



Protect[®]

Optimizing Health, Safety, and Savings Through Clinical Oversight



Employers want to ensure they get the most for their money when it comes to pharmacy benefits, while providing employees access to appropriate, cost-effective medications to achieve the best possible health outcomes. There's an inherent flaw in the system, though; even with well-negotiated, contractually guaranteed rates and rebates, most self-funded plans overspend on pharmacy benefits. The prescription approval processes implemented by PBMs aren't enough to ensure clinically appropriate drug use at the lowest net cost.

The growing cost and use of specialty medications further compounds the problem. In 2022, one out of every two groups has a member with a complex condition whose medication therapy may pose a significant, long-term expense if the condition is chronic.

In addition to the financial implications, the potential impact on member health and safety can't be ignored. When utilization management programs don't align with clinical best practices, members face an increased risk of adverse events, which can put them in harm's way and fall short of achieving desired health outcomes.

52% of groups

In 2022, 52% of clients had a member
who cost the plan over \$100,000

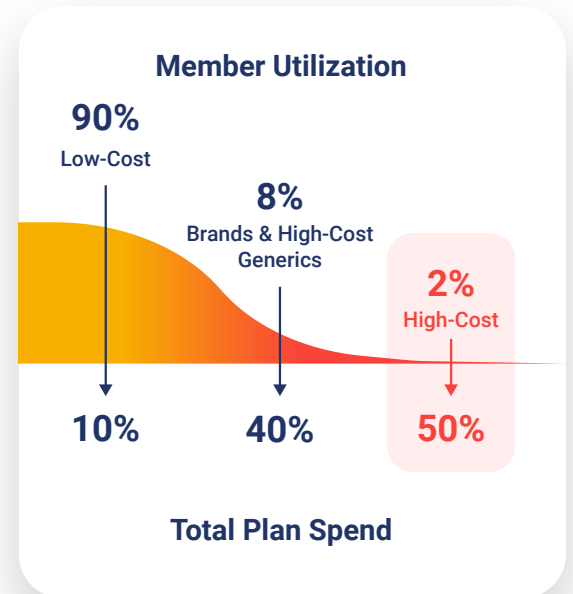
**Financial and
health threats are
very real, but they
can be overcome.**

Backed by data and independent expertise, RxBenefits' Protect™ suite of clinical solutions provides additional layers of conflict-free oversight. Protect ensures clinically appropriate drug use, focusing extra attention on the relatively small number of high-dollar brand and specialty claims which represent a disproportionate cost to the plan.

Protect™ Solutions

Protect™ is a comprehensive suite of client-aligned clinical solutions that prioritizes member safety and health while helping manage plans to the lowest net cost. By focusing on the 2% of members who drive 50% or more of the plan's costs, significant savings and improved health outcomes can be realized with minimal member disruption.

- Helps identify errors, reduce waste, improve safety, and keep medicine affordable by lowering costs
- Provides full visibility into the clinical decision-making process so plan sponsors, members, and their providers can understand the rationale and make informed decisions regarding treatment choices.



Low Clinical Value (LCV) Formulary Management

Drug manufacturers have become adept at making relatively minor changes to existing drugs, seeking patents for the new drugs, and charging higher prices without creating any additional clinical benefit. With LCV Formulary Management:

- 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 requests. With Protect, an independent, client-aligned clinical pharmacist reviews 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 FDA guidelines and clinical best practices.

Foundational Prior Authorizations: Any and all prior authorizations required by the servicing PBM are routed to the RxBenefits Protect team for independent review and decisioning.

GLP-1 Medications: Originally created and approved to treat Type 2 Diabetes, many glucagon-like peptide 1 (GLP-1) agonists have become wildly popular for weight loss, despite not being approved for such use by the FDA. New edits to our Utilization Management solution automatically trigger a prior authorization for these medications.

Independent Prior Authorizations

Therapeutic Interchange for High-Cost Specialty Medications

NEW
2024

Protect[™] Solutions Continued

High Dollar Claim Review (HDCR): All prescriptions that exceed a predetermined price threshold are flagged for review by an independent licensed pharmacist, who:

- Provides oversight for certain costly medications that might not ordinarily receive a clinical review
- 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 (CCI):

- Provides ongoing clinical oversight into high-cost specialty drug therapies (those that exceed \$250,000 in annual spend) used to treat the most complex conditions
- Can Include a peer-to-peer clinical review by a condition specialist, a licensed physician with expertise in that specific condition and drug therapy
- Aligns conditions with medications, 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

Up to 50% or more of a plan's specialty spend, and 25% of their plan spend overall, is concentrated in two areas: anti-inflammatory and dermatological medications. Our High-Touch Therapeutic Interchange solution features:

- A Clinical Prioritization Engine to identify the greatest opportunities for intervention
- Expert Specialty Pharmacists, who guide providers to lower cost, therapeutically equivalent alternatives
- A transparent and empowering prior authorization process to keep members informed at every step
- Therapeutic response monitoring to ensure patients benefit from therapy over time

Digital Member Engagement

NEW
2024

In today's fast-paced world, patients want a customizable and convenient way to access and receive their information. Our Digital Member Engagement solution:

- Offers real-time access to current prescription status, along with the ability to review past medications and claims
- Boosts member engagement and drives higher satisfaction by sending personalized updates via the member's preferred communication channel



Savings Validation Report

7:1 ROI

On average, clients with Protect realized a 7:1 return on investment in 2022.

In 2023, we introduced the Protect Savings Validation Report, built on a transparent, mathematically sound methodology that calculates hard-dollar savings. On average, clients with Protect realized a 7:1 return on investment in 2022.

Beginning in 2024, plans with at least 1,000 members will achieve annual savings equal to 2X what the plan paid in program fees, or we will refund the difference.

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

Protect Your Clients and Their Employees

There's no better time to ensure your client's prescription benefit plan is receiving optimal clinical oversight. Contact us to request a plan-specific RxBenefits Pharmacy Performance Analysis to understand exactly how Protect™ will optimize health, safety, and financial outcomes.

Get started by visiting
[rxbenefits.com/solutions/
self-funded-employers](https://rxbenefits.com/solutions/self-funded-employers)