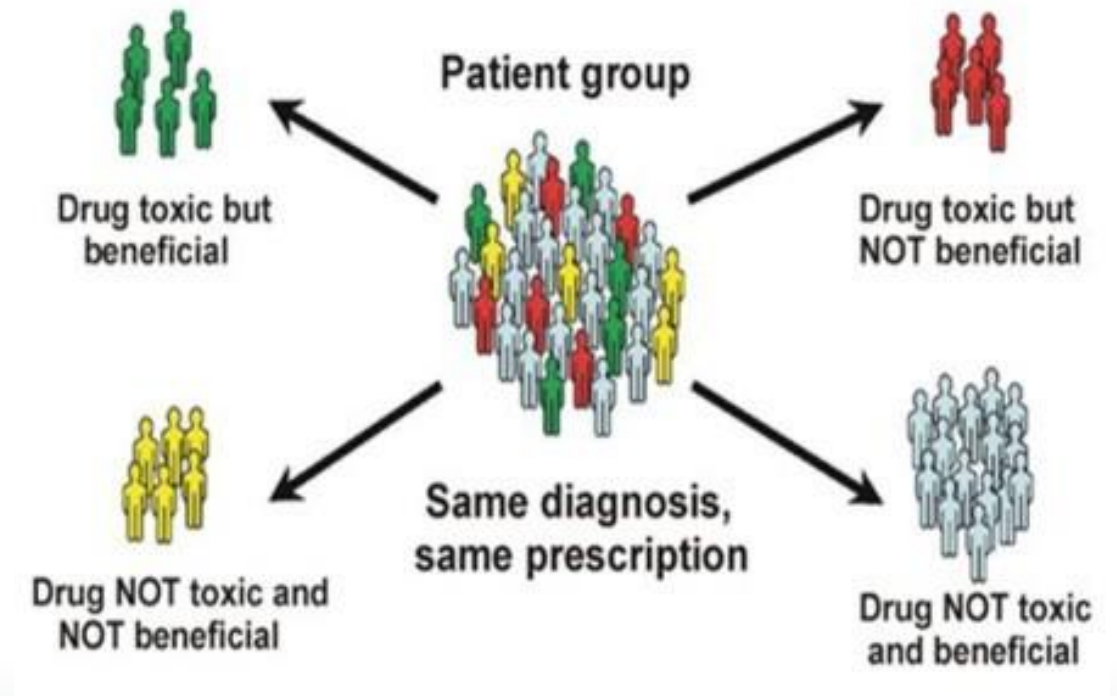


AIC Status	Q1 2018 Number (%)	Q1 2019 Number (%)
Total Diabetics	222	233
AIC Received		
Out of Date	21 (9.5%)	35 (15%)
> 8 (Uncontrolled)	73 (32.8%)	82 (35%)
< 8 (Controlled)	24 (10.8%)	37 (16%)
Will Obtain	14 (6.3%)	18 (8%)
No Response	90 (40.6%)	61 (26%)

Pharmacogenomics



- Depression
- Schizophrenia
- Post - Stroke
- Cholesterol
- Breast Cancer
- Oncology



Value Pricing Example



Contract definition: Manufacturer will refund the hospitalization costs for patients who require hospitalization due to serious adverse event (SAE) while on therapy, in excess of baseline SAE rate				
Patient Eligibility	<ul style="list-style-type: none"> • Must be taking manufacturer's drug and compliant with therapy • Must be admitted with one or more specific ICD9 codes: TBD 			
Performance Baseline (and other assumptions)	<ul style="list-style-type: none"> • Baseline rate of serious adverse event = 3% (per label) • Avg. cost of hospitalization for therapy-related SAE = \$19,000 			
Payment to Plan (Example)	<u>Low</u> SAE Scenario		<u>High</u> SAE Scenario	
Patients Started on Therapy	100%	1,000 patients	100%	1,000 patients
Eligible Patients	90% * 1,000 =	900 patients	90% * 1,000 =	900 patients
Rate of AEs vs. Baseline Rate	3% - 3% =	Same rate	6% - 3% =	3% excess
Eligible Patients Hospitalized	N/A	N/A	3% * 900 =	27 patients
Total Manufacturer Refund	N/A	N/A	\$19,000 * 27 =	\$513,000
Manufacturer Terms	Exclusive position on Tier 2 of formulary			
<i>Source: Adapted from "Making Risk-Sharing and Clinical Performance Contracts Win-Win," Andrew Parece, Risk Sharing and Value-Based Pricing Conference, NextLevel Pharma, (October 2009)</i>				



Thank You



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