Unite Here Local 634

Performance Highlights & Strategic Review

April 25, 2023

Plan Performance Review Topics

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- Plan Highlights
- Plan Metrics
- Regulatory & Website Update
- Clinical Updates
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Plan Overview

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- Starter Dose Program
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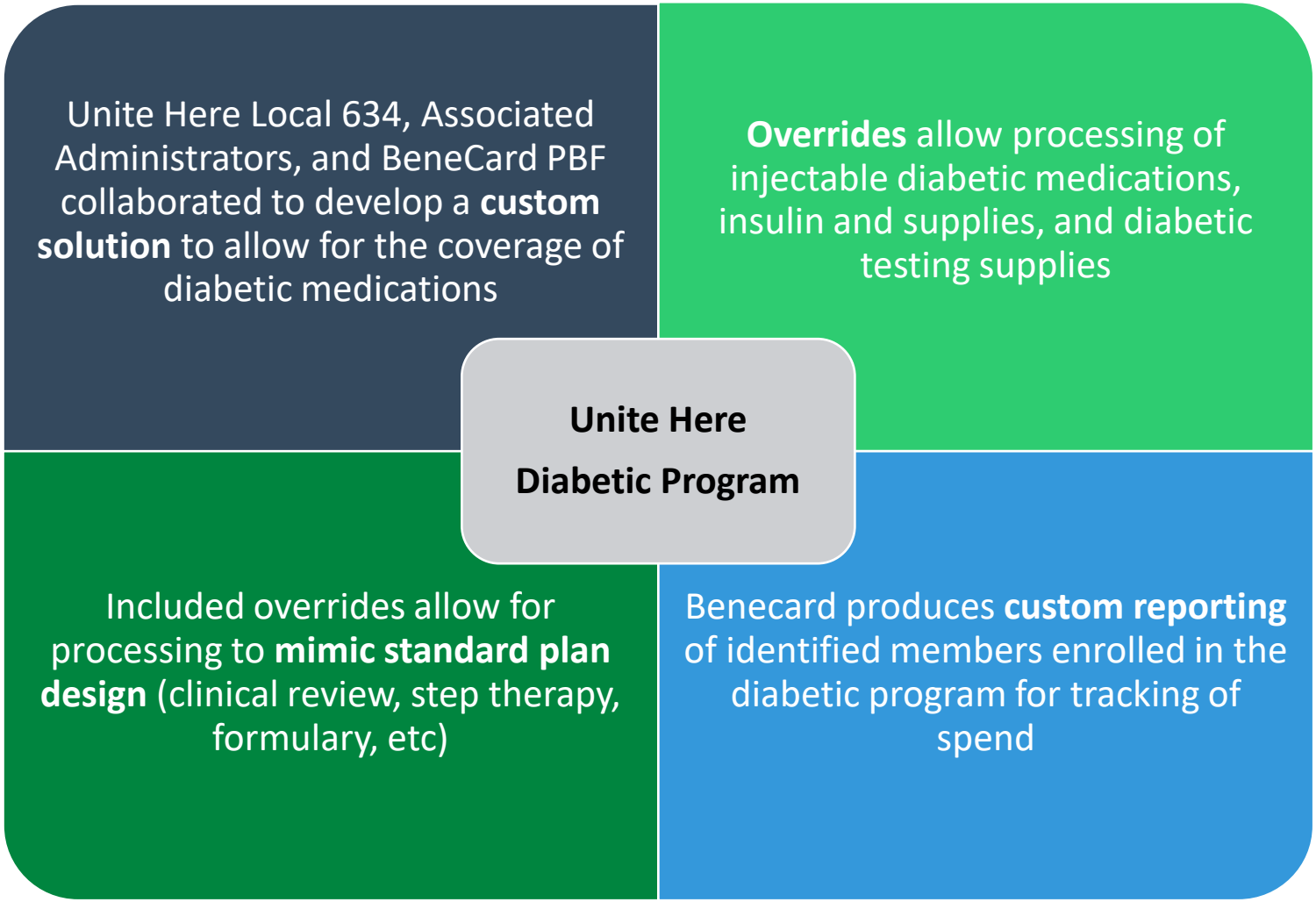
- Mandatory Mail for All Medication
  - 1 retail fill
- Mandatory Mail for Specialty
- Custom Diabetic Program

Unite Here Diabetic Program Overview



Unite Here Eligibility End Date Review

Presented Issue

- BeneCard PBF receives and loads monthly eligibility files indicating rolling end of month termination dates for Unite Here membership
- BeneCard PBF customer service team shares termination dates as shown, causing confusion with members' access to care

Proposed Resolution

- BeneCard PBF will implement an end of year, 12/31, term date for current enrollment, coinciding with open enrollment elections for the year
- Upon receipt of future open enrollment files, BeneCard PBF will update system logic each year to move the 12/31 date to the following year
- Unite Here members will no longer receive information regarding their monthly coverage status from BeneCard PBF

Plan Highlights

Plan Overview

- **Trend** is currently at 14.04%.
  - Specialty trend is 28.03%
  - Non-Specialty trend is 5.31%
- S**pend** increased by $53,244 or 2.96%.
  - Specialty increased by $110,473 or 18.52%.
    - Increases attributed to increased utilization of medications for the treatment of cancer and osteoporosis
  - Non-Specialty decreased by $57,229 or 4.76%.
- **Generic Dispensing Rate (GDR)** decreased to 85.52%.

Key Outliers

Drug Mix

- Therapeutic categories with the largest **increases** include:
  - Cancer (BCR-ABL): $133,707
  - Cancer (CDK Inhibitor): $107,165
  - Brand Diabetes (SGLT-2): $27,169
- Therapeutic categories with the largest **decreases** include:
  - Hepatitis C: $62,401
  - HIV: $50,607
  - Cancer (TKI Inhibitor): $43,627

Utilization

- Population decreased by 165 lives.
- Utilization decreased by 1,461.
  - Specialty utilization increased from 193 to 199 claims.
  - Non-Specialty utilization decreased by 1,467 claims.

Data is a comparison between January 1 to December 31, 2021 vs. January 1 to December 31, 2022

Plan Metrics

Performance Indicator	Previous Period	Current Period	Difference	
			No. Change	Percent Change
Number of Lives	1,805	1,640	**-165**	**-9.14%**
Number of Claims	11,623	10,162	**-1,461**	**-12.57%**
Per Member Per Month (PMPM)	$83	$94	**$11**	**13.32%**
PMPM Specialty	$28	$36	**$8**	**30.44%**
PMPM Non-Specialty	$55	$58	**$3**	**4.82%**
Total Member Paid	$71,697	$51,274	**-$20,423**	**-28.48%**
Total Plan Paid	$1,798,320	$1,851,564	**$53,244**	**2.96%**
Specialty Plan Paid	$596,580	$707,053	**$110,473**	**18.52%**
Non-Specialty Plan Paid	$1,201,740	$1,144,511	**-$57,229**	**-4.76%**
Percentage of Specialty Plan Paid	33.17%	38.19%	**5.01%**	**15.11%**
Generic Dispensing Rate (GDR)	87.17%	85.52%	**-1.65%**	**-1.89%**

Data is a comparison between January 1 to December 31, 2021 vs. January 1 to December 31, 2022

Trend Report (Plan Paid)

	Combined Trend			Specialty Trend			Non-Specialty Trend		
	Previous Period	Current Period	% Change	Previous Period	Current Period	% Change	Previous Period	Current Period	% Change
Lives	1805	1640	-9.14%	1805	1640	-9.14%	1805	1640	-9.14%
Claims	11,623	10,162	-12.57%	193	199	3.11%	11,430	9,963	-12.83%
Utilization Per Member	6.44	6.2	-3.73%	0.107	0.121	13.08%	6.33	6.08	-3.95%
Avg Cost Per Claim	$155	$182	17.76%	$3,091	$3,553	14.94%	$105	$115	9.26%
Plan Paid	$1,798,320	$1,851,564	2.96%	$596,580	$707,053	18.52%	$1,201,740	$1,144,511	-4.76%
TREND (Utilization PM % + Cost/Claim %)	-		**14.04%**	-		**28.03%**	-		**5.31%**

Trend does not include rebates

Data is a comparison between January 1 to December 31, 2021 vs. January 1 to December 31, 2022

Utilization Overview

	Rx Count	Plan Paid	Cost Per Claim
Brand	1,471	$1,665,314	$1,132
Generic	8,691	$186,250	$21

	Rx Count	Plan Paid	Cost Per Claim
Retail	4,888	$232,229	$48
Mail Order	5,274	$1,619,335	$307

	Rx Count	Plan Paid	Cost Per Claim
Specialty	199	$707,053	$3,553
Non-Specialty	9,963	$1,144,511	$115

Data represents the time period of January 1 to December 31, 2022

Regulatory Updates

Regulatory Updates

Consolidated Appropriations Act (CAA): Prescription Drug Collection

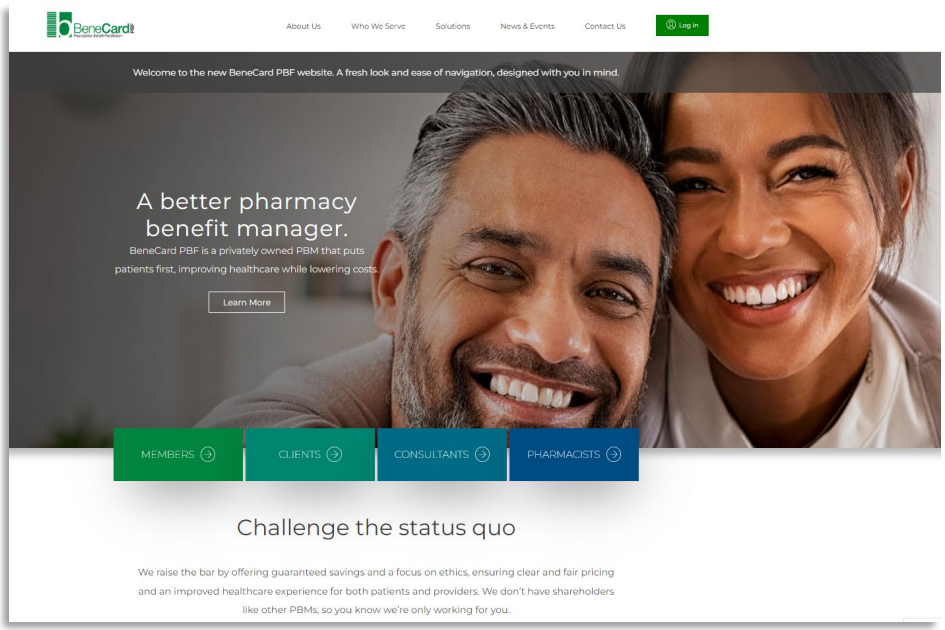
- Plan sponsors are required to report on medical costs and prescription drug spending for calendar years 2020 and 2021 no later than December 27, 2022. For 2022 and years thereafter, the required reporting will be due every June 1.
- The Rule allows a reporting entity acting on behalf of plans to aggregate certain information by state and market segment.
- BeneCard is prepared to assist you in meeting these requirements using the available information applicable to the pertinent calendar years.

Transparency in Coverage Requirements

- Transparency in Coverage (TiC) requirements, issued by the Federal government in November 2020, obligate group health plans, including self-insured plan sponsors (ASO, ERISA, non-ERISA, and grandfathered) to offer three different machine-readable files that address the following: In-network provider negotiated rates; Historical out-of-network allowed amounts; and Prescription drug information.
- The rule was originally set to begin for plan years starting January 1, 2022; however, enforcement of prescription drug machine readable file is delayed indefinitely while the Department of Labor, Department of Health and Human Services, and Department of the Treasury undertake notice and comment rulemaking to determine if the file requirement remains appropriate.
- BeneCard PBF has determined that the following are not applicable to carved-out prescription benefits provided in a fee-for-service arrangement: In-network provider negotiated rates file and Historical out-of-network allowed amounts file.
- BeneCard PBF will continue to monitor further rulemaking, as related to machine-readable files pertaining to prescription drug information, for plans with a fee-for-service carved out arrangement.
- The TiC Final Rules also require plans to make price comparison information available through an internet-based self-service tool, as well as via paper upon request by January 1, 2023.
- We have recently enhanced our drug pricing tool (available on the BeneCard PBF mobile app or the member portal at benecardpbf.com) to assist plans with compliance.

Website Enhancements

- We recently launched a new website featuring:
  - Streamlined navigation for members to access the member portal
  - Quicker access to clinical services information
    - Real-time drug pricing
    - Clinical documents
    - Pharmacy locator tool
    - Clinical review tracking
    - Prescription drug information



- Visit www.benecardpbf.com!
- If you have bookmarked the client portal, you may need to update it by accessing the site above.

Clinical Analysis

Clinical Program Cost Management

Clinical Program	Estimated Plan Paid Cost Prevention	
	Initial Claim Cost Avoidance	Top Categories
Prior Authorization	$70,533	Autoimmune Conditions, HIV, Cancer
Drug Utilization Review High Dose	$573	ADHD, Blood Thinner, Fertility
Drug Utilization Review	$10,076	Asthma/COPD, Heart Failure, Diabetes
Drug Quantity Management	$21,398	Diabetes, Incontinence, Wound Care
Step Therapy	$32,550	Hepatitis C, Autoimmune Conditions, Hepatis B
TOTAL	**$135,130**	---

Note: Savings reflected is on initial claims only but represents a recurring avoidance.

Data represents the time period of January 1 to December 31, 2022

Top 25 Brand Medications by Plan Paid

Rank	Drug Name	Indication	Utilizers	Claim Count	Plan Paid
1	SPRYCEL*	Cancer	2	24	$354,904
2	KISQALI*	Cancer	1	7	$107,165
3	TRULICITY	Diabetes	22	53	$89,245
4	JARDIANCE	Diabetes	25	59	$82,213
5	JANUVIA	Diabetes	24	60	$79,405
6	BIKTARVY*	Human Immunodeficiency Virus Disease	2	21	$73,866
7	RINVOQ*	Autoimmune Conditions	1	12	$65,789
8	ELIQUIS	Blood Thinner	22	51	$55,095
9	FARXIGA	Diabetes	18	42	$46,658
10	ODEFSEY*	Human Immunodeficiency Virus Disease	1	13	$41,494
11	TRELEGY ELLIPTA	Chronic Obstructive Pulmonary Disease	8	22	$37,498
12	ADVAIR DISKUS	Asthma/COPD	18	33	$34,434
13	XARELTO	Blood Thinner	15	30	$33,974
14	RYBELSUS	Diabetes	5	14	$32,987
15	SYMBICORT	Asthma	18	38	$32,233
16	LEVEMIR FLEXTOUCH	Diabetes	13	28	$28,752
17	NOVOLOG FLEXPEN	Diabetes	12	23	$26,744
18	TYMLOS**	Osteoporosis	1	11	$24,126
19	OZEMPIC	Diabetes	5	10	$22,588
20	CONTOUR NEXT BLOOD GLUCOS E TEST	Diabetes	47	126	$16,202
21	NYVEPRIA*	Blood Disorder	1	4	$15,349
22	TRESIBA FLEXTOUCH	Diabetes	5	11	$14,407
23	BREO ELLIPTA	Asthma	7	14	$14,290
24	JANUMET XR	Diabetes	3	9	$13,716
25	VICTOZA	Diabetes	3	6	$12,706
Total			--	721	$1,355,841

The top 25 brands represent 73.23% of total plan paid.
Largest Driver: Cancer and Diabetes

*Specialty Medication **Limited Distribution
Data represents the time period of January 1 to December 31, 2022

Top 25 Generic Medications by Plan Paid

Rank	Drug Name	Indication	Utilizers	Claim Count	Plan Paid
1	ALBUTEROL SULFATE HFA	Asthma	117	175	$11,497
2	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	Substance Use Disorder	4	17	$5,633
3	ATORVASTATIN CALCIUM	High Cholesterol	196	487	$5,062
4	EPINEPHRINE	Anaphylaxis	6	8	$3,674
5	TOPIRAMATE ER	Seizure	1	3	$3,609
6	AMLODIPINE BESYLATE	High Blood Pressure	140	362	$3,351
7	BRIMONIDINE TARTRATE	Glaucoma	4	9	$3,275
8	VERAPAMIL HCL ER	High Blood Pressure	2	6	$3,229
9	ICOSAPENT ETHYL	High Cholesterol	4	7	$2,768
10	TACROLIMUS*	Transplant	5	42	$2,680
11	CLINDAMYCIN PHOSPHATE	Acne	24	34	$2,536
12	METFORMIN HYDROCHLORIDE	Diabetes	88	210	$2,396
13	XULANE	Birth Control	5	9	$2,257
14	LISINOPRIL	High Blood Pressure	81	179	$2,252
15	LEVOTHYROXINE SODIUM	Thyroid Disorder	55	162	$2,153
16	NIFEDIPINE ER	High Blood Pressure	34	83	$2,089
17	DIFLORASONE DIACETATE	Dermatitis	1	3	$1,948
18	LOFENA	Pain	1	1	$1,853
19	CLINDACIN-P	Acne	1	1	$1,811
20	DICLOFENAC SODIUM	Pain/Inflammation	59	97	$1,785
21	ROSUVASTATIN CALCIUM	Vulgaris	55	150	$1,753
22	FLUTICASONE PROPIONATE	Nasal Allergies	102	216	$1,726
23	HYDROCHLOROTHIAZIDE	High Blood Pressure	72	173	$1,625
24	LOSARTAN POTASSIUM	High Blood Pressure	67	149	$1,615
25	CARVEDILOL PHOSPHATE ER	High Blood Pressure	1	3	$1,615
Total			--	2,586	$74,191

The top 25 generics represent 4.01% of total plan paid.
Largest Driver: Asthma and Substance Use Disorder

*Specialty Medication
Data represents the time period of January 1 to December 31, 2022

Summary of Brand/Generic Changes

Overall	Change in Plan Paid	Change in Claims	Change in Utilizers
Brand	$137,704	-20	54
Generic	-$84,460	-1,441	-238
TOTAL	**$53,244**	**-1,461**	**-184**

Retail	Change in Plan Paid	Change in Claims	Change in Utilizers
Brand	-$3,763	2	44
Generic	-$15,097	-1,196	-230
TOTAL	**-$18,860**	**-1,194**	**-186**

Mail	Change in Plan Paid	Change in Claims	Change in Utilizers
Brand	$141,466	-22	6
Generic	-$69,363	-245	-43
TOTAL	**$72,103**	**-267**	**-37**

Data is a comparison between January 1 to December 31, 2021 vs. January 1 to December 31, 2022

Top Therapeutic Categories Comparison by Plan Paid

Top 10 Therapeutic Class Increases	Indication	Change in Plan Paid	Change in Claims	Change in Utilizers
Antineoplastic - BCR-ABL Kinase Inhibitors	Cancer	$133,707	9	0
Cyclin-Dependent Kinases (CDK) Inhibitors	Cancer	$107,165	7	1
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	Diabetes	$27,169	24	10
Parathyroid Hormone And Derivatives	Osteoporosis	$24,126	11	1
Granulocyte Colony-Stimulating Factors (G-CSF)	Blood Disorder	$15,349	4	1
Infection Tests	COVID-19	$12,294	170	106
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	Diabetes	$10,673	1	3
Antirheumatic - Janus Kinase (JAK) Inhibitors	Autoimmune Conditions	$9,003	1	0
Urinary Antispasmodics - Beta-3 Adrenergic Agonists	Overactive Bladder	$6,640	4	1
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations	Diabetes	$6,306	3	0
Top 10 Therapeutic Class Decreases	**Indication**	**Change in Plan Paid**	**Change in Claims**	**Change in Utilizers**
Hepatitis C Agent - Combinations	Hepatitis C	-$62,401	-8	-2
Antiretroviral Combinations	Human Immunodeficiency Virus Disease	-$50,607	-18	-4
Antineoplastic - Tyrosine Kinase Inhibitors	Cancer	-$43,627	-3	-1
Human Insulin	Diabetes	-$39,978	-43	-17
ANTI-INFECTIVE AGENTS - MISC.	Bacterial Infection	-$20,751	-33	-21
Anti-TNF-alpha - Monoclonal Antibodies	Autoimmune Conditions	-$17,087	-3	-2
Anticonvulsants - Misc.	Seizure	-$12,085	-54	-5
Steroid Inhalants	Asthma/COPD	-$10,196	-23	-15
Antidepressants - Misc.	Mental Health	-$8,089	-10	-5
Corticosteroids - Topical	Dermatitis	-$6,812	-64	-28

Largest plan paid increases: Cancer and Hormone Receptor-Positive HER2 Negative Breast Cancer.

Data is a comparison between January 1 to December 31, 2021 vs. January 1 to December 31, 2022

Controlled Medication Compare

Therapeutic Class	Indication	Change in $ Plan Paid	Change in # Claims	Change in # Utilizers
Anxiety				
Benzodiazepines	Anxiety	-$221	-99	-13
Sleep Aids				
Non-Barbiturate Hypnotics	Insomnia	-$269	-10	-3
ADHD				
Amphetamines	ADHD	$72	2	0
Stimulants - Misc.	ADHD	-$871	-1	-1
Opioids				
Opioid Agonists	Pain	-$1,422	-84	-16
Opioid Antagonists	Pain	-$1,287	-9	1
Opioid Combinations	Pain	-$258	-18	2
Opioid Partial Agonists	Pain	$2,661	13	2

Controlled medications have decreased in cost by $1,594 with a decrease of 206 claims.

Data is a comparison between January 1 to December 31, 2021 vs. January 1 to December 31, 2022

Specialty Overview

Therapeutic Class	Indication	$ Plan Paid	# Claims	Cost per Claim	Utilizing Lives
Antineoplastic - BCR-ABL Kinase Inhibitors	Cancer	$354,904	24	$14,788	2
Antiretroviral Combinations	HIV	$115,388	35	$3,297	4
Cyclin-Dependent Kinases (CDK) Inhibitors	Cancer	$107,165	7	$15,309	1
Antirheumatic - Janus Kinase (JAK) Inhibitors	Autoimmune Conditions	$65,789	12	$5,482	1
Parathyroid Hormone And Derivatives	Osteoporosis	$24,126	11	$2,193	1
Granulocyte Colony-Stimulating Factors (G-CSF)	Blood Disorder	$15,349	4	$3,837	1
CGRP Receptor Antagonists - Monocolonal Antibodies	Migraine	$10,293	15	$686	2
Gonadotropin Releasing Hormone (GnRH) Antagonists	Cancer	$4,803	2	$2,402	1
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors	High Cholesterol	$4,779	9	$531	1
Macrolide Immunosuppressants	Transplant	$2,084	41	$51	5
Inosine Monophosphate Dehydrogenase Inhibitors	Transplant	$1,130	21	$54	2
Antiretrovirals - Integrase Inhibitors	HIV	$533	4	$133	3
Hepatitis B Agents	Hepatitis B	$512	10	$51	2
Antimetabolites	Autoimmune Conditions	$93	2	$47	1
Calcimimetic Agents	Secondary Hyperparathyroidism	$66	1	$66	1
Cystic Fibrosis Agent - Combinations	Cystic Fibrosis	$39	1	$39	1
Overall - Total		**$707,053**	**199**	**$3,553**	**--**

Overall impact of specialty medications to the Fund: 1.96% of utilization is driving 38.19% of total costs.

Data represents the time period of January 1 to December 31, 2022

Specialty Compare

Top 10 Therapeutic Class Increases	Indication	Change in $ Plan Paid	Change in # Claims	Change in $ Cost per Claim	Change in # Utilizing Lives
Antineoplastic - BCR-ABL Kinase Inhibitors	Cancer	$133,707	9	$14,856	0
Cyclin-Dependent Kinases (CDK) Inhibitors	Cancer	$107,165	7	$15,309	1
Parathyroid Hormone And Derivatives	Osteoporosis	$24,126	11	$2,193	1
Granulocyte Colony-Stimulating Factors (G-CSF)	Blood Disorder	$15,349	4	$3,837	1
Antirheumatic - Janus Kinase (JAK) Inhibitors	Autoimmune Conditions	$9,003	1	$9,003	0
Gonadotropin Releasing Hormone (GnRH) Antagonists	Cancer	$4,803	2	$2,402	1
CGRP Receptor Antagonists - Monocolonal Antibodies	Migraine	$3,092	4	$773	1
Antiretrovirals - Integrase Inhibitors	Human Immunodeficiency Virus Disease	$533	4	$133	3
Macrolide Immunosuppressants	Transplant	$393	11	$36	2
Antimetabolites	Autoimmune Conditions	$93	2	$47	1
Top 10 Therapeutic Class Decreases	**Indication**	**Change in $ Plan Paid**	**Change in # Claims**	**Change in $ Cost per Claim**	**Change in # Utilizing Lives**
Hepatitis C Agent - Combinations	Hepatitis C	-$62,401	-8	-$7,800	-2
Antiretroviral Combinations	Human Immunodeficiency Virus Disease	-$50,607	-18	-$2,812	-4
Antineoplastic - Tyrosine Kinase Inhibitors	Cancer	-$43,627	-3	-$14,542	-1
Anti-TNF-alpha - Monoclonal Antibodies	Autoimmune Conditions	-$17,087	-3	-$5,696	-2
Atopic Dermatitis - Monoclonal Antibodies	Atopic Dermatitis	-$6,294	-2	-$3,147	-1
Antiretrovirals - Protease Inhibitors	Human Immunodeficiency Virus Disease	-$5,562	-3	-$1,854	-1
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors	High Cholesterol	-$748	-2	-$374	0
Calcimimetic Agents	Secondary Hyperparathyroidism	-$534	-8	-$67	0
Inosine Monophosphate Dehydrogenase Inhibitors	Transplant	-$357	2	$178	-1
Hepatitis B Agents	Hepatitis B	-$341	-4	-$85	1

Data is a comparison between January 1 to December 31, 2021 vs. January 1 to December 31, 2022

Clinical Updates

Biosimilars

Biosimilars

- Biosimilars are FDA approved products that have been compared to an FDA-approved biologic product, which is known as a reference product.
- An interchangeable biosimilar may be substituted without the intervention of a medical practitioner who prescribed the reference product.
- Benecard's stance on biosimilars follows our usual philosophy of choosing the product that is the lowest net cost the to the plan and the member.

Reference Product, Manufacturer	Biosimilar, Manufacturer	Approved?	IC Status	Approved/Potential Approval Date	Likely Launch Date
		Insulins			
Humalog, Lilly	Insulin lispro, GeneSys/Civica Rx	No	Seeking	2024+	2024+
Lantus, Sanofi	Rezvoglar, Lilly	Yes	Unknown[a]	2021	2022+
	Basalin, Gan & Lee/Sandoz	No	Unknown[b]	2022+	2023+
	HEC-glargine, HEC Pharma/Lannett	No	Seeking	2023+	2024+
	GEN1501, GeneSys/Civica Rx	No	Seeking	2023+	2024+
NovoLog, Novo Nordisk	SAR341402, Sanofi	No[c]	Seeking	2022+	2023+
	MYL-1601D	CRL in 1/2022	Seeking	Pending	2022–2023
	Insulin aspart, GeneSys/Civica Rx	No	Seeking	2024+	2024+
		Non-Insulins			
Remicade, Janssen	NI-071, Nichi-Iko	No	Seeking	2024+	2024+
Simponi Aria, Janssen	AVT05, Alvotech	No	Seeking	2024+	2024+
Stelara, Janssen	ABP 654, Amgen	No	Seeking	2023+	2023+
Humira 50 mg/mL, AbbVie	Amjevita, Amgen	Yes	Unknown[d]	2016	January 2023
	Hadlima, Samsung Bioepis/Organon	Yes	Expected post-launch[e]	2019	July 2023+
	Abrilada, Pfizer	Yes	Likely IC at launch	2019	July 2023+
Humira 100 mg/mL, AbbVie	Hadlima HC, Samsung Bioepis/Organon	Yes	Expected post-launch[e]	2022	July 2023+
	Yuflyma (CT-P17), Celltrion	Pending	Expected post-launch[e]	Pending	July 2023+
	AVT02, Alvotech/Teva	Pending	Likely IC at launch	December 2022	July 2023+
	Hyrimoz HCF, Sandoz	Pending	Unknown	March 2023	4Q 2023+
	Amjevita HC (ABP 501 HC), Amgen	No	Seeking[f]	2024+	2024+

Abbreviations: CRL, complete response letter; IC, interchangeable.

Clinical Updates

Recently, BeneCard PBF has:

- New quantity limits through Pharmacy & Therapeutics (P&T), effective 4/1/23, to several medications include Airsupra, Clenpiq, Lacrisert, Orkambi, and Relexxii
- New additions to the standard clinical review list through P&T, effective 4/1/23, include Adstiladrin, Briumvi, Elahere, and Imjudo
- New standard algorithms to the Step Therapy list through P&T, effective 4/1/23, include Zyclara, sumatriptan/naproxen, Akynzeo , and Elepsia XR
- Added all new specialty medications to the clinical review list to ensure appropriate utilization.

To continue to improve member health and control drug spending, BeneCard PBF will:

- Monitor the drug pipeline for new specialty and non-specialty medications that may have an impact on plan spending.
- Monitor the drug pipeline for new generics anticipated to come to market following patent expirations.
- Monitor member drug utilization for opportunities to improve savings and health outcomes.
- Conduct Fraud, Waste & Abuse (FWA) reviews on an ongoing basis to ensure appropriate and safe drug utilization.
- Continue to monitor use and adherence for specialty medications, ensure appropriate prescribing, and assist patients with resources to help them afford their medication.

COVID-19 Updates

COVID-19 Vaccines:

- **Comirnaty** (Pfizer/BioNTech)
  - First FDA approved vaccine for 12 years of age and older
- **Spikevax** (Moderna)
  - FDA approved for 18 years of age and older

- **Emergency Use Authorization (EUA)** has been granted by the US Food and Drug Administration's advisory committee for three vaccines:
  - **Pfizer/BioNTech**
    - Demonstrated 95% efficacy
    - Series of doses/boosters dependent on age and if immunocompromised.
  - **Moderna**
    - Demonstrated 94.5% efficacy
    - Series of doses/boosters dependent on age and if immunocompromised.
  - **Novavax**
    - Recombinant spike protein vaccine
    - Administered as 2 dose series for patients 12 years and older
  - **Janssen (J&J)**
    - Adenovirus vector vaccine
    - Administered to patients 18 years of age and older in certain limited situations.
  - Mix and match booster is permissible (Pfizer & Moderna)

COVID-19 Vaccine Claims Through BeneCard PBF

- COVID-19 Vaccines are currently covered through Medical

COVID-19 Test Kits

- ACA requires plan coverage under medical or prescription benefit for 8 COVID-19 at-home test kits monthly per member
  - COVID-19 Test Kit Claims: 170
  - COVID-19 Test Kit Unique Members: 105
  - COVID-19 Test Kit Plan Pay: $12,293.82
  - Date Range: 1/15/22 – 12/31/2022

COVID-19 Treatment Cost:

- Paxlovid and Malupiravir will be available to members at $0 copay

- COVID-19 Treatment: **Emergency Use Authorization (EUA)** has been granted by the US Food and Drug Administration's advisory committee for two medications:

- **Paxlovid (nirmatrelvir/ritonavir)**
  - Indicated for mild-moderate COVID-19 in patient's 12 years of age and older with positive test and high risk for progression to severe COVID-19.

- **Lagevrio (Molnupiravir)**
  - Indicated for mild-moderate COVID-19 in adults with positive test and high risk for progression to severe COVID-19 and for whom alternative COVID-19 treatment options authorized by FDA are not accessible or clinically appropriate.

COVID-19 Updates (Cont'd)

Effective May 12, 2023, the government coverage of COVID-19 Test Kits, Vaccines and Oral Therapies is ending. With this change, coverage will revert to regular plan design.

- COVID-19 Test Kits are considered over the counter (OTC). If you currently have OTC excluded from your plan design, COVID-19 Test Kits will not be covered unless there is a change requested.
  - Unite Here does **NOT** cover OTC.
- The COVID vaccine would be covered under the preventative care category. If you currently have that category excluded from your plan design, the COVID-19 vaccines will not be covered unless there is a change requested.
  - Unite Here covers vaccines through Medical
- Antiviral medications used to treat COVID-19 would continue to be covered under the standard plan design.
  - Will follow standard plan design as they are classified as standard (normal drugs)

If you choose NOT to continue to cover these COVID-19 items, BeneCard PBF recommends that you communicate this change to members and can provide communication language to support you.

BeneCard PBF
Prescription Benefit Facilitator

Proposal

2021-2022 Pricing Guarantees

Discounts: Total performance of $136,070.86

Mail/Retail	Specialty / Non-Specialty	Brand / Generic	Discount Variance	Dispense Fee Variance	Total Channel Variance
Mail	Non - Specialty	Brand	($52,436.11)	$0.00	($52,436.11)
		Generic	$139,955.32	$0.00	$139,955.32
	Specialty	Brand	$2,990.23	$0.00	$2,990.23
		Generic	$34,181.61	$0.00	$34,181.61
Retail	Non - Specialty	Brand	$2,820.32	$219.15	$3,039.47
		Generic	$7,984.95	$1,355.40	$9,340.35
	Specialty	Brand	--	--	$0.00
		Generic	--	--	$0.00
TOTAL					$136,070.86

Rebates: Total performance of $80,661.61

Rebate Channel	Rebate Paid	Claim Count	Total (Count*Rebate)	Rebate Variance
Retail 1-83 days supply	$27,608.50	159	$17,602.89	$10,152.45
Mail	$208,607.35	438	$148,083.42	$61,420.47
Specialty	$78,357.38	52	$70,272.28	$8,493.69
TOTAL	**$314,573.23**	**649**	**$235,958.59**	**$80,066.61**

Under Performance	Over Performance	Total Performance
$53,436.11	$269,573.58	$216,137.47

Data represents the time period of July 1, 2021 to June 30, 2022

Proposal Overview

BeneCard PBF would like to thank Unite Here Philly Local 634 for your collaboration the last 5 years. Our organization is excited about extending our partnership with Unite Here Philly Local 634 and have prepared the enclosed renewal offer for your consideration.

- Since joining BeneCard PBF in 2018, Unite Here Philly Local 634 has **saved over $1,561,815** by implementing the following clinical programs:
  - Approximate savings of ($ amount) through our clinical programs
    - Prior Authorization: $938,375
    - Quantity Limits: $468,974
    - Drug Utilization Review: $118,112
    - Step Therapy: $22,684
    - Drug Utilization Review (High Dose): $13,670

Never complacent, we have assembled an aggressive renewal proposal that projects to deliver the following savings opportunities:

- Value of this proposal is a **$237,048.63** improvement over the current contract.
- Our performance formulary with an estimated rebate value of **$1,571,579.02** over three years.

Proposal Summary

Projected Savings

BeneCard PBF's renewal proposal includes:

- The value of this proposal is a **$237,048.63 improvement** over the current contract.
  - **Incremental discount guarantee improvements** in 2023, 2024, and 2025**.**

- **Specialty pharmacy drug assistance guarantee: $20,751** (see page 3 of the proposal for more details).
  - The following slide will also demonstrate the total savings opportunity for the new program

Retail	AWP Discount			Dispensing Fee
	Year 1	Year 2	Year 3	All 3 Years
Brand	19.50%	19.60%	19.70%	$0.45
Generic	84.00%	84.10%	84.20%	$0.45

Mail	AWP Discount			Dispensing Fee
	Year 1	Year 2	Year 3	All 3 Years
Brand	25.50%	25.60%	25.70%	$9.71
Generic	86.00%	86.10%	86.20%	$9.71

2021	2022	2023
$1.80 PL/PM	$1.80 PL/PM	$1.80 PL/PM

Copay Assistance and Alternative Funding Savings Report

BeneCard Copay Assistance & Alternative Funding Savings Analysis - Unite Here Cafeteria Workers Local 634 DVHCC

Summary based on 7 months of claims

				Copay Assistance		Alternative Funding	
All Drugs	Claims	Qty	Total AWP	Copay Assist. Claims	Copay Assist. Savings	Alt Funding Claims	Alternative Funding
Brand	65	1,400	$450,966	65	$34,585	65	$269,620
Annualized Values			$773,085		$59,289		$462,206

Notes:

> Alternative Funding assumes that group will deny coverage for specialty medication (SPD and denial documentation will be needed).

> Alternative Funding estimates based on existing programs and assumes patients qualify for all programs available.

> Savings opportunities may not be additive.

> Projected savings are estimates only and not a guarantee of future performance.

Consultative Recommendations

Consultative Recommendations

Strategy	BeneCard PBF Assessment For Unite Here
ResponsibleRX	• Excludes **non-essential drugs** to offer cost savings to the fund • **1 member** impacted.
New To Market Drug List	• New drugs to market will be **excluded** from the plan for the first **6 months** they are available • **No member** impact
Starter Dose: Oral Cancer and Specialty Medications	•Limits the first fill of oral cancer and specialty medications to 14 days •Prevents execs waste with side effects
Specialty Copay Assistance and Alternative Funding	•Helps **to lower member out of pocket cost** on specialty medications •Works to mitigate plan spend on **high-cost specialty** medications

Note: Recommendations are based on limited data that was provided.

ResponsibleRx is responsible cost management

Non-essential drug list offers cost savings.

- New medications continue to be approved by the FDA and released to the market
- Some brand medications have **lower-cost alternatives** that are already available with the same active ingredient and little alteration from the originally approved option
- Medications that provide no added value are considered non-essential and can be excluded
- 1 impacted member

Exclude New Drugs to Market for 6 months

- New drugs to market will be excluded from the plan for the first 6 months they are available.
- When medications initially come to the market, it takes several months to understand where these medications will be placed in the clinical guidelines and what criteria should be reviewed prior to members obtaining these medications.
- The 6-month exclusion period will allow for determination of a medication's place in the market and development of clinical criteria.
- Option to enter a Prior Authorization on break through medications for either 6 months or 1 year.
- No member impact

Starter Dose: Oral Cancer and Specialty Medications

- BeneCard PBF's core philosophy is to protect members and plan sponsors by **promoting safe and appropriate use of prescription medications**. To that end, we offer a starter dose program that **restricts the initial fill of certain medications to a specific number of days**.

- A starter dose applies to members who are **utilizing a medication for the first time within 90 days**. The member's copay will be prorated for the short day supply. If the member's prescriber determines that another fill is required after the trial fill(s), the member will then be allowed to obtain greater supply at the applicable copay.

- Oral cancer and specialty medications can have many unpleasant side effects that impact a member's ability to be compliant with the prescription regimen. Often, these effects become apparent within the first two weeks of taking a new medication. A starter dose **helps prevent waste if the member's prescription needs to be changed** to minimize discomfort during treatment.

- **Starter Dose Requirements:** One 14-15 day initial fill before a member can obtain a 30-day supply.

BeneCard PBF Copay Assistance and Alternative Funding

- Expanded program to provide the greatest amount of medication cost assistance.
- Features maximization of drug manufacturer copay assistance to lower member and client expense.
- Includes access to alternative funding sources such as foundations and charitable organizations to create even more savings.
- Easy for members to enroll in the program with dedicated team of patient care coordinators to help members with documentation, eligibility, pharmacy set up, and more.

How Members Join

- We reach out to members taking specialty medications to start the enrollment process and collect documentation as needed.
- We find the right pharmacy match for the member's needs, taking into account the pharmacy's expertise, any limited distribution drug controls, and the member's therapy schedule.
- Patient care coordinators see if members qualify for copay reduction from manufacturer copay assistance programs. The coordinator also checks the member's eligibility for drug cost support from foundations and charitable organizations.
- Patient care coordinators stay in touch with the member throughout the medication ordering and delivery process. Medication can be delivered to the member's home, work, or doctor's office.

Alternative Cost Assistance: Our Process

STEP 1

Member requests Specialty Drug

STEP 2

Specialty Drug requires Clinical Review

STEP 3

Specialty Drug request results in denial

STEP 4

Request forwarded to Specialty Management Program

STEP 5

Patient contacted for program enrollment and required documentation; **member eligibility determined**

If Eligible:
Medication is shipped to member; member is informed of cost sharing.

If Ineligible:
BeneCard PBF will reach out to member and help process fulfillment of their Specialty medication(s).

Thank You!

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Appendix: 2023 - Quarter 1

Q1 2023 Updates

- Plan Metrics
- Trend
- Clinical Program Cost Management
- Utilization Overview

Plan Metrics

Performance Indicator	Previous Period	Current Period	Difference	
			No. Change	Percent Change
Number of Lives	1,766	1,572	**-194**	**-10.99%**
Number of Claims	2,706	2,152	**-554**	**-20.47%**
Per Member Per Month (PMPM)	$83	$113	**$30**	**36.47%**
PMPM Specialty	$26	$50	**$24**	**90.83%**
PMPM Non-Specialty	$57	$63	**$6**	**11.40%**
Total Member Paid	$15,788	$11,460	**-$4,328**	**-27.41%**
Total Plan Paid	$439,432	$533,800	**$94,369**	**21.48%**
Specialty Plan Paid	$138,671	$235,556	**$96,885**	**69.87%**
Non-Specialty Plan Paid	$300,761	$298,244	**-$2,517**	**-0.84%**
Percentage of Specialty Plan Paid	31.56%	44.13%	**12.57%**	**39.84%**
Generic Dispensing Rate (GDR)	84.70%	83.74%	**-0.96%**	**-1.14%**

Data is a comparison between January 1 to March 31, 2022 vs. January 1 to March 31, 2023

Trend Report (Plan Paid)

	Combined Trend			Specialty Trend			Non-Specialty Trend		
	Previous Period	Current Period	% Change	Previous Period	Current Period	% Change	Previous Period	Current Period	% Change
Lives	1766	1572	-10.99%	1766	1572	-10.99%	1766	1572	-10.99%
Claims	2,706	2,152	-20.47%	45	45	0.00%	2,661	2,107	-20.82%
Utilization Per Member	1.53	1.37	-10.46%	0.025	0.029	16.00%	1.51	1.34	-11.26%
Avg Cost Per Claim	$162	$248	52.75%	$3,082	$5,235	69.87%	$113	$142	25.24%
Plan Paid	$439,432	$533,800	21.48%	$138,671	$235,556	69.87%	$300,761	$298,244	-0.84%
TREND (Utilization PM % + Cost/Claim %)	-		**42.29%**	-		**85.87%**	-		**13.98%**

The 2023 estimated industry trend is 9.8%.

Trend does not include rebates

Data is a comparison between January 1 to March 31, 2022 vs. January 1 to March 31, 2023

Clinical Program Cost Management

Clinical Program	Estimated Plan Paid Cost Prevention	
	Initial Claim Cost Avoidance	Top Categories
Prior Authorization	$15,110	Topical Antifungals, Migraine, Nerve Pain
Drug Utilization Review High Dose	$3,773	Incontinence, Asthma/COPD, Chest Pain
Drug Utilization Review	$888	Insulin, Topical Corticosteroids, GERD/Heartburn
Drug Quantity Management	$20,738	Anti-Infectives, Wound Care, Migraine
Step Therapy	$0	---
TOTAL	**$40,509**	---

Note: Savings reflected is on initial claims only but represents a recurring avoidance.

Data represents the time period of January 1 to March 31, 2023

Top 25 Brand Medications by Plan Paid

Rank	Drug Name	Indication	Utilizers	Claim Count	Plan Paid
1	SPRYCEL*	Cancer	2	7	$109,998
2	KISQALI*	Cancer	1	3	$48,219
3	TRULICITY	Diabetes	19	23	$32,080
4	JANUVIA	Diabetes	19	19	$23,785
5	BIKTARVY*	Human Immunodeficiency Virus Disease	2	6	$22,478
6	RINVOQ*	Autoimmune Conditions	1	3	$17,603
7	JARDIANCE	Diabetes	11	12	$17,253
8	ELIQUIS	Blood Thinner	11	13	$14,756
9	SYMBICORT	Asthma/COPD	12	14	$12,648
10	FARXIGA	Diabetes	8	8	$11,035
11	ODEFSEY*	Human Immunodeficiency Virus Disease	2	3	$10,222
12	OZEMPIC	Diabetes	4	5	$10,054
13	XARELTO	Blood Thinner	10	10	$9,946
14	ADVAIR DISKUS	Asthma	8	10	$8,964
15	RYBELSUS	Diabetes	3	3	$8,270
16	ENTRESTO	Heart Failure	3	8	$8,148
17	ORGOVYX*	Cancer	1	3	$7,744
18	TRELEGY ELLIPTA	Chronic Obstructive Pulmonary Disease	4	4	$7,528
19	NOVOLOG FLEXPEN	Diabetes	7	8	$6,359
20	DOVATO*	Human Immunodeficiency Virus Disease	1	2	$5,578
21	UBRELVY	Migraine	1	1	$4,374
22	TYMLOS**	Osteoporosis	1	2	$4,130
23	LEVEMIR FLEXTOUCH	Diabetes	2	2	$4,078
24	XIIDRA	Dry Eye Syndrome	1	2	$3,874
25	LAMICTAL	Epilepsy	1	1	$3,585
Total			--	172	$412,711

The top 25 brands represent 77.32% of total plan paid.
Largest Drivers: Cancer and Diabetes

*Specialty Medication **Limited Distribution
Data represents the time period of January 1 to March 31, 2023

Top 25 Generic Medications by Plan Paid

Rank	Drug Name	Indication	Utilizers	Claim Count	Plan Paid
1	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	Substance Use Disorder	2	11	$2,428
2	ALBUTEROL SULFATE HFA	Asthma	31	32	$2,182
3	CLINDACIN-P	Acne	1	1	$1,811
4	EPINEPHRINE	Anaphylaxis	6	6	$1,731
5	CLINDAMYCIN PHOSPHATE	Acne	2	3	$1,302
6	ATORVASTATIN CALCIUM	High Cholesterol	81	91	$1,084
7	TRIAMCINOLONE ACETONIDE	Dermatitis	11	13	$1,001
8	AMLODIPINE/VALSARTAN/HYDROCHLOROTHIAZIDE	High Blood Pressure	1	1	$895
9	AMLODIPINE BESYLATE	High Blood Pressure	74	84	$839
10	DEXLANSOPRAZOLE	GERD/Heart Burn	2	2	$728
11	BRIMONIDINE TARTRATE	Glaucoma	2	2	$677
12	VERAPAMIL HCL ER	High Blood Pressure	1	1	$639
13	METFORMIN HYDROCHLORIDE	Diabetes	44	50	$625
14	METHAZOLAMIDE	Glaucoma	1	2	$562
15	ROSUVASTATIN CALCIUM	High Cholesterol	38	43	$549
16	LEVOTHYROXINE SODIUM	Thyroid Disorder	31	38	$539
17	SUCRALFATE	Ulcer	2	2	$527
18	LISINOPRIL	High Blood Pressure	43	49	$491
19	TACROLIMUS	Atopic Dermatitis	3	3	$467
20	FLUTICASONE PROPIONATE	Nasal Allergies	35	43	$441
21	OMEPRAZOLE	GERD/Heart Burn	31	33	$435
22	HYDROCHLOROTHIAZIDE	High Blood Pressure	35	37	$420
23	DESLORATADINE ODT	Allergies	1	1	$396
24	CLOBETASOL PROPIONATE	Eczema	4	4	$391
25	NIFEDIPINE ER	High Blood Pressure	15	21	$352
Total			--	573	$21,510

The top 25 generics represent 4.03% of total plan paid.
Largest Driver: Substance Use Disorder and Asthma

*Specialty Medication
Data represents the time period of January 1 to March 31, 2023

Top Therapeutic Categories Comparison by Plan Paid

Top 10 Therapeutic Class Increases	Indication	Change in Plan Paid	Change in Claims	Change in Utilizers
Cyclin-Dependent Kinases (CDK) Inhibitors	Cancer	$48,219	3	1
Antineoplastic - BCR-ABL Kinase Inhibitors	Cancer	$21,587	1	0
Antiretroviral Combinations	Human Immunodeficiency Virus Disease	$17,981	6	4
Adrenergic Combinations	Asthma	$8,575	3	-1
Neprilysin Inhib (ARNI)-Angiotensin II Recept Antag Comb	Heart Failure	$8,148	8	3
Gonadotropin Releasing Hormone (GnRH) Antagonists	Cancer	$7,744	3	1
Calcitonin Gene-Related Peptide Receptor Antag (CGRP)	Migraine	$6,514	1	1
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	Diabetes	$3,977	4	6
Lymphocyte Function-Associated Antigen-1 (LFA-1) Antag	Dry Eye Syndrome	$3,874	2	1
Direct Factor Xa Inhibitors	Blood Thinner	$3,237	2	2
Top 10 Therapeutic Class Decreases	**Indication**	**Change in Plan Paid**	**Change in Claims**	**Change in Utilizers**
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	Diabetes	-$30,753	-10	-8
Human Insulin	Diabetes	-$12,570	-9	-7
Imidazole-Related Antifungals - Topical	Fungal Skin Infection	-$8,732	-9	-9
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	Diabetes	-$7,611	-8	-5
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb	Diabetes	-$4,074	-3	-2
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations	Diabetes	-$3,990	-1	-1
Anticonvulsants - Misc.	Seizure	-$3,826	-33	-27
Diagnostic Tests	Diabetes	-$3,648	-30	-16
Bronchodilators - Anticholinergics	Chronic Obstructive Pulmonary Disease	-$2,745	-2	-2
Insulin-Incretin Mimetic Combinations	Diabetes	-$2,362	-1	-1

Largest plan paid increases: Cancer and HIV medications.

Data is a comparison between January 1 to March 31, 2022 vs. January 1 to March 31, 2023

Specialty Overview

Therapeutic Class	Indication	$ Plan Paid	# Claims	Cost per Claim	Utilizing Lives
Antineoplastic - BCR-ABL Kinase Inhibitors	Cancer	$109,998	7	$15,714	2
Cyclin-Dependent Kinases (CDK) Inhibitors	Cancer	$48,219	3	$16,073	1
Antiretroviral Combinations	Human Immunodeficiency Virus Disease	$41,183	13	$3,168	6
Antirheumatic - Janus Kinase (JAK) Inhibitors	Autoimmune Conditions	$17,603	3	$5,868	1
Gonadotropin Releasing Hormone (GnRH) Antagonists	Cancer	$7,744	3	$2,581	1
CGRP Receptor Antagonists - Monocolonal Antibodies	Migraine	$4,161	6	$694	2
Parathyroid Hormone And Derivatives	Osteoporosis	$4,130	2	$2,065	1
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors	High Cholesterol	$2,282	4	$571	1
Hepatitis B Agents	Chronic Hepatitis B	$235	4	$59	1
Overall - Total		$235,556	45	$5,235	--

Overall impact of specialty medications to the Fund: 2.09% of utilization is driving 44.13% of total costs.

Data represents the time period of January 1 to March 31, 2023

Specialty Compare

Top Therapeutic Class Increases	Indication	Change in $ Plan Paid	Change in # Claims	Change in $ Cost per Claim	Change in # Utilizing Lives
Cyclin-Dependent Kinases (CDK) Inhibitors	Cancer	$48,219	3	$16,073	1
Antineoplastic - BCR-ABL Kinase Inhibitors	Cancer	$21,587	1	$21,587	0
Antiretroviral Combinations	Human Immunodeficiency Virus Disease	$17,981	6	$2,997	4
Gonadotropin Releasing Hormone (GnRH) Antagonists	Cancer	$7,744	3	$2,581	1
Antirheumatic - Janus Kinase (JAK) Inhibitors	Autoimmune Conditions	$1,735	0	$0	0
CGRP Receptor Antagonists - Monocolonal Antibodies	Migraine	$1,417	2	$709	0
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors	High Cholesterol	$746	1	$746	0
Hepatitis B Agents	Chronic Hepatitis B	$177	3	$59	0
Top Therapeutic Class Decreases	**Indication**	**Change in $ Plan Paid**	**Change in # Claims**	**Change in $ Cost per Claim**	**Change in # Utilizing Lives**
Parathyroid Hormone And Derivatives	Osteoporosis	-$1,780	-1	-$1,780	0
Macrolide Immunosuppressants	Transplant	-$506	-10	-$51	-2
Inosine Monophosphate Dehydrogenase Inhibitors	Transplant	-$370	-7	-$53	-2
Calcimimetic Agents	Secondary Hyperparathyroidism	-$66	-1	-$66	-1

Data is a comparison between January 1 to March 31, 2022 vs. January 1 to March 31, 2023