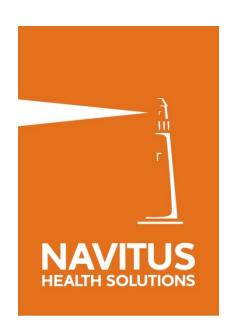
STATE OF WISCONSIN – EMPLOYEE TRUST FUNDS GROUP INSURANCE BOARD

PHARMACY BENEFIT REVIEW

November 18th, 2014

Brent Eberle RPh MBA, VP Health Strategies Tom Radloff RPh, Sr. Director Clinical Client Services



| Board | Mtg Date | Item # |
|-------|----------|--------|
| GIB | 11.18.14 | 7A |

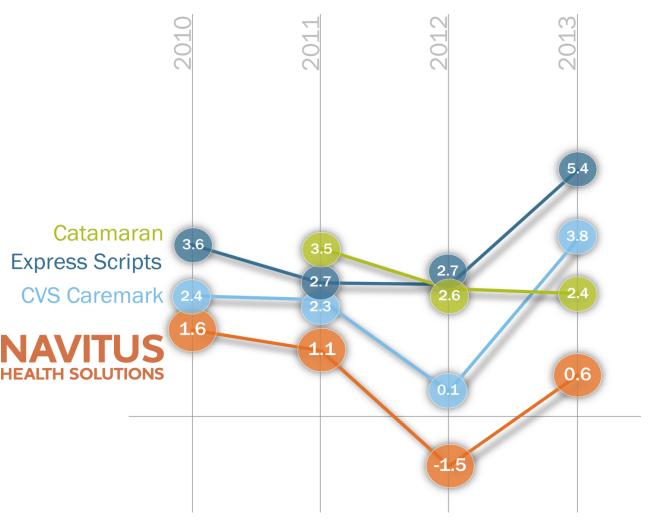
AGENDA



- Pharmacy Trend Update
- 2014 Pharmacy Trend Driver Review
 - Specialty Pharmacy
 - Generic Inflation
 - Brand Inflation
 - Drug Pipeline
- Pharmacy Trend Management Tools
 - Plan Design
 - Formulary and Utilization Management
 - Pharmacy Network
 - Specialty Pharmacy Management

TREND Industry Trend Comparison



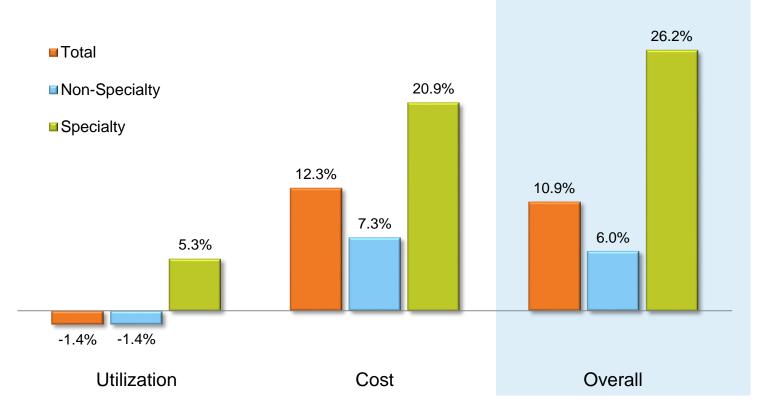


Sources: http://www.drugtrendreport.com/commercial/total-trend (ESI)
https://trendreport.catamaranrx.com/ (Catamaran)
http://cvscaremarkfyi.com/sites/default/files/INSIGHTS_Trend.pdf (CVS)

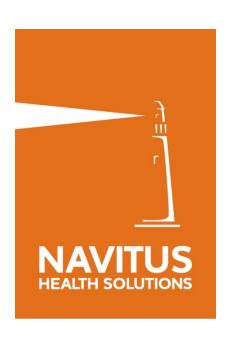
TREND ETF Plan Paid PMPM - Commercial



| | 2014 | 2013 | Change | Percent Change |
|----------------------|---------|---------|--------|----------------|
| Total Plan Paid PMPM | \$77.43 | \$69.81 | \$7.62 | 10.9% |
| Non-Specialty | \$55.86 | \$52.71 | \$3.15 | ↑6.0% |
| Specialty | \$21.56 | \$17.09 | \$4.47 | ↑26.2% |



PHARMACY TREND DRIVER REVIEW



KEY TREND DRIVER REVIEW



- Specialty Pharmacy
- Generic Inflation
- Brand Inflation
- Drug Pipeline

SMALL MOLECULE VS. BIOLOGIC



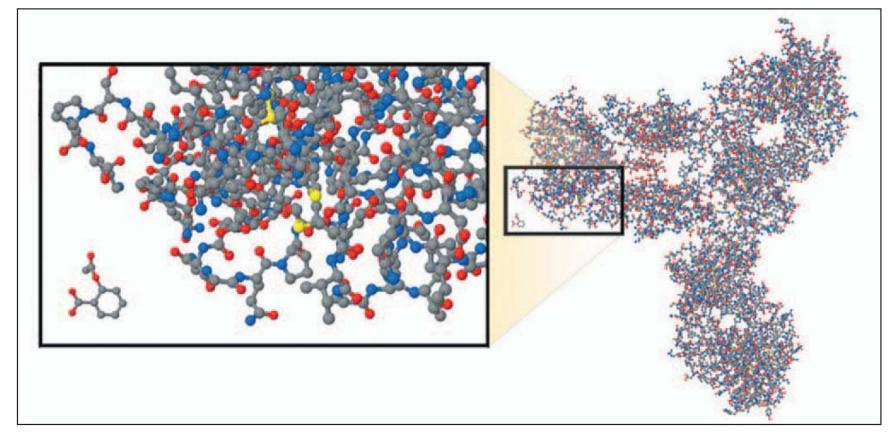


Figure 1. Comparison between a biologic monoclonal antibody and an aspirin molecule
An approximately 800-fold difference in size necessitates magnifying the boxed area to clearly identify the aspirin molecule on the lower left. The antibody structure was taken from the RCSB Protein Data Bank and has the identifier 1HZH.

TREND DRIVERS Specialty Pharmacy



- ETF will spend over \$70,000,000 on specialty medications in 2014
 - 1% of the membership and 0.9% of prescriptions
 - 28% of the total plan paid
 - Nationally Specialty Spend is expected to increase by 17-20% annually and will consume 50% of the drug budget by 2018*
- Factors increasing specialty pharmacy trend
 - Inflation on existing products
 - Increasing utilization of existing products
 - New Indications and Shifts from Medical to Pharmacy
 - New products to market Hep C

TREND DRIVERS Specialty Pharmacy



Specialty Pharmacy Price Inflation

Average cost/script for Specialty increased from \$2,328 to \$2,824
 (21% increase)

| Drug Name | AWP Unit Price 2014 | AWP Unit Price 2013 | % Change |
|-----------|---------------------|---------------------|--------------|
| GLEEVEC | \$258.71 | \$185.98 | ↑39% |
| AUBAGIO | \$191.95 | \$148.35 | ↑29% |
| CIMZIA | \$3,308.00 | \$2,594.00 | ↑ 28% |
| AVONEX | \$5,454.00 | \$4,696.00 | ↑16% |
| XELODA | \$42.40 | \$36.68 | ↑ 16% |

Specialty Pharmacy Utilization

ETF Specialty Pharmacy Utilization increased 5% from 2013

New Products to Market

- 71% of all new drugs reviewed by the Navitus P&T Committee in the last 12 months were Specialty Medications.
 - Solvadi Avg. Script cost/month \$28,000
 - Olysio Avg. Script cost/month \$22,500

KEY TREND DRIVERS Hepatitis-C Medication Utilization



Observations:

- Use of the new, higher cost Hepatitis-C medications is having a significant effect on plan spend.
- Sovaldi/Olysio therapy has been utilized by 10 members to date.
- Sovaldi therapy (with Ribavirin +/- Pegasys) have experienced utilization by 5 members.

| Member | January | February | March | April | May | June | July | August | Plan Paid | Member Paid |
|--------|-----------------------|-----------------------------|-----------------|---------------|---------------|-------|--------------|-----------------|-----------|----------------|
| 1 | | | Soval | di, Ribasphe | ere | | | | \$169,957 | \$220 |
| 2 | | | Sovaldi, Olysio | | | | | | \$152,079 | \$160 |
| 3 | | | | Soval | di, Ribasphe | re | | | \$172,936 | \$235 |
| 4 | | | Sov | valdi, Olysio | | | | | \$96,385 | \$435 |
| 5 | | | Sov | valdi, Olysio | | | | | \$151,495 | \$170 |
| 6* | Sovaldi, Olysio Soval | | | | Sovaldi, Oly | ysio | \$151,441 | \$224 | | |
| 7 | | Sovaldi, Olysio | | | | | | \$151,435 | \$230 | |
| 8 | | Sovaldi, Ribavirin, Pegasys | | | | | | | \$96,747 | \$450 |
| 9 | | Sovaldi, Ribavirin | | | | | | \$56,788 | \$80 | |
| 10 | | | | So | valdi, Ribapa | ick | | | \$85,756 | \$195 |
| 11 | | | | S | ovaldi, Olysi | o | | | \$152,353 | \$270 |
| 12** | | | | | | Soval | ldi, Olysio | | \$206,988 | \$400 |
| 13 | Sovaldi, Oly | | | | ovaldi, Olysi | io | | \$151,535 | \$130 | |
| 14 | | | | | | | Sovaldi, Oly | ysio | \$155,241 | \$300 |
| 15 | | | | | | | | Sovaldi, Olysio | \$101,049 | \$60 |

^{*}First claim paid in March, member did not begin therapy until June

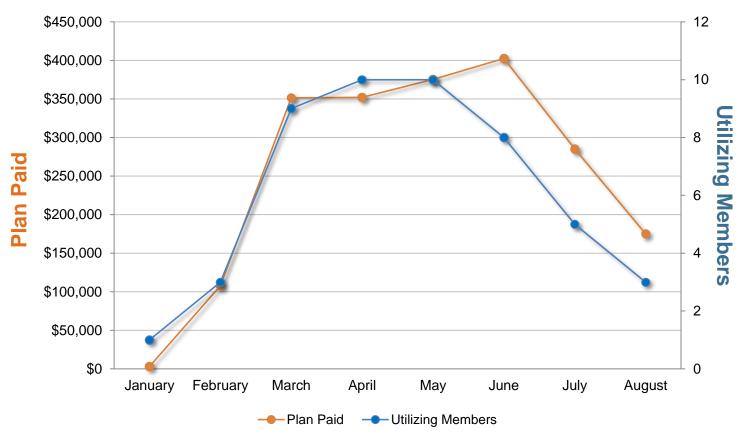
^{**}Therapy disruption due to incorrect lab results

KEY TREND DRIVERS Hepatitis-C Medication Utilization



Observations:

- Plan Paid for these therapies has exceeded \$1.6 million for Q1 & Q2 2014
- These therapies contributed \$1.49 to the Plan's PMPM for Q1 & Q2 2014
- Decreasing utilization is a likely indicator of prescribers "warehousing" patients until the new Hep C products are released. We are expecting another significant increase in Hep C utilization in 2015.



TREND DRIVERS

Generic Inflation



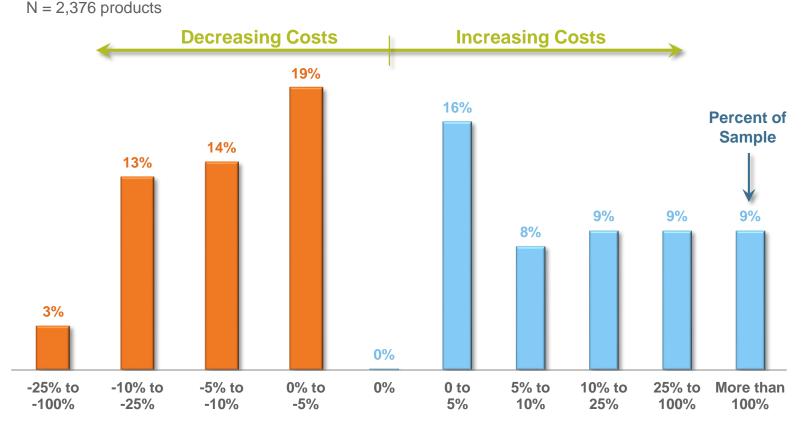
- ETF Generic Utilization continues to increase and is currently over 81%
 - Generics Represent 23% of the ETF's total plan paid
 - Average cost of a generic Rx increased from \$23 to \$25
- Factors increasing the cost of generics
 - Consolidation of generic manufacturers
 - Drug shortages

| Drug Name | AWP Unit Price 2014 | AWP Unit Price 2013 | % Change |
|---------------------------|---------------------|---------------------|--------------|
| prednisolone (ophthalmic) | \$10.99 | \$2.97 | ↑269% |
| oxycodone/acetaminophen | \$1.71 | \$0.70 | ↑146% |
| prednisone | \$0.24 | \$0.12 | ↑ 97% |
| amoxicilin/clavulanate | \$2.24 | \$1.28 | ↑ 76% |
| levothyroxine | \$0.61 | \$0.41 | ↑ 51% |
| propranolol ER | \$2.47 | \$1.68 | ↑ 46% |

TREND DRIVERS Generic Inflation



Generic Drugs, Change in NADAC per Unit, July 2013 versus July 2014



Change in NADAC per Unit, by Product

NDC = National Drug Code

NADAC = National Average Drug Acquisition Cot

Source: Pembroke Consulting analysis of Center for Medicare & Medicaid Services data files.

Published on Drug Channels (www.DrugChannels.net) on August 12, 2014



TREND DRIVERS Non-Specialty Brand Inflation



- ETF non-specialty brand utilization continues to decrease as generic and specialty use increases
 - Non-specialty brand inflation up over 16%
 - Average cost per script for a non-specialty brand increased from \$204 to \$230
- Factors impacting non-specialty drug costs
 - Shrinking market of non-specialty brands
 - Product life cycle (preparing for shift from patented brand to generic)
 - Lack of sales from other brand products by manufacturer

| Drug Name | AWP Unit Price 2014 | AWP Unit Price 2013 | % Change |
|-----------|---------------------|---------------------|--------------|
| LUNESTRA | \$12.84 | \$8.74 | ↑ 47% |
| LEVEMIR | \$23.49 | \$16.66 | 1 41% |
| LANTUS | \$23.51 | \$16.34 | 1 44% |
| EPIPEN | \$192.77 | \$144.40 | ↑34% |
| HUMALOG | \$20.72 | \$17.00 | 1 22% |
| VYVANSE | \$7.93 | \$6.81 | 17% |

TREND DRIVERS Pipeline



- We have reached the end of the "Patent Cliff"
 - 2010-2013 numerous block buster brands lost patent protection including *Plavix*, *Singulair*, *Lipitor*, *and Diovan*
 - 2014 has had far fewer significant new generic entrants
 - 2015 has some potential for generic savings (see chart)
- Specialty drugs make up a large percentage of the new products to market
 - 71% of all new drugs reviewed by the Navitus P&T Committee in the last 12 months were Specialty Medications.

KEY TREND DRIVERS New Generics Entering Market



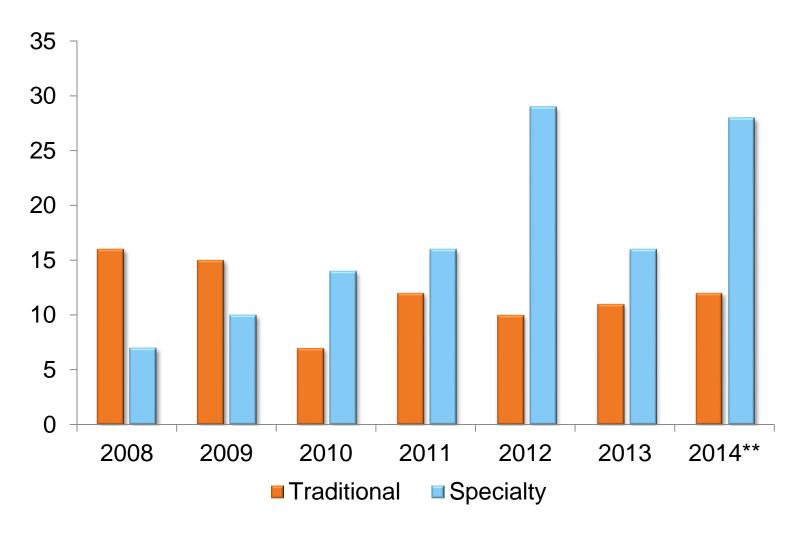
2014 has experienced very few significant brand/generic changes.

Last blockbuster generic released was duloxetine (Cymbalta) in December 2013. The price remained high until July 2014.

| Brand (generic) Name | Drug Class | Expected Availability | Cost |
|---------------------------------|---------------------|-----------------------|--------|
| Revlimid (lenalidomide) | Cancer | Q4 2014 | \$\$\$ |
| Nexium (esomeprazole) | PPI | Q4 2014 | \$\$ |
| Copaxone (glatiramer) | MS agent | Q4 2014 | \$\$\$ |
| Intuniv (guanfacine) 1,2,3,4 mg | ADHD | Q4 2014 | \$ |
| Namenda (memantine) | Alzheimers dementia | Q1 2015 | \$ |
| Welchol (colesvelam) | Antihyperlipidemic | Q1 2015 | \$ |
| Epipen (epinephrine) | anaphylaxis | Q2 2015 | \$\$\$ |
| Lumigan (bimatoprost) | glaucoma | Q2 2015 | \$ |
| Zyvox (linezolid) | Anti-infective | Q2 2015 | \$ |
| Targretin (bexarotene) | Skin cancer | Q2 2015 | \$ |
| Abilify (aripiprazole) | Antipsychotic | Q2 2015 | \$\$\$ |

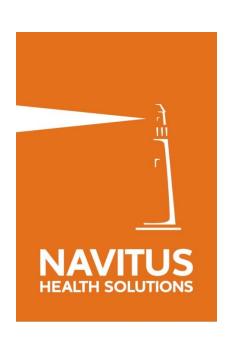
FDA NEW DRUG APPROVALS





^{*}U.S. Food and Drug Administration **Projection for 2014

PHARMACY TREND MANAGEMENT TOOLS



PHARMACY TREND MANAGEMENT TOOLS



- Plan Design
- Formulary and Utilization Management
- Pharmacy Networks
- Specialty Pharmacy

CURRENT PHARMACY PLAN DESIGN



| | ption Drugs d Insulin | Copayment Level | Copayment Amount | OOPL * (Out Of Pocket Limit) | In Network Pharmacy | Out of Network Pharmacy |
|---|--|--------------------|---------------------------------|---|-----------------------------|--|
| Preferred | Drugs and Certain Lower- Level 1 \$5 Cost Brand Name Drugs | | Participants, EXCEPT : e | | Not Covered, except when | |
| Prescription Drugs | Most Brand Name Drugs & Certain Higher- Cost Generic Drugs | Level 2 | \$15 | \$1,000 per individual/ \$2,000 per family for State and Wisconsin Public Employer Participants enrolled in the Standard Plan. | Covered | emergency or urgent care is required. |
| Non- Preferred Prescription Drugs that are Covered | High Cost Prescription Drugs that have other Alternatives or Equivalent Drugs on the Formulary | | \$35 | Does Not Apply To OOPL | Covered | Not Covered, except when emergency or urgent care is required. |

CURRENT PHARMACY PLAN DESIGN



| Specialty & Lifestyle Prescription Drugs | | Copayment Level | Copayment Amount | OOPL* (Out Of Pocket Limit) | In Network Pharmacy | Out of Network Pharmacy |
|---|----------------------------------|--------------------|---------------------|--|---|---|
| obtained at a Pharmacy OTHER THAN the Preferred Specialty Pharmacy No | Preferred Specialty Drugs | Level 4 | \$50 | Level 4 OOPL: \$1,000 per individual/ \$2,000 per family for all Participants. | Not Covered except when Covered emergency o | |
| | Non-Preferred Specialty Drugs | Level 4 | \$50 | Does Not Apply To OOPL | Covoled | urgent care is required. |
| Specialty Medications obtained from the <i>Preferred</i> Specialty Pharmacy (i.e. Diplomat) | Preferred Specialty Drugs | Level 2 | \$15 | Level 4 OOPL: \$1,000 per individual/ \$2,000 per family for all Participants. | Covered | Not Covered, except when emergency or |
| | Non-Preferred Specialty Drugs | Level 4 | \$50 | Does Not Apply To OOPL | - | urgent care is required. |

^{*} Level 1/Level 2 OOPL and Level 4 OOPL accumulate separately. Copays for Specialty & Lifestyle Drugs only accumulate to the Level 4 OOPL.

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PLAN DESIGN TRENDS



Increase in the use of coinsurance on specialty medication

- 2012: 56%

- 2013: 61%

 Increase in the % of plans using multiple specialty tiers

- 2012: 33%

- 2013: 58%

 54% of commercial plans now require separate cost shares for medical benefit specialty products

FORMULARY MANAGEMENT AND UTILIZATION MANAGEMENT

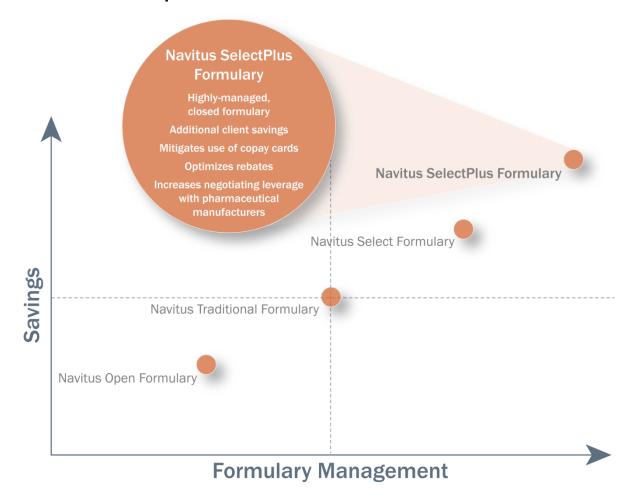


- The Current ETF Formulary (Navitus Select)
 - Provides a high degree of choice
 - Limited number of excluded products
 - Generics aren't mandated to the lowest tier
 - High level of utilization management including prior authorization, step therapy, and quantity and duration edits
 - Price protection strategy around preferred branded products on the formulary

FORMULARY MANAGEMENT AND UTILIZATION MANAGEMENT



A new formulary that excludes more non-preferred brand drugs to increase rebate potential and lower cost



FORMULARY MANAGEMENT STRATEGIES



Select Plus Formulary

How does the Select Plus Formulary work?

- Increases the number of products excluded from the formulary
- The Select Plus Formulary maximizes potential client savings through lower cost options
- Targets non-preferred brands to < use and prevents copay cards (> 90% of these drugs have copay cards)
- Mitigates price increases (brand inflation)
- More effective than traditional management to stop claims
- Lowers net cost by > rebates requiring use of preferred brands and increasing GDR

SELECT PLUS FORMULARY



Cost Savings and Disruption Analysis

Member and Potential Savings Impact Timeline

April 2015

Respiratory

6,400 members \$3.5M - \$4.5M

June 2015

Diabetes

6,500 members \$2M - \$2.5M

August 2015

IBD

450 members \$1M - \$1.3M

Autonomic & CNS

1420 members \$500K

Gynecological

630 members

\$200K

September 2015

Cardiovascular

280 members

\$90K Savings

Ear/Nose

200 members \$18K

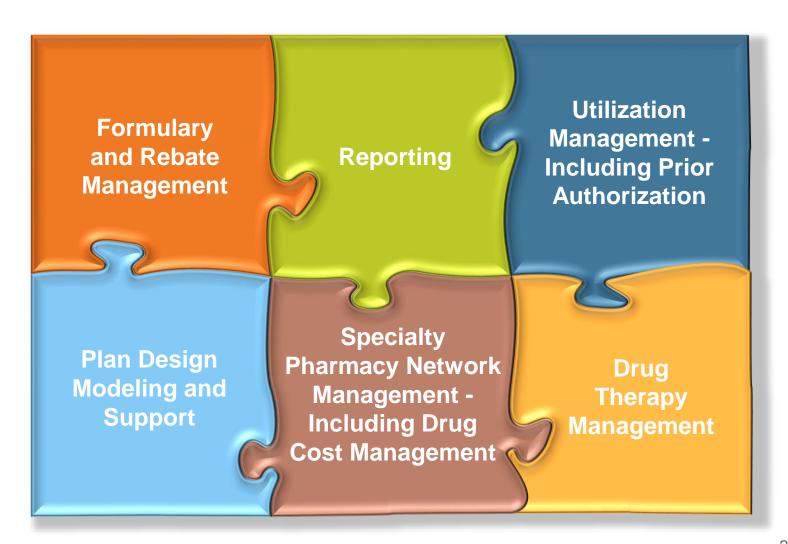
PHARMACY NETWORK MANAGEMENT



- Continued promotion of 90-day Retail Programs
- Preferred or Custom Limited Pharmacy Network
- Vaccine Administration Network
- Medication Therapy Management Services
- Leverage NADAC (National Average Drug Acquisition Cost) data, distributor data and other sources of retail acquisition cost to create actionable exception reports.
 - Source of pricing transparency on generics
 - NADAC is updated weekly
 - Pricing is based on a survey of drug acquisition costs paid by retail community pharmacies (independents and chains)
 - NADAC is managed by CMS and can be found on Medicaid.gov

MANAGEMENT OF SPECIALTY PHARMACY





SPECIALTY PHARMACY



Lumicera Health Services

- Fully-owned subsidiary of Navitus located in Madison, WI
 - Offers innovative specialty pharmacy solutions
 - Functions as a stand-alone specialty pharmacy
 - Adheres to Navitus' core principles of transparency and stewardship
 - Employs the same high-touch, high-quality patient care currently experienced with Navitus

SPECIALTY PHARMACY



Lumicera Health Services

Integrated Approach

- Together, Navitus and Lumicera provide fully-integrated services and data integration to deliver best-in-class trend management:
 - Utilization Management
 - Implement Specialty Pharmacy Care Pathways to ensure medications are delivering the best possible outcome
 - Adherence, Side Effect Management, Education
 - Alignment of P&T and Prior Authorization Processes
 - Formulary Management
 - Optimize use of specialty products proven to be most cost effective
 - Facilitate formulary transition
 - Specialty Rebate Optimization
 - Navitus (PBM) rebate opportunities due to increased formulary compliance and ability to move market share quickly

BIOSIMILARS / BIOGENERICS



 Between 2009 and 2019, specialty medications with an estimated market value of more than \$50B will go off patent.*

Examples:

| Pharmacy Benefit | | Medical Benefit | |
|------------------|------|-----------------|------|
| Copaxone | 2014 | Synagis | 2015 |
| Gleevec | 2015 | Tysabri | 2017 |
| Epogen / Procrit | 2015 | Remicaid | 2018 |
| Humira | 2016 | Xolair | 2018 |

 Final regulatory framework providing guidance on manufacturing, clinical efficacy, safety and interchangeability is still needed from the FDA

SUMMARY



- Navitus and ETF have worked collaboratively to achieve best in class trend management results
 - Pricing Transparency
 - Commitment to Lowest Net Cost
 - Formulary and Utilization Management
- Pharmacy Trend Management will continue to require a balanced approach
 - Formulary and Utilization Management
 - Pharmacy Network Management
 - Plan Design
- Specialty Pharmacy will be a major driver of trend
 - Requires multifaceted approach
 - Biosimilars / Biogenerics may provide some relief



High-Touch Service

Lowest Net Drug Costs

Improved Member Health



This document is to be considered confidential and proprietary.

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