

UFCW & PE Health and Welfare Fund

Managed Pharmacy Report

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Q'3 2023 Key Performance Indicators

Managed Pharmacy Program

Q'3 2023 Key Performance Indicators

The UFCW & PE Health and Welfare Fund (the 'Fund') experienced a 7% trend increase in Q'3 2023 compared to Q'3 2022.

- Plan Paid Gross¹ PMPM = \$211
- Plan Paid Net² PMPM = \$167 (Rebates offset gross costs by 21%)

Trend Components:

- Non-specialty trend was (-11%)
- Specialty trend was 35%
- **Specialty drugs represent 1.1% of all claims and 42% of costs.**
- **Diabetes, Inflammatory Conditions, Endocrine and Metabolic disease states accounted for 56% of overall plan spend.**
 - Inflammatory Conditions include rheumatoid arthritis, Crohn's disease, ulcerative colitis.
 - Endocrine and Metabolic conditions include diabetes, adrenal fatigue, congenital hyperplasia.
- **UM programs implemented in 2023 reduced costs by \$9.75 PMPM (\$165K):**
 - Prior Authorization savings = \$8.56 PMPM
 - Quantity Limit savings = \$1.20 PMPM.

¹Costs prior to application of rebates and member cost share.

²Costs after application of rebates and member cost share.

Managed Pharmacy Program

Q'3 2023 Key Performance Indicators

Gross cost trend for Q'3 2023 is \$211 PMPM, an increase of 7% from Q'3 2022.

OptumRx's labor group benchmark ('benchmark') is 5% lower.

The total gross **plan paid amount** decreased by **13%** compared to the previous period.

Membership decreased by **19%**; the number of members using the Rx benefit decreased by **26%**.

Member cost share decreased by **13%**, compared to the benchmark of **-8%**.

Key Performance Indicators			
Description	Q'3 2023	Q'3 2022	Change
Members	1,314	1,622	-19%
Utilizers	640	865	-26%
Total Plan Paid Gross	\$829,617	\$957,302	-13%
Plan Paid PMPM (gross)	\$211	\$197	7%
Member cost share	4%	5%	-13%
Generic Dispensing Rate*	86%	84%	2%
Retail 90 Fill Rate*	40%	39%	3%

*Improvements in these KPI's will reduce plan and member costs.

Q'3 2023 Plan Performance

Top Disease States

The top 5 disease states accounted for 77% of total gross plan costs.

- Diabetes accounted for 22% of total plan paid:
 - 18% trend increase driven by cost
 - Jardiance was the top drug
- Inflammatory Conditions accounted for 19% of gross plan costs:
 - 10% trend increase driven by drug mix
 - Humira Pen was the top drug

Top Disease States by Plan Cost (Gross)				
Q'3 2023				
Rank	Indication	Plan Cost GROSS	Tend	Trend Driver
1	Diabetes	\$ 46.85	18%	Cost
2	Inflammatory Conditions	\$ 39.25	10%	Drug Mix
3	Endocrine and Metabobiic Disorders	\$ 30.97	65%	Drug Mix
4	Oncology	\$ 19.47	64%	Drug Mix
5	HIV	\$ 14.20	2%	Cost

Q'3 2023 Plan Performance

Top 10 Drugs by Plan Cost Net

Humira continues to be the #1 drug by plan cost (net of rebates and member cost share).

- OptumRx is adding four (4) Humira biosimilars to the formulary on January 1, 2024, which may reduce costs for treatment of Inflammatory Conditions, depending on prescriber/member uptake.
- The 4 biosimilars will be preferred drugs, along with the Brand Humira.

The Fund is not eligible for OptumRx's Specialty Copay card program, due to the current plan designs.

Top Drugs by Plan Cost Net								
Q'3 2023						Q'3 2022		
Rank	Peer Rank	Brand Name	Therapy Class	Plan Cost	Plan Cost Net PMPM	Rank	Plan Cost Net PMPM	% Change
1	1	HUMIRA(CF) PEN*	INFLAMMATORY CONDITIONS	\$92,388	23.44	1	25.23	-19%
2	224	SOMAVERT*	GROWTH HORMONES	\$71,343	\$18.10	2	\$12.93	24%
3	233	SIGNIFOR LAR*	ENDOCRINE DISORDERS	\$48,472	\$12.30	n/a	\$0.00	n/a
4	63	KISQALI*	ONCOLOGY	\$45,392	\$11.52	n/a	\$0.00	n/a
5	10	BIKTARVY	HIV	\$37,866	\$9.61	3	\$10.54	-10%
6	4	JARDIANCE	SGLT-2 INHIBITORS & COMBOS	\$32,087	\$8.14	10	\$5.00	58%
7	69	LENALIDOMIDE*	ONCOLOGY	\$30,719	\$7.79	n/a	\$0.00	n/a
8	39	COSENTYX PEN*	CHRONIC INFLAMMATORY DISEASE	\$28,856	\$7.32	11	\$3.97	n/a
9	189	MAYZENT*	MULTIPLE SCLEROSIS	\$28,754	\$7.30	5	\$7.42	65%
10	2	OZEMPIC	GLP-1 RECEPTOR AGONISTS	\$28,345	\$7.19	9	\$5.22	-7%

*specialty drugs

Trends to Watch in 2024

Growing urgency around cost.

Healthcare costs are steadily increasing, with no sign this trend is going away.

Cost pressures include inflation, provider shortages, mental health, deferred or missed care.

Plan sponsors ('Plans') are bracing for the impact of high-cost cell and gene therapies and the rising demand for GLP-1s, which will continue to have a major effect on pharmacy spend.

New concerns emerge in mental health.

In the coming year, Plans are expected to address a growing concern with youth and adolescent behavioral health.

Access to mental health and substance abuse disorder services remains a concern.

Plans' strategies include collaboration with vendors and partners to ensure their offerings are integrated and cover what's needed.

Growing alarm over the sustainability and lack of transparency into drug pricing.

Prescription drug trend, which is fueling overall healthcare trend, remains a concern for most Plans.

Plans are demanding greater transparency for prescription drug pricing, as well as alternative pricing models that include rebate-free programs.



Thank You

