City of Gainesville - Medical and Pharmacy RFP - Effective 1/1/2025

Crumdale Partners

Ricardo Perez

06/24/2024

Contents

1. RFP Overview

Coverage Effect Date: January 1, 2025

The City of Gainesville, hereinafter referred to the Entity, is soliciting experience and qualified firms that demonstrate the highest level of ability to provide the following lines of coverage:

- Medical and Rx Insurance with the following funding arrangements:
  - Full-Insured
  - Self-Insured
    - Administration Services Only (ASO)
    - Stop Loss Reinsurance
    - Pharmacy Benefit Management

Due Date: Proposals shall be submitted electronically via RFP360 by 5:00 PM on July 12, 2024.

Firms interested in submitting a response to this RFP agree not to contact (lobby) any employee or agent of the Entity at any time during the solicitation period and the selection process. All oral or written inquiries are to be directed to the Gehring Group. Any other contact with the owner will be considered inappropriate and subject your response to rejection/disqualification.

The Entity reserves the following rights: to waive in-formalities in any proposal; to reject any or all proposals or portions of proposals; to accept any proposal or portions of proposals deemed to be in the best interest of the Entity; and to negotiate or refuse to negotiate with any offer.

It is the Entity's intention to deal directly with all carriers via its appointed Agent of Record. The Entity's appointed Agent of Record is the Gehring Group.

2. General Information

SCOPE AND PURPOSE

The specifications include the complete set of requirements and proposal forms. Proposers are strongly encouraged to complete all proposal forms as specified and include the forms with your proposal. Failure to include proposal forms may be grounds for disqualification from this RFP Process.

INTENT OF RFP

The Entity is soliciting Medical (Self-Funding and Fully Insured Arrangements), Pharmacy Benefit Management, and Stop Loss Reinsurance coverage for Entity employees, officials, retirees, COBRA participants and their families. The Entity's goal is directed toward the highest professional level of service while providing access to a quality network of providers at an affordable cost. Proposals for PBM carve out will be considered.

CALENDAR

The intended timeline is:

• Release of RFP	06/24/2024
• Deadline for receipt of questions	07/08/2024
• Deadline to receive proposals	07/12/2024
• Initial analysis presented to Entity.	07/24/2024
• Best and Final offers presented (if necessary).	08/14/2024
• Meeting to Approve Recommendations	09/05/2024
• Open Enrollment Period	TBD
• All Data to Carrier(s)	TBD
• Plan Effective Date	January 1, 2025

This timeline is subject to change.

CONTACT PERSON

The contact person for the content of this RFP is Samantha Ricchini at Samantha.Ricchini@gehringgroup.com.

Please reach out to support@rfp360.com or +1 (844) 737-0365 if you have any questions relating to the functionality of RFP360.

ADDITIONAL INFORMATION/AMENDMENT

Request(s) for additional information or clarifications must be made in writing no later that the date specified in the RFP timeline above.

Changes to this RFP, when deemed necessary, will be completed by written addendum issued prior to the proposal due date. Proposers should not rely on any representations, statements or explanation other than those made in the RFP or in any addendum to this RFP. Where there appears to be a conflict between the RFP and any addenda issued, the last addendum will prevail. It is the proposer's responsibility to assure receipt of all addenda.

INTERVIEWS

Proposers may be asked to attend an interview in support of their proposal or to explain or demonstrate the information contained therein.

PUBLIC RECORDS LAW

Upon award recommendation or ten (10) days after opening, whichever is earlier, any material submitted in response to this RFP will become a "public record" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes (Public Record Law). However, Chapter 337 and its provisions may also be imposed. Proposers must claim the applicable exemptions to disclosure provided by law in their response to the RFP by identifying materials to be protected, and must state the reasons why such exclusion from public disclosure is necessary and legal. The Entity reserves the right to make any final determinations of the applicability of the Public Record Law.

City's Public Records Language

Florida has a very broad public records law and certain records of a contractor may be considered public records. Accordingly, by entering into an agreement with the CITY, CONTRACTOR must:

1. Keep and maintain public records required by the CITY to perform the service.

1. Upon request from the CITY's custodian of public records, provide the CITY with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, F.S., or as otherwise provided by law.

1. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the CONTRACTOR does not transfer the records to the CITY.

d. Upon completion of the contract, transfer, at no cost, to the CITY all public records in possession of the CONTRACTOR or keep and maintain public records required by the CITY to perform the service. If the CONTRACTOR transfers all public records to the CITY upon completion of the contract, the CONTRACTOR shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the CONTRACTOR keeps and maintains public records upon completion of the contract, the CONTRACTOR shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the CITY, upon request from the CITY's custodian of public records, in a format that is compatible with the information technology systems of the CITY.

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT (352) 393-8891, WATTSTL@CITYOFGAINESVILLE.ORG, TIFFANY WATTS-CHESTNUT, CITY OF GAINESVILLE Risk Management, P.O. BOX 490, STATION 60, GAINESVILLE, FL 32627-0490.

ACCEPTANCE / REJECTION OF PROPOSALS

The Entity reserves the right to reject any and all proposals submitted in response to this RFP, or to cancel, in part or its entirety, this request, if it is in the best interests of the Entity to do so.

The Entity reserves the right to accept or reject any or all proposals received as a result of this request, or to negotiate separately with competing proposers simultaneously, and to waive any in-formalities, defects, or irregularities in any proposal.

The Entity reserves the right to accept the proposal of a proponent other than that of the lowest proponent.

DISCLOSURE OF PROPOSAL CONTENTS

All material submitted becomes the property of the Entity. The Entity has the right to use any or all ideas presented in any reply to this RFP. Selection or rejection of the proposal does not affect this right.

RENEWAL

The awarded firm shall give a minimum of 180 days written notice prior to any renewal date to the Entity stating specifically what, if any, rate change is proposed.

CONTRACT TERMS

The Entity is requesting a three year contract with two, one year renewal options for the proposer(s) awarded the business. Proposers are welcome to provide longer rate guarantees.

RECOMMENDED RATE GUARANTEE TERMS

- Medical/Rx: 12 Months
  - ASO: 36 Months
  - Stop Loss: 12 Months
  - Fully Insured: 12 Months

3. Vendor Requirements

- **Proposal Effective Date**: January 1, 2025
- **Commissions**: Proposals should includes rates that are net of commissions.
- **Retirees**: Florida Governmental Retirees must be allowed to continue coverage under the Entity's insurance program as required by Florida Statue 112.08.
- **Reference Requirement**: It is a requirement that all insurance carriers currently provide group insurance to at least two other Municipal entities with at least 2,500 employees. Proposers not able to list two current Municipal references may be disqualified from consideration.
- **Inquiries**: All questions regarding the document shall be submitted in writing via RFP360.
- **Benefit Plan Design**: Proposers are encouraged to match current plan designs as closely as possible for all lines of coverage.
- **Funding Type Proposals**: Medical/Rx proposers are expected to provide proposals on both a self-funded and fully insured basis.
- **Wellness Incentive Program**: Please outline, in detail, your proposed Wellness Program and any resources available to the Entity (including Mental Health wellness resources). Please also include $150,000 in annual Wellness Funds.
- **Pharmacy Rebates**: Medical and Pharmacy ASO proposers must provide Pharmacy Rebates at a 100% pass through to the Entity. The Entity's pharmacy benefit manager is with current

medical carrier and Entity receives 100% of Rx rebates. Proposals carving out pharmacy administration will be considered.

- **Technology Funds**: Proposers are encouraged to include technology funds in their proposal, with a minimum of $75,000 per year for three years.
- **Guarantees**: Proposers are encouraged to include performance guarantees, implementation guarantees, service guarantees, and network discount guarantees.
- **Rate Guarantees**: Medical proposers and Pharmacy Benefit Managers are encouraged to provide multiple year rate guarantees for self-funded administration fees.
- **Plan Implementation**: It is a requirement that the proposer awarded this contract provides representative(s) to assist with implementation, open enrollment, employee communications and ongoing assistance with routine plan administration.
- **Contract**: Please include your carrier standard contract in Word Document format with the RFP for the Entity's review.
- **Employee Communications**: It is the responsibility of all successful proposers to provide the necessary papers, forms, etc., for initial enrollment and also the administration of benefits including but not limited to: brochures outlining schedule of benefits, directories, certificates, claim forms, identification cards, benefit booklets, etc., where applicable.
- **Benefit Administration**: The Entity has retained Workday for on-line enrollment and electronic administration of the Entity's benefit programs, all proposers must have the technological capacity to transmit and accept a HIPAA 834 5010 eligibility file with proper confirmation of receipt and discrepancy reporting.
    - If the selected provider has an existing data exchange process with Workday, that process will continue including file layouts, timing and method of transmitting data. For those providers that do not have an existing data exchange process with Workday, Workday will require that utilization of the Workday standard file layout and FTP site as the method of data transmission. Eligibility files, including employee terminations, are provided on a per payroll basis.

4. Background & Underwriting Information

BACKGROUND SUMMARY

The Entity has a self-funded medical insurance plan with Florida Blue. Stop loss and pharmacy are also currently offered through Florida Blue. The Entity currently has one PPO medical plan.

The Entity has an Employee Health Center. Employees are not required to use the clinic and may still use the medical network at their choosing.

PLAN CHARACTERISTICS

Please take all of the following into consideration in your proposal:

- The Entity has 2,293 employees and 1,876 Retirees.
- The Entity's medical tier structure is 4 tiers.
- The medical and prescription drug plan consists of one PPO plan. The Entity is interested in keeping benefits as close to current as possible, so they would like to see a plan matching current benefits.
- Medical and pharmacy carriers are encouraged to include Rx Rebates in their proposal. These rebates should be made payable directly to the Entity. Please provide an estimate of expected annual Rx rebates with your proposal as well.
- Stop loss: Please quote a contract term of 12/36. Please match current policy as closely as possible. The specific deductible is $375,000 and there is an aggregating specific deductible of $100,000. There is no aggregate stop loss in place. Stop loss policy can be found in the attachments.

RETIREE INFORMATION

- Retirees and survivor spouses are eligible for Medical/Rx coverage.

- In addition to the Florida Blue medical plan, the Entity offers Medicare Supplement Part F/G and a Florida Blue Medicare PremierRx Part D Plan to eligible retirees.
- Out of the 1,876 retirees, 531 retirees are enrolled in the Medicare Supplement plan and 460 retirees are enrolled in the Florida Blue Retiree Health plan.

Medical Rate History (Funding Rates):

	2022	**2023**	**2024**
Florida Blue Medical Plan			
Employee Only	$689.23	$723.68	$796.05
Employee + Spouse	$1,365.41	$1,433.68	$1,577.04
Employee + Child(ren)	$964.01	$1,012.22	$1,137.30
Employee + Family	$1,755.04	$1,842.81	$2,027.07

ASO/Reinsurance Rate History:

	2022	2023	2024
ASO PEPM - Individual	$28.23	$28.23	$28.23
ASO PEPM - Family	$65.92	$65.92	$65.92
ISL PEPM - Composite	$25.78	$27.71	$30.21

EMPLOYEE ELIGIBILITY:

Waiting Period for Benefits for all Employee Classes for Health Insurance

Commissioners and Charter Officers-No wait

Regular Full-time, ¾ Part-time, ½ Part-time, Professional Time-Limited Temporary Employees- the earliest effective date of coverage is the first of the month after 30 days of employment

Professional Temporary Employees- the earliest effective date is the first of the month after the 90th day of employment.

Retirees-City Health Plan-Earliest effective date is the first day of retirement. City Medicare Supplement and Part D- The earliest effective date is the first of the month the Retiree turns 65.

The Entity's payroll cycle is biweekly, and they have 26 paychecks during the calendar year. Retiree payments are on a monthly basis.

CONTRIBUTION STRATEGY:

- Medical:
  - Active Employees - The contributions for active employees are listed in the chart below.
  - Retirees - Retiree contribution rates are formula-based. Each Retiree receives a City Contribution valued at $10/year of service and $5 is added/subtracted for each year the Employee retires before/after the age of 65, respectively. (Therefore, each Retiree's contribution is different).

Contribution - Current (2024):

Medical	Employee	Employer
Employee Only	$646.07	$149.98
Employee + Spouse	$889.27	$687.77
Employee + Child(ren)	$671.97	$465.33
Employee + Family	$1,159.78	$867.29

5. Response Form - Medical Insurance

Response Form - Medical Insurance

1. Please fill out this table if you are providing a quote for a Medical plan with In Network and Out of Network Benefits.

Schedule of Benefits	Current Plan - In Network	Current Plan - Out of Network	Proposed Plan - In Network	Proposed Plan - Out of Network
Network(s) Utilized	Florida Blue BlueOptions	Florida Blue BlueOptions		
Deductible - Plan Year or Calendar Year	Calendar Year	Calendar Year		
Individual Deductible	$600 Rx Deductible: $300	Combined with In-Network		
Family Deductible	$1,800	Combined with In-Network		
Out-of-Pocket Maximum Individual	$4,500	$5,000		
Out-of-Pocket Maximum Family	$7,500	$10,000		
Member Coinsurance	20%	40%		
Physician Office Visit	$15	40% after CYD		
Specialist Office Visit	20% after CYD	40% after CYD		
Preventive Care	No Charge	40%		
Telehealth / Virtual Visit	$15 (PCP) / 20% after CYD (Specialist)	40% after CYD		
Independent Clinical Lab	No Charge	40% after CYD		
X-rays	$50	40% after CYD		

Advanced Imaging (MRI, PET, CT)	$125	40% after CYD		
Urgent Care Visit	$30	$30		
Outpatient Surgery in Surgical Center	$100	40% after CYD		
Physician Services at Surgical Center	20% after CYD	40% after CYD		
Inpatient Hospital (Per Admit)	$750	40% after CYD		
Outpatient Hospital (Per Visit)	$150	40% after CYD		
Physician Services at Hospital	20% after CYD	20% after in-network CYD		
Emergency Room (Per Visit)	$250	$250		
Mental Health & Substance Abuse Inpatient Hospital (Per Admit)	$750	40% after CYD		
Mental Health & Substance Abuse Outpatient Services (Per Visit)	$150	40% after CYD		
Mental Health & Substance Abuse Office Visit	$15	40% after CYD		
Prescription Drugs - Tier 1 / Generic	$10	40%		
Prescription Drugs - Tier 2 / Preferred Brand Name	$300 Rx Ded + $50	$300 Rx Ded + 40%		
Prescription Drugs - Tier 3 / Non-Preferred Brand Name	$300 Rx Ded + $80	$300 Rx Ded + 40%		
Prescription Drugs - Tier 4 / Specialty	$160	$300 Rx Ded + 40%		
Prescription Drugs - 90 day supply Mail Order	Tier 1 - $20 Tier 2 - $300 Rx Ded + $100 Tier 3 - $300 Rx Ded + $160	N/A		

2. Please provide the Premium equivalents for the proposed line of coverage.

Coverage Tiers	**Current Rates**	**Proposed Rates**

Employee Only		
Employee + Spouse		
Employee + Child(ren)		
Employee + Family		
Rate Guarantee		

3. Please provide the fully insured rates for the proposed line of coverage.

Coverage Tiers	Current Rates	Proposed Rates
Employee Only		
Employee + Spouse		
Employee + Child(ren)		
Employee + Family		
Rate Guarantee		

6. Response Forms - Self Funded Medical Rx/ASO

1. Complete if proposing Administrative Only Services (Please note the use of "N/A" in any contract details field will be evaluated as "not offered." Please use "Included" to indicate that a service is offered with no additional cost added to the ASO rates):

Contract Details and All Applicable Fees Below:	Base Plan
Name of Proposer	
Name of Network(s) Utilized	
Administration Fee (PEPM)	
Utilization Review (PEPM)	
Network Access Fee (PEPM)	
Disease Management (PEPM)	
Pharmacy Management Fee (PEPM)	
Wellness Program Fee (PEPM)	

HIPAA Certification	
Other Fees (PEPM)	
Termination Fees (PEPM)	
Rate Guarantee	
TOTAL ADMIN FEE (PEPM) Year 1	
TOTAL ADMIN FEE (PEPM) Year 2, if applicable	
TOTAL ADMIN FEE (PEPM) Year 3, if applicable	
TOTAL ADMIN FEE (PEPM) Year 4, if applicable	
TOTAL ADMIN FEE (PEPM) Year 5, if applicable	
Please confirm if there is a stop loss interface fee. If so, what is your stop loss interface fee?	

2. Complete if proposing Stop Loss Insurance:

Contract Details	**Proposed Offer**
Type of Contract	
Coverages Included	
Lifetime Maximum	
Specific Deductible	
Specific Premium - Single PEPM	
Specific Premium - Family PEPM	

3. Complete if proposing Pharmacy Benefit Management:

Contract Details	**Proposed Offer**
Contract Length	
Guarantee Level	
Contract Type	
Network Details	

Network Type	
Network Size	
Major Chains Excluded (if any)	
Retail Network Discounts	
Overall Brand Guaranteed Discount (Post-AWP)	
Overall Generic Guaranteed Discount (must include Single Source Generics)	
Dispensing Fees - Brand	
Dispensing Fees - Generic	
Mail Discounts	
Overall Brand Guaranteed Discount (Post-AWP)	
Overall Generic Guaranteed Discount (must include Single Source Generics)	
Dispensing Fees - Brand	
Dispensing Fees - Generic	
Specialty Discounts	
Overall Guaranteed Mail Specialty Discount (Post-AWP)	
Overall Guaranteed Retail Specialty Discount (Post-AWP)	
Dispensing Fees - Brand	
Dispensing Fees - Generic	
Administrative Fees / Allowances	
Administrative Fee Credit (PEPM)	
Administrative / Transaction Fee Per Claim	
Clinical Fees	
Addtl cost for Electronic eligibility submission	

Addtl cost for TPA / PBM Feed	
Please provide your annual estimated Rx rebates for Year 1 of the contract.	
Guaranteed Retail Rebate Amount Per Brand Claim	
Guaranteed Retail-90 Rebate Amount Per Brand Claim	
Guaranteed Mail Rebate Amount Per Brand Claim	
Guaranteed Mail Specialty Amount Per Brand Claim	
Guaranteed Retail Specialty Amount Per Brand Claim	

7. Questionnaire - Medical

1. Please provide your proposed Benefit Summaries as part of your response.

2. Detailed plan documents have been included in the attachments sections of this RFP. Please outline any differences between Cigna's documents and your proposed SBCs/SPDs (ie, is there something that is currently being administered that your company cannot administer in the same way?)

3. Please provide a Medical Geo Access report that illustrates the number of: a. 1 Hospital within 10 miles b. 2 PCPs & Pediatricians within 10 miles c. 2 OBs/Gyns, within 10 miles d. 2 Specialists within 10 miles (excluding OBs/Gyns) e. 2 Urgent Care Centers within 10 miles The report format should include a breakdown by employee city of residence with the number of employees in that location and the number of providers servicing that location. The report should also include reporting on the number and location of employees who do not meet the above criteria.

4. Please identify proposed provider network.

5. For proposers not proposing national network coverage, please describe available access for out-of-state residents (retirees and/or dependents of covered participants).

6. Please confirm requirements for coordination with Medicare for both active employees and their dependents, as well as retired employees and their dependents.

7. Each proposer must confirm that they will provide the following reports upon request (monthly) by the Entity or its Agent of Record: a. Large Claimants (over $25,000) inclusive of gender, plan, diagnosis, last date of service, prognosis and if the claimant remains covered on the plan. b. Utilization reports by diagnosis, place of service, employee vs. dependent costs. c. Monthly paid claims

8. Are you able to provide prognosis/medical case review on a quarterly basis?

9. Are you willing to conduct face-to-face meetings quarterly (including medical/pharmacy director and financial analyst support) with the client to discuss financial and program enhancement/cost containment ideas that will assist the client in benefit design strategy, and will not necessarily be focused on plan design coverage reductions?

10. Please describe your prior authorization process, specifically as it relates to high-cost specialty medications (such as Ozempic, Mounjaro, etc). Please confirm if you are able to accept a file of current authorizations and if there is a cost associated with this.

11. Please list and describe your Disease Management programs that are included in proposal.

12. Please list and describe Utilization Management programs included in proposal and other available options, if applicable.

13. Please confirm dependent child(ren) eligibility.

14. Please confirm proposer has included telemedicine benefit in medical quote. Telemedicine should include Behavioral/Mental Health.

15. For plans that provide out-of-network coverage, if radiologists, anesthesiologists and pathologists are not part of the network, is the member responsible for cost at the in-network or out-of-network reimbursement levels?

16. How do you handle transition of care for members currently undergoing treatment or have existing relationships with the incumbent carrier's network providers?

17. Provide a medical disruption report for the provider lists attached to this RFP.

Records	In-Network	Out-of-Network
No. Total Records		
% of Total Records		

18. Self-Insured: Provide recommended premium equivalents for the current and [optional: alternate] plan designs shown in the medical benefit response form section.

19. Self-Insured: Please confirm if medical ASO quote is contingent upon bundled Stop Loss and/or PBM administration. If so, please confirm what is required to be attached and/or pricing differential without bundled administration.

20. Self-Insured: Is your company willing to provide administrative fee guarantee? If so, please provide the details of your guarantee.

21. Capitation: What is your Capitated Fee (PEPM)? Is this Capitated Fee Guaranteed and for how long? Please confirm which types of claims are Capitated.

22. Describe your proposed transplant program and how transplant cases are handled.

23. Describe how complex cases are managed and coordinated.

24. Describe your process for discharge planning and home health care.

25. Is proposer willing to provide performance guarantees for your network discounting? If so, please include details.

26. Are you willing to waive the actively at work, dependent non-confinement limitation provisions for all currently enrolled individuals on medical?

27. Optional: Please confirm coverage for Domestic Partners and their eligible dependents.

28. Self-Insured: Provide a medical repricing analysis if quoting medical using the attached repricing data. Please provide repricing for the same time period included in the attachment(s), May 2023-April 2024.

8. Questionnaire - Stop Loss

1. Please confirm proposed stop loss quote is firm. If not, please provide details as to why.

2. Please confirm proposed quote contract terms.

3. Please confirm proposal does not include lasers.

4. Please confirm proposer's process for inclusion of lasers, if applicable, at renewal.

5. Please detail data requirements in order to process reimbursements.

6. What is the time frame for reimbursements once the claim information is submitted for payment? Do you offer Advanced Funding on claims reimbursements at no cost to the client?

7. Please confirm that proposer will base stop loss coverage reimbursements on the 'Eligible Expenses' as defined by the medical ASO plan document.

8. Does proposal exclude any member population included in census.

9. If proposer is awarded the Stop Loss insurance contract, please confirm if policy is guaranteed renewable.

10. How many months of current year experience are required to offer a firm renewal?

11. Upon underwriting approval, does proposer offer a maximum renewal rate cap on specific rates?

12. Does proposer have an aggregating specific deductible option available that represents a dollar for dollar premium off-set to share risk?

13. What aggregate corridors are available for consideration?

9. Questionnaire - Wellness

1. Please confirm that your proposal includes annual Wellness Funds and the amount you will be providing annually. Please outline how the funds can be used and if any conditions apply.

2. Are there any additional costs to the Entity or employees to participate in your wellness programs or services?

3. Will the account team assigned include a designated wellness coordinator? If so, which wellness services will be included?

4. Will you attend Wellness Events through the year? If so, how many? Are there any related costs for attendance?

5. Does your company offer rate discounts on the proposed programs, in dollars or percent, to employer groups who implement an active, participatory Wellness Program? If so, please describe the discount model amount and requirements.

6. Does your wellness program provide a proactive health education and improvement program for those with a chronic condition?

7. Does your wellness program utilize behavioral coaching principles and evidence-based medicine guidelines to optimize self-management skills to foster sustained health improvement?

8. Does your wellness program include: a. Chronic condition-specific coaching? b. Pre- and post-discharge calls? c. Lifestyle management coaching: stress, weight management, and tobacco cessation? d. Treatment decision support and coaching?

10. Questionnaire - Mental/Behavioral Health

1. Describe how your integrated offerings engage those with unaddressed behavioral health concerns or needs. Do you have any outcome metrics that show the success of these measures and the impact to overall medical cost?

2. Describe how you assist members in navigating and identifying available behavioral health appointments.

3. Please list any lawsuits or settlements against your company in the past three years regarding mental health parity or denial of behavioral claims.

4. Describe your efforts to improve access to behavioral care and your efforts to identify and engage people reluctant to seek behavioral care.

5. Please describe any specific programs you have targeting first responders and/or the law enforcement population.

11. Questionnaire - Pharmacy

1. Please confirm which database proposer uses to analyze claims utilization data.

As the healthcare marketplace continues to advance and both pharmacy and medical costs continue to rise, the need by plan sponsors to have a more collaborative approach at reducing costs and improving patient health has increased. The complexity of the fragmented system is apparent as we see patient safety and health risks missed by physicians, pharmacists, and traditional clinical programs, which are highly concentrated among patients with multiple doctors involved in their care. With more than 30 million Americans taking three or more medications daily and pharmacy claims information being only a portion of a member's healthcare, we need a true overview of member treatments for all their conditions.

At Express Scripts, we use integrated data to fuel insights and innovation that lead to new solutions and better patient care. To that end, we have developed industry-leading, evidence-based solutions that provide advanced patient safety interventions while helping clients save on total healthcare costs.

We believe that healthier outcomes ultimately require better decisions by patients, caregivers, and providers. Outcome-driven performance is what sets Express Scripts apart. Better financial outcomes are achieved through lower costs and more affordable care, and healthier clinical outcomes come from smarter, safer, and more effective care. Waste in the system is created each year due to sub-optimal

clinical results in both the pharmacy and medical benefit. Every step of the way, Express Scripts is there to help close significant gaps in care; watch for premature discontinuations of therapy; avoid unnecessary hospitalizations, emergency room visits, physician visits and lab tests; reduce retail pharmacy errors; and monitor patient health.

Holistic Approach to Enhancing Care with Integrated Data

City of Gainesville's culture of integrated care aligns seamlessly with Express Scripts' focus on the effective integration of prescription, medical, and other clinical data. We believe that healthier outcomes ultimately require better decisions by patients, caregivers, and providers; therefore, we aim to provide both members and their physicians with the information they need to support better health decisions and outcomes. We deliver tools, analytics, and information to identify and act on potential health and safety issues, thereby improving member experience and future outcomes.

For more than 20 years, Express Scripts has integrated prescription, medical, and other clinical data to identify and act on potential health and safety issues. Integrating data means much more than merely linking claims by a common patient identifier; it is the bridge that lets us see the entire patient health, history, and outlook. Seeing a holistic view of the patient is essential when counseling members, closing gaps in care, and measuring both healthcare outcomes and plan cost savings.

Nearly half the plans we work with have more than one medical carrier. Experienced in data integration, Express Scripts works with multiple vendors and file formats, data exchange frequencies, and business-to-business connectivity methods. No matter what format is supplied, we map, transform, and derive the underlying data into common definitions, with a high level of quality and accuracy. To ensure consistency, we calculate, summarize, and store many key metrics and care gaps as data within our information warehouse.

With our extensive expertise and experience in integrating data, Express Scripts provides the unique ability to provide integrated reporting that allows clients to truly see a full picture of their population. A holistic view of the patient is essential in providing education to members that enable a better member experience and improved therapy decisions, which help to close gaps in care, and measure both healthcare outcomes and your plan cost savings.

Express Scripts believes that healthier outcomes ultimately require better decisions by patients, caregivers, and providers. To that end:

- We analyze pharmacy, medical, and lab data to enhance safety, savings, and service.
- We make relevant opportunities actionable for patients, caregivers, physicians, and pharmacists, from the point of prescribing throughout all stages of the prescription treatment process.
- Our health decision specialists spot patterns, gain insights, predict behaviors, and create recommendations based on client-specific and patient-specific data.

- Our specialist pharmacy practice develops real-time health action plans by using data to identify health and savings opportunities and inform member decisions.
- We use advanced analytics at the client level to help clients discover risks and opportunities in their populations, enabling plan designs that fit specific financial and human resource goals.
-

We leverage integrated data files to support population insights and trend analytics, specialty medical benefit management solutions, Concurrent Drug Utilization Review (DUR) health and safety concerns at the point of sale, and prior authorization. At our Therapeutic Resource Centers, we leverage integrated data to support member outcomes. Additionally, our clinical team uses proprietary Health Action Plan technology, which puts all the integrated patient data at their fingertips to help streamline counseling and improve outcomes.

By leveraging medical and lab claims data, our daily patient outreach and care is enhanced and provides City of Gainesville with multiple benefits that only Express Scripts can offer. Remember, our goal with integrated data is to effect both positive change on patient outcomes and reduce member and client healthcare costs.

2. Provide a copy of the proposed formulary. Is proposer's formulary based on lowest cost and evidence-based guidelines?

Please see ***Exhibit 04*** and ***Exhibit 05***.

Express Scripts Formulary Development and Management Strategies

Express Scripts' unique approach to formulary development is a key example of our commitment to alignment with our plan sponsors. Affordable access to a clinically sound pharmacy benefit calls for sophisticated cost-control strategies - strategies that always place patients and their physicians first. The Express Scripts formulary development process calls for a focus on clinical factors, with financial considerations coming into play only among clinically comparable or optional products. Our process involves three committees:

1. Therapeutic Assessment Committee - Reviews drugs based on clinical attributes. This committee includes the Office of Clinical Evaluation & Policy's vice president and medical director, the senior director of the Drug Evaluation Unit, and six additional clinical pharmacists who represent areas such as product management, emerging therapeutics, clinical programs, government programs, and utilization management services.

2. National Pharmacy & Therapeutics (P&T) Committee - A fully independent body that makes final formulary determinations. The committee comprises 14 independent physicians and two independent pharmacist who are not employed by Express Scripts. Committee members ensure Express Scripts formularies remain Centers for Medicare & Medicaid Services (CMS)-compliant.

3. Value Assessment Committee - Evaluates the net cost of drugs to Express Scripts, our plan sponsors, and their members. This committee includes representatives from product and formulary management, finance, human resources, and account management who evaluate current and future market dynamics, economic considerations, and client needs.

3. Provide a list of standard drug exclusions.

Please see ***Exhibit 06.***

4. Does prescription drug proposal(s) include Step Therapy, Prior Authorization and Quantity Limits?

Yes. Please see below for details and the ***Crumdale Pricing Supplement*** for related costs. Step Therapy, Prior Authorization and Quantity Limits are optional at the client level. None are required to achieve the pricing in the proposal.

Our approach to advanced utilization management considers the rapidly changing pharmacy landscape by utilizing a comprehensive approach for traditional and specialty medications. We offer a simplified clinical offering that provides clients with the flexibility to adopt a stepwise, building-block approach and aggregates medication into lists and packages based on therapeutic indication and member impact. City of Gainesville can select Prior Authorization, Drug Quantity Management, and Step Therapy lists either on an a la carte basis or in bundled packages at discounted rates. Each program is described in more detail below.

Prior Authorization

Our prior authorization program ensures drug coverage consistent with City of Gainesville's intent for the prescription benefit while maintaining member and physician satisfaction. These tools streamline the prior authorization process and align with physician office preferences. The benefits of these tools include:

- Clear direction on clinical requirements
- Capability to request new prior authorizations proactively and renew existing prior authorizations before they expire
- Secure and efficient prior authorization administration all in one place
- Ability to answer only the questions necessary for the prior authorization, rather than having to answer all questions included in prior authorization fax forms
- Ability to attach clinical documentation with guidance on when it is needed for the prior authorization
- Capability for both physicians and office staff to create prior authorization requests

Drug Quantity Management
Express Scripts' Drug Quantity Management program reduces wasteful spending in the pharmacy benefit by aligning the dispensed quantity of prescription medication with dosage guidelines approved by the Food and Drug Administration (FDA) or clinical evidence. This supports safe, effective, and efficient use of drugs while giving patients access to quality care. In addition, dosing consolidation ensures that the pharmacy dispenses the most cost-effective product strength. For example, our Drug Quantity Management program guides a member to take one 40 mg tablet instead of two 20 mg tablets when appropriate.

Step Therapy

Our Step Therapy program manages out prescription-drug waste within specific therapy classes by guiding patients to first-line medications before "stepping up" to more costly second-line medications.

Within specific therapy classes, several clinically effective medications are often available to treat the same condition. Step Therapy takes advantage of these opportunities to direct a patient to a clinically effective, lower-cost medication. Evidence-based clinical protocols for each step therapy module ensure patients receive cost-effective drug therapy that is clinically appropriate for their condition. Our Step Therapy program minimizes impact to members at the point of sale by applying automation to reject claims only for members whose history does not show use of first-line products.

Express Scripts can customize our Step Therapy programs so that any combination of drugs can be included as first-line, second-line, or third-line. Express Scripts can continue therapy for City of Gainesville's members using a unique group of drugs that does not match the first-line or second-line drug groups.

Other customizable variables include:

- Age restrictions
- Lookback period for first-line drugs
- Lookback period for continuation of therapy
- Number of drugs that must be tried (in the same or different drug groups)
- Override allowed
- Override criteria
- Pharmacy messaging

Additional customization is possible to account for factors such as days' supply filled.

5. Does prescription drug proposal(s) include an open or closed formulary?

The Crumdale coalition offers both the National Preferred (PREFERRED/CLOSED) and Basic Formulary 9OPEN), and the City of Gainesville has the option to choose from either option. National Preferred is highly recommended to drive to lower cost.

6. Will proposer cover the cost of transferring existing mail order prescriptions from the incumbent carrier? If so, please provide file specifications for transfer of data. If not, please outline the Mail Order process.

Express Scripts uses the claims history file for any needs related to past claim information. We will transfer files at no additional cost to City of Gainesville. We have the ability to load our clients' historical claims data so that we can transfer mail order prescriptions, maintenance medications, step therapy, prior authorization, etc. We typically load between 12 to 18 months of historical claims data for our clients. We will transfer files at no additional cost to City of Gainesville.

Format for Record Layout:

TRANSFER FILE LAYOUT - HEADER									
SEQ #	**FIELDNAME**	**REQ**	**FIELD TYPE**	**LENGTH (BYTES)**	**ALIGN**	**POSITION FROM**	**POSITION TO**	**COMMENTS**	**ESI Mapping - Extract**
1	Segment Identifier	Y	N	2	R	1	2	00 = File Control (header)	00
2	Client Name	Y	A/N	35	L	3	37		
3	Sender Company Name	Y	A/N	24	L	38	61	To be defined by processor/s	EXPRESS SCRIPTS

								witch	INC.
4	Sender Contact First Name	Y	A/N	15	L	62	76		
5	Sender Contact Last Name	Y	A/N	15	L	77	91		
6	Sender Contact Phone	Y	N	10	R	92	101		
7	Creation Date	Y	N	8	R	102	109	Format = CCYYMMDD	Current date
8	Creation Time	Y	N	4	R	110	113	Format = HHMM	Current time from timestamp
9	File Type	Y	A/N	1	L	114	114	P = Production T = Test	
10	Receiving Company Name	Y	A/N	24	L	115	138	To be defined by processor/switch	
11	Receiver Contact First Name	Y	A/N	15	L	139	153		

12	Receiver Contact Last Name	Y	A/N	15	L	154	168		
13	Receiver Contact Phone	Y	N	10	R	169	178		
14	Free Text File Comments	Y	A/N	50	L	179	228	Free Text	
15	Filler	Y	A/N	372	L	229	600		
TRANSFER FILE LAYOUT - DETAIL									
SEQ #	**FIELD NAME**	**REQ**	**FIELD TYPE**	**LENGTH (BYTES)**	**ALIGN**	**POSITION FROM**	**COMMENTS TO**	**ESI Mapping - Extract**	
PATIENT SECTION									
1	Segment	Y	N	2	R	1	2	01 = File Control	01

	Identifier							(detail)	
2	Member/Participant ID	Y	A/N	20	L	3	22		ALT-ID(1-4) or MEMSUB from eligibility look-up Dependent on request
3	Member/Participant Alternate-ID	N	A/N	20	L	23	42		ALT-ID(1-4) or MEMSUB from eligibility look-up Dependent on request
4	Person Code/ID Suffix	N	N	3	R	43	45		MEMDEP ID from eligibility look-up
5	Relationship Code	Y	N	1	R	46	46	0 = Not Specified or Not Available 1 = Member	STATUS from eligibility look-

								2 = Spouse 3 = Child 4 = Other 5 = Student 6 = Disabled Dependent 7 = Adult Dependent 8 = Significant Other	up 1=1, 2=2, 3=3, 4=5, 5=6, 6=7, 8=4
6	Gender Code	N	A/N	1	L	47	47	M = Male F = Female U = Unknown	SEX from eligibility look-up
7	Patient Date of Birth	Y	N	8	R	48	55	CCYYMMDD	
8	Patient Last Name	Y	A/N	35	L	56	90		
9	Patient First Name	Y	A/N	35	L	91	125		
10	Patient Middle Name	N	A/N	35	L	126	160		
11	Group ID	N	A/N	20	L	161	180	Patient's group ID (sub-group within client)	

DRUG IDENTIFIER SECTION									
12	Drug ID Qualifier	Y	N	2	R	181	182	Valid codes are: 11 = AHFS 12 = GC3 13 = GCN 14 = GSN 15 = GPI 16 = GPPC 17 = GTC 18 = HCPCS 19 = HIC3 / SPEC 20 = HICL 21 = NDC11 22 = NDC9 23 = STC 24 = UPC 25 = UPS 26 = OTHER 27 = USC 28 = STD 29 = DCC 30 = ALL DRUGS	DRUG-LVL-CD - G = 13, T = 12, N = 21
13	Drug ID	Y	A/N	19	L	183	201	(If "all" then leave blank)	
14	Brand vs. Generic	Y	N	1	R	202	202	0 = Generic 1 = Brand	3

	Indicator							2 = Single Source Brand 3 = All	
PRE-AUTH DETAIL SECTION									
15	Pre-auth Create Date	Y	N	8	R	203	210		
16	Pre-auth Update Date	Y	N	8	R	211	218		
17	Pre-auth Effective Date	Y	N	8	R	219	226		
18	Pre-auth Expiration Date	Y	N	8	R	227	234	Defined as date pre-auth is effective "through" (not "to")	
19	Pre-Auth Number	N	N	15	R	235	249		
20	Pre-Auth Type Code	Y	N	3	R	250	252	001 - Age (Drug Usage Edit Only - Not eligibility related) 002 -	

								Allowed Number of Refills 003 - Annual Number of Fills 004 - Claim Dollar/Cost Exceeds Maximum 005 - Claim Submission Time 006 - Contingent/ Step Therapy 007 - Copayment 008 - DAW Penalty 009 - Day Supply 010 - Deductible 011 - Dosage 012 - Drug (include specific coverage) 013 - Maximum Allowable Benefit 014 - Maximum Out-Of-Pocket 015 - Negative Coverage (excludes	

								drug normally covered) 016 - Other (new or currently unidentified pa's) 017 - Pharmacy (include coverage) 018 - Prescriber (include coverage) 019 - Quantity 020 - Refill Too Soon 021 - Reimbursement Rate (benefit coinsurance) 024 - Limitation over Time (QTY over DSP)	
21	Pre-Auth Comments	N	A/N	50	L	253	302	Free text comments related to the pre-auth record (most recent version if archived)	

OVERRIDE VALUES									
22	Quantity	S	N	9	R	303	311	9(7)v99; required when accompanied by a pre-auth type for Quantity	(ESI override codes of R76, Q76, EE7, ME7)
23	Quantity Used to Date	S	N	9	R	312	320	9(7)v99; required if tracked for Quantity-type overrides	
24	Dosage Per Day	S	N	9	R	321	329	9(7)v99; required when accompanied by a pre-auth type for Dosage	
25	Days' Supply (General / Overall)	S	N	3	R	330	332	Required when accompanied by a pre-auth type for Days' Supply or Quantity over a defined Day Supply	(ESI override codes of E19, Q76, R76)

26	Number of Fills Allowed	S	N	3	R	333	335		(All overrides)
27	Number of Refills Allowed	S	N	3	R	336	338		
28	Override Time Period	S	N	3	R	339	341	Number of days that a pre-auth has been approved	
29	Override Lifetime Limit	S	A/N	1	L	342	342	X = lifetime override; otherwise leave null	
30	Override Time Period Start Date	S	N	8	R	343	350	(if not stored by vendor, leave blank); this is different than Pre-Auth Effective Date	
31	Override Time Period End Date	S	N	8	R	351	358	(if not stored by vendor, leave blank); this is different than Pre-Auth	

								Expiration Date	
32	Amount Used to Date	S	N	3	R	359	361	should be used for fills or refills, if tracked by vendor	(All overrides)
33	Copay or Coinsurance Override Type	S	N	1	R	362	362	0 = Flat dollar 1 = Percentage	'1' = 0, '2' = 1 (ESI override code of I96)
34	Copay or Coinsurance Override Amount	S	N	9	R	363	371	Percent or flat amount 9(7)v99 for both	(ESI override code of I96)
35	Payment Amount Override Type	S	N	1	R	372	372	0 = Gross Amount Due 1 = Gross Amount Due Ceiling	0 (ESI override code E78)
36	Payment Amount Override Amount	S	N	9	R	373	381	9(07)V99.	(ESI override code of E78)
37	Benefit Amount Type	S	N	1	R	382	382	0 - Deductible 1 - Maximum	ESI override codes of the

								Benefit (Cap) 2 - Max MOOP 3 - All	following will be converted to this: I97 = 0, I97 = 1, I97 = 2, P76 = 1
38	Benefit Amount Time Period	S	N	1	R	383	383	0 - Calendar Year/Plan Year 1 - Quarterly 2 - Monthly	
39	Benefit Amount	S	N	9	R	384	392	9(7)v99 for all	
40	Benefit Amount Used to Date	S	N	9	R	393	401	9(7)v99 for all	
41	Prescriber Override Type	S	N	1	R	402	402	0 = Exclude prescriber coverage (lock-out) 1 = include prescriber as in-network coverage 2 = Allow designated prescriber only (lock-	

								in)	
42	Prescriber ID Qualifier	S	N	1	R	403	403	0 = DEA# 1 = State License # 2 = AMA# 3 = Other	
43	Prescriber ID	S	A/N	20	L	404	423		
44	Pharmacy Override Type	S	N	1	R	424	424	0 = Exclude pharmacy coverage (lock-out) 1 = include pharmacy as in-network coverage 2 = Allow designated pharmacy only (lock-in)	
45	Pharmacy Override Granularity	S	N	1	R	425	425	0 = single pharmacy ID 1 = chain pharmacy ID	
46	Pharmacy Id	S	A/N	20	L	426	445		
47	DAW Difference	S	N	1	R	446	446	1 = client 2 = pharmacy	

								3 = patient	
48	Delivery Method or Source	Y	N	2	R	447	448	1 = Paper 2 = Mail 3 = POS (retail, non-paper) 99 = All / non-specified	(Used on ESI overrides of 96) (ESI default is both mail and retail)
LAST PAID CLAIM HISTORY									
49	NDC Number (407-D7)	N	N	11	R	449	459	from most recent paid claim only linked to the pre-auth record (no voids or reversals); Must be the full 11-byte NDC	
50	Prescription Number (402-D2)	N	N	7	R	460	466	from most recent paid claim only linked to the pre-auth record (no voids or	

								reversals)	
51	Prescription Fill Date (Previous Date of Fill - 530FU)	N	N	8	R	467	474	from most recent paid claim only linked to the pre-auth record (no voids or reversals) Format = CCYYMMDD	
52	Last Claim NABP (Pharmacy Number - 201-B1)	N	A/N	12	L	475	486	from most recent paid claim only linked to the pre-auth record (no voids or reversals)	
52	Filler	N	A/N	114	L	487	600		
TRANSFER FILE LAYOUT - TRAILER									
SEQ #	**FIELDNAME**	**REQ**	**FIELD**	**LENGTH**	**ALIGN**	**POSITION**	**COMMENTS**	**ESI Mapping - Extract**	

			TYPE	(BYTES)		FROM	TO		
1	Segment Identifier	Y	N	2	L	1	2	99 = File Trailer	99
2	Record Count	Y	N	10	R	3	12		Record count
3	Free Text File Comments	Y	A/N	35	L	13	47		
4	Filler	Y	A/N	553	L	48	600		

7. Will proposer cover the cost of transferring existing Prior Authorizations and other satisfied Drug Edits from the incumbent carrier? If so, please provide file specifications for transfer of data.

Agree, with modification. Express Scripts works closely with new clients to ensure the transfer of members' existing prior authorizations, open refills for both home delivery and specialty prescriptions, and claims history. During the implementation process, we request a file of existing prior authorization information, which includes members' names and ID numbers, national drug code (NDC) numbers, and type of override. We analyze this information based on the plan design you implement and assign new authorization numbers that are loaded into our system prior to your effective date. If City of Gainesville would like to grandfather current users of targeted drugs, Express Scripts can issue overrides in advance of program implementation. Express Scripts will work with City of Gainesville to review indemnity load specifications for consumer driven health plans (CDHPs), test the interface process, and manage the loading of the data for your members.

Express Scripts has a great deal of experience transitioning previous vendors' files to support point-of-sale deductibles, lifetime maximums, maximum out of pocket (MOOP), plan stop-loss processing, and support of CDHP integration. To transfer step therapy information, we will facilitate communication with your previous vendor to transfer historical prior authorization records to ensure continuity of care. This guarantees that claims will not be rejected for previously approved prior authorizations affecting step therapy. We will also work directly with your previous vendor, as we have agreed-upon file layouts for open refill transfer files, prior authorization files, and claims history files.

Your implementation team will work with City of Gainesville your previous vendor to coordinate all of these items. The lead time required to set up these transfers varies by client, but generally 60 to 90 days are required to fully analyze and test the interface with the data source.

8. Please outline proposer's Specialty Drug process, including clinical support available to members, and if a third party vendor is involved in these transactions.

Specialty Clinical Care Management

Our Specialty Clinical Care Management programs educate patients, identify and remove barriers to care, and promote positive outcomes from specialty therapies. We provide patients with proactive, personalized patient care to improve adherence to prescribed therapy, optimize health outcomes, and reduce unnecessary drug and medical costs such as emergency room visits.

Within the Therapeutic Resource Centers, our Specialty Care Management programs provide disease-focused clinical interventions by specialized clinicians, including:

- Individualized patient assessments
- Proactive adherence support
- Outcomes tracking
- Patient advocacy and education
- Detailed reporting
- Support for the prescriber-patient relationship and plan of care

Core Principles

Our Specialty Care Management programs align with the following principles:

- *Clinical Integrity* - We rely upon evidence-based practice guidelines and medical literature with appropriate and ongoing clinical staff oversight.
- *Promotion of Appropriate Therapeutic Outcomes* - We seek to improve therapy adherence, minimize the incidence of adverse events, and promote safe use of specialty drugs.
- *Patient Empowerment* - By providing individualized education and services, we help patients manage their condition and support informed decision making.

Specialty Care Management Programs

Our Specialty Clinical Care Management programs are developed by a specialized Accredo Clinical team and subject to review by the Express Scripts Therapeutic Assessment Committee. We do not use a third party in supporting these capabilities. The protocols we develop are drug and/or disease specific, and the cadence of outreach is specific to drug and often individualized to the patient. We proactively engage with patients to review treatment expectations, educate, and counsel on management of barriers to care in the following areas:

Specialty Care Management	**Therapeutic Resource**	**Program Objective**	**Enrollment Criteria**

Program	Center		
Idiopathic pulmonary fibrosis (IPF)	Advanced Pulmonary Condition	Our patient care model helps prevent pulmonary disease progression and complications as well as provides support to the physician-patient relationship and plan of care.	All idiopathic pulmonary fibrosis patients have access to complete care, the full range of therapies, and clinicians with expertise in this disease state.
Pulmonary Arterial Hypertension (PAH)	Advanced Pulmonary Condition	Our patient care model helps prevent pulmonary disease progression and complications as well as provides support to the physician-patient relationship and plan of care.	All pulmonary arterial hypertension patients have access to complete care, the full range of therapies, and clinicians with expertise in this disease state.
Asthma & Allergy	Asthma & Allergy	Our patient care model helps increase regimen adherence and improve respiratory, allergy, and/or dermatologic symptoms. Accredo has access to various therapeutic agents with different routes of administration and dosing regimens to best fit the prescriber's goals, as well as the patient's disease presentation and personal preference.	Patients using specific asthma and allergy agents are eligible for the specialty clinical care management program.
Bleeding Disorders	Blood Disorders	Our patient care model helps support the needs of hemophilia patients, clients, and providers in the appropriate management of clotting factor products and/or emicizumab.	All patients using clotting factor products and/or emicizumab are eligible for the specialty clinical care management program.
Sickle Cell Anemia	Blood Disorders	Our patient care model helps support the needs of sickle cell anemia patients, clients, and providers in the appropriate management of medications and related outcomes of	All patients using sickle cell anemia products are eligible for the specialty clinical care management program.

		sickle cell anemia.	
Cystic Fibrosis	Cystic Fibrosis	Our patient care model helps increase regimen adherence, manage disease symptoms, and prevent exacerbations.	Patients using specific cystic fibrosis agents are eligible for the specialty clinical care management program.
Fertility	Fertility	Our patient care model helps increase the proportion of patients achieving the desired clinical outcome with the prescribed medication regimen.	Patients using specific fertility medications are eligible for the specialty clinical care management program.
Growth Hormone	Endocrine	Our patient care model helps increase adherence as a means of promoting health outcomes, such as hormone normalization or fracture prevention.	Patients using in-home specialty medications for endocrine conditions, such as growth disorders, acromegaly, achondroplasia, pituitary or parathyroid disorders, and osteoporosis are eligible for the specialty clinical care management program.
Hepatology	Hepatitis C	Our patient care model provides 1:1 education and support to help improve patient adherence and optimize their potential outcomes of therapy.	Patients using hepatitis C (HCV), primary biliary cirrhosis and progressive familial intrahepatic cholestasis (PFIC) medications are eligible for the specialty clinical care management program.
Hereditary Angioedema (HAE)	Immune and Complex Conditions	Our patient care model provides optimal clinical care to HAE patients, encourages adherence to maintenance medications, and minimizes acute exacerbations.	Patients using specific HAE medications are eligible for the specialty clinical care management program.

Alpha-1 Antitrypsin Deficiency	Immune and Complex Conditions	Our patient care model helps improve adherence to medications and increase circulating plasma levels of protective alpha-1 antitrypsin to normal limits. We gather monthly weight updates to ensure all patients are shipped appropriate number of vials to stay within +/- 10% of their prescribed dose. This ensures optimal dosing and outcomes while also reducing waste.	Patients using specific alpha-1 proteinase augmentation therapies are eligible for the specialty clinical care management program.
Immune Disorders	Immune and Complex Conditions	Our patient care model provides optimal clinical management and care to patients receiving immune globulin.	Patients using specific immune globulin products are eligible for the specialty clinical care management program.
Myasthenia Gravis (MG)	Immune and Complex Conditions	Our patient care model provides optimal clinical care management, evaluates patient improvement or worsening of the disease state through collection of MG-ADL scores, and encourages adherence to maintenance therapy.	Patients using specific MG medications for adult patients that are anti-acetylcholine receptor antibody positive (AchR+) are eligible for the specialty clinical care management program.
Lysosomal Storage Disorders	Immune and Complex Conditions	Our patient care model provides optimal clinical management and care to patients receiving enzyme replacement/chaperone therapy for lysosomal storage disorders.	Patients using specific enzymes/chaperone therapies are eligible for the specialty clinical care management program.
Multiple Sclerosis (MS)	Neurology & Multiple Sclerosis	Our patient care model provides optimal clinical management and helps improve patient adherence to the prescribed disease modifying	Patients using specific MS and NMOSD (neuromyelitis optica spectrum disorder) therapies are eligible for the specialty clinical care

		treatment regimen.	management program.
Neurology	Neurology & Multiple Sclerosis	Our patient care model provides optimal clinical management, assesses the impact of improving or worsening on daily activities, and improves patient adherence to the prescribed treatment.	Patients using specific in-home specialty medications for neurologic conditions including, but not limited to, ALS, Huntington's Disease, Parkinson's Disease, periodic paralyses, seizure disorders and narcolepsy are eligible for the specialty clinical care management program.
Oncology	Oncology	Our patient care model provides optimal clinical management and care to oncology patients and prevents disease progression.	Patients using oral oncology are eligible for the specialty clinical care management program.
Rare Disorders	Rare Disease	Our patient care model helps increase the proportion of patients achieving the desired clinical outcome with the prescribed medication regimen.	Patients with any rare disease therapy are eligible for the specialty clinical care management program.
Respiratory Syncytial Virus (RSV)	Select Specialty Conditions	Our patient care model helps reduce the number of hospitalizations and mortalities by improving therapy adherence.	All caregivers of patients receiving Synagis therapy are eligible for the specialty clinical care management program.
Rheumatoid Arthritis (RA) and Inflammatory Conditions	Rheumatoid Arthritis (RA) and Inflammatory Conditions	Our patient care model provides optimal clinical management to help slow disease progression. Though our model, we assess pain and ability to perform activities of daily living on a regular basis. We screen for barriers to adherence and connect patients with the support needed to ensure they remain adherent.	Patients using specific rheumatoid arthritis and other inflammatory conditions medications are eligible for the specialty clinical care management program.

Select Specialty Conditions	Select Specialty Conditions	Our patient care model provides optimal clinical management and improves patient adherence to the prescribed treatment regimen.	Patients using specific SSC therapies are eligible for the specialty clinical care management program.

9. Is insulin or other diabetic supplies such as glucometers, test strips, lancets, etc. considered under the pharmacy benefit proposed or subject to medical plan benefits? If subject to medical plan benefits, please confirm service category.

Proprietary, Confidential, and Trade Secret information of Express Scripts

Yes, these supplies are covered under the pharmacy benefit proposed.

10. Is proposed pricing offer based on implementation of any new mandatory mail programs, clinical programs or plan design changes?

Proprietary, Confidential, and Trade Secret information of Express Scripts

The clinical programs, formularies and plan designs offered as part of the Crumdale coalition must be adhered to in order to receive the proposed pricing. Formulary is required and clients have a great deal of flexability on clinical programs (down to almost none) and plan design.

11. Does prescription drug proposal(s) allow the client the right to accept or reject formulary content decisions that impact plan design? Please provide data analytics specific to the client's drug mix and the associated economic impact.

Proprietary, Confidential, and Trade Secret information of Express Scripts

The Crumdale coalition offers both the National Preferred and Basic Formulary, and the City of Gainesville has the option to choose from either option. National Preferred is highly recommended to drive to lower cost.

12. Is proposer willing to grandfather existing users of a non-covered drug? If so, please confirm if indefinite or subject to a defined time period (i.e. 12 months).

Proprietary, Confidential, and Trade Secret information of Express Scripts

We will apply continuation of therapy for members currently utilizing medications that are impacted by formulary exclusions for 90 days without rebate impact. Continuation of therapy is available only at the effective date of the new agreement, and is not available for each additional year of the contract.

13. Is proposer willing to grandfather existing users of medications that require prior authorization (including specialty medications) without having to meet proposer's requirements?

City of Gainesville may choose to continue your members' current therapies when implementing Step Therapy. With continuation of therapy, members can continue taking second-line or third-line drugs. Without continuation of therapy, members who attempt to fill second-line or third-line drugs the first time after Step Therapy is implemented receive a claim payment rejection at the point of service. When this occurs, pharmacists can contact the prescriber to change the prescription or the physician may call to request a prior authorization.

14. What is the generic substitution policy and process for both mail order and retail?

Proprietary, Confidential, and Trade Secret information of Express Scripts

Express Scripts® Pharmacy is in compliance with all federal and state laws, including generic substitution rules and controlled substance dispensing limits. Express Scripts® Pharmacy can dispense for a 30 days' supply of a controlled drug unless otherwise restricted by state law.

Descriptions of our generic substitution and controlled substances policies are below:

- *Generic substitution* - Specific to generic substitution, Express Scripts® Pharmacy promotes generic drug substitution in accordance with state substitution laws, and/or when the drug has an "A"-rated, therapeutically equivalent generic product as defined by the Food and Drug Administration (FDA). There may be instances when state law specifies and/or allows substitution with a non-'A'-rated product. In these cases Express Scripts® Pharmacy may dispense a non-"A"-rated generic as specified or applicable under state law, regulations, and professional practice standards. Pharmacists follow the generic substitution regulations in the state in which the processing and clinical review pharmacy is located. When prescriptions are written outside of the state, the pharmacist follows the prescriber's intent with respect to generic substitution. Unless state regulations prohibit, prescribers must actively indicate, in writing, their intentions regarding substitution. In states where members are permitted to indicate dispense as written (DAW), Express Scripts® Pharmacy dispenses the brand but reaches out to convey the merits of using a less costly generic alternative.
- *Controlled Substances* - At the federal level, the Controlled Substances Act of 1970, enforced by the Drug Enforcement Administration (DEA), establishes standards concerning labeling, packaging, and dispensing of "controlled" substances by pharmacists. Each state has statutes that regulate pharmacies located within its borders. In addition to all federal laws, Express

Scripts® Pharmacy's computer system is updated with the most current state legislation to ensure compliance regarding processing, clinical review, and dispensing of controlled drugs. When a controlled substance is processed, Express Scripts® Pharmacy abides by the strictest of applicable state laws, including the state(s) where the drug is prescribed, processed and clinically reviewed, and dispensed.

We contractually require participating retail pharmacies to facilitate generic substitutions whenever possible and permitted by applicable law. Express Scripts® Pharmacy substitutes generic products according to state and federal regulations and City of Gainesville's plan design.

15. Does proposer own the mail order program? If not, please confirm the Mail Order process.

Confirmed.

16. Is proposer willing to conduct face-to-face meetings annually (including pharmacy director and financial analyst support) with the client to discuss financial and program enhancement/cost containment ideas that will assist the client in benefit design strategy, and will not necessarily be focused on plan design coverage reductions?

Confirmed.

Client-Centered Meetings
Evernorth provides constant monitoring of your plan to support maximum performance and City of Gainesville satisfaction. Your account team is available to serve your day-to-day needs and will include key professionals to collaborate with you on the clinical, financial, administrative, and strategic needs of your pharmacy benefit. We will meet with City of Gainesville frequently to discuss trends, strategies, and cost-effective initiatives. In addition to ongoing collaboration, your account team will facilitate structured meetings and planning sessions throughout the year, designed around City of Gainesville's needs.

Your account team is willing and able to meet with City of Gainesville on an as-needed basis to discuss any new, relevant plan changes or unexpected market disruptions that require plan adjustments (e.g. COVID-19 pandemic).

Strategic Planning and Review Consultation (SPARC)
At Evernorth, strategic planning and review is the year-round process in which we partner with our clients to challenge their status quo and deliver capabilities designed to achieve their organizational goals. The overall process consists of two main touchpoints: a plan performance review and consultation meetings.

These meetings review both plan and member performance, highlight potential risks, and provide strategic recommendations; further, they are complemented by quarterly progress touchpoints and demonstrate our consultative value to our clients. Other items, such as plan changes and contract renewal, depend on the time of year in which the meeting takes place and the stage of the contract (for

example, the first year of the contract versus the second year of the contract). Your account team may engage your analyst to evaluate the impact that plan changes may have on your pharmacy trend.

Plan Performance Review
In the plan performance review, your account team reviews your previous year's effectiveness by assessing key plan data and analyzing relative peer and industry trends in order to consult on your future health care goals with utmost accuracy. In addition to reviewing any historical plan performance data and industry trends, the plan performance review typically involves a(n):

- Overview of initiatives in process
- Review of communication strategies related to planned changes
- Review of quantitative plan performance, including financial, clinical, and operational metrics

Your clinical account executive is your account team's primary contact and consultant for clinical issues and initiatives during the plan performance review. City of Gainesville's clinical account executive takes part in City of Gainesville's meetings to discuss clinical programs and service offerings that would best augment your long-term goals and aspirations. The topics and discussion points for these meetings typically include:

- Formulary management
- Financial, formulary, and clinical modeling
- Trend evaluation
- City of Gainesville-specific business plan development
- Clinical program results evaluation
- Drug utilization evaluation to develop recommendations for appropriate clinical programs

Your analyst is also available for more complex clinical analysis.

Consultation Meeting
During the consultation meeting, your account team presents City of Gainesville-specific program recommendations, prepared through careful planning and analyses, and:

- Validates your plan's health care goals for the coming years
- Identifies key opportunities specific to your short-term and long-term objectives
- Recommends programs to meet your goals

These strategic planning and review consultations educate clients on key marketplace disruptors and teach them something they aren't aware of in the pharmacy business and the impact on their health care goals.

17. Self-Insured PBM: Does prescription drug proposal(s) ensure that no discount guarantee value will be derived from (1) the additional co-pay value in member pay the difference claims, (2) the AWP value from any compound claims or bulk chemical claims that are labeled and adjudicated under U&C, and (3) the AWP value from pharmacy input errors? All discount guarantees will be trued up on an annual basis 90 days after the end of each contract year?

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Calculation of Average Annual Ingredient Cost Guarantees. The Average Annual Ingredient Cost Guarantee shall be calculated as follows:
[1-(total Adjudicated Gross Cost or COB Adjudicated Gross Cost (excluding Dispensing Fees and prior to application of Copayments) of Qualified Claims for the annual period divided by total undiscounted AWP (both amounts will be calculated as of the fill date) for the annual period)].

Compounds are excluded from discount guarantees.

The Average Annual Ingredient Cost Guarantee and Dispensing Fee Guarantees under this Agreement will be measured, reported, and reconciled on an annual basis within ninety (90) days of the end of each contract year.

18. Self-Insured PBM: Does prescription drug proposal(s) ensure that Average Wholesale Price (AWP) for individual claims will not be an annual average, is from one consistent source and will not, in any way be calculated or adjusted or assigned an alternate NDC number?

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Confirmed. "Average Wholesale Price" or "AWP" means the average wholesale price of a prescription drug as identified by Medi-Span or other source generally recognized in the retail prescription drug industry mutually agreed on by the parties (the "Pricing Source"). The applicable AWP shall be the 11-digit national drug code (NDC) for the product on the date dispensed, and will be the AWP for the actual package size from which the prescription drug was dispensed. ESI shall require Participating Pharmacies, Mail Order Pharmacies, and Specialty Pharmacies to submit with each Claim, the 11-digit NDC of the actual package size dispensed from the pharmacy. In all cases, ESI represents that it utilizes only one AWP Pricing Source and that the AWP will be the lowest used by ESI for any sponsor. ESI shall not use AWPs of licensed repackages and will reject all Claims based on repackaged NDCs regardless of the dispensing pharmacy. ESI shall update AWP pricing files daily to reflect the most current published pricing.

19. Self-Insured PBM: Each proposer must confirm that proposed generic guarantee is based on all generic drugs adjudicated and classified by MONY codes, including single source, and not only MAC'd generic drugs.

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"Generic Drug" means a prescription drug, whether identified by its chemical, proprietary, or non-proprietary name, that is therapeutically equivalent and interchangeable with drugs having an identical amount of the same active ingredient(s) and approved by the FDA, and which is identified as such in ESI's master drug file using indicators from First Databank (or other source nationally recognized in the prescription drug industry) on the basis of a standard Brand/Generic Algorithm.

MNOY Guarantee Methodology. Generic average annual aggregate discount guarantees will include those prescription drug claims that processed to Sponsor for payment where the underlying prescription drug product was identified by Medi-Span as having a Multi-Source Indicator code identifier of "Y" or identified as DAW5 Claim on the date dispensed, unless otherwise noted as an exclusion. The application of brand and generic pricing may be subject to certain "dispensed as written" (DAW) protocols and Sponsor or Plan defined plan design and coverage policies for adjudication and Member Copayment purposes.

All Generic Drugs are included in the generic guarantee.

20. Self-Insured PBM: Does prescription drug proposal(s) provide an auditable contract with guaranteed price points at the specific client level?

Yes.

21. Self-Insured PBM: Does proposer retain any portion of the Rx rebates (retail or mail)? If so, what percentage? If not, are you willing to provide a quote in which all rebates are passed through to the employer?

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Subject to the conditions set forth in the Crumdale coalition contract, ESI will pay to Sponsor an amount equal to the greater of:

a. 100% of the Rebates received by ESI;

or

b. Subject to Sponsor meeting the Plan design conditions identified in the contract, the Crumdale coalition guaranteed Brand Drug amounts for rebates.

22. Self-Insured PBM: Please confirm that proposal includes Rx rebates payable directly to the Entity.

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Yes.

23. Self-Insured PBM: Each proposer must confirm that the client will receive all quarterly formulary rebate and reconciliation payments within 90 days of quarter's close. If "Not Confirmed," indicate the number of days that you will pay quarterly rebates within?

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Rebate Payment Terms : Subject to the conditions set forth herein, ESI shall pay Sponsor the Rebate guarantees set forth above reduced by the aggregate difference between the Anchor Date Rebate (defined herein) plus an inflationary Factor (defined herein), and the New Rebate (defined herein), for the drugs impacted by the American Rescue Plan Act of 2021, during each quarter within approximately ninety (90) days from the end of the quarter. Please see pricing supplement and/or contract for details.

Rebate Reconciliation: On an annual basis, ESI will perform a reconciliation and remit to Sponsor the difference of the guaranteed amounts paid quarterly (including any amounts applied at the point of sale) against the percentage amount, within one hundred fifty (150) days following the end of each contract year; provided, however, that if, upon reconciliation, the annual aggregate percentage amount paid to Sponsor for the contract year is greater than the guaranteed aggregate amounts, ESI shall be entitled to make up for, and offset, a shortfall in other Rebate guarantees under this Agreement. Please see pricing supplement and/or contract for details.

24. Self-Insured PBM: Do single-source generics fall within the proposer's generic or brand-name tiers? How are single-source generics classified when projecting discounts by tier?

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Single-source generics are included in the generic guarantee, based on MNOY codes.

25. As a condition of responding to this Request for Proposal, the proposer understands and acknowledges that as a public sector governmental entity, the Entity is not subject to ERISA and, as such, is subject to state insurance laws including, but not limited to, the requirements of section 626.8825. Proposer further represents that it is in compliance with the terms and conditions of the Florida Prescription Drug Act and that nothing regarding the proposer's network, compensation, pricing, or administrative structure would prohibit the Entity from submitting the attestation of compliance thereunder, as required by law. Where requested by the Entity, proposer will submit such attestation on Client's behalf. Proposer agrees to indemnify the Entity from any and all losses arising from Carrier's failure to structure its administrative processes in a manner that complies with the Florida Prescription Drug Act.

Confirmed.

12. Questionnaire - General Information

1. Are you willing to provide performance guarantees for implementation and servicing of your products? If so, please describe the performance guarantees you are proposing.

Yes. Please see ***Crumdale Pricing Supplement*** for performance guarantees.

2. Please indicate the group name, address, contact person, and telephone number of up to three firms in Florida to whom your company has forfeited money because of service problems in the last three years.

Not confirmed. If this information exists, it would be confidential.

3. Do you agree to allow retirees over and under 65 to continue coverage under the same plan at the same rate as active employees as required by Section 112.08, Florida Statutes, for public entities?

True

Proprietary, Confidential, and Trade Secret information of Express Scripts Not applicable. ESI is proposing services for self-funded pharmacy benefit administration. As such, plan eligibility requirements and employee cost as not set by ESI, but remain within plan sponsor control.

4. Provide the name, title, and contact information of the individual who would have direct daily account responsibility for the employee benefits program(s) you are proposing. If more than one person will be filling this role, please respond with complete information for all. The Entity is requiring a dedicated representative on all lines, no 800 numbers or generic emails.

A CST will be assigned during the finalist stage for the bidding process. We have outlined below what your designated team will look like once assigned.

Core Account Team

Express Scripts' core account team members have experience managing pharmacy benefit programs similar to City of Gainesville's; they are accessible to City of Gainesville geographically, and they have sufficient capacity and authority to respond to your issues in a timely manner.

Senior Account Executive: The Senior Account Executive serves as a point of accountability for City of Gainesville and provides proactive, consultative support. They will service as your account strategist to build and execute a tactical plan specific to your needs. The account executive directs your account team activity related to your objectives and escalated service issues, collaborates with City of Gainesville during all scheduled meetings, and works with you to formulate goals and action plans related to program enhancements, member care, drug trend management, and cost containment. They will be responsible for the appropriate allocation of corporate resources to maximize your plan performance.

Account Manager: In support of your account executive, the account manager owns execution of all City of Gainesville -specific service and operational deliverables. They will serve as your day-to-day Express Scripts contact and participates in your program implementation activities to ensure a seamless transition experience. After implementation, the Account Manager coordinates with all Express Scripts departments, particularly with the extended service team, to ensure operational excellence and set-up quality, proactively monitoring your service trends to allow for immediate resolution of any issues.

Clinical Account Executive: The Clinical Account Executive oversees the clinical relationship between City of Gainesville and our organization by defining strategic clinical plans, presenting a business plan that addresses your clinical program needs (for example, formulary, utilization, and health management), and facilitating formulary-related initiatives and management. They will lead the overall clinical strategy for City of Gainesville and be your day-to-day contact for clinical program issues. They will manage City of Gainesville 's clinical program implementation, oversight, results evaluation, and follow-up with your account team, analyzing data and delivering clinical modeling and reporting.

Senior Implementation Project Manager: Using established best practices and tracking mechanisms, the Senior Implementation Project Manager facilitates and manages the activities associated with program implementation and plan changes. They will serve as project lead for all implementation activities; supports City of Gainesville's ongoing plan changes; and works with the account management team and the rest of the extended service team to implement, test, and monitor all new client programs and services.

Extended Service Team

City of Gainesville will receive focused, actionable recommendations designed to help you meet your healthcare goals with our consultative approach. Your account team collaborates with the extended service team to provide consistent, accessible, and informed services at every level. Our service excellence model allows your account team to focus on a core set of responsibilities while directing undertakings beyond this core to the extended service team. The extended service team has a deep understanding of Express Scripts' systems, operations, and processes. They will work closely with City of Gainesville's account team on tasks such as plan design changes, information technology assistance,

eligibility support, reporting, and communications. Centralizing these key, repeatable tasks allows your account team to execute on your needs.

The extended service team includes experts in the following:

- **Plan Design:** The Benefit Operations team works closely with City of Gainesville's account team to ensure the unique benefit plan designs for your members are properly configured and implemented. We administer a wide range of plan design options and offer recommendations for cost-effective benefits that your members will value.
- **Contact Center:** The Contact Center team utilizes a suite of systems equipped with the most advanced technology along with a staff of highly skilled, courteous patient care advocates for seamless tracking, distribution, and monitoring of calls. In alignment with our engagement model, our staff optimizes all interactions to address members' most immediate needs while also informing them of actionable opportunities to improve care and reduce healthcare costs. Our state-of-the-art facilities are the key to handling member inquiries quickly and efficiently, ensuring satisfaction.
- **Information Technology:** Members of the Information Technology team assist with questions and issues related to adjudication, data exchange and file transfers, and the identification and pursuit of system enhancements. Information Technology relays team-scheduled system downtimes and upgrades and works with your team to meet your requests, such as file transfer method changes.
- **Marketing Communications:** The Marketing Communications team coordinates client and member communications and website services, as well as organizing relations management events such as our annual Outcomes Symposium which brings together clients and prospects and provides an overview about the state of today's market along with new programs that will be available in the future. In doing so, team members collaborate with and provide support to account management to assist with City of Gainesville's needs, such as: helping draft and edit all field alert communications as needed, ensuring proper approvals have been secured before publication, posting alerts, and distributing field communications.
- **Eligibility Support:** An eligibility specialist works with Account Management during program implementation to review current technology and build an eligibility interface to meet business needs. Eligibility staff provides support for file loads and verification and correction of issues with eligibility information accessed online. The eligibility team provides reporting as requested by your account team.
- **Reporting:** The reporting team, comprised of data analysts, clinical consultants, and benefit support professionals, works closely with City of Gainesville's account team to provide data-driven decision support, delivering accurate and actionable recommendations to improve your pharmacy plan's performance.

Client Service Center Team

In addition to your account team, our Client Service Center acts as a resource to City of Gainesville for member-related inquiries. This network of highly skilled representatives is available through a toll-free

number, Monday through Friday, from 8 a.m. to 8 p.m., Eastern. The most common services provided through the Client Service Center include:

- Processing administrative prior authorizations
- Researching indemnities
- Responding to billing inquiries
- Updating claims

If an inquiry requires additional research, the Client Service Center updates City of Gainesville each day until the issue is resolved. We document all pertinent information in our online account management tool, which serves as a central repository for tracking, trending, and root cause analysis.

5. What is your account service team's average response time to client requests or questions?

Verbal inquiries made via member calls to our contact centers are answered in the order of which they are received. The majority of member questions are resolved during the first contact with Express Scripts. Members may choose between utilizing our automated call menu (IVRU) or speaking directly with a patient care advocate (by dialing the appropriate prompt) to place an order, check the number of refills remaining, review order status, order forms, or locate participating pharmacies at any time. Our proprietary system makes it possible to track a prescription throughout the entire process - including receipt, filling, and shipping. The same patient-specific data that is integrated with our IVRU system is also used by our advocates when members choose to speak with a live agent.

Written Inquiries

Our patient care advocates are entrusted with all written inquiries through the Contact Center and are immediately logged into our customer contact system. Express Scripts responds to the majority of written inquiries sooner, but we guarantee that annually: 95% or more of written inquiries will be responded to within five (5) business days and that 100% of written inquiries will be responded to within ten (10) business days.

Email Inquiries

All email inquiries received by the Contact Center are also captured in our customer contact system. Express Scripts' e-patient care advocates are responsible for providing responses to inquiries within five (5) business days.

In 2023, we responded to 99.9% of written and email inquiries within five business days. Our corporate standard is to respond to 95% of member correspondence received by mail or email within five business days of receipt.

6. Describe the services provided by your account service team to the employees.

Extended Service Team
With our consultative approach, City of Gainesville will receive focused, actionable recommendations to

help you meet your healthcare goals. Your designated account team collaborates with the extended service team to provide consistent, accessible, and informed services at every level. Our model of service excellence allows your account team to focus on a core set of responsibilities while directing undertakings beyond this core to the extended service team. The extended service team has a deep understanding of Evernorth's systems, operations, and processes, and they will work closely with City of Gainesville's account team on plan design changes, eligibility support, and reporting. Centralizing these key, repeatable tasks allows your account team to execute on City of Gainesville's needs.

The extended service team includes experts in the following:

- **Plan Design** - Evernorth's Benefit Operations team works closely with City of Gainesville's account team to ensure your members' unique benefit plan designs are properly configured and implemented. We administer a wide range of plan design options and offer recommendations for cost-effective benefits that your members will value.
- **Contact Center** - Evernorth's Contact Center utilizes a suite of systems equipped with the most advanced technology and a staff of highly skilled, courteous patient care advocates for seamless tracking, distribution, and monitoring of calls. In alignment with our engagement model, our staff optimizes all interactions to address members' most immediate needs while also informing them of actionable opportunities to improve care and reduce healthcare costs. Our state-of-the-art facilities are the key to handling member inquiries quickly and efficiently, ensuring satisfaction.
- **Eligibility Support** - An eligibility specialist works with Account Management during program implementation to review current technology and build an eligibility interface to meet business needs. Eligibility staff provides support for file loads and verification and correction of issues with eligibility information accessed online. The eligibility team provides reporting as requested by the account management team.
- **Reporting Team** - Evernorth reporting team, comprised of data analysts, clinical consultants, and benefit support professionals, work closely with City of Gainesville's account team to provide data-driven decision support, delivering accurate and actionable recommendations to improve your pharmacy plan's performance.

7. Describe the services provided by your account service team to the Human Resources department.

Account team assignments are based on client size and plan design complexity. We will assign account team members upon notice of finalist determination to ensure we have the best resources to support your specific needs.

Your core account team focuses on a core set of strategic responsibilities and engages an extended service team to support many day-to-day deliverables. The extended service team has a deep understanding of Express Scripts' systems, operations, and processes and will work collaboratively with City of Gainesville' account team on tasks such as plan design changes, program implementations, billing, eligibility, reporting, and communications.

Centralizing these key, repeatable tasks, allows your account team to execute on City of Gainesville' needs. We provide staff with high-quality initial and ongoing training to ensure a thorough understanding of how best to support City of Gainesville and your members from day one.

Core roles on your Client Service Team include:

- Senior Account Executive - Your experienced senior account executive, serves as City of Gainesville' strategic partner and primary contact. The senior account executive will collaborate with City of Gainesville during all scheduled meetings and work with City of Gainesville to formulate goals and action plans related to program enhancements, member care, drug trend management, and cost containment. The account executive engages and coordinates with internal partners and corporate resources to maximize City of Gainesville' success.
- Account Manager - Your account manager, will own the execution of all City of Gainesville-specific service and operational deliverables, participating in your program implementation activities to ensure a seamless transition experience. After implementation, the assigned account manager will act as your primary operational point of contact to coordinate with internal partners, ensuring operational excellence and set-up quality. They will proactively monitor your service trends to allow for immediate resolution of any issues.
- Clinical Account Executive (CAE) - Your CAE manages the clinical relationship between City of Gainesville and Express Scripts. You will work closely with your assigned CAE to develop a business plan that addresses your clinical benefit needs, including formulary intent and utilization management. To help you achieve your member health outcome goals, the CAE assists in clinical program oversight, results evaluation, and follow-up with City of Gainesville, analyzing data and delivering clinical modeling and reporting with recommendations. The CAE will work with you to define a strategic clinical plan and work with internal partners to supply information on emerging clinical trends and market events tailored to City of Gainesville needs to ensure you are prepared for future events.

Extended Service Team

With our consultative approach, City of Gainesville will receive focused, actionable recommendations to help you meet your healthcare goals. Your designated account team collaborates with the extended service team to provide consistent, accessible, and informed services at every level. Our model of service excellence allows your account team to focus on a core set of responsibilities while directing undertakings beyond this core to the extended service team. The extended service team has a deep understanding of Express Scripts' systems, operations, and processes, and they will work closely with City of Gainesville' account team on plan design changes, eligibility support, and reporting. Centralizing these key, repeatable tasks allows your account team to execute on City of Gainesville' needs.

The extended service team includes experts in the following:

- Plan Design - Express Scripts' Benefit Operations team works closely with City of Gainesville' account team to ensure your members' unique benefit plan designs are properly configured and implemented. We administer a wide range of plan design options and offer recommendations for cost-effective benefits that your members will value.

- Contact Center - Express Scripts' Contact Center utilizes a suite of systems equipped with the most advanced technology and a staff of highly skilled, courteous patient care advocates for seamless tracking, distribution, and monitoring of calls. In alignment with our engagement model, our staff optimizes all interactions to address members' most immediate needs while also informing them of actionable opportunities to improve care and reduce healthcare costs. Our state-of-the-art facilities are the key to handling member inquiries quickly and efficiently, ensuring satisfaction.

- Eligibility Support - An eligibility specialist works with Account Management during program implementation to review current technology and build an eligibility interface to meet business needs. Eligibility staff provides support for file loads and verification and correction of issues with eligibility information accessed online. The eligibility team provides reporting as requested by the account management team.

- Reporting Team - Express Scripts' reporting team, comprised of data analysts, clinical consultants, and benefit support professionals, work closely with City of Gainesville' account team to provide data-driven decision support, delivering accurate and actionable recommendations to improve your pharmacy plan's performance.

8. Please confirm your customer service hours. Please also confirm the location (city and state) of your call center's headquarters.

Confirmed. Express Scripts can support your open enrollment as long as we have received new or updated plan designs by the mutually agreed upon date. Members will have access to our patient care advocates 24 hours a day, seven days a week. Advocates can access and provide your members with the following information:

- Participating retail pharmacy locations
- Drug-specific coverage
- Drug-specific copayment
- Instructions on how to begin home delivery

City of Gainesville is responsible for distributing member communication materials containing the toll-free customer service number along with an accurate description of new plan design or plan changes. Benefit designs need to be finalized by Express Scripts and City of Gainesville by the agreed upon implementation timeframe. Benefit Operations will need to have all the client benefit information in order to build Open Enrollment Groups. After City of Gainesville supplies Express Scripts with the appropriate plan information, we enter it into our system to make available for our patient care advocates to reference

9. Does your company help facilitate annual open enrollments?

Open Enrollment Support	Response
a. Onsite meetings?	We determine our level of support for these events on a case-by-case basis. We are unable to predict when we may be able to provide live, in-person onsite support, but we will be more than happy to discuss staffing for specific meetings and fairs should we be named a finalist.
b. Educational materials?	Yes
c. Printed Materials at no cost?	Yes

10. What is your company's current A. M. Best, Moody's and/or Standard and Poor's ratings?

The following table includes our current financial ratings:

Insurer Financial Strength Ratings

Ratings Service	Current Rating
Moody's	A2
Standard & Poor's (S&P)	A
A.M. Best	A+

11. Do you utilize any "wrap" or leased networks not negotiated or owned by your company? a. If yes, what is the name of the network?

No.

12. Describe capabilities available through member website and mobile app. Please describe further any additional functionality available to employer as plan administrator.

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Express-scripts.com Capabilities

Express-scripts.com is our digital touchpoint, along with the Express Scripts mobile app, that proudly provides pharmacy benefit to City of Gainesville's members through a human-centric experience model dedicated to simplifying ... everything. Designed to deliver a wealth of functionality, information and resources, our website enables members to take a more active role in their own healthcare.

The member website's secure dashboard displays a variety of options, including easy to order prescription refills and renewals, order history with search by Rx name or number, shipping details, prior authorization status and expiration dates. The member website also allows the member to transfer eligible prescriptions to Express Scripts® Pharmacy. Many self-service features available enable members to accomplish tasks quickly, such as paying a bill, verifying a shipping address, updating payment information, and managing preferences. The Express Scripts mobile app mirrors the member website in almost every way, providing a consistent experience regardless of the access point.

Members can easily navigate the member website to:

- View website most frequently used options upon first view - dashboard displays menu options such as My Medication (order refills and manage prescriptions), Active orders and Make a Payment, etc.
- Intuitive drop-down menu options to guide the member to the pages on the site they need
- *Claim History*, a new enhanced page, offering the member robust price information, easy-to-understand pharmacy benefit statement, deeper look into claim details, including drug price information, avoidable penalties, accumulators like out-of-pocket cost and deductible. The claims history allows members to track their out-of-pocket prescription expense by date range (Last 6, 12,18 or 24 months) as well as detail account information.
- *Price a Medication* compares medication pricing and coverage information for both brand name and generic medications at home delivery or through a 30-day or 90-day retail pharmacy, based on the member specific prescription benefit plan guidelines. The convenient tool has a type ahead functionality to search a drug, search by zip code. When multisource brands searched it displays multisource brand pricing and generic alternatives. Price a Medication uses usual and customary pricing in its prospective retail pricing calculations, also helps educate member about the cost savings afforded by switching to generics and plan-preferred medicines (preferred alternatives), or transferring to home delivery. Members can select up to three pharmacies to view costs at these locations. Price a medication is especially helpful for members with CDH plans and other high-deductible plans because it helps members to manage their out-of-pocket expenses.
- *My Medication* provides a view of all the Member prescriptions on one page, presenting members with opportunities to save on the cost of their prescription and details that build trust and put the Member at ease. Member has the option to add prescriptions from list with refills to cart, renew prescription as well as add a new prescription or one they want they want to transfer from another pharmacy.
- *Order history* provides members with a filterable view of active and previous order and holistic view, including canceled orders. Order history provides detailed order status step-by-step order, actionable self-service message,real-time email order confirmation and access to

tracking information. Order history provides the member with details and specific updates to keep the Members 'in the know" (doctor outreach, pharmacy activity, end-to-end timeline)

- *Prior authorization* status view of each prior authorization including case ID, medication name/quantity, requested status, step in which PA is in process and ability to view additional detail about each case. Provides alert 59 days in advance of medication coverage, enabling member the opportunity to connect with their doctor to re-establish.
- View the shopping cart and checkout from any page
- Review important messages about managing their benefit and health
- Manage payment by storing multiple credit cards and checking accounts on file, as well as accessing PayPal
- Enter multiple addresses on file, including a temporary address, and verify the shipping address
- Set communications preferences from a helpful list of options, including "going green" by selecting email in favor of hard-copy communications, phone call or text. The communications include prescription and order status, savings opportunities and benefit plan, coverage and safety alerts. Allows members to select Data Privacy and permission for content to receive their email or text message.
- Contact us at any time to get information, ask questions, and provide feedback, a key element in our approach to the continuous improvement of our member experience

Our online suite of prescription and pharmacy benefit tools, information, and services allows members to manage their benefit by potentially lowering costs, saving time, and staying on track with adherence reminders.

Understanding the Prescription Benefit

Members can also access helpful information about their specific pharmacy benefit plan, including:

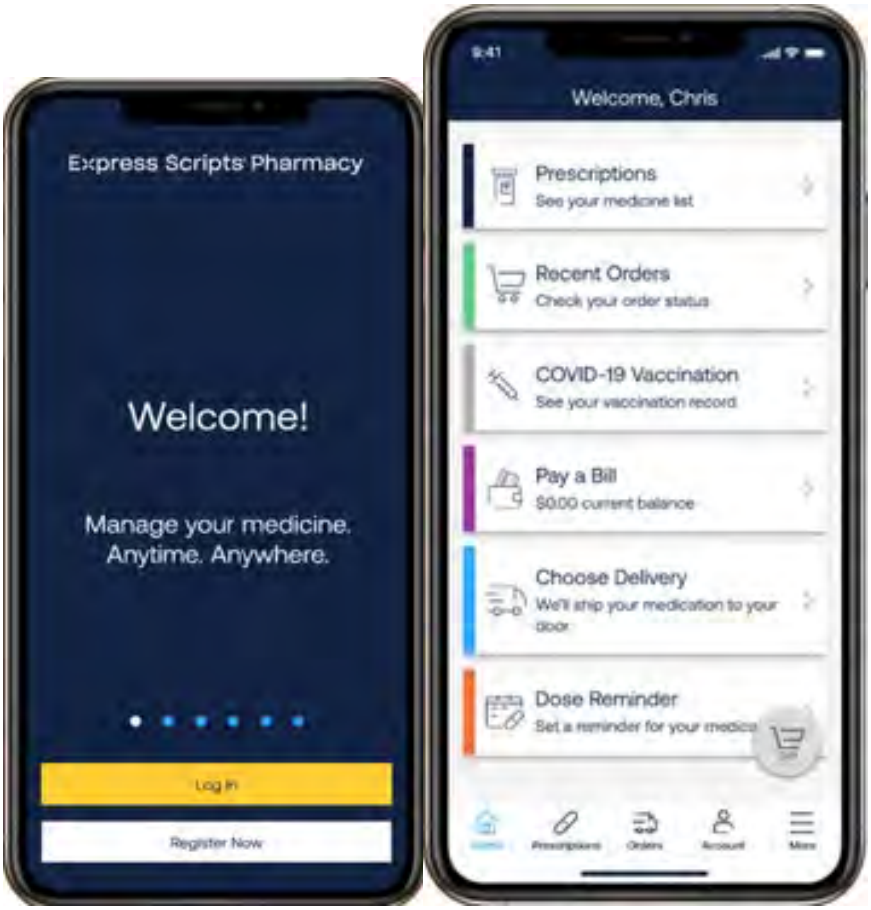
- *Benefit overview* - This area features a summary of the pharmacy benefit provided by the patient's health plan and administered by Express Scripts. This at-a-glance overview provides plan benefit information such as days' supply, copayment, deductible, and out-of-pocket limits for home delivery and retail pharmacies.
- *Find a pharmacy* - Plan members can easily locate in-network participating retail pharmacies in and around a specific ZIP code entered and provides the member with options to filter by: Pharmacy Name, Supply(30 or 90 day), by Services (24 hour, 7 days a week, vaccines, multilingual pharmacist, etc.) and filter by pharmacy type(long-term care, home infusions, etc.). Finding a pharmacy is very convenient, as this page provides maps and links to driving directions.
- *Forms* - Members can print as well as download home delivery forms or if they cannot print, the member can request home delivery form by mail. Print a Mail Order form and have the doctor complete it, then fax to the number on the form. Members can also submit prescription claims for reimbursement online.
- *Member ID Cards* - Member can print their member ID card and prescription history (to bring with them to their doctor)

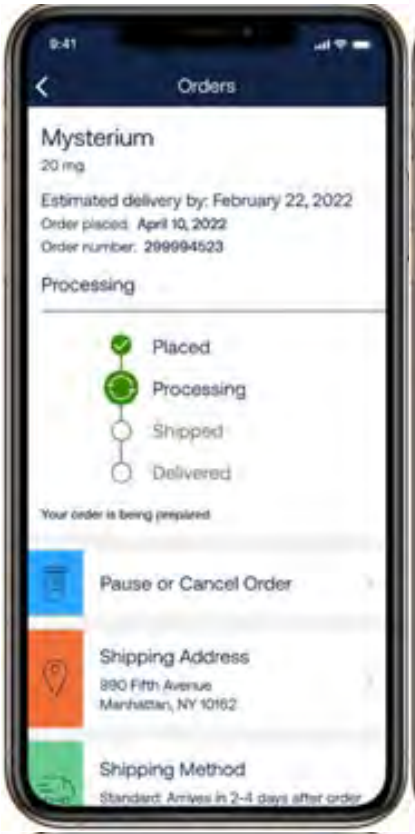
- *Health Questionnaire* - Member can also complete Health, Allergy and Medication Questionnaire. Once submitted, this form becomes part of the safety check performed for all new prescriptions.

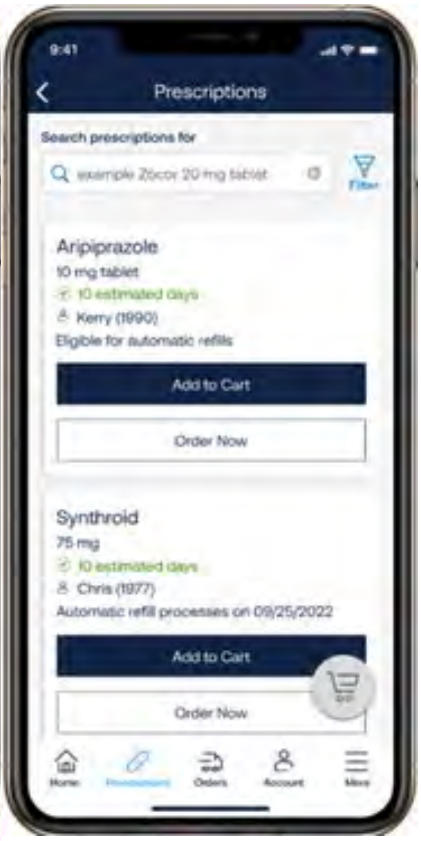
Mobile App Capabilities

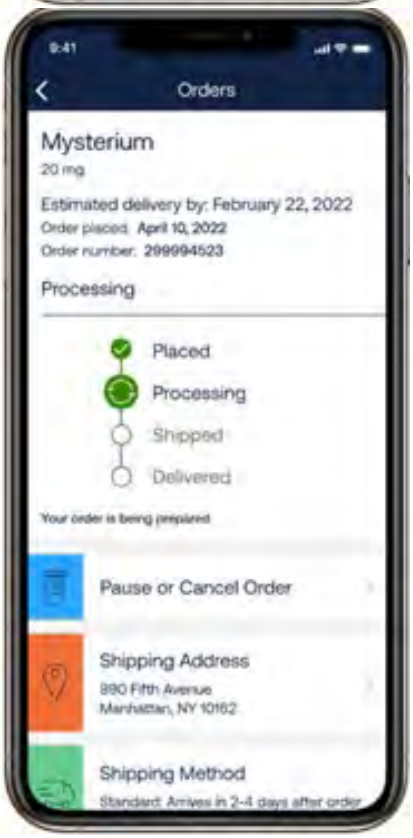
As shown in the images below, our mobile app has numerous features that are easily and conveniently accessible from the home page and side menu, including:

- *Refills and renewals* - With just two clicks, members can quickly and easily refill and renew their home delivery prescriptions. Easy access to prescriptions previously left in the Cart via the Member Web and checkout multiple prescriptions at once.
- *Order status* - Members can track their home delivery prescription orders. The order status feature displays order tracking information at each step, including when orders are received, in process, and shipped - all on a single page.
- *Pay a bill* - Members can pay outstanding balance using their mobile, during checkout of an order or directly. Payment methods can be edited at checkout.
- *Price a Medication* - Search a drug name and strength with lookup functionality. Find a medication's lowest price by comparing home delivery from Express Scripts® Pharmacy with up to 10 retail pharmacies, depending on plan set up, based on the member's current location or add/edit ZIP code. If applicable, the app will denote City of Gainesville's preferred network pharmacies. Generic alternatives are also provided if available.
- *Enroll in automatic refills* - This convenient automatic refill program for ongoing medicines using Express Scripts® Pharmacy home delivery helps to reduce gaps in care caused by missed refills. Members can change their next refill date or disenroll at any time.
- *Transfer to home delivery* - Members can request home delivery for medications taken on an ongoing basis that are currently obtained from a retail pharmacy.
- *Dose Reminders* - This feature automatically syncs with the patient's current prescription drug history and provides patients with the ability to track all of their prescription medication dosing regimens, while allowing the patient or caregiver to create alerts on their phone to remind them when it is time to take their medication throughout the day. It also notifies members when they are running low on their medications.
- *Claims and history* - Members can review their past prescription activity and invoice details for up to a 24-month period. Claim information can be displayed for retail and home delivery prescriptions for the member and all eligible dependents.
- *Virtual member ID card* - The virtual member ID card provides members with the convenience of simply pulling out their mobile device at the pharmacy instead of having to search through their wallet for their member ID card. Soon members will be able to store their member ID card in their Virtual Wallet. Express Scripts will no longer be producing physical ID cards in favor of the virtual ID cards and continuing towards a digital first strategy.


Express Scripts Pharmacy
Welcome!
Manage your medicine.
Anytime. Anywhere.
Log In
Register Now
9:41
Welcome, Chris
Prescriptions
See your medicine list
Recent Orders
Check your order status
COVID-19 Vaccination
See your vaccination record
Pay a Bill
$0.00 current balance
Choose Delivery
We'll ship your medication to your door
Dose Reminder
Orders
Account
More


9:41
Orders
Mysterium
20 mg
Estimated delivery by: February 22, 2022
Order placed: April 10, 2022
Order number: 299994523
Processing
Placed
Processing
Shipped
Delivered
Your order is being prepared
Pause or Cancel Order
Shipping Address
890 Fifth Avenue
Manhattan, NY 10162
Shipping Method
Standard: Arrives in 2-4 days after order


9:41
Prescriptions
Search prescriptions for
example Zocor 20 mg tablet
Filter
Aripiprazole
10 mg tablet
10 estimated days
Kerry (1990)
Eligible for automatic refills
Add to Cart
Order Now
Synthroid
75 mg
10 estimated days
Chris (1977)
Automatic refill processes on 09/25/2022
Add to Cart
Order Now
Home
Prescriptions
Orders
Account
More


9:41
Orders
Mysterium
20 mg
Estimated delivery by: February 22, 2022
Order placed: April 10, 2022
Order number: 299994523
Processing
Placed
Processing
Shipped
Delivered
Your order is being prepared
Pause or Cancel Order
Shipping Address
890 Fifth Avenue
Manhattan, NY 10162
Shipping Method
Standard: Arrives in 2-4 days after order

13. Describe any available benchmarking tools proposer can provide.

We have a standard reporting package that includes various levels of benchmarking. Benchmarking data from our book of business can include:

- Drug trend, distribution, and mix
- Average cost per prescription
- Internal claims
- Per member per month information

We provide this data in City of Gainesville's quarterly reporting package. Additionally, we can provide ad hoc benchmarking services to compare your member utilization to clients of similar size. At the request of City of Gainesville we can provide benchmarking in the form of: overall total authorization requests, denied authorizations, and trends across lines of business.

14. Please specify if proposer is SSAE 18 / SOC / SAS certified.

Express Scripts conducts Service Organization Control (SOC) 1 reports in accordance with Statement on Standards for Attestation Engagements (SSAE) No. 18, Reporting on Controls as a Service Organization. Annually, Express Scripts issues SOC 1 reports for the 12 month periods ending April 30 and October 31. This examination is conducted by the independent accounting firm PriceWaterhouseCoopers (PwC) in accordance with the attestation standards established by the American Institute of Certified Public Accountants.

Our SOC 1 report provides a description of Express Scripts' processing systems, in addition to comprehensively examining the suitability of the design and operating effectiveness of the controls to achieve the related control objectives. This includes flowcharts, process outlines, control descriptions, control tests, and findings.

The SOC 1 report covers the description of process owners' control structure policies and procedures that may be relevant to a user organization's internal control structure, whether such policies and procedures were suitably designed to achieve specified control objectives, and whether they had been placed in operation as of a specific date. It also covers whether the policies and procedures that were tested were operating with sufficient effectiveness to provide reasonable, but not absolute, assurance that the related control objectives were achieved during the period under examination.

A SOC 1 report is generally structured as follows:

- Report of independent service auditors
- Assertion of the organization and relevant applications
- Narrative description of the general control areas, control objectives, and related policies and procedures performed
- Description of certain complementary controls that would need to be implemented by a user organization to achieve control objectives included within the SOC 1 report

- Description of control objectives, controls, tests, and results of tests
- Additional applicable information provided by the organization undergoing the audit

15. Describe any fee/payment arrangements you have in place that promote affordability, quality and access to care.

Payment Arrangements

Express Scripts® Pharmacy provides an Extended Payment Program that assists cost-conscious members to pay for their medications by allowing them to spread out their payments into three monthly installments payable by credit card, or Visa or MasterCard debit cards. City of Gainesville benefits from the lower plan costs associated with members filling prescriptions at Express Scripts® Pharmacy and from members who are able to remain more compliant with their medication regimen.

We work with our clients to determine an appropriate credit limit, which is typically $150. However, unless a member has exhibited poor payment practices, this limit is extended up to twice its original value. If members do not submit payment with a prescription order, or if they submit the wrong copayment amount and have not exhibited poor payment practices, Express Scripts® Pharmacy sends an invoice with the filled prescription order that states the amount due. This statement serves as their initial invoice. If payment is not remitted, the participant will receive subsequent statements in 25-day intervals, followed by a series of collection letters in 30-day increments beginning 60 days after the initial invoicing.

Access to Care

In medical deserts across the country, patients struggle to access the care they need from doctors, specialists, hospitals, and other health care providers. Closing this gap means finding new ways to make care more accessible, convenient, and affordable while still meeting members' diverse needs in individualized ways.

1. Physician appointment wait times have increased significantly, survey finds. Healthleaders. Sept 2022. 2. AAMC Report Reinforces Mounting Physician Shortage. AAMC.

Evernorth MoreThanRx[SM] opens new doors to end-to-end routine health care services to make care more fair and bring access to care closer to home. This broad suite of solutions delivers convenient care through our partnerships with more than 65,000 retail pharmacies.

By using our size and scale to negotiate deeper discounts for our plan sponsors and billing through the pharmacy benefit, basic care products and services are delivered conveniently, quickly, and for a fraction of the cost of visiting a doctor's office. Pharmacists in our network can test for common diseases and illnesses, immediately prescribe and fill the medication, and provide medication counseling - often all in one visit.

Our suite of health care solutions includes:

-
    - **Pharmacy Vaccination Program**
    - **Medication Therapy Management**
    - **Quality and Disease Management**
    - **Direct to Patient Prescribing***
    - **Testing Services***
    - **Supplemental Health Products***
    - **Medication Administration Services***
    - **Advanced Opioid Management®**
    - **Enhanced Fraud, Waste and Abuse**

Certain eligibility criteria may apply for each solution within MoreThanRx.

*Solutions are coming soon.

Pharmacy Vaccination Program

- The Pharmacy Vaccination Program makes our existing relationships with retail pharmacies work for clients and their members. Offering vaccines at a member's familiar pharmacy or at a client's worksite via an Evernorth on-site vaccine clinic, leads to higher vaccination rates, healthier outcomes, and decreased employee absenteeism. Clients can choose their coverage, which can be all available or specific vaccines.

Medication Therapy Management

- Counseling sessions that drive better health, wellness, and financial outcomes through member education, targeting members at risk of adverse events, and more

Quality and Disease Management

- A comprehensive approach to improving health for patients who need it most, the program helps improve performance on quality measures for Medicaid, Medicare, and commercial plans through member engagement, chronic conditions support via regular touchpoints and timely interventions, and more.

Our QDM program consists of:

-

- **Comprehensive Medication Review (CMR)** reviews a member's entire medication profile through real-time interactive encounters between a pharmacist and a member to detect any conflicts, duplications, or cost-saving opportunities
- **Chronic condition support** connects members to the exact support and tools they need to manage their conditions, with a focus on high-priority diseases - asthma, COPD, coronary artery disease, depression, diabetes, dyslipidemia, heart failure, hypertension, osteoarthritis, and rheumatoid arthritis.

Direct to Patient Prescribing

- Direct to Patient Prescribing helps clients broaden member access to prescription treatment for COVID-19 and seasonal flu, as well as oral contraceptives and smoking cessation treatments at their local pharmacy.
- **Coming soon**: Additional direct to patient prescribing medications, such as Oral Contraceptives, influenza, and Smoking Cessation prescriptions

Testing Services

- Access to a wide range of clinically-approved pharmacist-administered lab tests enriches the plan and reduces member out-of-pocket costs. Covered tests currently include COVID-19.
- Members have quicker access to appointments at the pharmacy and can often walk in or get same-day appointments. Results are rapid, leading members to get a quicker understanding of their current health situation and best next steps, whether that be resting at home or seeking additional care.
- **Coming soon**: Future covered tests will include influenza, pink eye, strep throat, urinary tract infections, and more.

Supplemental Health Products

- **Coming soon**: Members will gain enhanced access to over-the-counter (OTC) supplements, care products, and at-home test kits offered through the pharmacy benefit.
    - Addiction and substance abuse
    - At-home testing/acute infection testing
    - Chronic disease testing & management
    - Diabetes management
    - Family planning & contraceptive care
    - Pain management
    - Smoking cessation
    - Vitamins
    - Other acute therapeutics

Medication Administration Services

- **Coming soon**: Increasing member access to injectable medications, such as long-acting injectable antipsychotics (LAIAs), contraceptives, vitamin B12 and more, that must be administered by a healthcare professional. By increasing administration options to members' local pharmacies, we're helping make care more accessible every day.

Advanced Opioid Management

- Advanced Opioid Management is a nationally recognized and clinically-sound approach focused on driving change in our nation's opioid crisis. This solution sets forth a path for plans to combat the opioid crisis by improving patient safety across the care continuum and avoiding unnecessary costs by leveraging member education, member support, prescriber messaging and coordination, safe disposal of unused opioid drugs, and ongoing surveillance of risky behaviors.

Enhanced Fraud, Waste and Abuse

- The Enhanced Fraud, Waste and Abuse program helps plan sponsors identify members and prescribers who may be committing fraud or abusing the prescription drug benefit. This program is based on proactive fraud analytics, provider education, investigation, reporting and consultation. Plan sponsors are provided actionable information they need to manage and mitigate fraud and abuse associated to their membership and providers.

Affordability - Simply Save Rx

With our new Simply Save Rx solution, we deploy a single, holistic package of industry-leading capabilities that drive drug cost savings for clients. There's no need to navigate across an array of drug optimization solutions. Simply Save Rx gives plans a more straightforward path to managing drug spend. This one-stop-shop offering engages across the supply chain to ensure that members have access to the lowest cost, most clinically appropriate therapies available.

The simpler way to :

+ **Identify** wasteful spending

+ **Connect** members, prescribers, and pharmacies to the most cost-effective therapies

+ **Solve** the complex problem of wasteful drug spend

HOW IT WORKS

Our Simply Save Rx solution encompasses a variety of unique capabilities across **three key buckets**:

+ **Prescriber and Patient** directed strategies encourage the use of cost-saving therapeutic alternatives

- A dedicated pharmacy team receives information when a member fills a non-preferred drug and provides them with the preferred drug alternative. They then make outreach to the prescriber based on that information, to get the drug switched to a preferred alternative, driving member and client savings.

+ **Pharmacy** directed strategies identify savings opportunities at the point-of-sale

- The Formulary Benefit Optimization delivers soft pharmacy messages at point of sale alerting the pharmacy on cost savings opportunities for their patients.
- The DAW9 Program, where for select high cost generics, members are provided the lower net cost brand medication at the generic cost share.
- These programs drive savings as FBO drives $6 PMPY savings on average[1], and DAW9 generates $87M per year[2] in client savings.

+ **Benefit** directed strategies ensure stronger utilization controls and rapid responses to market events

- The Counter Strategy Drug List (CSDL) does this by blocking drugs and devices that are not approved by the FDA, at the time of market availability, preventing wasteful utilization. The use of the Counter Strategy Drug List generates $123M per year in client savings[3].

1. FBO annualized by Q3 2023

2. DAW9 Program 2022 results

3. 2022 Express Scripts Internal Analysis

16. Provide the name, title, and contact information for three (3) references for Florida Municipalities with at least 2,500 covered employees. Additionally, please ensure that your proposed references are not part of a Trust or other type of consortium. Your references should be entities that have been insured by your company for at least three (3) years immediately preceding the response due date. Please include:
Group Name
Contact Name
Contact Title
Contact Phone
Contact Email
Coverage/Services Provided
Length of Time

References will be assigned during the finalist stage of the bidding process

13. Questionnaire - Data and Reports

1. Describe the monthly reports you will provide regarding the utilization and claims associated with the employee benefits program(s) you are proposing. Please indicate in your description if any of the reports would be provided at an additional cost over the fees associated with the programs.

Express Scripts routinely provides a variety of standard and custom reports to ensure you have the clinical, financial, and trend information necessary to demonstrate value through actionable metrics and make informed decisions about your plan. We deliver these reports at varying frequencies via your account team and provide on-demand reporting through Trend Central, our online, self-service reporting suite.

Users can access the following reporting categories via Trend Central:

- Benchmark reports
- Billed date reports
- Drug reports
- Key performance metrics
- Patient analysis
- Pharmacy reports
- Prescriber reports
- Prescription detail
- Products and services reports
- Ranking and trend reports
- Specialty drug reports

- Utilization summary reports

The data foundation that supports Trend Central is updated multiple times per day, giving users access to near-real time, actionable information.

Your account team will provide the following reports:

- Operational Performance Report - This report provides a review of key service indicators used to communicate service performance results, service trend analyses, and consultative recommendations. The Operational Performance Report helps in monitoring issue resolution turnaround and maintaining close contact with City of Gainesville.
- Clinical Reports - We provide reporting for all of our clinical programs. This includes quarterly savings and activity reports. Reporting will be dependent based on which clinical programs City of Gainesville selects.
- Rebate Reports - Express Scripts provides quarterly electronic rebate payment reports that summarize overall rebate allocations. Additionally, we provide plan type-level reporting and all-group reporting. Reports include the Rebate Payment Summary and the Full Detail Report, as well as the Manufacturer Report and Detail Subsidy Report.
- Claims detail files - City of Gainesville receives claims detail files on the same schedule as your regular invoice. Additionally, Express Scripts can provide claim files to you or your third-party vendors on an ad hoc or scheduled basis (weekly, biweekly, monthly, or quarterly).
- Strategic Planning and Review Consultation (SPARC) Report - Annually your account team presents City of Gainesville-specific program recommendations, prepared through careful planning and analyses during your SPARC. The report that guides the discussion includes key data from your prior year, industry trends relative to your plan, key opportunities specific to your short-term and long-term objectives, and recommendations for programs to meet your goals.

Please see ***Exhibit 01a-01d*** for sample reports.

2. What is your proposed frequency of reporting on utilization experience? Is there a charge for utilization data analysis?

Express Scripts routinely provides a variety of standard and custom reports to ensure you have the clinical, financial, and trend information necessary to demonstrate value through actionable metrics and make informed decisions about your plan, without charge. We deliver these reports at varying frequencies via your account team and provide on-demand reporting through Trend Central, our online, self-service reporting suite.

Users can access the following reporting categories via Trend Central:

- Benchmark reports

- Billed date reports
- Drug reports
- Key performance metrics
- Patient analysis
- Pharmacy reports
- Prescriber reports
- Prescription detail
- Products and services reports
- Ranking and trend reports
- Specialty drug reports
- Utilization summary reports

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Please see ***Exhibit 01a-d*** for sample reports.

3. The Entity utilizes NavMD as their third-party data analytics system. Please confirm that you will be providing file feeds to NavMD on a monthly basis. Please include any costs for file feeds in your ASO fee.

Proprietary, Confidential, and Trade Secret information of Express Scripts

Confirmed, provided the appropriate third party confidentiality agreements are in place. As long as the file feeds are in a standard format, there is no charge. If the feeds need any customization, there will be an additional fee.

4. Are there any additional fees for reporting? Please provide all reporting options/packages and their associated costs. It is the request of the Entity that proposers absorb the costs of monthly reporting packages.

Proprietary, Confidential, and Trade Secret information of Express Scripts

Confirmed. Rarely, some very complex ad hoc reports that require extensive programming may be subject to a one-time charge, which would be negotiated with City of Gainesville. However, in most cases, Express Scripts can provide custom reporting at no additional charge.

5. How often are internal claim audits conducted and what percentage of claims are audited? If you use a third-party to audit claims, please disclose the name of auditor.

Express Scripts ensures a complete audit trail for each claim by capturing all required fields when a claim is processed though the point-of-sale system. Through our retail pharmacy audit process, we examine a sample of claims via desk, phone, and onsite audits daily. The claim and all relevant data related to the claim are then archived and available for auditing. Any financial changes made to an original claim record, such as pharmacy audit credits, are processed through an adjustment record that will always reconcile back to the original claim data. Adjustment records are stored in the various systems to ensure a complete audit trail is kept with the original claim data.

Express Scripts' Pharmacy Audit Program helps ensure accurate submission and reimbursement of prescription claims by contracted pharmacies. Working closely with network pharmacies, Pharmacy Audit can also help to prevent errors before they occur. Express Scripts relies on a collaborative approach that emphasizes the education of network pharmacies in proper claims submission procedures. Our automated predictive review model aids in the detection of high risk claims, which are then targeted for additional review by network auditors on a daily basis. In addition, field audits are performed on an average of 3,400 pharmacies annually, claims reviews are performed on an average of 4 million claims and desk audits are conducted on more than 25% of network pharmacies annually. Advanced steps in the process target pharmacies and claims with high risk factors, often allowing Express Scripts to identify overpayments and make appropriate claims adjustments. Express Scripts helps to identify and recover overpaid claims for clients and plan sponsors.

Desk Audit - Daily Claims Review

For Clients enrolled in our Enhanced Audit Program our systems complete an automated review, using a large number of outlier indicators, of all claims submitted by network pharmacies the previous day.
Sample Criteria may include:

- High ingredient cost
- Inflated AWP
- Excessive quantity submitted based on manufacture guidelines
- Specific quantities versus day supply (quantity of 100 for 30 day supply, etc)
- Dosage forms including topical and inhalers
- Metric decimal quantities
- Targeted drugs
- Compounds

Historical Audit
Express Scripts completes ongoing retrospective reviews of historical network pharmacy claims in addition to the claims selected during the daily claims desk auditing.
Sample Criteria may include:

- Further review of claims driven by patterns of submission errors
- Compound claims meeting certain criteria
- Targeted drugs
- Drug package size
- Claim type
- High ingredient cost
- Noted EOB discrepancies
- Suspect trends

On-site Audit
Express Scripts visits pharmacy locations on-site to conduct an in-person review of prescription claims and other operating practices to evaluate a pharmacy's compliance with federal regulations, pharmacy practice, and the Express Scripts Provider Manual. These audits include a detailed review of claims and quality assurance documentation performed on-site at the network pharmacy locations.
Sample Criteria may include:

- Desk Audits or Historical Audits indicate a pattern of errors, necessitating a review of a large amount of prescription documentation
- Data previously reviewed deemed unreliable
- Tips that are received from a reliable source and supported by internal investigation
- Express Scripts' Pharmacy Audit Program uses a proprietary audit selection tool to aid in the selection of pharmacies for on-site audits.

Claim Components
Verified to include, but are not limited to:

- Compliance with all applicable laws, the Express Scripts Pharmacy Provider Agreement, and the Pharmacy Provider Manual
- Compliance with specific benefit parameters
- Claims submissions in accordance with prescriber guidelines and documentation
- Dispense as written code usage
- Refill authorizations
- Proper quantities dispensed and pricing used
- Compounds
- Specialty claims

6. How do you identify fraudulent claims and how will you notify the Entity?

Through best-in-class investigation and audit techniques, and via our collaborative efforts to promote enhanced compliance, Express Scripts' Fraud, Waste, and Abuse program works to prevent, identify, and reduce potential fraud, waste, and abuse of prescription drugs.

We provide an industry-leading level of monitoring. Fraud, Waste, and Abuse services include network pharmacy audit, network pharmacy fraud monitoring, and the Enhanced Member-Prescriber Fraud, Waste, and Abuse monitoring program. Our Fraud, Waste, and Abuse department is made up of certified fraud examiners, registered pharmacists, certified internal auditors, statisticians, data-modeling experts, certified pharmacy technicians, registered nurses, and former law enforcement professionals. This diverse group of individuals collaborates with stakeholders, promotes enhanced compliance, and facilitates best possible case outcomes.

Network Pharmacy Audit

Express Scripts' Network Pharmacy Audit department helps ensure accurate submission and reimbursement of prescription claims by network pharmacies. Working closely with network pharmacies to prevent errors before they occur, Express Scripts relies on a collaborative approach that emphasizes the education of network pharmacies in proper claims submission procedures. The automated review process aids in the detection of high-risk claims, followed by additional review by network auditors. Advanced steps in the process target pharmacies and claims with high risk factors, often allowing Express Scripts to identify overpayments and make appropriate claims adjustments. We help identify and recover overpaid claims for clients and plan sponsors.

Desk Audit

Each day, Express Scripts completes an automated review of a large number of outlier claims based on all claims submitted by pharmacies. Sample indicator criteria may include:

- High ingredient cost

- Inflated average wholesale price (AWP)
- Excessive quantity submitted based on manufacturer guidelines
- Specific quantities versus days' supply
- Metric decimal quantities

Historical Desk Audit

In addition to the daily claims review process, Express Scripts completes ongoing retrospective reviews of historical network pharmacy claims. Sample indicator criteria may include:

- Further review of claims driven by patterns of submission errors
- Compound claims meeting certain criteria
- Targeted drugs
- Drug package size
- Claim type
- High ingredient cost
- Noted explanation of benefits (EOB) discrepancies

Onsite Audits

To ensure our network pharmacies remain compliant with federal regulations and Express Scripts' Provider Manual, we visit pharmacy locations. During these onsite visits, Express Scripts conducts an in-person review of prescription claims, quality assurance documentation, and other operating practices. Sample criteria for selecting a pharmacy for onsite audit may include:

- Desk audits or historical audits that indicate a pattern of errors, necessitating a review of a large amount of prescription documentation
- Data previously reviewed that has been deemed unreliable
- Tips that are received from a reliable source and supported by internal investigation

Claim components verified include, among others:

- Compliance with all applicable laws, Express Scripts® Pharmacy Provider Agreement, and the Pharmacy Provider Manual
- Compliance with the plan sponsor's guidelines and specific benefit parameters
- Claims submissions in accordance with prescriber guidelines and documentation
- Dispense as written code usage
- Refill authorizations
- Proper quantities dispensed and pricing used

Standard Fraud Tip Hotline

Express Scripts continuously monitors the entire pharmacy network for billing discrepancies and possible fraud. When a potentially fraudulent pharmacy is identified, Express Scripts investigates and disciplines confirmed fraudulent pharmacies. Express Scripts makes available a Fraud Tip Hotline and

investigates fraud and abuse allegations received from members, network pharmacies, prescribers, or law enforcement.
To report suspected fraud, waste, or abuse of prescription drugs or of the prescription drug benefit, please contact:

- Phone: 866.216.7096
- Website: https://www.express-scripts.com/corporate/contact

Express Scripts documents each report of potential fraud, waste, and abuse we receive and the actions taken as a result of these reports.

Enhanced Member-Prescriber Fraud, Waste, and Abuse

In addition to the standard level of monitoring for network pharmacy fraud, waste, and abuse, Express Scripts offers an industry-leading Enhanced Member-Prescriber Fraud, Waste, and Abuse program. This program provides an ongoing proactive review of all plan claims using advanced analytics, full investigative services, detailed reporting, and client consultation to help control costs and curtail inappropriate drug use. Express Scripts continuously monitors member and prescriber patterns to identify outliers and situations of abnormal utilization or prescribing. Express Scripts' Special Investigations Unit (SIU) uses fraud, waste, and abuse-directed analytics to identify abusive or fraudulent patterns and examine high-risk scenarios. Upon substantiation of a member or prescriber allegation, a detailed case investigation report is provided to the client. The report includes four main components: executive summary, case background, investigative steps, and conclusion, along with possible actions that may be taken by the plan.

Fraud, waste, and abuse indicators used to identify and investigate potential cases may include:

- Drug-seeking behavior (doctor shopping)
- Duplicate therapies
- Short days supply
- Pill mills
- Prescribing outside authority/specialty
- Emerging regional and national prescription fraud and abuse trends

As a part of the Enhanced Member-Prescriber Fraud, Waste, and Abuse program, a Client Consultation Manager will be dedicated to the client to collaborate on case activity, reporting, and outcomes.
Sample reports generated proactively may include:

Report Name	**Report Description**
Retail Pharmacy Audit	A summary of the desk and field audit activity for the most recently completed

Summary	quarter and year-to-date.
Audited Claim Detail	A detailed listing of all overpayments identified during desk and field audits for the most recently completed quarter.
Top Member	Reports the volume of prescriptions filled using four criteria: • Number of prescriptions filled for all drugs • Number of prescriptions filled for controlled substances • Total amount of drug spend for all drugs • Total amount of drug spend for controlled substances
Top Physician	Reports the volume of prescriptions filled using four criteria: • Number of prescriptions filled for all drugs • Number of prescriptions filled for controlled substances • Total amount of drug spend for all drugs • Total amount of drug spend for controlled substances
Top Member and Physician	Reports the volume of prescriptions filled using two criteria: • Total amount of drug spend for all drugs at a particular beneficiary/pharmacy combination • Total amount of drug spend for all drugs at a particular physician/pharmacy combination
Multi-Pharmacy / Multi-Physician	Reports the top 100 individuals that meet one or both the following criteria: • At least seven controlled substance claims, at least three pharmacies, and at least four prescribers in the quarter • At least 25 controlled substance claims, at least three pharmacies, and at least four prescribers in the last 12 months
Case Summary	Reports the volume of fraud, waste, and abuse cases opened over the previous four quarters* using three criteria: • Sourced by the fraud tip hotline • Sourced by proactive analytics • Sourced by the client Reports the current disposition of fraud, waste, and abuse cases over the

	previous four quarters* using four criteria: • Cases currently being investigated • Cases closed with claims reversed • Cases closed and referred to the client • Cases closed and not substantiated
Case Detail	Reports the details of cases worked since the beginning of the most recently completed quarter, including: • Identifiers of the subject • How the misconduct was detected • The proactive strategy, if applicable • The nature of the misconduct • A brief summary of the issue • The result/outcome of the investigation

Collaboration
Express Scripts also provides collaboration and support to plan sponsors for referrals to the Centers for Medicare & Medicaid Services (CMS) and/or its designated Medicare Drug Integrity Contractors (MEDICs). Express Scripts is comfortable working directly with MEDIC and members of law enforcement for the reporting and investigative support required by CMS. Alternatively, Express Scripts will support plan sponsors that choose to work directly with these organizations.
Express Scripts also provides collaboration and support to Medicaid health plans when allegations have been substantiated during the course of an investigation. Upon client request, we can make referrals to Medicaid programs or other state agencies, or both as appropriate, in accordance with state requirements after the determination that a violation may have occurred. Express Scripts can work directly with the respective state agencies and members of law enforcement for the reporting and investigative support required. Alternatively, we will support Medicaid health plans that choose to work directly with these agencies.

7. Describe the process for identifying and paying claims which may be subject to subrogation.

Express Scripts offers an optional PBM service to subrogate claims for which City of Gainesville is deemed the primary payers by operation of applicable federal or state laws. Subrogation occurs when an entity pays a claim for which it is not responsible and seeks to recover the cost of the claim from the primary payer. Express Scripts can provide subrogation assistance, for an additional fee, to meet legal obligations for payment.

- **Medicaid Subrogation**

If Medicaid has paid a claim that is covered by another payer - in this instance, an Express Scripts client - the client is obligated to reimburse the government for the claim. Clients can fulfill this obligation on their own or allow Express Scripts to act as the administrator for these claims. Legally, Medicaid plans (including Medicaid Managed Care Plans), are payers of last resort. Medicaid subrogation seeks to recover payment from Commercial and Medicare payers.

-

Medicare Subrogation

Financial and legal responsibilities for plans occur when members mistakenly submit prescription drug claims to Medicare instead of using their existing primary (commercial) prescription drug plan (or vice versa). When this happens, the member's plan sponsor is required to reimburse claims that should have been processed under the primary payer. Express Scripts offers a solution through our comprehensive Medicare Subrogation Program. The Medicare Subrogation Program eliminates overpayment and ensures compliance with the latest Medicare regulations. Medicare subrogation seeks to recover payment from Commercial payers. In very limited situations, Commercial plans may seek recovery from Medicare plans. This is also categorized as Medicare subrogation.

- **Commercial Subrogation**

Commercial subrogation is the process of managing recovery requests submitted by other Commercial payers who paid out of order or should not have paid at all. Commercial payers determine payer order with guidance from the NAIC and applicable law. Express Scripts will manage claim processing for clients who have been identified as the primary payer between the two commercial plans. Commercial subrogation seeks to recover payment from other Commercial payers.

Advantages/Disadvantages of Subrogation

Our Subrogation Programs offer the following advantages:

- Eliminates overpayment by applying your plan's pricing to the claim
- Ensures you are compliant with the latest CMS regulations
- Manages relationships with State Agencies, Medicare plans and vendors for any subrogation needs
- Avoids duplicate paid claims
- Maintains data connections with subrogation recovery entities for claims submission
- Reduces administrative burden on City of Gainesville
- Manages inquires on status and outcomes of paid/rejected claims

- Processes financial payments for subrogated claims
- Provides a detailed report of processed claims at the end of each quarter

The only disadvantages come from not participating in the subrogation program. This would result in vendor/agency outreaches directly to City of Gainesville for review, payment, and processing of subrogation claims. This would create more administrative burden on City of Gainesville to appropriately respond to these inquires and determine responsibility to pay and determine appropriate payment amounts.

Express Scripts Payment Integrity Solutions℠

There are times when City of Gainesville may be deemed the secondary payer by operation of applicable federal or state laws. Express Scripts Payment Integrity Solutions℠ is a comprehensive suite of options to identify and validate Other Health Insurance (OHI) for the purposes of proactive cost avoidance, coordination of benefits at point-of-sale and/or retrospective reconciliation and recovery.

- **Scripts Complete Claims Coordination℠** identifies, validates and manages other health information (OHI) to ensure claims pay in the appropriate order on the date of service. Ongoing daily surveillance and maintenance of OHI is used to drive COB indicators for primary claim avoidance and pharmacy messaging to better coordinate benefits between payers.
- **Express Scripts Payer Precision Program℠** delivers post-adjudication services, including retroactive discovery of other primary coverage and payment recovery, claim level adjustments and client credits.

8. Please confirm that there will be online access for claim reports by the Entity and Gehring Group.

Confirmed.

14. Questionnaire - Enrollment & Implementation Technology

1. Does your company (or third-party) process electronic eligibility files via automation or are manual steps necessary? If manual steps are required to process files, please explain this process and impact on processing time.

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Express Scripts supports real-time eligibility changes through our customer relationship platform, a user-friendly, point-and-click, browser-based application accessible to clients through our Control Center.

Key benefits of utilizing the customer relationship platform for eligibility information include:

- Access to member eligibility and plan information in an easy-to-read format

- Secure, Health Insurance Portability and Accountability Act (HIPAA)-compliant system that establishes individual levels of access for all users by restricting access to only the information pertinent to perform specific tasks
- Ease of use through flexible search functions, navigational aids, and detailed online help
- Ability to immediately add or update members and dependents, avoiding member delays in filling prescriptions
- Comprehensive training and technical support

The following are some of the eligibility data elements clients can update using the customer relationship platform:

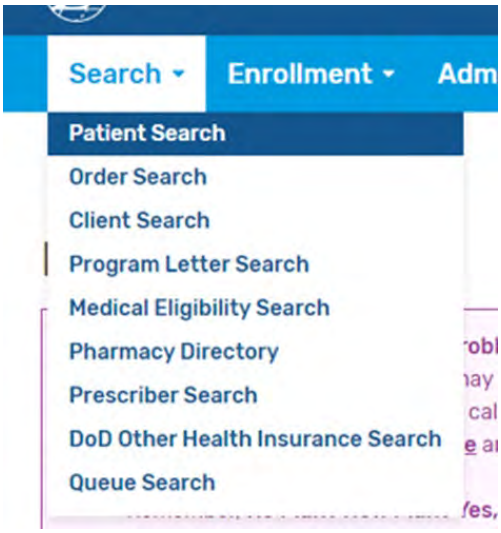
- Effective dates
- Termination dates
- Dependent information (additions and deletions)
- Member record information (for example, address, phone, email, name changes)
- Member status code (for example, member-only, spouse-only coverage to full family coverage)
- Termination of eligibility
- Reinstatement of eligibility

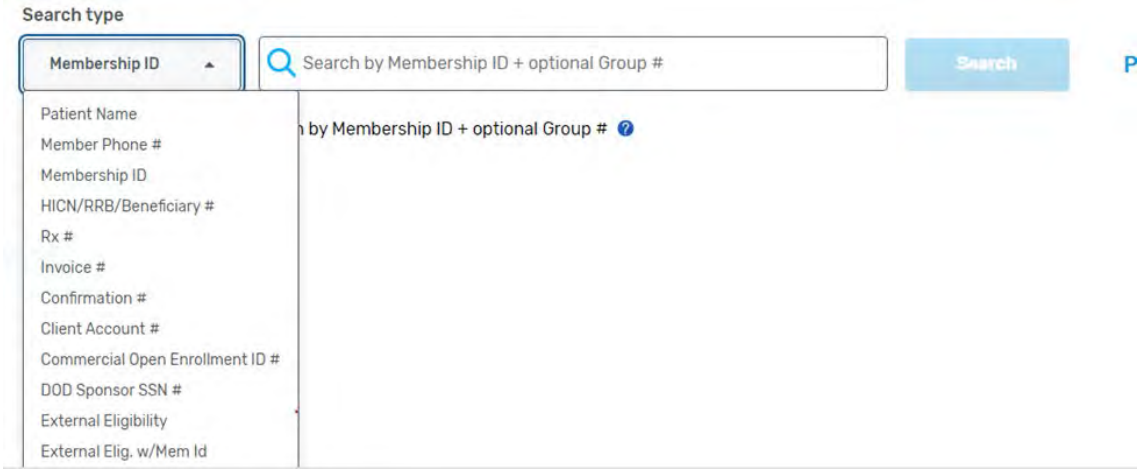
City of Gainesville can update eligibility online in real time through our customer relationship platform, a user-friendly, point-and-click, browser-based application accessible through our Control Center. Your users can update online eligibility in the customer relationship platform using the following process:

Searching for a Member's Record
Follow these steps to locate a member.

- **Step 1:** Click on Search on the menu bar at the top of the screen. Select Patient Search.
- **Step 2:** Select your search criteria from the drop-down menu next to Search By.
  Member #: The number that appears on the member's prescription card.
  Member Name: Requires the member's first name or initial, last name, and one of the following:
  - Date of birth
  - Zip code
  - State

  (To search using the following, click on Search from the top menu, then select Client Search)
  - Group #: Typically used when searching for a group to add a member.
    Client Account #: An alternate ID number.
    HIC#/RRB#: Medicare part D numbers.
- **Step 3:** Enter the information and click Search.

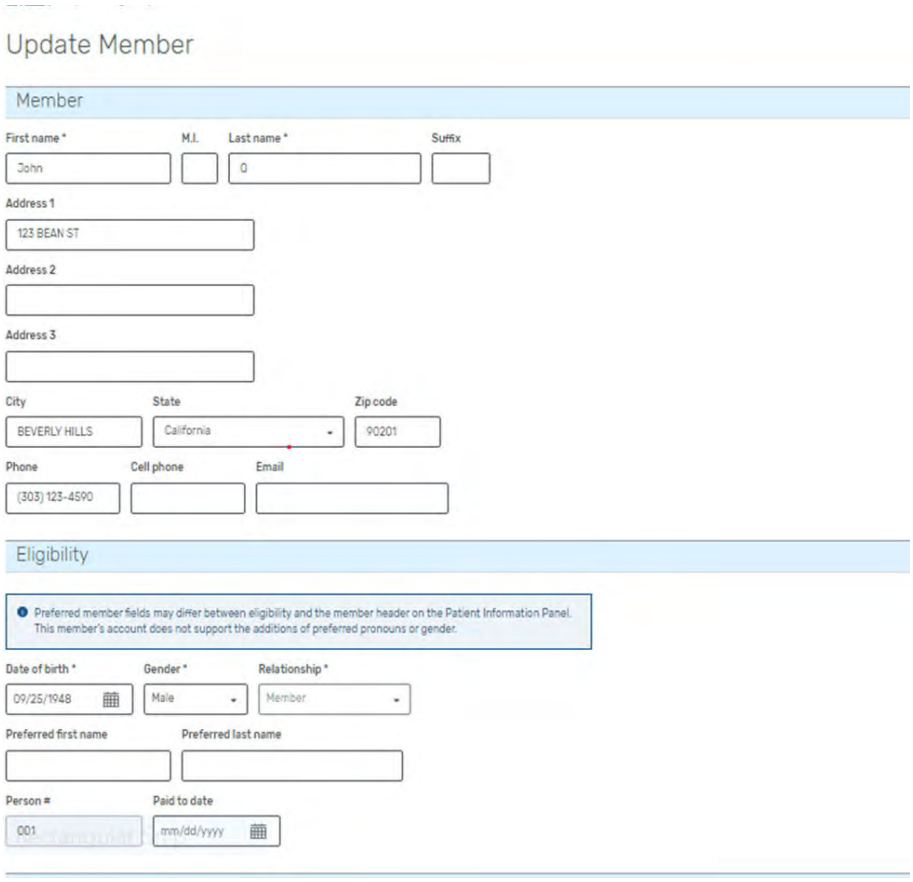




Updating Eligibility Information

Follow these steps to update information for a member or dependent.

- **Step 1:** Select the desired person from drop-down menu in the Patient Information Panel on the side of the screen.
- **Step 2:** Click on the Update Eligibility button on the top right-hand corner of the screen.
- **Step 3:** Update the desired information in the appropriate fields.
- **Step 4:** Click Save.



The following are some of the eligibility data elements you can update using the customer relationship platform:

- Effective dates
- Termination dates
- Dependent information (additions and deletions)
- Member record information (for example, address, phone, email, name changes)
- Member status code (for example, member-only, spouse-only coverage to full family coverage)
- Termination of eligibility
- Reinstatement of eligibility

2. Does your company outsource the processing of electronic eligibility to a third-party? If so, please provide company name.

Express Scripts uses a third party for Medicare Eligibility Processing through Cognizant.

3. Please specify if your company (or third-party) accepts the HIPAA 834 5010 file layout as well as all other file layouts accepted for automated enrollment. Please provide applicable coding supplements and other applicable file specification documents.

Confirmed. Please see ***Exhibit 02.***

4. What is your company's (or third-party's) standard processing time for electronic eligibility to be updated in all applicable internal systems (eligibility/claims/billing/etc.)? If time varies, please specify for each system.

Accurate and complete eligibility files (in the Express-Scripts standard layout, without custom logic), electronically transmitted by 10 a.m (Monday thru Friday)., Eastern, will be updated within one business day of receipt and if client choose a batch update data will be available for claims adjudication by 6 am the following business day. Files received after 10 a.m. may be processed by the next business day.

5. Will your company (or third-party) provide confirmation notification to the group when files are processed? Please provide details related to this notification process (email, requirement of group to log into company website, etc.)

Confirmed.

6. Please provide implementation time (in days) for initial set-up of automated enrollment (electronic eligibility) of an established group with your company.

10

Connecting the electronic eligibility takes 5-10 days. City of Gainesville will work with your account team to add new benefit and clinical designs and modify existing design criteria as needed. The account team manages this vital information in our flexible benefit services system, which utilizes built-in quality checks to ensure your designs are implemented accurately and efficiently. Depending on the complexity of the designs, most benefit and clinical designs are implemented in five to 10 business days. - Less complex changes, such as the new plan benefit using an existing benefit to copy with minor changes related to the new benefit (copayment or coverage), adding or changing benefit copayments/days supply, or change in pharmacy level copayment value changes, would be implemented within an average of five business days*. - Moderately complex changes, such as benefit designs requiring research, adding copayments for specific drugs, adding maintenance benefit/maintenance list, or drug changes, would be implemented within an average of 10 business days*. - Very complex changes, such as prescription drug program revisions with major changes/research, administration of extensive, client-specific clinical programs (e.g., step therapy), or creation of custom programs, would be implemented within a mutually agreed upon timeframe. * This excludes days in which there is insufficient information available to complete the benefit; these are referred to as "pended days". All of the above standards are based upon the receipt of complete information on a signed benefit document from City of Gainesville. Additionally, the turnaround time depends on final requirements, volume, and

the means by which City of Gainesville provides the necessary data to Express Scripts. When data is needed, electronic transmission is the most efficient method.

7. Please provide implementation time (in days) for initial set-up of automated enrollment (electronic eligibility) of a new group with your company.

60

It will take approximately 60 days for initial set-up of automated enrollment (electronic eligibility) of a new group. Connecting the electronic eligibility takes 5-10 days, while eligibility takes 45 and most benefit and clinical designs are implemented in five to 10 business days.

8. Please provide set-up time needed for changes to file structure, plans, funding strategy, platform changes for an established group with your company. What alternative options does your company provide to receive enrollment should these changes cause delay in set-up of the EDI process?

Less complex changes, such as the new plan benefit using an existing benefit to copy with minor changes related to the new benefit (copayment or coverage), adding or changing benefit copayments/days supply or change in pharmacy level copayment value changes would be implemented within an average of five (5) business days.

Moderately complex changes, such as benefit designs requiring research, adding copayments for specific drugs, adding maintenance benefit/maintenance list or drug changes would be implemented within an average of ten (10) business days.

Very complex changes such as Prescription Drug Program revisions with major changes/research, administration of extensive, client-specific clinical programs (e.g. step therapy) or creation of custom programs would be implemented within a mutually agreed upon timeframe.

This excludes days in which there is insufficient information available to complete the benefit which is referred to as "pended days".

9. Please provide file testing time frame (in days) for initial set-up and structure changes.

1

We have included a sample implementation timeline, attached as Exhibit 03, which details task responsibilities and project milestones. At least 90 days is highly recommended for a plan of this size.

10. Please provide the standard time frame required to process files, generate, and mail member ID cards. What options does the group have if ID card delivery is delayed beyond the plan effective date?

Our comprehensive implementation plan includes frequent status reports to City of Gainesville, thorough systems testing, client sign-off for each set of requirements, and implementation meetings -

both internally and with City of Gainesville. We have included a sample implementation timeline, attached as ***Exhibit 03,*** which details task responsibilities and project milestones.

We will provide initial electronic ID cards at no cost to City of Gainesville. As part of our transition to a Digital First strategy, we are no longer producing physical ID cards as an included service, though they are available for purchase if desired.

11. Please confirm your company will provide ongoing file feeds to multiple third-party vendors (i.e., PBM, Stop Loss, and Data Analytics) at no cost to the group?

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Yes. If custom file formats or frequency are requested, these can be accommodated at an additional cost.

12. The group utilizes a third-party vendor for data analytics. Will you cover the $2,500 set up fee and the $0.65 PEPM for the monthly data analytics interface?

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Confirmed. Crumdale will fund this if awarded the business.

13. The Entity currently uses Workday as its HRIS and Benefits Administration system. Please indicate if you have experience with Workday and indicate if you have experience with any other HRIS and Benefits Administration systems.

We have extensive experience working with vendors on behalf of our clients to develop a coordinated data integration approach, including Workday. We work with multiple file formats, data exchange frequencies, and business-to-business connectivity methods. Express Scripts also fully supports integrated medical-pharmacy benefits through our advanced, bidirectional data integration capabilities with multiple vendors. We will work together with City of Gainesville to understand your needs and provide the most appropriate solution.

15. Questionnaire - Implementation and Billing

1. Please provide a brief description of the implementation process, including requirements and timeline.

Your benefit is unique, and we are ready to deploy the specific customizations and enhancements required to serve your clients and members. Our implementation transition process is designed to

accommodate the complexities of our clients' varying benefits, weaving together multiple operational workstreams to ensure accurate, timely results.

Our proven implementation model encompasses five phases:

1. Scoping and Intent
2. Build and Configuration
3. Quality Assurance
4. Deployment
5. Go-Live Support

For a detailed sample implementation project plan, please see **Exhibit 03**. A high-level summary of the five phases is included below.

1. Scoping and Intent

The **Scoping and Intent** phase formally begins with a kickoff meeting in which Evernorth provides City of Gainesville with an overview of the key aspects and milestones of the implementation. During this phase, we will work with you to clearly define the scope of your implementation program, including clarifying the requirements for each workstream. Evernorth and City of Gainesville mutually decide on a master schedule for future implementation meetings. Additional working sessions will be scheduled to capture your intent for the following areas:

- Account structure
- Benefits
- Clinical and utilization management
- Networks
- Formulary
- Eligibility
- Invoicing

1. Build and Configuration

After we have defined the project scope, roles, and requirements, our internal experts begin the work of building out your program. Your implementation team will invite operational experts to weekly program-level meetings, where City of Gainesville will have an opportunity for direct insight into progress within each workstream. As needed, your team will schedule deep-dive meetings for detailed updates or discussions that need your input. The **Build and Configuration** phase includes:

- Defining requirements for file transitions, including claims history, prior authorizations, open refills, and accumulators
- Establishing communications and reporting requirements
- Configuring Evernorth's systems to support defined intent

Evernorth will work with City of Gainesville and your previous vendors during the implementation process to coordinate file transitions to ensure a smooth transition for you and your members as needed. Because of our many years of experience, we can work with any previous vendor to develop a mutually agreed-upon transition project plan. Other vendors in the PBM industry also use the standard layouts we use. Evernorth works closely with new clients to ensure the transfer of members' existing prior authorizations, open refills for home delivery and specialty prescriptions and claims history.

Testing is crucial to a successful implementation. During the Quality Assurance phase, we test every unique component of your program to validate actual performance against your intent. If any discrepancy is identified, your implementation team will engage the appropriate workstream experts to remedy the issue and keep City of Gainesville informed through a transparent update process. We continue the test/solution cycle until every component works as expected. If City of Gainesville wishes to test certain aspects of your benefit in addition to our rigorous testing regimen, then City of Gainesville may do so by providing a test claims grid to your implementation team.

1. Deployment

The **Deployment** phase begins at midnight on the effective date of your benefit. During this phase, we monitor your members' claims activity to validate that all components of your benefit are running smoothly. Your implementation team will remain on-hand in the event of any issues. As an example of our success deploying multiple complex implementations, on January 1st, our Operations Command Center, an enterprise-wide command center, stabilized all of our 355 new clients within the first two weeks of the new plan year. The Operations Command Center has consistently accomplished this for the past three years. We additionally offer designated "Red Hat" technical support resources to assist your users in adopting our systems and processes. This optional service is provided at no extra cost. This implementation phase is considered complete once we have validated your program against our proven cutover checklist, ensuring that the implementation has satisfied your high expectations.

1. Go-Live Support

Finally, the Go-Live Support phase of the project spans the first-month post-go-live and can be adjusted based on your needs. Go-Live Support includes:

- Go-live meetings to address the daily status of implementation and address any concerns
- Claims monitoring
- The transition from the implementation team to the account team

Your highly-skilled implementation team is key to delivering a simple and predictable implementation process. We will meet with City of Gainesville to understand your culture and strategic requirements and identify opportunities and make recommendations to maximize efficiencies and achieve your goals. Your implementation team will monitor the joint implementation plan and provide weekly box reports and program-level logs for issues, risks, decisions, and changes. You can trust that your implementation team will handle any challenge without compromising value and effectiveness.

2. Please confirm proposer is flexible to modify standard contract language.

Express Scripts will work in good faith with City of Gainesville to have a contract draft within a reasonable time frame after formal notification that City of Gainesville has awarded your business to us. We will develop a mutually agreed upon negotiation schedule that clearly identifies both parties' obligations, whereby both parties continue good faith efforts to reach mutual agreement on contract terms. Please note that this is a coalition contract that leverages the buying power of hundreds of other Crumdale/Espress Scripts client, so the pricing is tied to the standard coalition provisions. City of Gainesville will be obtaining pricing and terms not directly available in the market from Express Scripts.

3. Please confirm proposer is willing to waive binder payment requirements.

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Express Scripts agrees to waive the upfront deposit but retain the right to have the language in the contract in the event of negative trends.

4. Please confirm proposer is willing to accept a self-bill for proposed line(s) of coverage.

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Confirmed.

5. What is proposer's standard billing snap shot date and grace period for payment?

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Every week, Express Scripts will provide City of Gainesville with an invoice detailing claims costs, dispensing fees, and administrative fees. Once every four weeks, the billing package will also include an additional administrative fee invoice that outlines clinical program fees and charges for any additional services performed by Express Scripts as requested by the client. Payment is due in full within two calendar days of receipt of invoice. Express Scripts has a variety of payment options available. If payment processing turnaround is a concern, pre-authorized debit (PAD) is available at no cost. Upon PAD enrollment, we will pull the invoiced amount directly from the client specified bank account on the invoice due date.

6. Would you allow a grace period after the due date of 45 days for payment of an invoice?

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Not confirmed. Express Scripts will agree to a 2-day grace period for late payments.

16. Questionnaire - Renewal Planning and Additional Fees

1. Is proposer willing to provide renewal offer at least 180 days prior to renewal effective date?

Yes. Provided City of Gainesville initiates the request.

2. Are any of the rates proposed contingent on any additional information? If so, please disclose.

Yes, please refer to the ***Crumdale Pricing Supplement*** for details. Please also reference **Crumdale's Repricing Proposal.**

3. What additional services are available and at what cost?

Please refer to the ***Crumdale Pricing Supplement*** for details. Please also reference **Crumdale's Repricing Proposal.**

17. RFP Attachments

All documents being included with this RFP will be attached to this section. Attachments include:

1. Censuses - Actives & Retirees (Excel Format) - City of Gainesville Census Report_FL Blue - Actives.xlsx City of Gainesville Census Report_FL Blue - Retirees.xlsx
2. Medical Top Providers (For Disruption Analysis - Please provide response in Excel Format) - Gainesville - Medical Disruption Report.xlsx
3. Pharmacy Claims Reporting (For Tier Disruption Analysis - Please provide response in Excel format) - Gainesville - Pharmacy Claims RX Filled 05012023-04302024 -FINAL.xlsx
4. Medical Repricing Report (For Repricing Analysis - Please provide response in Excel format) - Gainesville - Medical Repricing Report - 05012023-04302024.xlsx
5. Medical Discount Chart (For Discount Analysis - Please provide response in Word format) - Gainesville - Discount Chart.docx
6. Medical Claims Experience - Gainesville - 2022 Monitoring.xlsx Gainesville - 2023 Monitoring.xlsxGainesville - 2024 YTD Monitoring.xlsx Gainesville - HCC 2022 vs. 2021.xlsxGainesville - HCC 2024 YTD vs. 2023.xlsx
7. Medical Benefit Summary and SPD - 010124 - Gainesville - FL Blue - BlueOptions 03359 SBC.pdf
8. Stop Loss Policy - 010124 - Gainesville - FL Blue - Stop Loss Policy.pdf
9. Agent of Record Letter - 042624-City of Gainesville-GG div RSC AOR Letter.pdf
10. ASO Agreement - 010115 - Gainesville - FL Blue - Administrative Services Agreement.pdf010120 - Gainesville - FL Blue - Administrative Services Agreement -

Amendment #1.pdf010122 - Gainesville - FL Blue - Administrative Services Agreement - Amendment #2.pdf010123 - Gainesville - FL Blue - Administrative Services Agreement - Amendment #3.pdf

18. Vendors Response Attachments

Vendors are asked to include all documents supporting their proposal into this section.

1. Please attach all documents needed to support your proposal.

See Attachment: Exhibit 01a. Top 20 Traditional Pipeline Report.pdf

See Attachment: Exhibit 01b. Sample Reporting Portfolio.pdf

See Attachment: Exhibit 01c. Strategic Planning and Review Consultation (SPARC) Deck Report.xlsb

See Attachment: Exhibit 01d. Sample SPARC Report.pptx

See Attachment: Exhibit 03. Sample Implementation Timeline.xlsm

See Attachment: Exhibit 04. National Preferred Formulary.pdf

See Attachment: Exhibit 05. Basic Formulary.pdf

See Attachment: Exhibit 06. NPF Exclusion List.pdf

See Attachment: 04. City of Gainesville Formulary Disruption National Preferred Formulary.xlsx

See Attachment: 03. City of Gainesville Formulary Disruption Basic Formulary.xlsx

See Attachment: City of Gainesville_Pricing Supplement_Express Scripts.pdf

See Attachment: City of Gainesville Crumdale Partners Repricing Template 1.1.25 (7.12.24).pdf

EXPRESS SCRIPTS®
by Evernorth

City of Gainesville

Formulary Disruption Summary - ESI Basic Formulary

Date Range: 01/01/2024 - 04/30/2024

All Maintenance Drugs (SSB)	Rx Count	% Rx Impact	Unique Utilizers*	% Member Impact
MOVING TO FORMULARY	22	0.17%	14	0.42%
MOVING TO NON-FORMULARY	70	0.54%	39	1.16%

Analysis based on ESI Basic Formulary as of July 1, 2024 compared against prospect data.

Current formulary status provided by prospect.

* While Unique Utilizers shows the number of unique patients for each disruption category, the total does not represent unique patients acros

Total brand and generic utilization	13,051
Total population membership	3,369
Total unique utilizers during date range	2,091

ss all disruption categories.

EXPRESS SCRIPTS®
by Evernorth

City of Gainesville

Formulary Disruption Summary - ESI National Preferred Formulary

Date Range: 01/01/2024 - 04/30/2024

All Maintenance Drugs (SSB)	Rx Count	% Rx Impact	Unique Utilizers*	% Member Impact
MOVING TO FORMULARY	21	0.16%	13	0.39%
MOVING TO NON-FORMULARY	8	0.06%	5	0.15%
MOVING TO EXCLUDE	172	1.32%	91	2.70%

Analysis based on ESI National Preferred Formulary as of July 1, 2024 compared against prospect data.

Current formulary status provided by prospect.

* While Unique Utilizers shows the number of unique patients for each disruption category, the total does not represent unique patients acros

Total brand and generic utilization	13,051
Total population membership	3,369
Total unique utilizers during date range	2,091

s all disruption categories.

City of Gainesville

Broker: Gehring Group

Data: 6/1/23 - 5/31/24

Effective Date: 1/1/2025

City of Gainesville	Total Employees	Total Members	Total Claims
	1,927	3,369	39,252

Financial Performance

	City of Gainesville Florida Blue (Incumbent) (Preferred - Traditional)	Express Scripts (Preferred - Traditional) (Exclusive Specialty)	Florida 1550 Law Compliant: Express Scripts (Preferred - Pass-Through) (Open Specialty)
Ingredient Cost:	Not Provided	$8,991,407	$9,029,087
Dispensing Fees:	Not Provided	$12,547	$12,547
Member Contribution:	Not Provided	Not Provided	Not Provided
PMPM Admin Fee:	Not Provided	$0	$0
Pass-Through Admin Fee:	Not Provided	$0	$404,296
Rebates:	Not Provided	($3,937,176)	($4,264,930)
Net Plan Cost:	**Not Provided**	**$5,066,778**	**$5,181,000**
Optional Savings Programs:			
Alternative Sourcing Solutions:	N/A	N/A	N/A N/A
Copay Card Accumulator Program:	$161,712	3.2%	Not Available Not Available
TOTAL:	**$161,712**	**3.2%**	**Not Available Not Available**
		$4.00 PMPM SaveOnSP Guarantee	
Net Plan Cost w/ Programs:	**Not Provided**	**$4,905,066**	**$5,181,000**

Year 1 Pricing

	City of Gainesville Florida Blue (Incumbent) (Preferred - Traditional)	Express Scripts (Preferred - Traditional) (Exclusive Specialty)	Florida 1550 Law Compliant: Express Scripts (Preferred - Pass-Through) (Open Specialty)
OTHER FEES	**PMPM**	**PMPM**	**PMPM**
PMPM Admin Fee:	Not Provided	$0.00	$0.00
	Per Rx	**Per Rx**	**Per Rx**
Pass-Through Admin Fee:	Not Provided	$0.00	$10.30
CREDIT	**Per Member**	**Per Member**	**Per Member**
Implementation Fund:	N/A	$7.00	$7.00

Crumdale Partners PBM Terms & Conditions:

1) The contract terms for all of the Crumdale Partners' vendors are three years in duration.
2) The rates quoted by PBM providers are guaranteed discounts based on a Traditional PBM model. They are not "effective rate" guarantees
3) The discounts quoted by Crumdale Partners providers are client-specific. They are not "book of business" discounts.
4) Rates from all vendors included are free of all pricing optics. So these are clean rates, client-specific and guaranteed on an annual aggregate basis.
5) All additional fees (with the exception of those outlined in the following bullet), commissions and rebates are included and considered in the analysis. Relative to rebates, the minimum guarantee is reflected in the analysis. However, the majority of Crumdale Partners vendors also pay the client 100% of all additional rebates collected regardless of channel.
6) Pricing analysis does not reflect any incumbent PBM or proposed PBM ancillary program fees or data integration fees; such fees include but are not limited to clinical program fees (prior authorizations, step therapy, etc.) and HDHP/CDH data sharing fees for integrated OOP Maximums and/or deductibles; additional fees are typically less than 1.25% of drug cost.
7) Crumdale Partners implementation oversight, on-going account management and consulting services are all included for the life of the Agreement.
8) All PBM vendors offers assume a broad retail network, voluntary retail 90, voluntary mail exclusively via the PBM, exclusive specialty & the national preferred formulary. Analysis assumes client is compliant with proposed PBM's formulary, PAs, clinical programs & accompanying drug exclusions.
9) Proposal is contingent upon the medical carrier integrating with the selected vendor to support the administration of the plan (e.g. accumulators, deductibles, OOP max).
10) Crumdale Partners and/or certain affiliates provide general agent, aggregation, program management and/or related services on behalf of certain third party vendors, including those reflected on this proposal, and may receive compensation from such vendors for providing such services.
11) This financial analysis is based on data provided to Crumdale Partners. It may be necessary for Crumdale Partners to make assumptions or interpretations when data is not clearly represented.

The next step in the process is to have the company select the PBM vendor partner that they would like to implement. Once that decision is shared with us, we will start the implementation process.

A Proposal to Provide
Pharmacy Benefit Management Services

to Crumdale Partners
3-Year Offer for States with Pass-Through at Retail Regulations
FLORIDA Non-ERISA ONLY

July 12, 2024

Retail Pharmacy Network and Home Delivery Pricing

Traditional		National Plus Retail Network (1-83) Days' Supply	Standard 90 & Smart90 Anywhere (Voluntary and Exclusive) Retail Network (84+) Days' Supply	Home Delivery Discounts
Brands	Average Annual Discount Guarantee	Pass-Through Year 1: AWP-20.20% Year 2: AWP-20.25% Year 3: AWP-20.30%	Pass-Through AWP-22.00%	AWP-22.35%
	Disp Fee/Rx Guarantee	Pass-Through $0.40	Pass-Through $0.20	$0.00
Generics	Average Annual Discount Guarantee	Pass-Through Year 1: AWP-84.65% Year 2: AWP-84.75% Year 3: AWP-84.85%	Pass-Through Year 1: AWP-86.90% Year 2: AWP-87.00% Year 3: AWP-87.10%	Year 1: AWP-91.35% Year 2: AWP-91.40% Year 3: AWP-91.45%
	Disp Fee/Rx Guarantee	Pass-Through $0.40	Pass-Through $0.20	$0.00
Administrative Fee		$10.30/rx		
Compounds		Lesser of U&C or combined discounted AWP plus service fee		Not Applicable
National Preferred Formulary Rebates per Brand Rx: Rebate Guarantee		Greater of 100% Rebates and MAF or Yr 1: $320.00 Yr 2: $330.00 Yr 3: $346.00	Greater of 100% Rebates and MAF or Yr 1: $815.00 Yr 2: $854.00 Yr 3: $900.00	Greater of 100% Rebates and MAF or Yr 1: $815.00 Yr 2: $854.00 Yr 3: $900.00
Basic Formulary Rebates per Brand Rx: Rebate Guarantee		Greater of 100% Rebates and MAF or Yr 1: $232.00 Yr 2: $240.00 Yr 3: $246.00	Greater of 100% Rebates and MAF or Yr 1: $575.00 Yr 2: $600.00 Yr 3: $625.00	Greater of 100% Rebates and MAF or Yr 1: $575.00 Yr 2: $600.00 Yr 3: $625.00

Please note: All claims with a 84+ days supply will receive the 84+ rebate guarantees stated above.

EXPRESS SCRIPTS®

National Network Option (Adjustment to the rates stated above.)	
Retail Brand Discount (1-83 days' supply)	Add 0.25%
Retail Brand and Generic Dispensing Fee (1-83 and 84+ days' supply)	Subtract $0.20 / Rx (unless already $0.00)

1. Conditions Applicable to Extended Days' Supply Pricing. The Extended Days' Supply pricing set forth in this Agreement shall be subject to certain requirements, as set forth in this Section. Extended Days' Supply shall mean; (1) for all lines of business other than Medicare or EGWP, any supply of a covered drug of 84 days or greater; and (2) for Medicare or EGWP, if applicable, any supply of a covered drug of 35 days or greater.

STANDARD MAINTENANCE NETWORK

a. **Standard Maintenance Network**
Certain Certain Participating Pharmacies have agreed to participate in the extended 84-90 days' supply network ("Maintenance Network") for maintenance drugs. The 84-90 days' supply pricing set forth in this Agreement is applicable only if Sponsor implements a plan design that requires Members to fill such days' supply at a Maintenance Network Participating Pharmacy (i.e., Sponsor must implement a plan design whereby Members who fill 84-90 days' supply prescriptions at a Participating Pharmacy other than a Maintenance Network Participating Pharmacy do not receive benefit coverage under the Plan for such prescription). If no such plan design is implemented, the pricing for such days' supply will be the same as the 1-83 days' supply pricing set forth in this Agreement, and pricing for an 84-90 days' supply as set forth in this Agreement shall not apply, even if a Maintenance Network Participating Pharmacy is used.

SMART 90 EXCLUSIVE

b. **Smart90 Anywhere**
Certain Participating Pharmacies have agreed to participate, together with the ESI Mail Pharmacy, in the ESI "Smart90" extended 84-90 days' supply network for maintenance drugs (such Participating Pharmacies and the ESI Mail Pharmacy are hereinafter collectively referred to as "ESI's Smart90 Network"). Pricing in the 84-90 days' supply column set forth in this Agreement is applicable only if Sponsor implements a plan design that requires Members: (i) to fill maintenance drugs (based on ESI's standard list of identified maintenance drugs) in extended 84-90 days' supply quantities only (i.e., no 30 day fills except for initial courtesy fill(s)); and (ii) to fill such extended days' supply at either the ESI Mail Pharmacy or a Participating Pharmacy in the ESI Smart90 Network (i.e., Sponsor must implement a plan design whereby Members who fill maintenance drugs for less than an extended 84-90 days' supply or who fill an extended 84-90 days' supply at a Participating Pharmacy other than an ESI's Smart90 Network Participating Pharmacy do not receive benefit coverage under the Plan for such prescription). If no such plan design is implemented, the pricing for such days' supply will be the same as for Prescription Drug Claims for less than an 84 days' supply, and pricing for an 84-90 days' supply as set forth in this Agreement shall not apply, even if an ESI Smart90 Network Participating Pharmacy

is used. The co-payment amount must also be level between the ESI Smart90 Network and the ESI Mail Pharmacy. For coinsurance/percentage co-payments, co-payments could be different at ESI Smart90 Network Participating Pharmacy vs. ESI Mail Pharmacy. If a regulatory body enacts a law, regulation, or other guidance that prohibits the Smart90 Program, ESI will adjust Sponsor's rates accordingly.

SMART 90 VOLUNTARY

c. **Smart90 Anywhere**

Certain Participating Pharmacies have agreed to participate, together with the ESI Mail Pharmacy, in the ESI "Smart90 Network" extended 84-90 days' supply network for maintenance drugs (such Participating Pharmacies and the ESI Mail Pharmacy are hereinafter collectively referred to as "ESI's Smart90 Network"). Pricing in the 84-90 days' supply column set forth in this Agreement is applicable only to fill such extended days' supply at either the ESI Mail Pharmacy or a Participating Pharmacy in the ESI Smart90 Network (i.e., Sponsor must implement a plan design whereby Members who fill an extended 84-90 days' supply at a Participating Pharmacy other than an ESI Smart90 Network Participating Pharmacy do not receive benefit coverage under the Plan for such prescription). If no such plan design is implemented, the pricing for such days' supply will be the same as for Prescription Drug Claims for less than an 84 days' supply, and pricing for an 84-90 days' supply as set forth in this Agreement shall not apply, even if an ESI Smart90 Network Participating Pharmacy is used. The co-payment amount must also be level between the ESI Smart90 Network and the ESI Mail Pharmacy, and the co-payment for 84-90 days' supply cannot exceed 2.5 times the co-payment for less than 83 day retail days' supply. For coinsurance/percentage co-payments, co-payments could be different at ESI Smart90 Network Participating Pharmacy vs. ESI Mail Pharmacy. If a regulatory body enacts a law, regulation, or other guidance that prohibits the Smart90 Program, ESI will adjust Sponsor's rates accordingly.

Express Scripts' Specialty Offering

Open Specialty	Participating Pharmacy	Mail
Net Effective Discount Guarantee *	Pass-Through Yr 1: AWP-20.75% Yr 2: AWP-20.85% Yr 3: AWP-20.95%	Yr 1: AWP-19.75% Yr 2: AWP-19.85% Yr 3: AWP-19.95%
Dispensing Fee/Rx Guarantee	Yr 1: $0.00 Yr 2: $0.00 Yr 3: $0.00	

* This Specialty discount guarantee does not include the value of rebates and includes Limited Distribution Drugs and Exclusive Specialty Products. Specialty Biosimilars are included as part of this Discount Guarantee.

Specialty Rebate Guarantee*	Participating Pharmacies and Mail Pharmacy
National Preferred Formulary Rebates per Brand Rx: Rebate Guarantee	Greater of 100% Rebates and MAF Assuming 30-Day Supply: Yr 1: $3,425.00 Yr 2: $3,600.00 Yr 3: $3,950.00 Assuming Accredo Day Supply: Yr 1: $4,457.00 Yr 2: $4,679.00 Yr 3: $5,139.00
Basic Formulary Rebates per Brand Rx: Rebate Guarantee	Greater of 100% Rebates and MAF Assuming 30-Day Supply: Yr 1: $2,154.00 Yr 2: $2,407.00 Yr 3: $2,635.00 Assuming Accredo Day Supply: Yr 1: $2,801.00 Yr 2: $3,128.00 Yr 3: $3,428.00

*** Specialty Biosimilars, Specialty Limited Distribution Drugs, and Specialty Exclusive Products are included as part of the Specialty Reabte Guarantee.**

ASES. For Specialty Products needing an additional charge to cover costs of all ASES required to administer the Specialty Products, ESI or ESI Specialty Pharmacy will bill, at ESI's option, either the Sponsor's medical plan or the Sponsor directly at the following standard per diem and nursing fee rates set forth below, maintained and updated by ESI from time to time. If ESI elects to bill Sponsor's medical plan for ASES, Sponsor will work with ESI to coordinate the invoicing and payment of ASES through Sponsor's medical plan. If Sponsor's medical plan will not cover the cost of ASES billed through ESI or ESI Specialty Pharmacy, Sponsor shall be responsible for the costs of all ASES. Unless otherwise set forth in an agreement directly between ESI Specialty Pharmacy and Sponsor or a Plan, if a Specialty Product dispensed or ASES provided by ESI Specialty Pharmacy is billed to Sponsor or a Plan directly by ESI Specialty Pharmacy instead of being processed through ESI, Sponsor or Plan will timely pay ESI Specialty Pharmacy for such claim pursuant to the rates below and within thirty (30) days of Sponsor's, Plan's, or its designee's, receipt of such electronic or paper claim from ESI Specialty Pharmacy. ESI Specialty Pharmacy shall have 360 days from the date of service to submit such electronic or paper claim.

Therapeutic Class	Brand Name	Per Diem:
ALPHA 1 DEFICIENCY	Alpha 1 Deficiency Drugs requiring Per Diem (e.g., Aralast NP, Zemaira, Glassia)	$55.00 / Infusion
ENZYME DEFICIENCY	Enzyme Deficiency Drugs requiring Per Diem (e.g., Cerezyme, Lumizyme, Nexviazyme)	$60.00 / Infusion
IMMUNE DEFICIENCY	Immune Deficiency Drugs requiring Per Diem (e.g., Cuvitru, Gammagard, Privigen)	$60.00 / Infusion
INFLAMMATORY CONDITIONS	Inflammatory Conditions Drugs requiring Per Diem (e.g., Remicade, Avsola, Inflectra)	$60.00 / Infusion
MISCELLANEOUS SPECIALTY CONDITIONS	Miscellaneous Specialty Conditions Drugs requiring Per Diem (e.g., Soliris, Ultomiris)	$60.00 / Infusion
MISCELLANEOUS SPECIALTY CONDITIONS	Vyvgart	$65.00 / Infusion
MISCELLANEOUS SPECIALTY CONDITIONS	Duopa	$65.00 / Day
PAH	Tyvaso	$30.00 / Day

PAH	PAH Drugs requiring Per Diem (e.g., Flolan, Epoprostenol Sodium, Remodulin)	$65.00 / Day
PAH	Ventavis	$65.00 / Day
Therapeutic Class	**Brand Name**	**Equipment:**
Cystic Fibrosis	Cayston (Replacement Nebulizer)	$975.00
Therapeutic Class	**Brand Name**	**Nursing:**
Nursing Rates	All drugs / therapies requiring nursing	$180.00 per Initial Visit up to two (2) hours / $90.00 per additional hour or a fraction thereof

Commissions (paid by Express Scripts)

The commission amounts below are included in the pricing quoted in the tables above.

Paid To: CRUMDALE

Service	Commission Amount / CRUMDALE Preferred Partner
Retail, Home Delivery & Specialty	Flat Per Script: Per All Rx - $8.00/Rx

One-time amount of $12.00 per Member implemented on Client's Effective Date to Crumdale.

Consulting Fee (paid by Client)

The consulting fee amounts below may be included in the pricing quoted in the tables above.

Paid To: XXXXX
(Secondary Commission)

Service	Commission Amount
Retail, Home Delivery & Specialty	$0.00/Rx or PEPM or PMPM

SaveonSP Program Performance Guarantee

ESI shall provide Sponsor with a "SaveOnSP Guarantee," as defined below, in the amount of $X.XX PMPM per year during the Initial Term. The SaveOnSP Guarantee requires that Sponsor meet benefit requirements for, and enrolls in, the SaveOnSP benefit. Standard benefit implementation is ninety (90) days. The SaveOnSP Guarantee shall be reconciled as follows: (i) the actual amount of copay assistance dollars applied to Members' Copayments through the SaveOnSP benefit (ii) minus the copay credit amount assigned during enrollment in the SaveOnSP benefit, (iii) net of SaveOnSP benefit fees. The copay credit represents the original plan design specialty copay or estimated average specialty copay based on claim analysis provided and will not exceed $500. The SaveOnSP Guarantee applies only for groups enrolled in the SaveOnSP benefit. In addition to any other pricing conditions included herein, ESI reserves the right to adjust the SaveOnSP Guarantee if: (a) manufacturer(s) change or alter their copay assistance program(s), (b) Sponsor disenrolls from the benefit completely or (c) ESI's ability to provide the SaveOnSP Guarantee is adversely affected due to (i) Brand Drugs moving off-patent to generic status, (ii) action by a manufacturer, (iii) any industry or market condition, (iv) due to a Change in Law; or (v) due to any other action or occurrence that has a material effect on ESI's ability achieve the SaveOnSP Guarantee. In accordance with ESI's standard process, ESI shall calculate the SaveOnSP Guarantee on an annual basis. ESI shall pay to Sponsor the net shortfall, if any, between the SaveOnSP Guarantee and the actual amount of copay assistance dollars applied to Members' Copayments through the SaveOnSP benefit within ninety (90) days after the end of the applicable calendar year. Any over performance will be retained by the Sponsor. The SaveOnSP Guarantee is an annual guarantee. If this Agreement is terminated prior to the completion of the then current contract year (hereinafter, a "Partial Contract Year"), then the guarantees will not apply for such Partial Contract Year. To the extent Sponsor changes its benefit design or Formulary during the term of the Agreement ESI may adjust the SaveOnSP Guarantee.

Pharmacy Management Fund (PMF)

a. ESI will provide up to $7.00 per Member implemented as of the Effective Date, to reimburse the actual, fair market value of: (i) expense items and services related to transitioning, administering, and implementing the pharmacy benefit with ESI initially and throughout the term, such as, custom ID Cards, IT programming, custom formulary letters, member communications, and benefit set-up quality assurance; and/or (ii) mutually agreed upon expense items and services related to implementation of additional clinical or other similar programs provided by ESI throughout the Term; in either case subject to submission of adequate documentation to support reimbursement within 180 days of incurring the applicable expense. Both Sponsor and ESI (upon agreement from Sponsor) may use the PMF to cover the fair market value of expenses for projects requiring joint resources. All reimbursement under the PMF is subject to ESI's standard PMF business practices for all clients.

b. Sponsor represents and warrants that: (i) it will only request reimbursement under the PMF for its actual expenses incurred in transitioning, administering, and implementing the pharmacy benefit managed by ESI hereunder, and/or the additional clinical or other similar program provided by ESI throughout the Term; (ii) that the applicable service, item or program was actually performed or provided; (iii) the amount of the reimbursement is equal to or less than the reasonable fair market value of the actual expenses incurred by Sponsor;

(iv) it will notify and disclose the amount and the terms of any PMF reimbursements to Members and other third parties to the extent required by applicable laws and regulations. In addition, if the Sponsor and the Plan are subject to ERISA, Sponsor represents and warrants that it will only request reimbursement under the PMF for items or services for which Sponsor, in the absence of the PMF, would be allowed reimbursement from the Plan (i.e., not "settlor functions").

c. Sponsor shall comply with all applicable federal and state requirements, including, but not limited to, all applicable federal and state reporting requirements with respect to any expense, item or service reimbursed under this section. ESI reserves the right to periodically audit the books and records of Sponsor on-site, during normal business hours and after giving reasonable advance notice, for the purposes of verifying Sponsor's compliance with the PMF requirements set forth in this Agreement.

d. ESI intends to amortize the PMF over the Initial Term of the Agreement on a straight-line basis. In the event of a termination of this Agreement for any reason other than ESI's uncured material breach prior to the expiration of the Initial Term, Sponsor will reimburse ESI an amount equal to any paid but unamortized portion of the PMF. Reimbursement to ESI by Sponsor pursuant to this Section will not be in lieu of any other rights or remedies ESI may have in connection with the termination of this Agreement, including monetary or other damages. PMF reimbursements shall not be paid prior to the Effective Date of this Agreement and are not payable until this Agreement is executed. Sponsor will have no right to interest on, or the time value of, any PMF, and unused funds shall be retained by ESI.

Assumptions

- Quoted fees and services are valid for 90 days from the date of the proposal.
- Quoted fees are guaranteed for the term of the three-year contract, subject to terms and conditions stated herein and in the PBM Agreement.
- Pricing and other components of the proposal are to be effective on 10/1/2024 for New Sales and 1/1/2025 for Renewals with prior notice of award allowing for a minimum of 90 days to assure completion of the implementation process.
- Pricing for existing Crumdale clients will become effective upon execution of each group's new client agreement.
- None of the membership to be enrolled is based on a 100% copayment benefit plan (plans where Sponsor has no liability for the payment of pharmacy claims).
- Rates may be modified if more than 5% of claims are incurred in Hawaii, Alaska, or Puerto Rico.
- All retail brand discounts (30 day and 90 day claims) may be modified if more than 50% of claims are incurred in Massachusetts. (If over 50%, the parties agree that the Brand Ingredient Cost Discount Guarantee will be decreased by one percent (1%)). Home Delivery discounts are not impacted. Claims utilization will be measured at time of implementation and upon benefit plan year renewal to determine if retail brand discounts (30 day and 90 day claims) should be adjusted for the upcoming 12 month period.

- If ESI's ability to provide the financial terms herein are adversely affected due to unexpected introduction of a Generic Drug, due to another action by a manufacturer beyond ESI's control, or due to a Change in Law, an appropriate adjustment will be made to the reimbursement rates, financial guarantees, Administrative Fees, and/or Rebates hereunder. The financial terms provided herein are based on Express Scripts' underwriting assumptions; pricing is subject to adjustment for a material change in these assumptions.
- The ingredient cost guarantee will be calculated as: [1-(total Adjudicated Gross Cost or COB Adjudicated Gross Cost (excluding dispensing fees and prior to application of copayments) of applicable prescription claims for the annual period divided by total undiscounted AWP (both amounts will be calculated as of the fill date) for the annual period)].
- Non-Specialty Discount and Dispensing fee Guarantees Exclusions: OTC, compounds, member submitted claims, subrogation claims, vaccines, specialty products, LTD, claims where pharmacy reimbursement is determined by law, not ESI's contract with the provider (applicable to dispensing fee guarantees only) and products filled through in-house pharmacies (where such pharmacies are not Participating Pharmacies on a standard ESI network contract)
- Specialty Discount and Dispensing fee Guarantees Exclusions(Including LTD): OTC, compounds, member submitted claims, subrogation claims, vaccines, claims where pharmacy reimbursement is determined by law, not ESI's contract with the provider (applicable to dispensing fee guarantees only) and products filled through in-house pharmacies (where such pharmacies are not Participating Pharmacies on a standard ESI network contract)
- Under any retail spread pricing arrangements, ESI will retrospectively invoice Sponsor for the difference between Sponsor's contracted dispensing fee and any state mandated pharmacy dispensing fee resulting from claims incurred in any state that mandates the use of NADAC or another pricing benchmarks in pharmacy reimbursement.
- Express Scripts will pay Client the difference attributable to any shortfall between the actual result and the guaranteed result within channel only (with the three channels being retail and, home delivery, and Specialty including Limited Distribution). Any excess achieved in any other ingredient cost or dispensing fee guarantee offered pursuant to this Agreement within channel will be used to make up for, and offset, a shortfall in the other ingredient cost or dispensing fee guarantees within channel. Rebate guarantees are measured in the aggregate and reconciled annually. Pricing Guarantees (Ingredient Cost Discount Guarantee and Dispensing Fee Guarantees) will be measured independent of Rebate guarantees such that under-performance on one Rebate Guarantee will not be offset with over-performance on a Pricing Guarantee. The guarantees are annual guarantees based on a twelve (12) month measurement period. If the Agreement ends prior to the completion of a full twelve (12) month measurement period as agreed upon by the parties and is subject to a "Partial Contract Year", then (i) if the Partial Contract Year is less than nine (9) months, the Partial Contract Year guarantees will be included in the prior contract year reconciliation; and (ii) if the Partial Contract Year guarantees is nine (9) months or greater, the Partial Contract Year guarantees will be reconciled as their own contract year. In the event the result of the reconciliation calculations result in underperformance compared to the Guarantee, ESI will pay Client for any deficit within ninety (90) days following reconciliation.
- Express Scripts reserves the right to amend the price quotation set forth herein if there is a material change in the benefit plan from that which was presented to Express Scripts and upon which this price quotation is based.

- Brand average annual aggregate discount guarantees and per Brand rebate guarantee amounts will include those prescription drug claims that processed to Client for payment where the underlying prescription drug product was identified by Medi-Span as having a Multi-Source Indicator code identifier of "M", "N", or "O" on the date dispensed, unless otherwise noted as an exclusion. Generic average annual aggregate discount guarantees will include those prescription drug claims that processed to Client for payment where the underlying prescription drug product was identified by Medi-Span as having a Multi-Source Indicator code identifier of "Y" or identified as DAW5 Claim on the date dispensed, unless otherwise noted as an exclusion. Notwithstanding anything in this Agreement to the contrary, any rebate guarantees set forth in this Agreement will be reconciled using MNOY with the same caveats and assumptions for determining Brand/Generic status as utilized above for ingredient cost discount and dispensing fees.

- For all other purposes (e.g., claims adjudication, member cost share, reporting, etc.), Brand Drugs and Generic Drugs will be identified as such in Express Scripts' master drug file using indicators from First Databank on the basis of a standard Brand/Generic Algorithm.

- Client agrees to adopt Express Scripts' [National Preferred Formulary/ Basic Formulary] and the accompanying formulary support programs which promote the lowest cost formulary alternatives, in order to be eligible for rebates, whether rebates are paid or applied. Drugs and supplies included on the selected formulary may be modified by Express Scripts from time to time as a result of factors, including, but not limited to, medical appropriateness, manufacturer rebate arrangements, and patent expirations.

- Rebate guarantees assume that the current benefit plan design or the new benefit plan design as disclosed by Client will be implemented at the time these guarantees go into effect. Rebate guarantees are subject to adjustment if any clinical or trend programs intended to drive higher generic or OTC utilization are currently in place without Express Scripts' knowledge of both the program and the drugs within the program. Rebate guarantees are also subject to adjustment if Client chooses to implement any clinical or trend management programs intended to drive higher generic or OTC utilization during the course of the contract. Rebates are paid only upon receipt of a signed contract.

- Under its rebate program, Express Scripts may implement Express Scripts' formulary management programs and controls, which may include, among other things, cost-containment initiatives and communications with members, participating pharmacies, and/or physicians. Express Scripts reserves the right to modify or replace such programs from time to time. Guaranteed rebate amounts, if any, are conditioned on adherence to various formulary management controls, benefit design requirements, claims volume, and other factors stated in the applicable pharmaceutical manufacturer agreements, as communicated by Express Scripts to Client from time to time. If any government action, change in law or regulation, change in the interpretation of any law or regulation, or any action by a pharmaceutical manufacturer has an adverse effect on the availability of rebates, then Express Scripts may make an adjustment to the rebate terms and guaranteed rebate amounts, if any, hereunder.

- Express Scripts' retail, home delivery, and rebate pricing excludes specialty drugs. Please see the specialty offering for details.

- Rebate allocations will be made quarterly within approximately 90 days from the end of the quarter. Guarantee will be reconciled annually with any payment due to Client made within 180 days from the end of each annual period; provided, however, that if, upon reconciliation, the annual aggregate percentage amount paid to Sponsor for the contract year is greater than the guaranteed aggregate amounts, ESI shall be entitled to make up for, and offset, a shortfall in other rebate guarantees.

- The rebate guarantee does not apply to Member Submitted Claims, Subrogation Claims, claims older than 180 days, 340b claims, COVID test kits, vaccines, and claims pursuant to a 100% Member Copayment plan. Formulary excluded drugs will NOT be excluded from the rebate guarantees.
- "340B Claims" means: (i) Claims submitted by 340B contracted pharmacies that adjudicate at a 340B price or are submitted with a submission clarification code of "20" or such equivalent codes for such Participating Pharmacies under the applicable NCPDP format (or any successor format); (ii) Claims submitted by a 340B covered entity-owned or 340B contracted pharmacies which are categorized as Type 39 or Type 38 (or such equivalent codes) in the NCPDP DataQ database or otherwise identified as a 340B Claim by the dispensing pharmacy; or (iii) Claims identified as a 340B Claim by a third party administrator.
- If the Pricing Source discontinues the reporting of AWP or materially changes the manner in which AWP is calculated, then Express Scripts reserves the right to make an equitable adjustment as necessary to maintain the parties' relative economics and the pricing intent of this Agreement.
- "Adjudicated Gross Cost" means the gross drug cost prior to the application of plan design which is the lesser of: (i) AWP less the guaranteed brand discount plus the guaranteed dispensing fee, (ii) MAC price (for drugs on ESI's MAC list) plus the guaranteed dispensing fee or (iii) U&C.
- Client will be responsible for any unpaid member copayment or coinsurance amounts not to exceed the floor limit, in accordance with Express Scripts' standard credit policy, if payment has not been received from the member within 120 days of dispensing.

Below is the Biosimilar Low-WAC language pending any customization

Your organization (named below) and Express Scripts, Inc. ("ESI") are parties to a pharmacy benefit management agreement ("PBM Agreement"), which they agree to amend, effective January 1, 2024, as follows:

- All quarterly Rebate guarantee payments will be reduced by the Rebate Credit (defined herein) for the remainder of the term of the PBM Agreement.
- "Biosimilar Product" means a "biosimilar" biological product as defined in the Biologics Price Competition and Innovation Act of 2009 at 42 U.S.C. §262(i)(2) and approved under Section 351(k) of the Public Health Services Act, unless otherwise defined in the PBM Agreement.
- "Low List Price Biosimilar Product" means a Biosimilar Product with a wholesale acquisition cost that is at least 25% less than the Reference Product, or the Standard List Price Biosimilar Product, if applicable.
- "Rebate Credit" means the aggregate difference between (i) the Rebate applied to the Reference Product and (ii) the Rebate applied to the Low List Price Biosimilar Product; provided, however, that if the Reference Product exits the market, ceases contracting or is, or becomes, excluded from the formulary, the Standard List Price Biosimilar Product (defined herein) will apply in lieu of the Reference Product in (i) above.
- "Reference Product" means a biological product as defined in 42 U.S.C. §262(i)(4).
- "Standard List Price Biosimilar Product" means a Biosimilar Product with a wholesale acquisition cost that is that is within 25% of the WAC to the wholesale acquisition cost of the Reference Product
- The Low List Price Biosimilar Product will continue to be preferred.
- Any capitalized term not defined herein shall have the meaning set forth in the PBM Agreement, except as otherwise noted herein.
- Except as expressly provided herein, the terms and conditions of the PBM Agreement shall remain in full force and effect. In the event of a conflict between this amendment and the PBM Agreement, the terms of this amendment shall prevail.
- ESI guarantees that the difference between the ingredient cost of a Reference Product (or the Standard List Price Biosimilar Product, if applicable) and the Low List Price Biosimilar Product will be greater than the difference between the Rebate of such Reference Product (or the Standard List Price Biosimilar Product, if applicable) and the Low List Price Biosimilar Product.
- ESI will provide Administrator with an NDC-level list of Low List Price Biosimilar Products and their respective Reference Product or Standard List Price Biosimilar Product, if applicable, upon request.
- If the difference between the ingredient cost of a Reference Product (or the Standard List Price Biosimilar Product, if applicable) and the Low List Price Biosimilar Product is not greater than the difference between the Rebate of such Reference Product (or the Standard List Price Biosimilar Product, if applicable) and the Low List Price Biosimilar Product, Sponsor will be paid dollar for dollar for the difference.

- Difference will be reconciled in aggregate at Sponsor level and dollars owed cannot be used to offset any other guarantees. Sponsor will retain any overperformance of the Rebate Credit guarantee.
- ESI may not decrease the discount off AWP for the Reference Product (or the Standard List Price Biosimilar Product, if applicable) by more than three (3) percentage points without prior approval from Administrator and ESI will not manipulate or modify the discount applied to the Reference Product (or the Standard List Price Biosimilar Product, if applicable) used to calculate the Ingredient Cost for the purpose of achieving this Low List Price Biosimilar Product guarantee.
- Rebate Credit will be auditable.
- Within 90 days following the calendar year , ESI will provide reporting in aggregate verifying the guarantee as outlined above has been met.
- If the Reference Product and Standard List Price Biosimilar Product exits the market, ceases contracting or is, or becomes, excluded from the formulary, the Rebate Credit will no longer apply, and the Biosimilar Product will be eligible for applicable specialty rebate guarantee.

Administrative Services and Clinical Programs - Commercial

INCLUDED SERVICES

Services listed below are included within the pricing offered; additional services may be available for additional fees. Additional terms and conditions may apply for the below services.

Benefits Management	
Basic PBM Services	Electronic claims processing Customer service for members Eligibility submission and maintenance Section 111 Commercial Reporting Plan set-up and validation FSA eligibility feeds Member replacement cards printed via web Strategic account planning support
Formulary & Retail Network Services	Formulary services and notifications Pharmacy network management and reimbursement Basic network pharmacy audit Pharmacy help desk
Implementation Services	Implementation support New member packets (includes delivery of ID cards)
Technology and Communication Services	Express Scripts member website (express-scripts.com) and mobile app Co-branding on communication materials
Pharmacy Benefit Eligibility Verification	This is a pass-through fee at Express Scripts' preferred rate with data switch vendors such as Surescripts in order to provide member benefit eligibility information for physician experiences like Real-Time Prescription Benefit (RTPB), ePA, etc.
Pharmacy	
Personalized Pharmacy Experience	Online ordering and prescription management through Express Scripts Pharmacy Specialty Pharmacy Website (accredo.com) and Accredo Mobile App Standard prescription delivery Specialized pharmacist support through Therapeutic Resource Centers Extended Payment Program (EPP)
Care	
Simple and Affordable Clinical Solutions	e-Prescribing and Electronic Prior Authorization (ePA) Overrides - Sponsor requested overrides, lost/stolen overrides, vacation supplies Concurrent Drug Utilization Review (DUR) Drug Conversion Program (Therapeutic Interchange) Digital Health Formulary Development Cost Exceeds Maximum for compound drugs and non-compound drugs (must be greater than $10,000 non-compound limit) if less than $10,000 non-compound limit see pricing below under Additional Services Patient Assurance Program
Intelligence	

Advanced Analytics and Insights	Evernorth Control Center — customer relationship platform (eligibility, claims, and benefit administration), coverage management and appeals, eligibility file transfer Trend Central – on demand web-based reporting Billing reports with electronic claims detail extract file (NCPDP) Load 12 months claims history for clinical reports and reporting Software training for our online systems

ADDITIONAL SERVICES

Below are common optional additional services and fees. A comprehensive list of additional services and associated fees is available upon request. Additional services may be subject to additional terms and conditions. ESI may discontinue programs or modify fees, provided that ESI will not modify a fee of a program elected by Sponsor without prior notice.

Benefits Management

Additional PBM Services	
Cost Exceeds Maximum Non-compound drug limits less than $10,000	$0.01 PMPM
Direct/Paper Claims	$3.00 per claim
Standard Single Sign-On (SSO)	$0.00
Express Scripts Payment Integrity Solutions℠	$0.06 PMPM
Express Scripts Complete Claims Coordination℠ • Identify, store and maintain Other Health Insurance • Update COB indicator based on identification of primary or secondary coverage • Reject primary claims when coverage is secondary • Submit primary coverage on reject responses • Submit secondary coverage on primary paid claim responses • Setup of reimbursement formula and COB claims adjudication	17% of the overpayment amounts recovered
Express Scripts Payer Precision Program℠ • Retrospective review of claims and OHI to identify and recover plan payments • The fee is contingent upon the successful recovery of overpayments	
COB Adjudication (Standalone) • Creation of custom reimbursement formula (if needed) • Setup and ongoing maintenance • Product support	$3.00 per paid claim NOTE: The COB Adjudication fee is waived if enrolled Express Scripts Complete Claims Coordination℠ or Express Scripts Payer Precision Program℠
Subrogation (Medicaid, Medicare, and Commercial)	$3.00 per paid claim

Explanation of Benefits (EOBs)	PBR (Non-Medicare Prescription Benefit Review EOBs): $1.50 per statement + postage Direct Claim EOB: $0.00
Member Grievances	$0.15 PMPM
Enhanced Network Pharmacy Audit	Enhanced Plus $0.04/paid claim – Amount billed to Sponsor not to exceed $300,000.00. Basic No Charge
Formulary Guidebook (Word Document or Excel Format)	$12,500 annual fee – first formulary $4,000 annual fee – each additional formulary
Cost Share Reduction/Subsidy Claims Adjudication and Reporting	$25,000 implementation fee $0.50/claim
Emerging Therapeutic Issues Program (ETIP) (optional): Alerts members and healthcare professionals about significant safety-related drug recalls for scripts filled at a retail pharmacy	$0.05 PMPM and $1.35 /letter + postage for mailed communications
SafeGuardRx Programs	No out-of-pocket expense to Plan Sponsor; Sponsor's fees to ESI are paid through retention of portion of manufacturer value associated with program.
Out of Pocket Protection Plan (Must be enrolled in exclusive specialty program through Accredo)	$0.00
SaveonSP (Must be enrolled in exclusive specialty program through Accredo)	Sponsor's fee to SaveonSP 25% of realized savings
Variable Copay Benefit Program (Must be enrolled in exclusive specialty program through Accredo)	$0.00
High Performance Formulary Service Fee	$10,000 Implementation Fee + $0.05 PMPM
Express Scripts Price Assure (optional)	• No out-of-pocket expense to Sponsor; any generic surplus value created from Price Assure impacted claims may be applied towards meeting other channel guarantees.

Technology and Communication Services		
Proprietary External (Client-Facing) Application Programming Interface (API)	Per Member Per Month/ Subscription • $0.10 PMPM base • $1,250 per month minimum ($15,000 annual) • No Installation Fee • Access to all APIs	
	Transaction • $0.01 per Transaction FHIR APIs (or equivalent on proprietary) • $1,250 per month minimum	

	• Installation Fee - $25K < 100K lives, $50K>100K lives • Access to all APIs • No data limits	
Technology Development for Custom Solutions	$143/hour	
Standard member/physician optional program letter communication	$1.35 + postage	
Development and delivery of custom communications	Priced upon request	
Personalized Pharmacy Experience		
Custom Laser Messaging	$40,000 per custom message A 20% discount will be provided for subsequent 3 month extensions of an active campaign.	
Reviews and Appeals Management		
Initial and first level clinical appeals	Included in AUM PMPM fee or $55/review	
ESI Level 2 and Urgent Appeal Service (optional)	Additional $10.00 applies to all reviews	
External Reviews (optional) Facilitated by UM company, reviewed by independent review organizations	$800 per review	
Benefit Review Initial Determinations and Redeterminations (Level 1 Appeals) for plan design related requests not related to UM program, such as: Exclusion Reviews Tiering Exception Reviews	$55 per initial determination/redetermination	
Advanced Benefit Management / Data Integration		
Consumer Connect Plan Consumer Driven Health (CDH) Plan Enrollees[1] Advanced Data Integration, Enhanced Reporting, Member Adherence and Member Education	$0.48 PMPM	
Combined Benefit Management (Non-CDH Plan Enrollees)[2] Services to manage combined medical-pharmacy benefits that are not a consumer-directed health (CDH) plan. Combined benefit types may include deductible, out of pocket, spending account, and lifetime maximum.	$0.10 PMPM per combined accumulator for existing connection with medical carrier or TPA (up to a maximum $0.20 PMPM)	
FSA setup	$5,720	
Advanced Analytics and Insights		
Custom Reporting Requiring development build	$143 /hour	
Fees Applicable to Retiree Drug Subsidy Plans Only		
Retiree Drug Subsidy (RDS) enhanced service Express Scripts sends reports to CMS on behalf of Sponsor	$1.12 PMPM for Medicare-qualified members with a minimum annual fee of $7,500	
Retiree Drug Subsidy (RDS) standard service Express Scripts sends reports to Sponsor	$0.62 PMPM for Medicare-qualified members with a minimum annual fee of $5,000	
Notice of Creditable Coverage	$1.35 /letter + postage	

[1]Clients with HSA-Qualified plan designs are automatically enrolled in the Consumer Driven Health program and there is no opt-out option. An HSA-Qualified Plan is a plan that meets IRS requirements including annual minimum deductibles and out-of-pocket maximums, regardless of offering a savings account.

[2]Clients with Combined Benefit Management plan designs (non-CDH) have the option to opt-in to the Express Scripts

Consumer Driven Health program, known as Consumer Connect Plan. These plans are integrated between pharmacy and medical benefits but do not meet IRS deductible and out-of-pocket maximum requirements for HSA-Qualified Plans.

Care Solutions

Below are common optional clinical services and fees. A comprehensive list of additional services and associated fees is available upon request. These offerings and fees may change or be discontinued from time to time as Express Scripts updates its offerings to meet the needs of the marketplace. Offerings may be subject to additional terms and conditions. Sponsor will select clinical/trend programs during implementation by checking selected options on the Clinical Addendum and on the applicable Set-Up Form. Such Set-Up Forms are incorporated herein by reference as and when executed by the parties. A complete list representing the programs adopted by Sponsor (and corresponding pricing and guarantees) as of the Effective Date is outlined in the Clinical Addendum (executed separately by Sponsor).

Health Connect 360 *For a single per member per month (PMPM) fee, Health Connect 360 leverages the benefits of a suite of Express Scripts care solutions without the individual costs and management of standalone solutions.* *Pricing is client-specific and quoted at time of modeling.*	
Member Care Support *Personalized digital tools, adherence solutions, education, and counseling*	**Physician Support** *Bi-directional EHR communication, real-time safety alerts, and provider engagement*
Pharmacy Support *Point of sale pharmacy messaging and clinical care improvement opportunities*	**Plan Management Support** *Care coordination with Care Insights Hub and Population Health Manager*

Standalone Solutions	
ScreenRx: Medication adherence solution	$0.25 PMPM
RationalMed: Advanced patient safety solution integrating medical, prescription, and laboratory data	0-999 lives Not Offered 1,000 – 4,999 lives $0.40 PMPM 5,000 and above lives $0.25 PMPM year 1, $0.35 PMPM all years following* *Sponsors with 5-10K lives may incur a one-time medical/lab data onboarding fee dependent on vendors.
Retrospective DUR (RDUR): Patient safety solution integrating prescription data	Basic RDUR Module: $0.05 PMPM Advanced RDUR Module: $0.10 PMPM Seniors RDUR Module: $0.04 PMPM Retrospective DUR Bundle: $0.11 PMPM
Physician Care Alerts	Adherence Module: $0.03 PMPM Omission Module: $0.03 PMPM High-Risk Module: $0.03 PMPM HEDIS Module: $0.03 PMPM

	Physician Care Alert Package: $0.07 PMPM HEDIS Bundle: $0.10 PMPM
Advanced Opioid Management: Comprehensive and proactive approach to opioid management	$0.39 PMPM
Enhanced Fraud, Waste, & Abuse: Advanced patient and prescriber investigative services to identify opportunities for reducing plan costs and increasing patient safety	Commercial / Medicaid 30,000-499,999 lives: $0.05 PMPM 12,000 - 29,999 lives: $0.07 PMPM ≤12,000 lives: $10,000 annual fee ≤12,000 lives: $4,000 annual fee (no quarterly consultations/reports; otherwise the same as $10,000 option)
inMyndRx:	$0.17 PMPM
inMynd: Behavioral Health	$0.29 PMPM
Embarc Benefit Protection	$0.99 PMPM
ACA Statin Trend Management Solution	$0.03 PMPM
Medical Drug Management	$0.40 PMPM Comprehensive: $0.42 PMPM Advanced: $0.45 PMPM
Evernorth Intellisphere with clinical pharmacist support	$0.10 PMPM Access for up to 5 users. Each additional user will cost Sponsor $10,000 per year
Evernorth Intellisphere with dedicated academic detailing pharmacist	Evernorth Intellisphere: $0.08 PMPM Access for up to 5 users. Each additional user will cost Sponsor $8,000 per year Academic Detailer - $350,000/year for a dedicated Academic Detailer
Over-the-Counter Solution	Program Oversight: $0.30 PMPY One-Time Implementation Fee: $5,000 Formulary Product Cost (Includes the cost of OTC product(s) ordered by members): Invoiced Monthly Order Processing Fee: $4.75 per order Standard Catalog & Distribution: $2.50 per catalog Foreign Language Translation Line: Cost + 15%
Value Based Insurance Design (VBID) Members enrolled using automated file: Manual Setup:	 Standard file layout/clinical rules Install set up: $15,000 per vendor Maintenance: $500 per month ($750/month if quarterly eligibility reporting is requested) Custom file layout/custom rules: Sponsor specific, priced upon request Eligibility Reporting: $1,000 per ad hoc report Standard Clinical Rules Install set up: $5,000 per vendor/client Maintenance: $500 per month ($750/month if quarterly

Changes after go-live:	eligibility reporting is requested) Custom Rules: Sponsor specific, priced upon request Eligibility Reporting: $1,000 per ad hoc report Vendor add: $10,000 Program add: $5,000 New carrier: $5,000 Customization: client specific, priced upon request NOTE: Fees above are per carrier
Evernorth Dynamic Health Engagement for Providers Physician outreaches (Campaigns) within the electronic health record. Campaigns focus on affordability, benefit/formulary utilization, clinical guidance and quality outcome support. Automated and scalable process and allows bi-directional communication (2- way communication) with Evernorth/ESI clinicians within the physicians' workflow.	From a menu of campaigns, clients have the flexibility to select 6 campaigns/year. Pricing adjusted annually on January 1st of each year. Can utilize PMPM pricing if requested by client. Custom campaigns addressed case-by-case. Packaging with Academic Detailing addressed per client. Annual cost may be subject to 4% annual inflation increase. Annual Price Standalone: 0 - 4,999 lives: $15,000 5,000 - 9,999 lives: $25,000 10,000 - 24,999 lives; $45,000 25,000 - 49,999 lives; $75,000 50,000 – 74,999 lives: $100,000 75,000 – 99,999 lives: $125,000 100,000 – 250,000 lives: $150,000 > 250, 000 lives: $175,000 Add-On to RationalMed or HC-360: (Campaigns targeting affordability and benefit/formulary utilization) 0 - 4,999 lives: $10,000 5,000 - 9,999 lives: $20,000 10,000 - 24,999 lives; $35,000 25,000 - 49,999 lives; $55,000 50,000 – 74,999 lives: $70,000 75,000 – 99,999 lives: $90,000 100,000 – 250,000 lives: $105,000 > 250, 000 lives: $125,000

Digital Health Solutions *PPPM – Per participating patient per month; additional fees may apply as set forth in Clinical Addendum* *PPPY – Per participating patient per year; additional fees may apply as set forth in Clinical Addendum*	
Hinge Health	Hinge Health Full MSK Clinic™ • Chronic: Milestone billing see below* • Surgery: Milestone billing see below* • Acute: $250 PPPY, billed in month 1 of the program • Prevention: $0 PPPY • Expert Medical Opinion: $0 PPPY *Milestone 1 ($331): upon the Enrolled Member's Engagement in the Program Milestone 2 ($332): if Cohort* engages in at least 4 exercise therapy or ENSO sessions on average per Enrolled Member and is at least 30 days into the Program Milestone 3 ($332): if Cohort* engages in at least 8 exercise therapy or ENSO sessions on average per Enrolled Member and is at least 60 days into the Program "Cohort" shall mean all potential enrolled client members that enrolled in Hinge Health Programs during the same month (enrolled = on-boarded and completed Engagement), provided, however, that if there are 10 or fewer such enrolled client members, "Cohort" shall mean all potential enrolled client members that enrolled in Hinge Health Programs during the same month.
LifeScan	OneTouch Reveal Diabetes: $45 PPPM - 6 months minimum billing per activation
Livongo	Diabetes: $70 PPPM - 6 months minimum billing per activation; fee includes unlimited test strips Diabetes Prevention and Weight Management: $55 PPPM months 1-12; $27.50 PPPM months 13+; 12 months minimum billing per activation Hypertension: $39 PPPM - 6 months minimum billing per activation
Omada	Diabetes: $70 PPPM - 6 months minimum billing per activation; fee includes unlimited BioTel Care® strips Diabetes Prevention: $46 PPPM months 1-12; $26 PPPM months 13+; 6 months minimum billing per activation Hypertension: $47 PPPM - 6 months minimum billing per activation Diabetes + Hypertension: $85 PPPM - 6 months minimum billing per activation • Clients purchasing Omada for Diabetes and Omada for Hypertension are automatically enrolled in Omada for Diabetes + Hypertension. Members who have both diabetes and hypertension receive support of both conditions at a discounted rate. Musculoskeletal: • Prevention: $0 • Self-Guided Recovery: $175 PT Consult Fee; $0 PPPM thereafter • Physical Therapist-Guided Recovery: $175 consult fee + **$405** per participant per total episode ("episode" is defined as a specific condition to be treated) • Post Care $0
Propeller Health	Digital Pulmonary Care: $4.50 per targeted patient per month for a minimum of 6 months
Pelago-Tobacco	0 – 50,000 lives • 1 Program Fee-$420 PPPY (Year 1) /$35.00 PPPM (Months 13+) • 2 Programs Bundled–$409.50 (Year 1) /$34.13 PPPM (Months 13+) • 3 Programs Bundled- $399.00/ (Year 1) /$33.25PPPM (Months 13+) + Intake Fee (per member)-$0 50,001 – 250,000 lives • 1 Program Fee-$335.00 PPPY (Year 1) /$27.92 PPPM (Months 13+) • 2 Programs Bundled-$326.63/(Year 1) /$27.22PPPM (Months 13+)

	• 3 Programs Bundled- $318.25/ (Year 1) /$26.52 PPPM (Months 13+) + Intake Fee (per member)-$0 250,001+ lives • 1 Program Fee-$305.00 PPPY (Year 1) /$25.42PPPM (Months 13+) • 2 Programs Bundled- $297.38/ (Year 1) /$24.78 PPPM (Months 13+) • 3 Programs Bundled- $289.75 (Year 1) /$24.14 PPPM (Months 13+) + Intake Fee (per member)-$0 Optional Program Components include Nicotine Replacement Therapy (NRT) and Carbon Monoxide (CO) Sensor. Price is per participant per order. Clients will only be charged for the amount each member orders. Ie: If a client opts in for up to 12 weeks but member only uses 4 weeks of NRT, The client will only be charged for 4 weeks of NRT for that member. • Up to 4 wks of NRT: $67.50 • Up to 8 wks of NRT: $82.50 • Up to 12 wks of NRT: $97.50 • CO Sensor: $57.50 per device order
Pelago-Alcohol	0 – 50,000 lives • 1 Program Fee-$3,000 PPPY (Year 1) /$250.00 PPPM (Months 13+) • 2 Programs Bundled–$2,925.00 PPPY (Year 1) /$243.75 PPPM (Months 13+) • 3 Programs Bundled- $2,850.00 PPPY (Year 1) /$237.50 PPPM (Months 13+) + Intake Fee (per member)-$99 50,001 – 250,000 lives • 1 Program Fee-$2,475 PPPY (Year 1) /$206.25 PPPM (Months 13+) • 2 Programs Bundled-$2,413.13 PPPY (Year 1) /$201.09 PPPM (Months 13+) • 3 Programs Bundled- $2,351.25 PPPY (Year 1) /$195.94 PPPM (Months 13+) + Intake Fee (per member)-$99 250,001+ lives • 1 Program Fee-$2,205 PPPY (Year 1) /$183.75 PPPM (Months 13+) • 2 Programs Bundled- $2,149.88 PPPY (Year 1) /$179.16 PPPM (Months 13+) • 3 Programs Bundled$2,094.75 PPPY (Year 1) /$174.56 PPPM (Months 13+) + Intake Fee (per member)-$99 Optional Breathalyzer-$77.50 per device order Prescribed medications are subject to a member's pharmacy benefit coverage copay/coinsurance cost
Pelago-Opioid	0 – 50,000 lives • 1 Program Fee-$4,920.00 PPPY (Year 1) /$410.00 PPPM (Months 13+) • 2 Programs Bundled–$4,797.00 PPPY (Year 1) /$399.75 PPPM (Months 13+) • 3 Programs Bundled- $4,674.00 PPPY (Year 1) /$389.50 PPPM (Months 13+) + Intake Fee (per member)-$99 50,001 – 250,000 lives • 1 Program Fee-$4,395.00 PPPY (Year 1) /$366.25 PPPM (Months 13+) • 2 Programs Bundled-$4,285.13 PPPY (Year 1) /$357.09 PPPM (Months 13+) • 3 Programs Bundled- $4,175.25 PPPY (Year 1) /$347.94 PPPM (Months 13+) + Intake Fee (per member)-$99 250,001+ lives

<table>
<tr><td></td><td>• 1 Program Fee-$4,125.00 PPPY (Year 1) /$343.75 PPPM (Months 13+)
• 2 Programs Bundled- $4,021.88 PPPY (Year 1) /$335.16 PPPM (Months 13+)
• 3 Programs Bundled- $3,918.75 PPPY (Year 1) /$326.56 PPPM (Months 13+)
+ Intake Fee (per member)-$99

Prescribed medications are subject to a member's pharmacy benefit coverage copay/coinsurance cost</td></tr>
<tr><td>RecoveryOne</td><td>Musculoskeletal Care: $97.50 PPPM for a minimum of 12 months</td></tr>
<tr><td>SilverCloud</td><td>Digital Behavioral Health Care – for depression, anxiety or insomnia: $0.15 PMPM</td></tr>
<tr><td>Big Health</td><td>Digital Behavioral Health Care – for anxiety or insomnia<table><tr><td>Sleepio, Digital Therapeutic for Insomnia</td><td>$400 per enrolled participant per year</td></tr><tr><td>Daylight, Digital Therapeutic for Anxiety</td><td>$400 per enrolled participant per year</td></tr></table></td></tr>
<tr><td>Vivante Health GIThrive</td><td>$280 per enrolled member per quarter (PEMPQ)</td></tr>
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Advanced Utilization Management (AUM) Packages		
Limited Package	Delivers plan savings with minimal member impact	$0.32 PMPM
Advantage Package	Same as Limited, adding chronic disease states and a broad specialty offering	$0.95 PMPM
Advantage Plus Package	Same as Advantage, adding undermanaged medication classes for select chronic diseases	$1.25 PMPM
Unlimited Option	Allows implementation of any current and/or future UM program	$1.47 PMPM

Ala-Carte List Pricing					
		Included in AUM Package			
	Ala-Carte	Limited	Advantage	Advantage Plus	Unlimited
Prior Authorization					
Limited List	$0.06 PMPM	X	X	X	X
Proactive List	$0.05 PMPM	X	X	X	X
Advantage List	$0.20 PMPM		X	X	X
Non Essential Therapy List	$0.16 PMPM		X	X	X
Advantage Plus List	$0.06 PMPM			X	X
Pharmacogenomics List	$0.10 PMPM			X	X
Oncology Package	$0.15 PMPM			X	X
Adjunctive Specialty List	$0.05 PMPM				X
Cost Watch List	$0.07 PMPM				X
Active Management List	$0.03 PMPM				X
Drug Quantity Management					
Limited List	$0.10 PMPM	X	X	X	X
Advantage List	$0.15 PMPM		X	X	X
Advantage Plus List	$0.03 PMPM			X	X
Step Therapy					
Limited List	$0.20 PMPM	X	X	X	X
Advantage List	$0.06 PMPM		X	X	X
Preferred Specialty Management	$0.20 PMPM		X	X	X
Advantage Plus List	$0.06 PMPM			X	X

Package Guarantees: <1,000 lives – no guarantee, 1,001 – 2,500 – 1:1 guarantee, 2,501 – 5,000 – 2:1 guarantee, >5,000 lives 4:1 guarantee. Unlimited option with all elements of the Advantage Plus Package receives Advantage Plus guarantee. Closed formulary or 100% tier 3 copay Sponsors do not qualify for guarantees

List Guarantees: Some lists offer 3:1 Guarantees for Sponsors with >10,000 lives. Prior Authorization must be implemented without grandfathering to receive guarantee.

Some programs may impact Rebates. Development and maintenance of customized rules and/or criteria may incur additional fees

Optional Pharmacy Vaccination Program

VACCINE CLAIMS

1. General Terms applicable to Vaccine Claims

   a. "Vaccine Claim" means a claim for a Covered Drug which is a vaccine.

   b. Vaccine Claims shall adjudicate at the lower of U&C or the amounts shown in the table below. In the case of Vaccine Claims, the U&C shall be the retail price charged by a Participating Pharmacy for the particular vaccine, including administration and dispensing fees, in a cash transaction on the date the vaccine is dispensed as reported to ESI by the Participating Pharmacy.

   c. The Vaccine Administration Fee for Vaccine Claims for Members enrolled in Sponsor's Medicaid programs, if any, will be capped at the maximum reimbursable amount under the state Medicaid program in which the Member is enrolled.

   d. All Vaccine Claims will be subject to any Administrative Fees set forth in the Agreement.

   e. Notwithstanding anything in the Agreement to the contrary, Vaccine Claims will be excluded from all ingredient cost and dispensing fee guarantees and Rebate guarantees.

   f. Vaccine Claims will be charged a program fee of $2.50 per Vaccine Claim (except for Medicare Part D covered Vaccine Claims, if applicable). The Vaccine Program Fee will be billed separately to Sponsor as part of the administrative invoice according to the billing frequency set forth in this Agreement.

7.2. Commercial (Including Medicaid, Exchange and Medicare Part B if applicable)

	Participating Pharmacy **INFLUENZA**	**Participating Pharmacy COVID19**	**Participating Pharmacy** **ALL OTHER VACCINES**	**Member Submitted Vaccine Claims** **(excluding foreign claims)**
Pharmacy Vaccine Administration Fee[1, 2]	Capped at $20 per Vaccine claim	Capped at $40 per Vaccine claim	Capped at $25 per Vaccine Claim	Submitted amount
Ingredient Cost[2]	Participating Pharmacy Ingredient Cost as set forth in the Agreement leveraging Brand or generic ingredient cost guarantees or such other pharmacy ingredient cost as required by applicable law			Submitted amount
Dispensing Fee[2]	Participating Pharmacy Dispensing Fee as set forth in the			Submitted amount

	Agreement	
ESI Administrative Fee/Vaccine Claim	Administrative Fee per Prescription Drug Claim as set forth in the Agreement	Administrative Fee per Prescription Drug Claim (plus manual claim administrative fee) as set forth in the Agreement
Vaccine Program Fee	$2.50 per vaccine claim	N/A

[1]Vaccine Administration Fee subject to change based on market conditions upon ninety (90) days advanced notice.

COVID-19 TESTING PRODUCTS

a. Coverage of COVID-19 Testing Products. Sponsor wishes to provide coverage for certain over the counter and pharmacy-administered COVID-19 testing products (the "COVID-19 Testing Products") under its pharmacy benefit. ESI shall maintain the list of covered COVID-19 Testing Products and shall make such list available to Sponsor upon request. Sponsor acknowledges and agrees that a Member will be allowed up to eight (8) tests per thirty (30) days at $0 Member Co-payment. Once the Member has exhausted the allowed eight (8) tests, any additional tests will reject.

b. Exclusion of COVID-19 Testing Products from Guarantees. Sponsor agrees that notwithstanding anything in the PBM Agreement to the contrary, claims for such COVID-19 Testing Products shall be excluded from all financial and rebate guarantees under the Agreement.

c. Claims Reimbursement and Fees. Client will pay to ESI the following amounts for COVID-19 Testing Products:

	Participating Pharmacy COVID-19 Testing Products
Ingredient Cost	Participating Pharmacy Ingredient Cost as set forth in the Agreement
Dispensing Fee	Participating Pharmacy Dispensing Fee as set forth in the Agreement
COVID-19 Testing Product per Claim Administration Fee	Administrative Fee per Prescription Drug Claim as set forth in the Agreement
COVID-19 Testing Product Professional Service Administration Fee (if applicable)	Pass-Through

COVID-19 ANTIVIRAL THERAPEUTIC PRODUCTS

a. Coverage of COVID-19 Oral Antiviral Therapeutic Products. Sponsor wishes to provide coverage for COVID-19 oral antiviral therapeutic products authorized by the Food and Drug Administration's emergency use authorization, as amended (the "COVID-19 Oral Antiviral Products") under its pharmacy benefit. ESI shall maintain the list of covered COVID-19 Oral Antiviral Products and shall make such list available to client upon request.

b. Exclusion of COVID-19 Oral Antiviral Products from Guarantees. Sponsor agrees that notwithstanding anything in the Agreement to the contrary, claims for such EUA Govt. Funded COVID-19 Oral Antiviral Products shall be excluded from all financial and rebate guarantees under the Agreement.

c. Claims Reimbursement and Fees. Sponsor will pay to ESI the following amounts for COVID-19 Oral Antiviral Products:

	Participating Pharmacy COVID-19 Oral Antiviral Products
Ingredient Cost	$0*
Dispensing Fee	Pass-Through
COVID-19 Oral Antiviral Products Program Fee	$2.50 per claim for COVID-19 Oral Antiviral Product**

*The $0 ingredient cost shall apply for approved medications while funded by the federal government. If COVID-19 Oral Antiviral Products are no longer funded by the federal government, they will follow the pricing set forth in Exhibit A-2 of this Agreement.
**Applies to EUA Govt. funded product.

COVERAGE COVID-19 ORAL ANTIVIRAL THERAPEUTIC PRODUCTS RPH PRESCRIBING.

a. Coverage COVID-19 Oral Antiviral Therapeutic Products RPh Prescribing. Sponsor shall provide coverage for a registered pharmacist ("RPh") to prescribe certain COVID-19 oral antiviral therapeutic products (the "COVID-19 Oral Antiviral Products") under its pharmacy benefit. PBM shall maintain the Sponsor approved list of covered COVID-19 Oral Antiviral Products that can be prescribed by an RPh and shall make such list available to client upon request.

b. Exclusion of COVID-19 Oral Antiviral Products from Guarantees. Sponsor agrees that notwithstanding anything in the Agreement to the contrary, claims for such COVID-19 Oral Antiviral Products prescribed by an RPh shall be excluded from all financial and rebate guarantees under the Agreement[1].

c. Claims Reimbursement and Fees. Client will pay to ESI the following amounts for COVID-19 Oral Antiviral Products prescribed by an RPh:

	COVID-19 Oral Antiviral Products Prescribed by an RPh
Ingredient Cost	$0[1]
Dispensing Fee	Pass-Through

COVID-19 Oral Antiviral Product per Claim Administration Fee	$2.50 Program Fee is waived when enrolled in this product.	
COVID-19 Oral Antiviral Product Professional Service Administration Fee	$60[3]	
COVID-19 Oral Antiviral Product Implementation and Annual Fee[2]	**Initial Implementation Fee (Year One)**	**Discounted Recurring Annual Fee (After Year One)**
	See below	**See below**

[1] The ingredient cost for COVID-19 Oral Antiviral Products is waived while funded by the Federal government. Once the Federal government stops funding, Sponsor will be charged the Participating Pharmacy Ingredient Cost as set forth in the Agreement.
[2] Pharmacy Management Funds (PMF) can be used to cover the cost of the implementation and annual fee.
[3] Excluded from all financial and rebate guarantees under the agreement.

Plan Lives	**Initial Implementation Fee (Year One)**	**Discounted Recurring Annual Fee (After Year One)**
<1,500	$1,250	$625
1,500 to 10,000	$4,250	$2,125
10,001 to 20,000	$7,750	$3,875
20,001 to 50,000	$10,500	$5,250
50,001 to 150,000	$15,000	$7,500
>150,000	$22,000	$11,250

Billing and Payment

Billing Information*	
Billing Frequency	Weekly
Payment Options**	
Wire Transfer	Payments must be transferred within five calendar days of receipt of Express Scripts' invoice/billing statement.
Automated Clearing House (ACH)	Payments must be made within five calendar days of receipt of Express Scripts' invoice/billing statement.
Pre-Authorized Debit Transaction	Funds must be available in Client's bank account within five calendar days of receipt of Express Scripts' invoice/billing statement.

* Each client is subject to a standard credit evaluation.

** To extend payment to 6-10 calendar days, a $0.03 per Rx administration fee applies; to extend payment to 11-15 calendar days, an $0.08 per Rx administration fee applies.

FINANCIAL DISCLOSURE TO ESI PBM CLIENTS

This disclosure provides an overview of the principal revenue sources of Express Scripts, Inc. and Medco Health Solutions, Inc. (individually and collectively referred to herein as "ESI"), as well as ESI's affiliates. In addition to administrative and dispensing fees paid to ESI by our clients for pharmaceutical benefit management ("PBM") services, ESI and its affiliates derive revenue from other sources, including arrangements with pharmaceutical manufacturers, wholesale distributors, and retail pharmacies. Some of this revenue relates to utilization of prescription drugs by members of the clients receiving PBM services. ESI may pass through certain manufacturer payments to its clients or may retain those payments for itself, depending on the contract terms between ESI and the client.

Relationship with The Cigna Group. On December 20, 2018, ESI's parent company, Express Scripts Holding Company, was acquired by The Cigna Group.

Relationship with Evernorth Health, Inc. Evernorth Health, Inc., a wholly-owned subsidiary of The Cigna Group, is the parent company of ESI.

Network Pharmacies – ESI contracts for its own account with retail pharmacies to dispense prescription drugs to client members. Rates paid by ESI to these pharmacies may differ among networks (e.g., Medicare, Worker's Comp, open and limited), and among pharmacies within a network, and by client arrangements. PBM agreements generally provide that a client pays ESI an ingredient cost, plus dispensing fee, for drug claims. If the rate paid by a client exceeds the rate contracted with a particular pharmacy, ESI will realize a positive margin on the applicable claim. The reverse also may be true, resulting in negative margin for ESI. ESI also enters into pass-through arrangements where the client pays ESI the actual ingredient cost and dispensing fee amount paid by ESI for the particular claim when the claim is adjudicated to the pharmacy. In addition, when ESI receives payment from a client before payment to a pharmacy, ESI retains the benefit of the use of the funds between these payments. ESI may maintain non-client specific aggregate guarantees with pharmacies and may realize positive margin. ESI may charge pharmacies standard transaction fees to access ESI's pharmacy claims systems and for other related administrative purposes. ESI may also maintain certain preferred value or quality networks; pharmacies participating in those networks may pay or receive aggregated payments related to these networks.

Brand/Generic Classifications – Prescription drugs may be classified as either a "brand" or "generic;" however, the reference to a drug by its chemical name does not necessarily mean that the product is recognized as a generic for adjudication, pricing or copay purposes. For the purposes of pharmacy reimbursement, ESI distinguishes brands and generics through a proprietary algorithm ("BGA") that uses certain published elements provided by First DataBank (FDB), a third-party vendor, including price indicators, Generic Indicator, Generic Manufacturer Indicator, Generic Name Drug Indicator, Innovator, Drug Class and abbreviated new drug application (ANDA). The BGA uses these data elements in a hierarchical process to categorize the products as brand or generic. The BGA also has processes to resolve discrepancies and prevent "flipping" between brand and generic status due to price fluctuations and marketplace availability changes. The elements listed above and sources are subject to change based on the availability of the specific fields. Updated summaries of the BGA are available upon request. Brand or generic classification for client reimbursement purposes is either based on the BGA or specific code indicators from Medi-Span, a third-party vendor, or a combination of the two as reflected in the client's specific contract terms. Application of an alternative methodology based on specific client contract terms does not affect ESI's application of its BGA for ESI's other contracts.

Maximum Allowable Cost ("MAC")/Maximum Reimbursement Amount ("MRA") – As part of the administration of the PBM services, ESI maintains a MAC List of drug products identified as requiring pricing management due to the number of manufacturers, utilization and/or pricing volatility. The criteria for inclusion on the MAC List are based on whether the drug has readily available generic product(s), is generally equivalent to a brand drug, is cleared of any negative clinical implications, and has a cost basis that will allow for pricing below brand rates. ESI also maintains MRA price lists for drug products on the MAC List based on current price reference data provided by MediSpan or other nationally recognized pricing sources, market pricing and availability information from generic manufacturers and on-line research of national wholesale drug company files, and client

arrangements. Similar to the BGA, the elements listed above and sources are subject to change based on the availability of the specific fields. Updated summaries of the MAC methodology are available upon request.

Manufacturer Programs Formulary Rebates, Associated Administrative Fees, and PBM Service Fees – ESI contracts with manufacturers and/or group purchasing organizations ("GPOs") for its own account to obtain formulary rebates attributable to the utilization of certain drugs and supplies. Formulary rebate amounts received vary based on client specific utilization, the volume of utilization as well as formulary position applicable to the drug or supplies, and adherence to various formulary management controls, benefit design requirements, claims volume, and other similar factors, and in certain instances also may vary based on the product's market-share. ESI pays formulary rebates it receives to a client based on the client's PBM agreement terms and may realize positive margin. In addition, ESI provides administrative services to contracted manufacturers, which include, for example, maintenance and operation of systems and other infrastructure necessary for invoicing and processing rebates, pharmacy discount programs, access to drug utilization data, as allowed by law, for purposes of verifying and evaluating applicable payments, and for other purposes related to the manufacturer's products. ESI receives administrative fees directly from participating manufacturers and indirectly from GPOs. In its capacity as a PBM company, ESI may receive other compensation from manufacturers for the performance of various programs or services, including, for example, formulary compliance initiatives, clinical services, therapy management services, education services, inflation protection programs, medical benefit management services, cost containment programs, discount programs, and the sale of non-patient identifiable claim information. This compensation is not part of the formulary rebates or associated administrative fees, and ESI may realize positive margin between amounts paid to clients and amounts received. ESI retains the financial benefit of the use of any funds held until payment is made to the client.

Copies of ESI's standard formularies may be reviewed at https://www.controlcenter.com/.

Third Party Offerings - ESI partners with multiple third party vendors to provide clinical programs and other product offerings to clients. ESI may have an ownership interest in certain third party vendors.

ESI Subsidiary Pharmacies – ESI has several licensed pharmacy subsidiaries, including our specialty pharmacies. These entities may maintain product purchase discount arrangements and/or fee-for-service arrangements with pharmaceutical manufacturers, wholesale distributors, and other health care providers. These subsidiary pharmacies contract for these arrangements on their own account in support of their various pharmacy operations. Many of these subsidiary arrangements relate to services provided outside of PBM arrangements, and may be entered into irrespective of whether the particular drug is on one of ESI's national formularies. Discounts and fee-for-service payments received by ESI's subsidiary pharmacies are not part of the PBM formulary rebates or associated administrative fees paid to ESI in connection with ESI's PBM formulary rebate programs. However, certain purchase discounts received by ESI's subsidiary pharmacies, whether directly or through ESI, may be considered for formulary purposes if the value of such purchase discounts is used by ESI to supplement the discount on the ingredient cost of the drug to the client based on the client's PBM agreement terms. From time to time, ESI and its affiliates also may pursue and maintain for its own account other supply chain sourcing relationships not described below as beneficial to maximize ESI's drug purchasing capabilities and efficiencies, and ESI or affiliates may realize an overall positive margin with regard to these initiatives.

The following provides additional information regarding examples of ESI subsidiary discount arrangements and fee-for-service arrangements with pharmaceutical manufacturers, and wholesale distributors:

ESI Subsidiary Pharmacy Discount Arrangements – ESI subsidiary pharmacies purchase prescription drug inventories, either from manufacturers or wholesalers, for dispensing to patients. Often, purchase discounts off the acquisition cost of these products are made available by manufacturers and wholesalers in the form of either up-front discounts or retrospective discounts. These purchase discounts, obtained through separate purchase contracts, are not formulary rebates paid in connection with our PBM formulary rebate programs. Drug purchase discounts are based on a pharmacy's inventory needs and, at times, the performance of related patient care services and other performance requirements. When a subsidiary pharmacy dispenses a product from its inventory, the purchase price paid for the dispensed product, including applicable dispensing fees, may be greater or less than that pharmacy's acquisition cost for the product net of

purchase discounts. In general, our pharmacies realize an overall positive margin between the net acquisition cost and the amounts paid for the dispensed drugs.

ESI Subsidiary Fee-For-Service Arrangements – One or more of ESI's subsidiaries, including, but not limited to, its subsidiary pharmacies also may receive fee-for-service payments from manufacturers, wholesalers, or other health care providers in conjunction with various programs or services, including, for example, patient assistance programs for indigent patients, dispensing prescription medications to patients enrolled in clinical trials, various therapy adherence and fertility programs, administering FDA compliance requirements related to the drug, 340B contract pharmacy services, product reimbursement support services, and various other clinical or pharmacy programs or services. As a condition to having access to certain products, and sometimes related to certain therapy adherence criteria or FDA requirements, a pharmaceutical manufacturer may require a pharmacy to report selected information to the manufacturer regarding the pharmacy's service levels and other dispensing-related data with respect to patients who receive that manufacturer's product. A portion of the discounts or other fee-for-service payments made available to our pharmacies may represent compensation for such reporting.

Other Manufacturer Arrangements – ESI also maintains other lines of business that may involve discount and service fee relationships with pharmaceutical manufacturers and wholesale distributors. Examples of these businesses include a wholesale distribution business, group purchasing organizations (and related group purchasing organization fees), and a medical benefit management company. Compensation derived through these business arrangements is not considered for PBM formulary placement, and is in addition to other amounts described herein. These service fees are not part of the formulary rebates or associated administrative fees.

Third Party Data Sales – Consistent with any client contract limitations, ESI or its affiliates may sell HIPAA compliant information maintained in their capacity as a PBM, pharmacy, or otherwise to data aggregators, manufacturers, or other third parties on a fee-for-service basis or as a condition of discount eligibility. All such activities are conducted in compliance with applicable patient and pharmacy privacy laws and client contract restrictions.

November 6, 2023

THIS EXHIBIT REPRESENTS ESI'S FINANCIAL POLICIES. ESI MAY PERIODICALLY UPDATE THIS EXHIBIT AND THE FINANCIAL DISCLOSURES CONTAINED HEREIN TO REFLECT CHANGES IN ITS BUSINESS PROCESSES; THE CURRENT FINANCIAL DISCLOSURE IS AVAILABLE UPON REQUEST AND ACCESSIBLE ON HTTPS://WWW.EXPRESS-SCRIPTS.COM/CORPORATE AND HTTPS://WWW.CONTROLCENTER.COM/.

Top 20 Traditional Pipeline Report

January 2024

	Pipeline Drug	Current Status	Anticipated Approval	What is this drug being developed for?
1.	aprocitentan (ACT-132577-Janssen/Idorsia)	NDA Filed	2024 3/19/2024	dual endothelin receptor antagonist that inhibits endothelin-1 binding to both endothelin ETA and ETB receptors and it is a vasodilator for treating hypertension; oral
2.	benzgalantamine (ALPHA-1062 - Alpha Cognition)	NDA Filed	2024 7/27/2024	Delayed-release formulation of a galantamine prodrug for the treatment of mild to moderate Alzheimer's disease; oral.
3.	diazepam buccal film (Libervant - Aquestive)	NDA Filed	2024 4/28/2024 Priority Review	New sublingual (SL) formulation of diazepam for the management of seizure clusters in refractory epilepsy patient; Buccal therapy
4.	dihydroergotamine (STS101 - Satsuma Pharmaceuticals)	NDA Filed	2024 Jan. 2024	Dry-powder drug-device containing dihydroergotamine (DHE) for acute treatment of migraines; intranasal
5.	ensifentrine (RPL554 - Verona Pharma)	NDA Filed	2024 6/26/2024	A phosphodiesterase 3 and 4 (PDE3 and PDE4) enzyme inhibitor for use as a bronchodilator and an anti-inflammatory agent for the maintenance treatment of chronic obstructive pulmonary disease (COPD) that is not adequately managed with standard care therapies; oral therapy.
6.	epinephrine nasal spray (Neffy - ARS Pharmaceuticals)	Phase 3	2024	Nasally-administered formulation of epinephrine, using an absorption enhancer, to treat emergency allergic reactions; intranasal
7.	influenza vaccine, quadrivalent (FluMist - AstraZeneca)	sBLA Filed	2024 1Q:2024	Active immunization of individuals 2 to 49 years of age against influenza disease caused by influenza virus A subtypes and B types; intranasal (self administered)
8.	insulin aspart biosimilar (GL-ASP - Sandoz/Gan & Lee)	351(k) Filed	2024 4/1/2024	Biosimilar to Novo Nodisk's Novolog (insulin aspart), a rapid acting insulin formulation for treating diabetes; SC Biosimilar
9.	insulin aspart biosimilar (Kixelle - Viatris/Biocon)	Complete Response	2024	biosimilar formulation of rapid-acting insulin aspart (NovoLog);subcutaneous Biosimilar
10.	insulin icodec (LAI287 - Novo Nordisk)	BLA Filed	2024 April 2024	Ultra-long acting basal insulin analog for the treatment of type 1 and type 2 diabetes allowing for once-weekly administration; subcutaneous

PGx = Potential for Pharmacogenetic Testing

	Pipeline Drug	Current Status	Anticipated Approval	What is this drug being developed for?
11.	insulin lispro biosimilar (Prandilin - Sandoz/Gan & Lee)	351(k) Filed	2024 4/1/2024	Biosimilar to Lilly's Humalog (insulin lispro), a rapid acting insulin formulation for treating diabetes; SC Biosimilar
12.	midomafetamine (MAPS Public Benefit)	NDA Filed	2024 8/12/2024	MDMA (3,4-Methylenedioxy-methamphetamine) is an entactogen—a class of psychoactive drugs for the treatment of post-traumatic stress disorder ("PTSD"); oral
13.	relacorilant (CORT125134 - Corcept Therapeutics)	Phase 3	2024	Glucocorticoid receptor antagonism in the treatment of hypercortisolism (cushing syndrome); Oral
14.	roluperidone (MIN-101 - Minerva Neurosciences)	NDA Filed	2024 2/26/2024	5-HT2a and sigma2 antagonist, for the treatment of schizophrenia.
15.	RSV vaccine (mRNA-1345 - Moderna)	BLA Filed	2024 April 2024	RSV vaccine to help protect adults aged 60 years and older from RSV-associated respiratory tract infections; IM Breakthrough Therapy
16.	scopolamine (DPI-386 - Repurposed Therapeutics/Defender)	NDA Filed	2024 1/26/2024 Priority Review	Scopolamine gel for the prevention of nausea and vomiting induced by motion in adults; intranasal
17.	semaglutide, oral (Novo Nordisk)	Phase 3	2024	For the treatment of weight loss and management in adults who are obese (who have a body mass index [BMI] of at least 30 kg/m^2) or who are overweight (a BMI of 27 kg/m^2 or higher) and who have weight-related medical conditions, Oral.
18.	sofpironium bromide (ECCLOCK - Brickell Biotech)	NDA Filed	2024 6/21/2024	Once-daily topical muscarinic receptor antagonist for the treatment of sever primary axillary hyperhydrosis (excessive underarm sweating); Topical (gel)
19.	tradipitant (VLY-686 - Vanda)	NDA Filed	2024 9/18/2024	Neurokinin-1 receptor antagonist for the treatment of symptoms of gastroparesis; oral
20.	trospium/xanomeline (KarXT - Karuna Therapeutics)	NDA Filed	2024 9/26/2024	A muscarinic agonist combined with trospium designed to maintain efficacy of xanomeline while limiting anticholinergic side effects for schizophrenia; oral

PGx = Potential for Pharmacogenetic Testing

Top 20 Traditional Pipeline Report: Drug Review

1. aprocitentan (ACT-132577-Janssen/Idorsia)

Current Status: This product is currently under FDA review with an action date of March 19, 2024

Route of Administration/Dosing: Oral therapy (once daily)

Proposed Indication(s): patients with difficult-to-control or resistant hypertension

Mechanism Of Action: Dual endothelin receptor antagonist (ERA)

Patient Impact: An estimated 116 million adults in the United States, or 47% of the adult population, have hypertension. Hypertension is a major risk factor for heart attack, stroke, and chronic kidney disease. Most patients can control their blood pressure with lifestyle changes and medication, but approximately 10% have resistant hypertension, where blood pressure remains high despite treatment.

Current Therapies: There are multiple agents available for the treatment of hypertension, and the majority of them are available generically. However, patients with treatment-resistant hypertension could use additional treatment options for managing their disease.

Comments: Aprocitentan, from Janssen and Idorsia, is an oral, dual endothelin receptor antagonist (ERA) which inhibits the binding of ET-1 to ETA and ETB receptors. By blocking these receptors, aprocitentan relaxes the blood vessels and lowers blood pressure. The mechanism of action of aprocitentan is ideally suited for the pathophysiology of resistant hypertension. Resistant hypertension is a type of high blood pressure that is difficult to control with standard treatments. Aprocitentan is effective in lowering blood pressure in people with resistant hypertension, even when other treatments have failed. The PRECISION study was a Phase 3 clinical trial that investigated the efficacy and safety of aprocitentan, a new drug for the treatment of resistant hypertension. The study included 730 patients who were taking three or more antihypertensive drugs and had a sitting systolic blood pressure of 140 mmHg or higher. In this trial, aprocitentan (12.5 mg and 25 mg) was shown to be effective in lowering blood pressure in patients with resistant hypertension. At week 4, patients who received aprocitentan had significantly lower sitting systolic blood pressure (SBP) and diastolic blood pressure (DBP) than those who received placebo. The difference in blood pressure between the aprocitentan and placebo groups was maintained throughout the study. The most common adverse event associated with aprocitentan was fluid retention. Fluid retention was generally mild-to-moderate and did not lead to discontinuation of treatment in most cases. The PRECISION study provides evidence that aprocitentan is an effective and safe treatment for resistant hypertension. The application for aprocitentan was submitted for FDA review in Dec. 2022. Assuming a standard review, the estimated PDUFA date is December 19, 2023. Update: Goal date extended from 12.19.2023 to review additional REMS material. The new PDUFA date is March 19, 2024.

2. benzgalantamine (ALPHA-1062 - Alpha Cognition)

Current Status: This product is currently under FDA review with an action date of September 27, 2024

Route of Administration/Dosing: Oral therapy

Proposed Indication(s): treatment of mild to moderate dementia of the Alzheimer's disease.

Mechanism Of Action: Prodrug of the acethylcholinesterase inhibitor, galantamine.

Patient Impact: AD, the most common type of dementia, begins as mild memory loss and then progresses to the inability to participate in a conversation, respond to the external environment and perform normal daily activities. Generally a disease of advanced aging, AD usually develops after the age of 65. However, in its less common early-onset form, AD can impact much younger patients in their 30s or 40s. Although the cause of AD is not completely understood, two biomarkers are beta-amyloid plaques, which cause atrophy of the brain and surrounding blood vessels, and tau proteins, which cause tangles within brain neurons. According to the Alzheimer's Association, over 6.2 million Americans age 65 years and older were living with AD in 2021. Its prevalence is expected to double over the next three decades. Persons of African descent are about two times as likely to have it and about two-thirds of patients are women.

Current Therapies: The acetylcholinesterase inhibitor market is highly genericized with Aricept/ODT (donepezil), Razadyne/ER (galantamine), and Exalon (rivastigmine) being the available generics. There are also brand-only products such as Adlarity (donepezil patch) and Namzaric (donepezil/memantine).

Comments: Benzgalantamine is a prodrug of the acethylcholinesterase inhibitor galantamine, which has been used in brand name drugs such as Johonson & Johnson's Razadyne to treat mild to moderate Alzheimer's disease (AD). This delayed-release prodrug formulation is designed to reduce gastrointestinal adverse effects by remaining inert as it passes through the stomach. Results from four studies conducted by the company demonstrated bioequivalence for benzgalantamine to galantamine and galantamine ER, with adverse events documented across all studies less than 2% and no insomnia observed. The application for this product was submitted for FDA review on September 27, 2023. Therefre, this product is currenlty under FDA review with an estimate Prescription Drug User Fee Act (PDUFA) target action date of September 27, 2024.

3. diazepam buccal film (Libervant - Aquestive)

Current Status: This product is currently under FDA review with an action date of April 28, 2024

Route of Administration/Dosing: Soluable buccal (inside of the cheek) film formulation

Proposed Indication(s): Rapid oral treatment of acute uncontrolled seizures, or seizure clusters, in refractory patients with epilepsy on stable regimens of antiepileptic drugs

Mechanism Of Action: It is a novel formulation of diazepam as a small, thin film strip placed inside the cheek.

Patient Impact: There are more than 3.4 million people with epilepsy in the United States with approximately 200,000 new patients diagnosed each year. Despite the availability of chronic, daily oral medications to control epilepsy, a significant number of these patients continue to experience seizures. Of these uncontrolled patients, about 170,000 are at risk for cluster or acute repetitive seizures.

Est. Annual Sales (Millions): **$197 Global Sales (2026)**

Current Therapies: Diastat (duazepam rectal gel - Valeant); Intranasal and buccally administration of midazolam is also used to help manage/treat prolonged seizures. Nayzilam (midazolam, intranasal - UCB) was approved on 05/17/2019. Valtaco (diazepam nasal spray - Neurelis) was also approved in Jan. 2020.

Comments: Libervant is a buccal film formulation of diazepam, designed by Aquestive using their PharmFilm technology, as an oral treatment option for acute uncontrolled seizures or seizure clusters in refractory epilepsy patients who are already on stable antiepileptic drug regimens. The formulation involves a small, thin film strip that is placed inside the cheek, providing an alternative to rectal and nasal administration methods, with the aim of reducing the need for emergency room visits for intravenous drug administration. However, the final approval from the FDA for Libervant was delayed due to lower drug exposure levels observed in certain weight groups during a study submitted with the New Drug Application. In response, the company submitted additional information on pharmacokinetic modeling to demonstrate achieving the desired drug exposure levels through dose adjustments. Currently, Libervant is undergoing FDA review with a Prescription Drug User Fee Act date set for April 28, 2024.

4. dihydroergotamine (STS101 - Satsuma Pharmaceuticals)

Current Status: This product is currently under FDA review with an action date of January 18, 2024

Route of Administration/Dosing: Intranasal therapy. Dosing should occur within 2 hours of the onset of symptoms. No more than once dose should be taken per day.

Proposed Indication(s): for the acute treatment of migraine with or without aura in adults

Mechanism Of Action: ergotamnes narrowing blood vessels in the brain to relieve headaches

Patient Impact: According to the Migraine Research Foundation, migraine is the third most common disease in the world, affecting approximately 1 billion people. According to the Centers for Disease Control and Prevention, migraine affects around 39 million people in the U.S., with 18% of women and 6% of men suffering from the disorder. In addition, the social and economic impact of migraine is estimated to be approximately $36-50 billion annually in the U.S.

Current Therapies: Multiple therapies are approved for treating migraine, including triptans, ergot drugs, caffeine-based drugs, NSAIDs, acetaminophen, opioids, and orally-administered CGRP antagonists (e.g. Nurtec ODT).

Comments: STS101 is an investigational dry-powder nasal spray formulation of dihydroergotamine (DHE) for the acute treatment of migraine. It is administered using a proprietary nasal delivery device and is designed to provide fast absorption of DHE in the nasal passages, resulting in more robust efficacy compared with existing DHE products. A phase 3, randomized, double-blind, placebo-controlled trial called the EMERGE trial enrolled 1,500 patients with migraine and found that both doses of STS101 (3.9 mg/spray and 5.2 mg/spray) were more effective than placebo at reducing pain and other migraine symptoms three hours after administration. The FDA has accepted Satsuma's New Drug Application (NDA) for STS101. The agency is expected to make an approval decision by January 18, 2024.

5. ensifentrine (RPL554 - Verona Pharma)

Current Status: This product is currently under FDA review with an action date of June 27, 2024

Route of Administration/Dosing: Inhalation

Proposed Indication(s): maintenance treatment of chronic obstructive pulmonary disease (COPD) that is not adequately managed with standard care therapies

Mechanism Of Action: ensifentrine is an inhaled, dual inhibitor of phosphodiesterase 3 (PDE3) and 4 (PDE4) enzymes

Patient Impact: According to the Centers for Disease Control and Prevention (CDC), an estimated 15.7 million adults in the United States (6.4%) have been diagnosed with COPD. However, the CDC estimates that as many as 40 million adults in the United States may have COPD, but are not aware of their condition.

Current Therapies: Current treatments for COPD aim to relieve symptoms, prevent exacerbations, and improve lung function. Bronchodilators, such as beta-agonists and anticholinergics, relax airway muscles. Inhaled corticosteroids may be prescribed in combination for severe symptoms or frequent exacerbations. Pulmonary rehabilitation improves respiratory muscle strength and exercise tolerance.

Comments: Ensifentrine is a new drug that is being tested for the treatment of COPD. It is a dual inhibitor of the enzymes phosphodiesterase 3 and 4, which are involved in lung function and inflammation. COPD is a progressive lung disease that makes it difficult to breathe. It is caused by long-term exposure to irritants, such as cigarette smoke, air pollution, and secondhand smoke. COPD is the third leading cause of death in the United States, after heart disease and cancer. In Phase III clinical trials (ENHANCE-1 and ENHANCE-2), ensifentrine improved lung function and reduced exacerbation rate and risk compared to placebo in subjects taking concomitant background long-acting muscarinic agonists (LAMA) or long-acting beta agonists (LABA), +/-inhaled corticosteroids (ICS) and in subjects taking no background therapy. Ensifentrine is currently in Phase III clinical trials, and if approved, it could be a new standard of care for the treatment of COPD. This product is currently under FDA review with an action date of June 27, 2024

6. epinephrine nasal spray (Neffy - ARS Pharmaceuticals)

Current Status: This product is currently under FDA review with an action date of Sept. 19, 2023

Route of Administration/Dosing: Intranasal therapy

Proposed Indication(s): Emergency treatment of Type I allergic reactions in adult and pediatric patients weighing at least 30kg

Mechanism Of Action: Epinephrine is a nonselective agonist of both alpha- and beta-adrenergic receptors. It reduces vasodilation and increase vascular permeability associated with anaphylaxis through its action on the alpha-adrenergic receptors.

Patient Impact: Approximately 4 million individuals in the United States have been prescribed epinephrine auto-injectors, according to research conducted by IQVIA. Also, it is estimated that more than 20 million people in the U.S. experience severe allergic reactions each year. The Allergy and Asthma Foundation of America estimates that anaphylaxis occurs in approximately 5% of the population, or 1 in every 20 Americans.

Current Therapies: Neffy will compete with Mylans Epi-Pen, Kaleo's AuviQ, Teva's generic auto-injector, and Novartis Sandoz's Symjepi injection device in the market. All of these products are administered via IM injections.

Comments: Neffy, developed by ARS Pharmaceuticals, is an intranasal epinephrine spray that utilizes "Intravail," a novel nasal absorption enhancing technology, for the emergency treatment of Type I allergic reactions in adult and pediatric patients weighing at least 30kg. The NDA submission to the FDA was supported by data from four primary registration studies showing that a 2mg intranasal dose of Neffy met FDA-recommended clinical endpoints and had pharmacokinetics within the range of approved epinephrine injection products. ARS Pharmaceuticals forecasts a significant market share, with 60% of epinephrine pen users expected to switch to Neffy immediately and 80% within two years. Neffy's target market extends beyond current autoinjector users to individuals with allergies who may not regularly carry emergency medication due to cost or convenience. Currently, Neffy is under FDA review, with an estimated PDUFA date set for the middle of 2023 (specific date not released). On May 11, 2023, an FDA Advisory Committee voted 17-5 in favor of a favorable benefit-risk assessment of Neffy for children under 18 years weighing at least 30 kg. The PDUFA date was extended by 3 months and is currently set for September 19, 2023. The FDA is working on labeling and post-marketing commitments for the final steps in the review process. An update on September 16, 2023, mentions that a CRL was granted, requesting an additional repeat-dose study of Neffy in patients with allergen-induced allergic rhinitis conditions. Resubmission is planned in early 2024, with final approval anticipated in the second half of 2024. In November 2023, ARS Pharmaceuticals presented results from a phase 1 trial showing that epinephrine absorption via Neffy 2mg under viral upper respiratory tract infection did not significantly impact the pharmacokinetics and pharmacodynamics. Neffy 2mg is expected to be a safe and effective option for the treatment of Type I allergic reactions (including anaphylaxis) in patients experiencing upper respiratory tract infections. The company has not announced the submission of the application for FDA review yet, with approval still anticipated later in 2024.

7. influenza vaccine, quadrivalent (FluMist - AstraZeneca)

Current Status: This product is currently under FDA review with an action date of January 01, 2024

Route of Administration/Dosing: Intranasal therapy

Proposed Indication(s): active immunization of individuals 18 to 49 years of age against influenza disease caused by influenza virus A subtypes and B types.

Mechanism Of Action: live attenuated quadrivalent influenza vaccine

Patient Impact: The US flu season impact varies but generally affects 8% of the population on average. Children 5-17 years of age are disproportionately affected, making up 39% of acute respiratory infections despite representing only 22% of the population. The illness also has an impact on school and work, with 47% of days missed due to school absences and 1-2 days of work missed by caregivers to care for household members. Influenza is a contagious respiratory illness caused by the influenza virus, posing a greater risk to certain groups such as older adults, young children, and people with pre-existing health conditions.

Comments: FluMist Quadrivalent, from AstraZeneca, is a quadrivalent live attenuated influenza vaccine (LAIV) that is administered as a nasal spray, and is recommended by the Advisory Committee on Immunization Practices (ACIP) and American Academy of Pediatrics (AAP). Since its approval in 2003, the vaccine has been widely distributed globally with nearly 200 million doses administered. AZ is currently seeking approval from the FDA to make the vaccine available through an online pharmacy request system, to be shipped to homes in temperature-controlled packages. If approved, it is anticipated to be available for self-administration in the US for the 2024/2025 flu season, and is expected to gain users who currently receive flu shots, as well as attract new people to flu vaccination. FluMist Quadrivalent could be the first self-administered flu vaccine. The PDUFA date for this use is during the first quarter 2024.

8. insulin aspart biosimilar (GL-ASP - Sandoz/Gan & Lee)

Current Status: This product is currently under FDA review with an action date of April 2024

Route of Administration/Dosing: Subcutaneous (SC) therapy

Proposed Indication(s): A rapid-acting insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus.

Mechanism Of Action: rapid acting human insulin analog

Patient Impact: According to the CDC, about 30 million Americans have diabetes. Of them, approximately 6 million use insulin.

Current Therapies: There are rapid-acting insulin analogs currently available, including Novolog (insulin aspart - Novo Nordisk), Humalog (insulin lispro - Lilly), Admelog (insulin lispro - Sanofi), as well as "authorized biosimilars" from both Novo Nordisk and Lilly for Novolog and Humalog, respectively. Lilly also markets Lyumjev (insulin lispro-aabc), another rapid-acting insulin analog

Pipeline Product(s): Other bisoimilars to Novolog are in development from Biocon, Lannett and Civica Rx. These could reach the market in the 2024-2026 timeframe.

Comments: Gan & Lee Pharmaceuticals has developed GL-ASP, a proposed biosimilar insulin aspart aimed at improving accessibility and providing value to diabetes patients in the United States. With a high prevalence rate of diabetes in the country, reaching 13.6% among adults aged 20-79 in 2021, there is a significant need for effective and affordable treatment options. Insulin aspart is a rapid-acting insulin analog that can effectively control postprandial blood sugar, with a quick onset of 10 to 20 minutes and a duration of 3 to 5 hours, minimizing the risk of nocturnal hypoglycemia. Gan & Lee Pharmaceuticals has submitted a Biologics License Application (BLA) for insulin aspart, which has been accepted for filing by the FDA and is currently in the substantive review stage. If approved, the decision is expected to be made by April 14, 2024, offering diabetic patients another option to manage their blood glucose levels effectively.

9. insulin aspart biosimilar (Kixelle - Viatris/Biocon)

Current Status: The application responding to the "complete response" letter anticipated in 2023, resulting in a possible approval during the same year (depending on timing of the submission).

Route of Administration/Dosing: Subcutaneous (SC) therapy

Proposed Indication(s): A rapid-acting insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus.

Mechanism Of Action: rapid acting human insulin analog

Patient Impact: According to the CDC, about 30 million Americans have diabetes. Of them, approximately 6 million use insulin.

Current Therapies: There are rapid-acting insulin analogs currently available, including Novolog (insulin aspart - Novo Nordisk), Humalog (insulin lispro - Lilly), Admelog (insulin lispro - Sanofi), as well as "authorized biosimilars" from both Novo Nordisk and Lilly for Novolog and Humalog, respectively. Lilly also markets Lyumjev (insulin lispro-aabc), another rapid-acting insulin analog

Pipeline Product(s): Other bisoimilars to Novolog are in development from Sanofi, Sandoz/Gan & Lee, Lannett and Civica Rx. These could reach the market in the 2024-2026 timeframe.

Comments: Viatris/Mylan are developing Kixelle, a biosimilar to Novo Nordisk's Novolog, a rapid-acting insulin analog. The companies have also petitioned the FDA for interchangeability status, which would allow patients to switch between medicines without a doctor's prescription. This interchangeability status was made possible by the Biologics Price Competition and Innovation Act of 2009, which changed the New Drug Application (NDA) procedure to the Biologics License Application (BLA) in March 2020. The first biosimilar product to receive interchangeability status will be granted a full year of exclusivity for this designation. The FDA is prohibited from approving additional "interchangeable" biosimilars to the innovator product during this time. A second Complete response letter was issued in Oct. 2022. Resubmission and approval could occur in 2023, but could fall back to 2024 (depending on filing dates and FDA approval timelines). An additional complete response letter was issued in Jan. 2023. Resubmission and approval could yet occur in 2023. Regardless, 2024 launch is more likely.

10. insulin icodec (LAI287 - Novo Nordisk)

Current Status: This product is currently under FDA review with an action date in April 2024

Route of Administration/Dosing: Subcutaneous injection; Once-weekly administration

Proposed Indication(s): Treatment of diabetes, both type 1 and type 2

Mechanism Of Action: The primary activity of insulin is regulation of glucose metabolism. Insulin and its analogs lower blood glucose by stimulating peripheral glucose uptake, especially by skeletal muscle and fat, and by inhibiting hepatic glucose production. Insulin inhibits lipolysis and proteolysis, and enhances protein synthesis.

Patient Impact: If approved Basalog would provide patients with another form of once daily insulin analog. An estimated 22.5 million adults will be diagnosed with type 2 diabetes. In the US, basal insulin market is estimated at more than $6 billion.

Current Therapies: Lantus (insulin glargine - Sanofi), Toujeo (insulin glargine - Sanofi), Levemir (insulin detemir - Novo Nordisk), Tresiba (insulin degludec - Novo Nordisk), Basaglar (insulin glargine - Lilly), and Semglee (insulin glargine - Viatris)

Comments: Novo Nordisk's insulin icodec (LAI287) is an ultra long-acting basal insulin with a plasma half-life of nearly 196 hours, allowing for administration as a weekly subcutaneous injection. ONWARD 5, a trial conducted by the company, found this therapy to be non-inferior to daily basal insulins (insulin degludec or insulin glargine) in reducing HbA1c at 52 weeks. HbA1c decreased from 8.9% to an average of -1.68% with insulin icodec versus -1.31% with basal insulin analogs. A dose guide app was used by the trial participants to titrate their therapy. This product is in phase III clinical development, with Novo Nordisk planning to submit an application for FDA review in the first half of 2023. Depending on the review type, the FDA's review could conclude in late 2023 or early 2024. A recent study published in the Journal of Diabetes Research evaluated the efficacy and safety of once-weekly insulin icodec versus once-daily insulin glargine U100 in adults with type 2 diabetes and inadequate glycemic control. A randomized, double-blind, double-dummy, phase 2 trial involving 247 participants was conducted over a period of 26 weeks. At baseline, the mean glycated hemoglobin (HbA1c) levels for the icodec and glargine groups were 8.09% and 7.96%, respectively. After 26 weeks of treatment, the estimated mean change in HbA1c levels for the icodec and glargine groups were -1.33 percentage points and -1.15 percentage points, respectively, resulting in a non-significant between-group difference of -0.18 percentage points. Both groups showed low rates of hypoglycemia and similar insulin-related adverse events, indicating that once-weekly insulin icodec can be used as an effective and safe therapy for type 2 diabetes. Update: the BLA was submitted in April 2023. Given a standard 12 month review, the FDA Action Date would be in April 2024.

11. insulin lispro biosimilar (Prandilin - Sandoz/Gan & Lee)

Current Status: This product is currently under FDA review with an action date of April 01, 2024

Route of Administration/Dosing: Subcutaneous (SC) therapy

Proposed Indication(s): Treatment of diabetes

Mechanism Of Action: Insulin lispro is a fast-acting insulin analog derived from human insulin. Regulation of glucose metabolism is the primary activity of insulins and insulin analogs, including insulin lispro, which lowers blood glucose by stimulating glucose uptake by skeletal muscle and fat, and by inhibiting hepatic glucose production.

Patient Impact: According to the CDC, 37 million Americans have diabetes, of which 28 million have been diagnosed and 8.5 million remain undiagnosed.

Current Therapies: Admelog (Insulin Lispro - Sanofi), Apidra (Insulin Glulisine - Sanofi), Fiasp (Insulin Aspart - Novo Nordisk), Humalog (Insulin Lispro - Lilly), and Novolog (Insulin Aspart - Novo Nordisk) are all rapid-acting insulins. While "authorized biosimilars" are available on the market, no FDA approved biosimilars are available on the prescription market.

Pipeline Product(s): Kixelle (insulin aspart biosimilar - Biocon): biosimilar formulation of rapid-acting insulin aspart (NovoLog) is under FDA review. Approval could occur before the end of the year; subcutaneous

Comments: Prandilin (insulin lispro biosimilar - Sandoz) is a biosimilar to Lilly's Humalog (insulin lispro), a rapid acting insulin formulation for treating diabetes. Insulin lispro is a rapid-acting insulin analog with a short duration of action and low risk of nocturnal hypoglycemia, and is used in combination with long-acting insulin to regulate both basal and postprandial blood glucose levels in diabetes patients. Diabetes is a chronic condition in which the body has difficulty turning food into energy due to an insufficient amount of insulin or cells that do not respond to insulin. This can cause serious health problems in the long term, such as heart disease, vision loss, and kidney disease. A comparative PK/PD study conducted in the US and EU compared the proposed biosimilar Gan & Lee Insulin Lispro Injection to the reference product Humalog and found them to be equivalent. Humalog was estimated to be worth $1.2 billion in the US market. The 351(k) marketing application for Prandilin was submitted to the FDA on June 1, 2023. Given a standard review from FDA, approval could occur on or before April 1, 2024.

12. midomafetamine (MAPS Public Benefit)

Current Status: This product is currently under FDA review with an action date of August 12, 2024

Route of Administration/Dosing: Oral therapy (capsules)

Proposed Indication(s): midomafetamine used in combination with psychological intervention, which includes psychotherapy, or talk therapy, and other supportive services provided by a qualified healthcare provider for individuals with post-traumatic stress disorder (PTSD).

Mechanism Of Action: entactogen class of drugs — a class of psychoactive drugs that produce experiences of emotional communion, oneness, relatedness, emotional openness and is thought to have use for various medical conditions

Patient Impact: PTSD affects around 13 million Americans yearly, and remains a mental health condition with limited treatment options. Symptoms of PTSD have a profound impact on various aspects of individuals' lives, often accompanied by additional conditions such as anxiety, depression, and substance use disorder. The economic implications of PTSD are substantial, surpassing $200 billion annually, further highlighting the necessity for innovative and efficient therapeutic approaches to address this pressing issue.

Current Therapies: A few medications are FDA approved for treating PTSD, including sertraline and paroxetine. The standard approach to treatment involves a combination of medications and therapy.

Comments: MAPS Public Benefit Corporation has submitted a new drug application (NDA) to the U.S. Food and Drug Administration (FDA) for MDMA (midomafetamine capsules) in combination with psychological intervention for post-traumatic stress disorder (PTSD). If approved, this therapy would be the first psychedelic-assisted treatment. The submission is backed by over 30 years of clinical research and aims to provide a potential new option for adults with PTSD, a patient group that has seen limited advancements. Results from several studies, including two Phase 3 trials (MAPP1 and MAPP2), demonstrated the efficacy and safety of MDMA-assisted therapy compared to placebo, meeting primary and secondary endpoints. Upon acceptance for review, the FDA will determine whether to grant Priority Review, potentially accelerating the approval process. Since it is currently designated as a Class 1 Controlled substance, rescheduling of MDMA by the U.S. Drug Enforcement Agency (DEA) would be required for prescription medical use. This product is currently under FDA review with an action date of August 12, 2024

13. relacorilant (CORT125134 - Corcept Therapeutics)

Current Status: Phase 3; NDA submission planned for 2Q 2024

Route of Administration/Dosing: Oral therapy (once daily)

Proposed Indication(s): treatment of Cushing's syndrome

Mechanism Of Action: Competitive antagonist of the glucocorticoid II (GR-II) receptor, but does not have affinity for the progesterone, estrogen, AR androgen or GR-I (mineralocorticoid) receptors.

Patient Impact: Hypercortisolism, known as Cushing's syndrome, primarily affects adults aged 20-50, with around 20,000 cases in the US and 3,000 new diagnoses annually. Symptoms include high blood sugar, diabetes, high blood pressure, upper-body obesity, rounded face, and fatigue. Corcept holds patents for relacorilant and cortisol modulators like Korlym, used to treat hypercortisolism.

Current Therapies: If surgery is not possible to remove the responsible tumor, medications to control cortisol levels can be used, such as ketoconazole or Korlym (mifepristone - Corcept).

Comments: Relacorilant is a nonsteroidal, highly selective glucocorticoid receptor (GR) antagonist for the treatment of endogenous Cushing's syndrome, a condition characterized by excessive cortisol hormone activity. In addition to its potential use for Cushing's syndrome, relacorilant is also being developed for the treatment of solid tumors and alcoholism. Cushing's syndrome primarily affects adults aged 20-50, with a prevalence of around 20,000 cases in the US and 3,000 new diagnoses annually. The symptoms of Cushing's syndrome include high blood sugar, diabetes, high blood pressure, upper-body obesity, rounded face, and fatigue. Corcept Therapeutics holds patents for relacorilant and other cortisol modulators like Korlym, which is used to treat hypercortisolism. Endogenous hypercortisolism (Cushing's syndrome) is a complex disorder associated with various health issues, including hypertension, hyperglycemia, obesity, dyslipidemia, liver steatosis, osteoporosis, susceptibility to infection, neuropsychiatric disorders, and reproductive and sexual disturbances. Surgical treatment is the primary approach, but medical therapies like GR antagonists are an option for patients who are ineligible for surgery or have persistent or recurrent hypercortisolism. Mifepristone, a competitive GR and progesterone antagonist, has been approved for managing hyperglycemia in endogenous Cushing's syndrome patients with impaired glucose tolerance or type 2 diabetes. However, mifepristone's mechanism of action can lead to cortisol and mineralocorticoid receptor-mediated adverse events, necessitating careful monitoring of clinical and metabolic parameters during treatment. Relacorilant, an investigational GR modulator, selectively antagonizes cortisol activity without binding to the progesterone receptor, offering a potential alternative with improved safety profiles for patients with endogenous Cushing's syndrome. Relacorilant is currenlty in Phase 3 development for Cushing's Disease with an application for approval anticiapted to be submitted in the 2nd Quarter 2024.

14. roluperidone (MIN-101 - Minerva Neurosciences)

Current Status: This product is currently under FDA review with an action date of February 26, 2024

Route of Administration/Dosing: Oral therapy

Proposed Indication(s): treatment of negative symptoms in patients with schizophrenia.

Mechanism Of Action: Roluperidone has been shown to block serotonin, sigma and α-adrenergic receptors that are involved in the regulation of mood, cognition, sleep and anxiety.

Patient Impact: Schizophrenia is a severe mental illness that affects up to 20 million people worldwide, according to the World Health Organization (WHO). Symptoms of the disorder, which are typically characterized by distortions in thinking, perception, emotions, language, sense of self and behavior, can lead to individuals with schizophrenia withdrawing from society, exhibiting disinterest, or becoming unable to complete tasks for feeling pleasure.

Current Therapies: Multiple antipsychotic agents are approved for treating schizophrenia. The majority of them are also available generically. However, currently there are no treatments approved for the negative symptoms of schizophrenia in the US.

Pipeline Product(s): xanomeline/trospium chloride (KarXT - Karuna Therapeutics): Currently under FDA review with a PDUFA date of 09/26/2024.

Comments: Roluperidone is an atyipcal antipsychotic drug that has been developed to treat the negative symptoms of schizophrenia. It has been designed to block serotonin 5-HT2A, sigma2, and α-adrenergic (α1A and α1B) receptors, which are involved in regulating mood, cognition, sleep, and anxiety. This blocking action minimizes symptoms such as hallucinations, delusions, agitation, thought and movement disorders, as well as side effects associated with antipsychotic treatments. Roluperidone has also been designed to increase calcium levels in neurons in the brain, which can improve memory. Pre-clinical findings suggest that this compound may also affect Brain-Derived Neurotrophic Factor ("BDNF") which is associated with neurogenesis, neuroplasticity, neuroprotection, synapse regulation, learning and memory. In October 2022, Minerva Neurosciences announced that it had received a refusal to file letter from the FDA regarding its New Drug Application (NDA) for roluperidone. The agency requested additional data on the potential impact of roluperidone when used with antipsychotics, the comparability of clinical data from schizophrenia patients inside and outside of the U.S., additional evidence of the efficacy of roluperidone on negative symptoms, and clarification of how clinicians could identify patients who could benefit from roluperidone. In April 2023, the FDA agreed to file the NDA, but the issues cited in the refuse-to-file decision will be considered during FDA's review of the NDA. This product is currently under FDA review with a PDUFA date of February 26, 2024.

15. RSV vaccine (mRNA-1345 - Moderna)

Current Status: Rolling submission of the BLA has been initiated. The company used a priority review voucher to secure a more rapid review. FDA is expected to rule on this product in April 2024.

Route of Administration/Dosing: Intramuscular (IM) Injection

Proposed Indication(s): Adjuvanted vaccine for the prevention of respiratory syncytial virus (RSV) in adults

Mechanism Of Action: mRNA-1345 is a vaccine encoding for a prefusion F glycoprotein for the prevention of RSV infection

Patient Impact: RSV is a contagious virus that can cause serious respiratory conditions in healthy people. For older adults and adults with specific medical issues, the virus may be potentially fatal since it can harm the lungs and breathing passages of the infected person. 336,000 senior citizens are thought to be hospitalized each year owing to RSV worldwide. RSV infections in older persons alone cause over 177,000 hospital admissions and 14,000 fatalities yearly in the United States. There are presently no preventative or therapeutic treatments available for older persons with RSV, and the medical profession is only able to provide supportive care to those who already have the infection.

Current Therapies: FDA recently approved two RSV Vaccines for use in individuals 60 years of age and older: GSK's Arexvy and Pfizer's Abrysvo. Both were approved in May 2023.

Comments: Moderna's RSV vaccine candidate, mRNA-1345, is currently in phase 3 development for the prevention of lower respiratory tract disease caused by Respiratory Syncytial Virus (RSV) infection in adults 60 years of age and older. In the United States, RSV is estimated to cause 14,000 fatalities and over 170,000 hospital admissions annually, and elderly adults may be more susceptible to severe illness, which can exacerbate existing conditions such as asthma, chronic heart failure, and COPD, and result in complications like pneumonia, hospitalization, and death. Moderna's mRNA-1345 was found to be 83.7% effective at preventing RSV-associated lower respiratory tract disease (RSV-LRTD) in adults aged 60 years and older in a Phase 2/3 trial. The vaccine was well tolerated and no serious side effects were reported. mRNA-1345 has been granted Breakthrough Therapy Designation (BTD) by the FDA for the prevention of RSV-associated lower respiratory tract disease (RSV-LRTD) in adults aged 60 years or older. The rolling submission for the BLA has been initiated. The company used a priority review voucher to secure a more rapid review. FDA is expected to complete its review of this application in April 2024.

16. scopolamine (DPI-386 - Repurposed Therapeutics/Defender)

Current Status: This product is currently under FDA review with an action date of March 26, 2024

Route of Administration/Dosing: Intranasal therapy

Proposed Indication(s): Intranasal gel formulation for prevention of nausea and vomiting induced by motion in adults

Mechanism Of Action: muscarinic receptor antagonist, specifically targeting muscarinic acetylcholine receptors.

Patient Impact: Motion sickness is a complex condition that is triggered by real or perceived motion, resulting in a diverse range of symptoms. It can vary in severity from person to person, with some people being more susceptible to motion sickness than others. Symptoms of motion sickness include gastrointestinal, central nervous system, and autonomic issues. The global motion sickness treatment market size was valued at $393 million in 2021, and is projected to reach $525 million by 2031.

Current Therapies: scopolamine patch, promethazine (e.g. Phenergan), dimenhydrinate (e.g. Dramamine), and meclizine.

Comments: Defender Pharmaceuticals has submitted its first New Drug Application (NDA) to the U.S. Food and Drug Administration (FDA) for intranasally administered scopolamine gel (DPI-386 Nasal Gel) for the prevention of nausea and vomiting induced by motion in adults. The NDA submission is based on a multi-study clinical development program, including positive results from the Phase 3 study. The primary endpoint in this study was assessment of the effectiveness of DPI-386, which demonstrated that the proportion of participants who did not report vomiting and did not request rescue treatment was significantly greater than those receiving placebo. Defender is working with the United States Naval Medical Research Unit (NAMRU-D) and the National Aeronautics and Space Administration (NASA) on its intranasal scopolamine development programs for military personnel and astronauts, and is developing intranasal formulations designed to treat a wide variety of indications. The FDA accepted the application in September 2023, with a potential priority review process in Q1 2024.

17. semaglutide, oral (Novo Nordisk)

Current Status: Phase 3. Filing with FDA expected in 2023, resulting in a possible 2024 approval.

Route of Administration/Dosing: Oral therapy (50mg daily)

Proposed Indication(s): Treatment of adults with obesity, or overweight with weight-related comorbidities.

Mechanism Of Action: glucagon-like peptide-1 (GLP-1) receptor agonist.

Patient Impact: According to the CDC, almost 40% of American adults are considered obese, representing over 93 million people. Additionally, 30% are considered overweight, increasing their risk for health issues. Obesity is not simply about appearance - it is associated with heart disease, stroke, type 2 diabetes, and certain types of cancer, with those who are obese being two to four times more likely to develop such conditions than those who are not. The primary approach to treatment is lifestyle changes; this includes a healthier diet, regular exercise, sufficient sleep, and stress management. However, additional effective methods for weight management are needed.

Current Therapies: Other GLP-1 agonist approved for weight loss inlcude Saxenda (liraglutide - Novo Nordisk) and Weygovy (semaglutide inj. - Novo Nordisk). Zepbound (tirzepatide-Lilly) was also recently approved for chronic weight managmenet.

Pipeline Product(s): Multiple additonal therapies are in development for chronic wieght management. The oral GLP-1 analogs in the pipeline include danuglipron (Pfizer) and orforglipron (Lilly), both of which could reach the market in 2026+.

Comments: Oral semaglutide, developed by Novo Nordisk, is a once-daily oral tablet for weight loss and maintenance of weight loss in overweight and obese individuals. It is a GLP-1 receptor agonist, which is a naturally occurring hormone that helps regulate appetite and metabolism. In a clinical trial, people who took oral semaglutide for 52 weeks lost an average of 12.4% of their body weight, compared to 2.4% for people who took a placebo. Oral semaglutide is generally well-tolerated, but the most common side effects are nausea, vomiting, and diarrhea. Novo Nordisk announced topline results from a Phase 3 trial of oral semaglutide in June 2023. The trial, called OASIS-1, involved 667 adults with obesity or overweight with one or more co-morbidities. Participants were randomly assigned to receive either once-daily oral semaglutide 50 mg or a placebo for 68 weeks. The results showed that participants who took oral semaglutide lost significantly more weight than those who took the placebo. The mean weight loss for the oral semaglutide group was 17.4%, compared to 1.8% for the placebo group. Additionally, nearly 90% of the participants who took oral semaglutide achieved a weight loss of at least 5%, compared to only 24.5% of those who took the placebo. The safety profile of oral semaglutide was similar to that seen in previous trials. The most common side effects were nausea, vomiting, and diarrhea. These side effects were generally mild to moderate and resolved over time. The doses of oral semaglutide were higher that those used to treat diabetes. According to the prescribing information, Rybesus doses may be titrated to a maximum dose of 14mg per day. The doses used for weight loss in the trials were 50mg once per day. Oral semaglutide is currently in Phase 3 development and is expected to be submitted for FDA approval in 2023. Given a standard review, FDA would likely complete its review of the drug during the second half of 2024. Update: Novo Nordisk has not provided an update on regulatory approval of oral semaglutide in the US. As such, we await an update to provide further guidance on potential approval.

18. sofpironium bromide (ECCLOCK - Brickell Biotech)

Current Status: This product is currently under FDA review with an action date of June 21, 2024

Route of Administration/Dosing: Topical therapy

Proposed Indication(s): Topical gel therapy for treatment of severe primary axillary hyperhidrosis.

Mechanism Of Action: anticholinergic/antimuscarinic agent

Patient Impact: Hyperhidrosis is a medical condition which causes uncontrolled, excessive sweating of the axilla, palms, feet, or head. Primary Axillary Hyperhidrosis (PAH) is a form of hyperhidrosis that is limited to the axilla (under the arms), and it is estimated to affect 7.3 million people in the United States, with 3.7 million actively seeking treatment. PAH can have a significant effect on a person's quality of life, and can lead to emotional distress and social embarrassment.

Current Therapies: Current treatments for PAH include antiperspirants, systemic anticholinergic medications, laser devices, and various surgical options, however the most commonly used and effective treatment is neuromodulator injections such as botulinum toxin A.

Comments: Botanix is developing Sofpironium Bromide 18% topical ge for use as a treatment for primary axillary hyperhidrosis, a condition characterized by excessive sweating. The company has successfully submitted a New Drug Application to the FDA and is preparing for the mid-cycle review scheduled for 1Q 2023. Sofpironium Bromide is a best-in-class anticholinergic/antimuscarinic drug delivered to the underarms as a gel formulation using a patented applicator, and has already been approved in Japan. Phase 3 clinical studies included 700 patients and demonstrated statistically significant efficacy and safety outcomes, with no treatment-related serious adverse events. The studies consisted of two pivotal clinical studies, Cardigan I and Cardigan II, each enrolling 350 patients aged nine and older, and were randomized, double-blinded, and vehicle (placebo)-controlled. Subjects applied Sofpironium Bromide gel, 15%, or placebo to their underarms once daily for six weeks with a two-week follow-up. Approximately 85% of patients experienced a clinically meaningful improvement in their condition. Current treatments for primary axillary hyperhidrosis include antiperspirants, systemic anticholinergic medications, laser devices, and various surgical options, however the most commonly used and effective treatment is neuromodulator injections such as botulinum toxin A, albeit with temporary results (3-6 months) and at a relatively high cost. The estimated PDUFA date for Sofpironium Bromide is June 21, 2024.

19. tradipitant (VLY-686 - Vanda)

Current Status: This product is currently under FDA review with an action date of September 18, 2024

Route of Administration/Dosing: Oral therapy

Proposed Indication(s): treatment of symptoms of gastroparesis

Mechanism Of Action: NK-1R antagonist

Patient Impact: Gastroparesis is a severe medical condition characterized by delayed gastric emptying, accompanied by symptoms like nausea, vomiting, bloating, post-meal fullness, and abdominal pain. It significantly impairs social and occupational functioning. The estimated prevalence of gastroparesis in the U.S. is around 6 million, with many cases going undiagnosed. The condition predominantly affects women and can be of diabetic, idiopathic, or other origins. The only FDA-approved treatment, metoclopramide, approved in 1979, carries significant limitations due to potential severe side effects. Gastroparesis treatment remains a substantial unmet medical need.

Comments: Vanda Pharmaceuticals is developing its NK-1R antagonist, tradipitant, for treating gastroparesis symptoms. If approved, it will be the first novel drug for gastroparesis approved by the FDA in over 40 years. Gastroparesis is a serious medical condition affecting approximately 6 million undiagnosed patients in the U.S., characterized by delayed gastric emptying and various associated symptoms. In a double-blind trial involving 152 adults with idiopathic or diabetic gastroparesis, the efficacy and safety of tradipitant, an antagonist of tachykinin receptor 1 (NK1R), were investigated. Participants received either oral tradipitant 85 mg or placebo twice daily for 4 weeks. The study showed that patients receiving tradipitant experienced a significant decrease in nausea severity and an increase in nausea-free days compared to those on placebo. Moreover, patients with baseline nausea and vomiting showed even greater improvements in nausea symptoms with tradipitant. The NDA submission includes clinical efficacy studies, an open label study, and data from the Expanded Access program. The FDA has accepted the filing of their NDA with a PDUFA date of September 18, 2024

20. trospium/xanomeline (KarXT - Karuna Therapeutics)

Current Status: NDA filed. PDUFA = Sept. 26, 2024

Route of Administration/Dosing: Oral therapy (twice-daily administration)

Proposed Indication(s): Treatment of schizophrenia

Mechanism Of Action: It is comprised of a muscarinic agonist (xanomeline) and a muscarinic antagonist (trospium), designed to stimulate muscarinic receptors in the central nervous system.

Patient Impact: Schizophrenia is a severe mental illness that affects up to 20 million people worldwide, according to the World Health Organization (WHO). Symptoms of the disorder, which are typically characterized by distortions in thinking, perception, emotions, language, sense of self and behavior, can lead to individuals with schizophrenia withdrawing from society, exhibiting disinterest, or becoming unable to complete tasks for feeling pleasure.

Current Therapies: Multiple antipsychotic medications are available for treating schizophrenia. Most are also available generically.

Pipeline Product(s): roluperidone (MIN-101 - Minerva Neurosciences): this is an atypical antipsychotic agent currently under FDA review for treating schizophrenia. The current FDA Action (PDUFA) Date is 02/26/2024.

Comments: KarXT (xanomeline-trospium) is a novel oral drug in development for the treatment of psychiatric and neurological conditions, including schizophrenia and psychosis in Alzheimer's disease. It is comprised of a muscarinic agonist (xanomeline) and a muscarinic antagonist (trospium), designed to stimulate muscarinic receptors in the central nervous system. The M1/M4-preferring drug is the first to feature a dual mechanism that doesn't rely on the dopaminergic or serotonergic pathway. The hypothesis that activating M1 and M4 muscarinic receptors could produce antipsychotic and procognitive effects. If approved, KarXT has the potential to offer a differentiated therapy and significantly improve the lives of those affected by severe mental illness. KarXT was tested in the Phase 3 EMERGENT-3 trial to evaluate its efficacy, safety, and tolerability. The trial met its primary endpoint, showing a statistically significant reduction of 8.4 points on the Positive and Negative Syndrome Scale (PANSS) total score compared to placebo after 5 weeks. This reduction was sustained for the duration of the trial, beginning from week 2 ($p<0.05$). This product is currenlty under FDA review with a PDUFA date of September 26, 2024.

Sample Reporting Portfolio

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CARRIER NUMBER: 0000 .. EXPRESS SCRIPTS,INC. 123519 PAGE 1
PERIOD COVERED: XX/XX/XX THRU XX/XX/XX BILLING DETAIL INVOICE DATE: XX/XX/XX
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MEMBER ID	MEMBER NAME	PATIENT R NO	NAME	NDC	DRUG NAME	DATE FILLED	RX NUMBER	QTY	INGR COST	PRO FEE	SALES TAX	PATIENT AMOUNT	NET RX COST	C T	BATCH
166253266	SMITH, JANE E	2 01	TERRY	00052026106		012103	0816496	28	17.59	2.00	0.00	3.92	15.67	RP	703824158808
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166253266	SMITH, JANE E	2 01	TERRY	00173046002		010703	0825459	9	89.14	2.00	0.00	58.23	32.91	RP	703824157375
166253266	SMITH, JANE E	2 01	TERRY	00173046002		012303	0825459	9	92.30	2.00	0.00	18.86	75.44	RP	703824360220
315426941	JOHNSON, MARY A	1 01	MARY	00186109205		012303	0887774	7	4.56	2.00	0.20	6.76	0.00	RP	703824404635
315426941	JOHNSON, MARY A	1 01	MARY	00186109205		011403	4158220	90	53.75	0.03	0.54	16.00	38.32	MS	703814756185
428531029	DAVIS, JOHN	1 01	JOHN	00378110501		011303	0209133	100	18.23	2.50	0.00	20.73	0.00	RP	703815443270
428531029	DAVIS, JOHN	1 01	JOHN	00603499821		012103	0209271	20	2.69	2.50	0.00	5.19	0.00	RP	703816280292
428531029	DAVIS, JOHN	1 01	JOHN	00536253001		012103	0209272	40	2.55	2.50	0.00	5.05	0.00	RP	703816280444
455031543	BAKER, STEPHEN	2 01	SUSAN	00173038742		011903	0801550	28	81.13	2.00	1.17	16.86	67.44	RP	703815158332
455031543	BAKER, STEPHEN	2 01	SUSAN	00049491066		011703	0808591	30	57.88	2.00	0.81	48.03	11.72	RP	703815048333
479050099	DOYLE,BRAD E	1 01	BRAD	00048107005		011903	0351492	100	17.38	2.00	0.25	19.63	0.00	RP	703815167285
479050099	DOYLE,BRAD E	1 01	BRAD	00002314460		012403	0388486	100	139.20	2.00	2.00	52.94	90.26	RP	703824580179
481380367	WARNER,MICHAEL	1 01	MICHAE	00069154066		011803	6794999	30	56.75	2.00	0.00	51.75	7.00	RP	704804010252
481380367	WARNER,MICHAEL	3 01	JULIE	50111045603		012203	0206512	60	8.17	2.50	0.00	10.67	0.00	RP	703824242804
481380367	WARNER,MICHAEL	3 01	JULIE	00074621413		012103	0238726	60	33.48	2.00	0.00	35.48	0.00	RP	703824158899

REIMBURSED BY MEDCO

PHARMACY REIMBURSEMENTS:

CLAIM TYPE	COUNT	INGR. COST	PROF FEE	SALES TAX	PATIENT AMT	TOTAL
MAIL-						
CLAIMS	1	53.75	0.03	0.54	16.00	38.32
CREDITS	0	0.00	0.00	0.00	0.00	0.00
SUPPLEMENTS	0	0.00	0.00	0.00	0.00	0.00
AUDIT CREDITS	0	0.00	0.00	0.00	0.00	0.00
RETAIL-						
CLAIMS	15	637.23	32.50	4.43	358.78	315.38
CREDITS	0	0.00	0.00	0.00	0.00	0.00
SUPPLEMENTS	0	0.00	0.00	0.00	0.00	0.00
AUDIT CREDITS	0	0.00	0.00	0.00	0.00	0.00
PHCY SUBTOTALS ****	16	690.98	32.53	4.03	374.78	353.70
MEDCO TOTALS *******	16	690.98	32.53	4.03	374.78	353.70
<<< GRAND TOTALS >>	16	690.98	32.53	4.03	374.78	353.70

BREAKDOWN BY RELATIONSHIP TO MEMBER

CLAIM TYPE	MEMBER RX COUNT	MEMBER TOTAL	SPOUSE RX COUNT	SPOUSE TOTAL	DEP RX COUNT	DEP RX TOTAL	TOTAL RX	TOTAL
PHARMACY REIMBURSEMENTS:								
MAIL-								
CLAIMS	1	38.32	0	0.00	0	0.00	1	38.32
CREDITS	0	0.00	0	0.00	0	0.00	0	0.00
SUPPLEMENTS	0	0.00	0	0.00	0	0.00	0	0.00
AUDIT CREDITS	0	0.00	0	0.00	0	0.00	0	0.00
RETAIL-								
CLAIMS	7	03.26	6	218.12	2	0.00	15	315.38
CREDITS	0	0.00	0	0.00	0	0.00	0	0.00
SUPPLEMENTS	0	0.00	0	0.00	0	0.00	0	0.00
AUDIT CREDITS	0	0.00	0	0.00	0	0.00	0	0.00
<<< GRAND TOTALS >>	8	135.58	6	218.12	2	0.00	16	353.70

CLAIM TYPE	COUNT	INGR. COST	PROF FEE	SALES TAX	PATIENT AMT	TOTAL
REIMBURSED						
PHARMACY REIMBURSEMENTS:						
MAIL-						
CLAIMS	8,557	824,461.05	256.71	2,099.59	104,479.31	722,338.04
CREDITS	4	247.54-	0.12-	0.00	52.00-	195.66-
SUPPLEMENTS	1	2,065.64	0.00	0.00	0.00	2,065.64
AUDIT CREDITS	0	0.00	0.00	0.00	0.00	0.00
RETAIL-						
CLAIMS	36,843	1,071,361.15	79,841.25	9,829.16	611,431.56	549,600.00
CREDITS	331	10,834.31-	711.00-	72.44-	5,904.41-	5,713.34-
SUPPLEMENTS	0	0.00	0.00	0.00	0.00	0.00
AUDIT CREDITS	0	0.00	0.00	0.00	0.00	0.00
PHCY SUBTOTALS ****	45,736	1,886,805.99	79,386.84	11,856.31	709,954.46	1,268,094.68
MEMBER REIMBURSEMENTS:						
DIRECT REIMBURSEMENT						
CLAIMS	2,377	77,867.87	10,637.54	333.56	21,836.21	67,002.76
CREDITS	1	20.71-	0.00	0.00	0.00	20.71-
SUPPLEMENTS	6	94.32	0.00	0.00	0.00	94.32
MEMB SUBTOTALS ****	2,384	77,941.48	10,637.54	333.56	21,836.21	67,076.37
MEDCO SUBTOTALS ****	48,120	1,964,747.47	90,024.38	12,189.87	731,790.67	1,335,171.05
COB REIMBURSEMENTS:						
CLAIMS	502	38,315.44	1,741.00	170.00	1,424.34	5,047.08
CREDITS	0	0.00	0.00	0.00	0.00	0.00
SUPPLEMENTS	0	0.00	0.00	0.00	0.00	0.00
COB SUBTOTALS *****	502	38,315.44	1,741.00	170.00	1,424.34	5,047.08#
MEDCO TOTALS *******	48,622	2,003,062.91	91,765.38	12,359.87	733,215.01	1,340,218.13
<<< GRAND TOTALS >>	48,622	2,003,062.91	91,765.38	12,359.87	733,215.01	1,340,218.13

BREAKDOWN BY RELATIONSHIP TO MEMBER

CLAIM TYPE	MEMBER RX COUNT	MEMBER TOTAL	SPOUSE RX COUNT	SPOUSE TOTAL	DEP RX COUNT	DEP RX TOTAL	TOTAL RX	TOTAL
PHARMACY REIMBURSEMENTS:								
MAIL-								
CLAIMS	5,461	467,113.71	3,013	239,808.78	83	15,415.55	8,557	722,338.04
CREDITS	3	169.48-	1	26.18-	0	0.00	4	195.66-
SUPPLEMENTS	0	0.00	0	0.00	1	2,065.64	1	2,065.64
AUDIT CREDITS	0	0.00	0	0.00	0	0.00	0	0.00
RETAIL-								
CLAIMS	20,839	326,432.29	12,438	191,913.88	3,566	31,253.83	36,843	549,600.00
CREDITS	184	3,659.33-	99	1,617.98-	48	436.03-	331	5,713.34-
SUPPLEMENTS	0	0.00	0	0.00	0	0.00	0	0.00
AUDIT CREDITS	0	0.00	0	0.00	0	0.00	0	0.00
MEMBER REIMBURSEMENTS:								
DIRECT REIMBURSEMENT								
CLAIMS	1,595	41,393.37	694	23,907.41	88	1,701.98	2,377	67,002.76
CREDITS	0	0.00	0	0.00	1	20.71-	1	20.71-
SUPPLEMENTS	0	0.00	0	0.00	6	94.32	6	94.32
COB REIMBURSEMENTS:								
CLAIMS	109	1,161.46	378	3,720.39	15	165.23	502	5,047.08
CREDITS	0	0.00	0	0.00	0	0.00	0	0.00
SUPPLEMENTS	0	0.00	0	0.00	0	0.00	0	0.00
<<< GRAND TOTALS >>	28,191	832,272.02	16,623	457,706.30	3,808	50,239.81	48,622	1,340,218.13

DJDE JDL=IBSLCP,JDE=IBSE02,END;

ADMIN FEE INVOICE

Express Scripts Holding Company
100 Parsons Pond Drive, Franklin Lakes, New Jersey 07417

EXPRESS SCRIPTS®

Account Number: XXYY-01009
Account Name: ABC CORPOR
Account Address:

Invoice Number:
Invoice Date: 09/30/XX
Period Covered: 08/31/XX - 09/29/XX

SUMMARY OF CHARGES

SERVICE CATEGORY	DESCRIPTION	QUANTITY	AMOUNT
CLAIMS PROCESSING			
	MAIL SERVICE CLAIMS	14	$0.00
	RETAIL PHARMACY CLAIMS	55	$0.00
	TOTAL CLAIMS:	69	$0.00
	TOTAL AMOUNT DUE:		**$0.00**

ADMIN FEE INVOICE

Express Scripts Holding Company
100 Parsons Pond Drive, Franklin Lakes, New Jersey 07417

EXPRESS SCRIPTS®

Account Number: XXYY-01009
Account Name: ABC CORPOR CORP

Invoice Number:
Invoice Date: 09/30/XX
Period Covered: 08/31/XX - 09/29/XX

DESCRIPTION	QTY	UNIT PRICE	AMOUNT	SUBTOTAL
GROUP : 01009				
CLAIMS PROCESSING				
MAIL SERVICE CLAIMS	14	0.000	0.00	
RETAIL PHARMACY CLAIMS	55	0.000	0.00	
TOTAL	69		$0.00	
TOTAL FOR GROUP				$0.00

ADMINISTRATIVE FEE INVOICE

Remit To: Express Scripts, Inc.
21653 Network Place
Chicago, IL 60673-1216

EXPRESS SCRIPTS®

Account Number: XXYY-01009
Account Name: ABC CORPOR CORP

Invoice Number:
Invoice Date: 09/30/XX
Period Covered: 08/31/XX - 09/29/XX

REMIT PAGE

Account Number	Invoice Date	Invoice Number	Total Amount Due
XXYY-01009	09/30/XX		0.00

Any unpaid balances may be subject to late payment fees.

If this invoice is a credit balance, please deduct the credit from your next invoice. If a deduction is not taken, a refund will be sent to you. If you have any questions, please contact your Account Management Team.

PLEASE REMIT PAYMENT

Remit Information

ACH Transfer - Electronic Payments

Fedwire Transfer - Electronic Payments

Return this page with your payment

Payment Questions:

Please contact Accounts Receivable

Change to your Billing Address:

Please contact Billing Department
Billing Representative: Phone:
Email:

All Other Questions:

Please contact Account Management Representative:
Phone:
Email:

CLAIMS INVOICE

Express Scripts Holding Company
100 Parsons Pond Drive, Franklin Lakes, New Jersey 07417

EXPRESS SCRIPTS®

Account Number: 6698
Account Name: XYZA COMPANY
Account Address:

Invoice Number:
Invoice Date: 09/30/XX
Period Covered: 09/13/XX - 09/26/XX

SUMMARY OF CHARGES

SERVICE CATEGORY	DESCRIPTION	QUANTITY	AMOUNT
CLAIMS PROCESSING			
	RETAIL PHARMACY	6,461	$474,059.14
	RETAIL PHARMACY ADJ.	225	$21,424.32 CR
	MAIL SERVICE	8,412	$1,193,704.68
	MAIL SERVICE ADJ.	10	$1,109.05 CR
	RETAIL DIRECTS ADJ.	662	$4,176.30
	SPECIALTY PHARMACY CLAIMS	38	$319,788.46
	TOTAL CLAIMS:	**15,808**	**$1,969,195.21**
INVOICE ADJUSTMENTS			
	MEMBER BALANCE APPLIED AMOUNT	34	961.77 CR
	MEMBER RECOVERY AMOUNT	130	1,263.93
	TOTAL ADJUSTMENTS:		**$302.16**
ADMIN COUNT SUMMARY			
	TRANSACTIONS +	15,110	
	TRANSACTIONS -	0	
	TRANSACTIONS NO EFFECT	698	
	TOTAL ADMIN. COUNT:	**15,110**	

TOTAL AMOUNT DUE:	**$1,969,497.37**

CLAIMS INVOICE

Express Scripts Holding Company
100 Parsons Pond Drive, Franklin Lakes, New Jersey 07417

EXPRESS SCRIPTS®

Account Number: 6698
Account Name: XYZA COMPANY

Invoice Number:
Invoice Date: 09/30/XX
Period Covered: 09/13/XX - 09/26/XX

DESCRIPTION	QTY	AMOUNT	SUBTOTAL
CONTRACT : ABCDDRUG ELGBL/GRP : ABCDDRUGLIS1			
CLAIMS PROCESSING			
RETAIL PHARMACY	5	103.93	
TOTAL	5	$103.93	
TOTAL FOR ELGBL/GRP			$103.93
CONTRACT : ABCDDRUG ELGBL/GRP : ABCDDRUGLIS2			
CLAIMS PROCESSING			
MAIL SERVICE	1	5.68	
TOTAL	1	$5.68	
TOTAL FOR ELGBL/GRP			$5.68
CONTRACT : ABCDDRUG ELGBL/GRP : ABCDDRUGSTD			
CLAIMS PROCESSING			
RETAIL DIRECTS ADJ.	6	13.15	
MAIL SERVICE	145	23,992.82	
RETAIL PHARMACY	62	2,855.79	
RETAIL PHARMACY ADJ.	1	0.00	
TOTAL	214	$26,861.76	
CONTRACT : ABCDDRUG ELGBL/GRP : ABCDDRUGSTD			
INVOICE ADJUSTMENT			
MEMBER BALANCE APPLIED AMOUNT	1		25.96 CR
MEMBER RECOVERY AMOUNT	2		25.17
TOTAL		$0.79 CR	
TOTAL FOR ELGBL/GRP			$26,860.97
TOTAL FOR CONTRACT			$26,970.58
CONTRACT : ABCDDRUG ELGBL/GRP : ABCDDRUGSTD			
CLAIMS PROCESSING			
RETAIL PHARMACY	17	595.19	
RETAIL PHARMACY ADJ.	1	6.00 CR	
TOTAL	18	$589.19	
TOTAL FOR ELGBL/GRP			$589.19
CONTRACT : ABCDDRUG ELGBL/GRP : ABCDDRUGSTD			
CLAIMS PROCESSING			
RETAIL PHARMACY	11	409.38	

CLAIMS INVOICE

Express Scripts Holding Company
100 Parsons Pond Drive Franklin Lakes New Jersey 07417

EXPRESS SCRIPTS®

Account Number: 6698
Account Name: XYZA COMPANY

Invoice Number:
Invoice Date: 09/30/XX
Period Covered: 09/13/XX - 09/26/XX

DESCRIPTION	QTY	AMOUNT	SUBTOTAL
CONTRACT : ABOBMSEL ELGBL/GRP: ABCDDRUGLISI3			
TOTAL	11	$409.38	
TOTAL FOR ELGBL/GRP			$409.38
CONTRACT : ABCDDRUG ELGBL/GRP: ABCDDRUGLISI			
CLAIMS PROCESSING			
RETAIL DIRECTS ADJ.	5	55.68 CR	
MAIL SERVICE	206	21,279.97	
MAIL SERVICE ADJ.	2	456.55 CR	
RETAIL PHARMACY	210	7,271.62	
RETAIL PHARMACY ADJ.	3	107.45 CR	
TOTAL	426	$27,931.91	
CONTRACT : ABCOORUG ELGBL/GRP: ABCDDRUGLISI			
INVOICE ADJUSTMENT			
MEMBER RECOVERY AMOUNT	6		59.89
TOTAL		$59.89	
TOTAL FOR ELGBL/GRP			$27,991.80
TOTAL FOR CONTRACT			$28,990.37
CONTRACT : ABCOORUG ELGBL/GRP: ABCDDRUGLISI			
CLAIMS PROCESSING			
MAIL SERVICE	10	1,188.03	
RETAIL PHARMACY	150	9,043.60	
RETAIL PHARMACY ADJ.	14	59.21 CR	
TOTAL	174	$10,172.42	
TOTAL FOR ELGBL/GRP			$10,172.42
CONTRACT : ABCOORUG ELGBL/GRP: ABCDDRUGLISI			
CLAIMS PROCESSING			
RETAIL DIRECTS ADJ.	2	1.20	
MAIL SERVICE	4	418.37	
RETAIL PHARMACY	26	1,423.27	
RETAIL PHARMACY ADJ.	1	3.73 CR	
TOTAL	33	$1,839.11	
TOTAL FOR ELGBL/GRP			$1,839.11

CLAIMS INVOICE

Express Scripts Holding Company
100 Parsons Pond Drive Franklin Lakes New Jersey 07417

EXPRESS SCRIPTS®

Account Number: 6698
Account Name: XYZA COMPANY

Invoice Number:
Invoice Date: 09/30/XX
Period Covered: 09/13/XX - 09/26/XX

DESCRIPTION	QTY	AMOUNT	SUBTOTAL
CONTRACT : ABCDDRUG ELGBL/GRP: ABCDDRUGLISI			
CLAIMS PROCESSING			
MAIL SERVICE	8	806.01	
RETAIL PHARMACY	21	2,246.50	
TOTAL	29	$3,052.51	
TOTAL FOR ELGBL/GRP			$3,052.51
CONTRACT : ABCDDRUG ELGBL/GRP: ABCDDRUGLISI			
CLAIMS PROCESSING			
RETAIL PHARMACY	5	167.10	
TOTAL	5	$167.10	
TOTAL FOR ELGBL/GRP			$167.10
CONTRACT : WTSTSUP1 ELGBL/GRP: ABCDDRUGLISI			
CLAIMS PROCESSING			
RETAIL DIRECTS ADJ.	459	2,072.67	
MAIL SERVICE	6,233	936,966.82	
MAIL SERVICE ADJ.	5	0.00	
RETAIL PHARMACY	4,203	313,069.67	
RETAIL PHARMACY ADJ.	151	18,479.20 CR	
SPECIALTY PHARMACY CLAIMS	30	198,287.15	
TOTAL	11,081	$1,431,917.11	
CONTRACT : ABCDDRUG ELGBL/GRP: ABCDDRUGLISI			
INVOICE ADJUSTMENT			
MEMBER BALANCE APPLIED AMOUNT	24		547.19 CR
MEMBER RECOVERY AMOUNT	94		748.72
TOTAL		$201.53	
TOTAL FOR ELGBL/GRP			$1,432,118.64
TOTAL FOR CONTRACT			$1,447,349.78
CONTRACT : ABCDDRUG ELGBL/GRP: ABCDDRUGLISI			
CLAIMS PROCESSING			
RETAIL PHARMACY	117	7,002.32	
TOTAL	117	$7,002.32	
TOTAL FOR ELGBL/GRP			$7,002.32

CLAIMS INVOICE

Express Scripts Holding Company
100 Parsons Pond Drive, Franklin Lakes, New Jersey 07417

EXPRESS SCRIPTS®

Account Number: 6698
Account Name: XYZA COMPANY

Invoice Number:
Invoice Date: 09/30/XX
Period Covered: 09/13/XX - 09/26/XX

C ELGBL/GRP :

CLAIMS PROCESSING			
RETAIL PHARMACY	6	120.56	
TOTAL	6	$120.56	
TOTAL FOR ELGBL/GRP			$120.56

CONTRACT : ABCDDRUG ELGBL/GRP : XYZAMSUP2LIS3

CLAIMS PROCESSING			
MAIL SERVICE	3	109.02	
RETAIL PHARMACY	14	1,142.81	
TOTAL	17	$1,251.83	
TOTAL FOR ELGBL/GRP			$1,251.83

CONTRACT : ABCDDRUG ELGBL/GRP : XYZAMSUP2LIS5

CLAIMS PROCESSING			
RETAIL PHARMACY	1	35.10	
TOTAL	1	$35.10	
TOTAL FOR ELGBL/GRP			$35.10

CONTRACT : XYZASUP2 ELGBL/GRP : XYZAMSUP2STD

CLAIMS PROCESSING			
RETAIL DIRECTS ADJ.	190	2,144.96	
MAIL SERVICE	1,802	208,937.96	
MAIL SERVICE ADJ.	3	652.50	CR
RETAIL PHARMACY	1,613	128,572.30	
RETAIL PHARMACY ADJ.	54	2,768.73	CR
SPECIALTY PHARMACY CLAIMS	8	121,501.31	
TOTAL	3,670	$457,735.30	

CONTRACT : XYZASUP2 ELGBL/GRP : XYZAMSUP2STD

INVOICE ADJUSTMENT			
MEMBER BALANCE APPLIED AMOUNT	9		388.62 CR
MEMBER RECOVERY AMOUNT	28		430.15
TOTAL		$41.53	
TOTAL FOR ELGBL/GRP			$457,776.83
TOTAL FOR CONTRACT			$466,186.64

CLAIMS INVOICE

Remit To:

EXPRESS SCRIPTS®

Account Number: 6698
Account Name: XYZA COMPANY

Invoice Number:
Invoice Date: 09/30/XX
Period Covered: 09/13/XX - 09/26/XX

REMIT PAGE

Account Number	Invoice Date	Invoice Number	Total Amount Due
6698	09/30/XX		$1,969,497.37

Any unpaid balances may be subject to late payment fees.

If this invoice is a credit balance, please deduct the credit from your next invoice. If a deduction is not taken, a refund will be sent to you. If you have any questions, please contact your Account Management Team.

PLEASE REMIT PAYMENT

Remit Information

Please Wire Payment to:

Return this page with your payment

Payment Questions:

Please contact Accounts Receivable Representative:
Phone:
Email:

Change to your Billing Address:

Please contact Billing Department
Billing Representative:
Phone:
Email:

All Other Questions:

Please contact Account Management Representative:
Phone:
Email:

EXPRESS SCRIPTS®

Lag Triangle Report

Test Population

Channel: Mail and Retail

Claim Invoice Dates:MM/YY - MM/YY

Bill Month

Fill Month		MM YYYY	MM YYYY	MM YYYY	MM YYYY	MM YYYY	MM YYYY	MM YYYY	MM YYYY	MM YYYY	Total
MM	Invoice Cost	$0	$0	$0	$0	$38,544,523.90	$11,444,348.26	$160,837.69	$62,135.04	$34,142.43	**$50,245,987.32**
YYYY	Claim Count	0	0	0	0	584,587	147,321	1,738	728	358	**734,732**
MM	Invoice Cost	$0	$0	$0	$0	$0	$31,195,795.26	$14,425,492.80	$211,836.19	$55,850.36	**$45,888,974.61**
YYYY	Claim Count	0	0	0	0	0	495,443	197,886	2,318	793	**696,440**
MM	Invoice Cost	$0	$0	$0	$0	$0	$0	$27,573,841.75	$19,077,130.04	$298,447.86	**$46,949,419.65**
YYYY	Claim Count	0	0	0	0	0	0	441,716	264,317	2,486	**708,519**
MM	Invoice Cost	$0	$0	$0	$0	$0	$0	$0	$24,047,726.58	$24,011,553.57	**$48,059,280.15**
YYYY	Claim Count	0	0	0	0	0	0	0	382,056	348,496	**730,552**
MM	Invoice Cost	$0	$0	$0	$0	$0	$0	$0	$0	$18,549,448.11	**$18,549,448.11**
YYYY	Claim Count	0	0	0	0	0	0	0	0	300,888	**300,888**
Total	**Invoice Cost**	**$41,398,762.35**	**$44,470,479.69**	**$44,846,183.13**	**$43,933,130.51**	**$67,983,128.96**	**$42,951,015.02**	**$42,296,156.92**	**$43,561,892.22**	**$43,092,173.43**	**$414,532,922.23**
Total	**Claim Count**	**641,973**	**672,799**	**671,843**	**664,962**	**1,003,605**	**646,540**	**643,387**	**650,943**	**654,343**	**6,250,395**

BL020

EXPRESS SCRIPTS®

Utilization Report - by Month

Test Population

Prescription Service Dates: MM/YYYY - MM/YYYY

Plan Utilization

Month	Avg Mbr Count	Rx Count	Ingredient Cost	Dispensing Fee	Sales Tax	Member Cost	Plan Cost	Member Cost/ Rx	Plan Cost/ Rx
MM YYYY	617,282	712,239	$65,695,675.04	$591,596.25	$44,142.78	$16,074,964.04	$50,256,450.03	$22.57	$70.56
MM YYYY	614,644	670,467	$61,409,541.24	$589,219.42	$41,216.09	$15,014,779.87	$47,025,196.88	$22.39	$70.14
MM YYYY	615,325	703,248	$64,117,303.73	$616,277.53	$42,010.73	$15,743,781.70	$49,031,810.29	$22.39	$69.72
MM YYYY	616,179	680,918	$62,526,619.49	$591,125.51	$42,497.06	$14,942,069.50	$48,218,172.56	$21.94	$70.81
MM YYYY	617,150	705,194	$65,533,161.38	$610,110.60	$43,271.01	$15,309,999.92	$50,876,543.07	$21.71	$72.15
MM YYYY	618,353	664,362	$60,180,117.13	$568,565.69	$40,198.81	$14,273,264.53	$46,515,617.10	$21.48	$70.02
Grand Total	**616,489**	**4,136,428**	**$379,462,418**	**$3,566,895**	**$253,336**	**$91,358,860**	**$291,923,790**	**$22.09**	**$70.57**

Performance

Month	Retail Rx %	Mail Rx %	Mbr Sub Rx %	SSB Rx %	MSB Rx %	Generic Rx %	Preferred Drug Rx %	Generic Conv %
MM YYYY	70.3 %	28.9 %	0.8 %	20.2 %	1.0 %	78.7 %	93.5 %	98.7 %
MM YYYY	71.7 %	27.4 %	0.8 %	20.1 %	1.0 %	78.9 %	93.5 %	98.8 %
MM YYYY	71.6 %	27.6 %	0.8 %	19.9 %	1.1 %	79.0 %	93.7 %	98.6 %
MM YYYY	70.8 %	28.5 %	0.7 %	19.4 %	1.1 %	79.5 %	94.0 %	98.7 %
MM YYYY	70.8 %	28.5 %	0.7 %	18.9 %	1.1 %	80.0 %	93.9 %	98.7 %
MM YYYY	70.4 %	28.9 %	0.6 %	18.5 %	1.0 %	80.4 %	94.0 %	98.7 %
Grand Total	**70.9 %**	**28.3 %**	**0.7 %**	**19.5 %**	**1.1 %**	**79.4 %**	**93.8 %**	**98.7 %**

Member Demographics

Month	Avg Mbr Count	Avg Util Mbr/ Mnth	Mbr Avg Age	65+ % of Mbrs	Female % of Mbrs	Male % of Mbrs	PMPM Rx	PMPM Plan Cost
MM YYYY	617,282	252,990.00	50.72	32.2 %	50.7 %	49.3 %	1.15	$81.42
MM YYYY	614,644	247,716.00	50.80	32.4 %	50.7 %	49.3 %	1.09	$76.51
MM YYYY	615,325	254,229.00	50.75	32.4 %	50.7 %	49.3 %	1.14	$79.68
MM YYYY	616,179	249,087.00	50.75	32.4 %	50.7 %	49.3 %	1.11	$78.25

MM/DD/YY

RC040

EXPRESS SCRIPTS®

Indication Ranking - Top 25 by Ingredient Cost

Test Population

Prescription Service Dates: MM/YYYY- MM/YYYY

Indication	Ing Cost Rank	Ingredient Cost	Rx Count Rank	Rx Count	Plan Cost Rank	Plan Cost	Ingredient Cost/Rx	Plan Cost/Rx	Mail Rx %	Non-Preferred Drug Rx%	Generic Rx %
HIGH BLOOD CHOLESTEROL	1	$15,210,484.89	2	170,080	1	$11,377,247.38	$89.43	$66.89	49.2%	1.7%	79.1%
DIABETES	2	$14,640,054.73	5	102,361	3	$10,667,650.95	$143.02	$104.22	37.0%	8.0%	53.2%
HIGH BLOOD PRESS/HEART DISEASE	3	$14,245,038.57	1	318,513	2	$10,781,647.51	$44.72	$33.85	39.3%	1.3%	89.9%
ASTHMA	4	$8,349,782.61	9	56,855	6	$6,217,098.64	$146.86	$109.35	23.7%	12.3%	35.3%
CANCER	5	$8,088,416.95	36	10,927	4	$8,225,078.35	$740.22	$752.73	37.4%	3.6%	88.2%
ULCER DISEASE	6	$7,599,250.31	8	76,935	7	$5,744,067.71	$98.77	$74.66	37.7%	4.5%	81.2%
INFLAMMATORY CONDITIONS	7	$7,023,512.31	50	4,754	5	$6,773,344.03	$1,477.39	$1,424.77	55.8%	10.1%	30.8%
DEPRESSION	8	$6,315,295.77	6	96,164	8	$4,679,736.59	$65.67	$48.66	25.1%	1.4%	90.0%
MENTAL/NEURO DISORDERS	9	$5,961,055.92	22	28,231	9	$4,486,562.39	$211.15	$158.92	26.5%	2.7%	69.7%
URINARY DISORDERS	10	$4,743,142.20	12	50,203	12	$3,612,013.71	$94.48	$71.95	40.4%	7.9%	78.2%
INFECTIONS	11	$4,646,938.92	3	164,658	11	$3,752,457.72	$28.22	$22.79	1.4%	1.1%	98.3%
PAIN	12	$4,371,343.63	4	121,597	13	$3,529,480.44	$35.95	$29.03	6.9%	3.3%	96.0%
MULTIPLE SCLEROSIS	13	$3,784,091.87	66	623	10	$3,818,491.15	$6,073.98	$6,129.20	93.4%	6.4%	0.0%
ANTICOAGULANT	14	$3,597,185.55	21	28,734	14	$2,919,041.37	$125.19	$101.59	28.7%	3.7%	82.5%
ATTENTION DISORDERS	15	$3,293,815.07	33	14,952	16	$2,785,691.64	$220.29	$186.31	9.2%	10.2%	74.9%
VIRAL INFECTIONS	16	$3,273,999.87	30	17,119	15	$2,809,202.49	$191.25	$164.10	9.5%	0.6%	59.7%
HORMONAL SUPPLEMENTATION	17	$3,210,503.74	26	23,621	20	$2,228,740.83	$135.92	$94.35	32.2%	9.3%	47.3%
SKIN CONDITIONS	18	$3,108,090.00	20	29,204	18	$2,557,237.80	$106.43	$87.56	9.0%	4.3%	86.6%
PAIN AND INFLAMMATION	19	$2,837,243.73	13	49,529	22	$2,064,355.95	$57.28	$41.68	18.7%	9.6%	82.2%
ALLERGIES	20	$2,800,669.52	14	44,072	21	$2,176,298.68	$63.55	$49.38	19.8%	4.0%	82.0%
SEIZURES	21	$2,763,502.47	11	50,685	23	$1,947,490.40	$54.52	$38.42	23.2%	2.9%	90.5%

MM/DD/YY

DG240

EXPRESS SCRIPTS®

Specialty Utilization Summary

Test Population

Prescription Service Dates: MM/YY - MM/YY

	Rx Count	Unique Patients	Ingredient Cost	Dispensing Fee	Sales Tax	Member Cost	Plan Cost
Total (All Drugs)	8,278,554	471,783	$750,404,581	$7,169,492	$502,156	$177,350,301	$580,725,928
Total Specialty	30,836	8,774	$115,088,304	$13,197	$45,574	$4,961,386	$110,185,689
Total Specialty filled at Accredo	22,714	4,909	$105,995,337	$4,337	$40,171	$4,401,047	$101,638,799

Total Specialty as a % of All Drugs	0.4 %	1.9 %	15.3 %	0.2 %	9.1 %	2.8 %	19.0 %
Accredo Fills as a % of Total Specialty	73.7 %	55.9 %	92.1 %	32.9 %	88.1 %	88.7 %	92.2 %

Total Specialty Rxs as a % of All Drugs

Total Specialty Plan Cost as a % of All Drugs

Accredo Rxs as a % of Total Specialty

ESI current all-inclusive specialty drug list was used to generate this report.

EXPRESS SCRIPTS®

Channel and Specialty by Preferred Drug Status by Month

Demo Test Population

Prescription Service Dates: MM/YY - MM/YY

MM YYYY

		Rx Count	Ingredient Cost	Dispensing Fee	Sales Tax	Member Cost	Plan Cost	Member Cost/Rx	Plan Cost/Rx
Retail	Preferred Brand	124117	$34,008,975.99	$146,304.87	$1,333.42	$4,386,842.64	$29,769,771.64	$35.34	$239.85
	Non-Preferred Brand	17404	$3,970,148.67	$21,689.04	$30.01	$740,524.63	$3,251,343.09	$42.55	$186.82
	Generic	519176	$15,934,956.63	$837,473.49	$312.61	$5,546,895.39	$11,225,847.34	$10.68	$21.62
Retail	**Subtotal**	**660697**	**$53,914,081**	**$1,005,467**	**$1,676**	**$10,674,263**	**$44,246,962**	**$16.16**	**$66.97**
Mail	Preferred Brand	5644	$5,712,430.42	$831.40	$24.48	$418,006.18	$5,295,280.12	$74.06	$938.21
	Non-Preferred Brand	512	$471,107.67	$74.46	$0.05	$43,403.79	$427,778.39	$84.77	$835.50
	Generic	15255	$1,223,592.43	$2,174.61	$21.48	$274,016.04	$951,772.48	$17.96	$62.39
Mail	**Subtotal**	**21411**	**$7,407,131**	**$3,080**	**$46**	**$735,426**	**$6,674,831**	**$34.35**	**$311.75**
Mbr Sub	Preferred Brand	122	$27,117.36	$150.58	$1.28	$2,975.26	$24,293.96	$24.39	$199.13
	Non-Preferred Brand	119	$61,610.56	$174.50	$0.00	$4,492.03	$57,293.03	$37.75	$481.45
	Generic	307	$9,136.18	$487.90	$0.00	$1,645.96	$7,978.12	$5.36	$25.99
Mbr Sub	**Subtotal**	**548**	**$97,864**	**$813**	**$1**	**$9,113**	**$89,565**	**$16.63**	**$163.44**
	Month Total	**682656**	**$61,419,076**	**$1,009,361**	**$1,723**	**$11,418,802**	**$51,011,358**	**$16.73**	**$74.72**

		Rx Count	Ingredient Cost	Dispensing Fee	Sales Tax	Member Cost	Plan Cost	Member Cost/Rx	Plan Cost/Rx
Specialty	Preferred Brand	2830	$9,982,527.45	$3,052.15	$923.67	$124,232.75	$9,862,270.52	$43.90	$3,484.90
	Non-Preferred Brand	266	$925,180.88	$264.72	$0.00	$25,630.23	$899,815.37	$96.35	$3,382.76
	Generic	2571	$612,219.65	$4,286.70	$52.64	$35,565.15	$580,993.84	$13.83	$225.98
Specialty	**Subtotal**	**5667**	**$11,519,928**	**$7,604**	**$976**	**$185,428**	**$11,343,080**	**$32.72**	**$2,001.60**
Non-Specialty	Preferred Brand	127053	$29,765,996.32	$144,234.70	$435.51	$4,683,591.33	$25,227,075.20	$36.86	$198.56
	Non-Preferred Brand	17769	$3,577,686.02	$21,673.28	$30.06	$762,790.22	$2,836,599.14	$42.93	$159.64
	Generic	532167	$16,555,465.59	$835,849.30	$281.45	$5,786,992.24	$11,604,604.10	$10.87	$21.81
Non-Specialty	**Subtotal**	**676989**	**$49,899,148**	**$1,001,757**	**$747**	**$11,233,374**	**$39,668,278**	**$16.59**	**$58.60**
	Month Total	**682656**	**$61,419,076**	**$1,009,361**	**$1,723**	**$11,418,802**	**$51,011,358**	**$16.73**	**$74.72**

EXPRESS SCRIPTS®

Benchmark Key Performance Comparison

Benchmark Population: Commercial Division (CD)

Member Population: Demo Test Population

Prescription Service Dates: MM/YY - MM/YY

	Benchmark			Member Population
Overall Performance	**LOW**	**MEDIUM**	**HIGH**	
Plan Cost PSPM	$69.49	$113.03	$168.59	$138.44
Rx Measures				
Rxs PSPM	0.86	1.28	1.79	1.63
Average Plan Cost/Rx	$71.36	$87.81	$107.74	$85.14
Average Mbr Cost/Rx	$13.26	$17.10	$21.65	$9.73
Average AWP/Rx	$0.00	$0.00	$193.10	$180.67
Average Days of Therapy/Rx	32.00	37.00	42.00	33.62
Average Plan Cost/Day	$2.00	$2.39	$2.80	$2.53
Avg Plan Cost/Day - Retail	$1.91	$2.40	$2.94	$2.19
Avg Plan Cost/Day - Mail	$1.70	$2.26	$2.84	$3.00
Member Cost %	12.1 %	15.9 %	20.9 %	10.3 %
Member Cost % - Retail	14.1 %	19.3 %	25.4 %	11.7 %
Member Cost % - Mail	8.1 %	12.4 %	17.4 %	8.8 %
Channel				
Rx % - Mail	8.9 %	16.7 %	28.7 %	16.7 %
Rx % - Retail	71.2 %	83.2 %	91.0 %	83.2 %
Rx % - Member Submit	0.0 %	0.0 %	0.1 %	0.1 %
Rx Types				
Rx % - SSB	18.3 %	20.7 %	23.2 %	20.5 %
Rx % - MSB	0.3 %	0.8 %	1.5 %	1.8 %
Rx % - Generic	75.5 %	78.4 %	81.0 %	77.7 %
SSB Rx % - Retail	16.5 %	19.2 %	22.0 %	18.8 %
MSB Rx % - Retail	0.3 %	0.8 %	1.4 %	1.9 %
Generic Rx % - Retail	76.8 %	79.9 %	82.8 %	79.4 %
SSB Rx % - Mail	22.1 %	26.0 %	29.8 %	29.3 %
MSB Rx % - Mail	0.1 %	0.9 %	1.8 %	1.1 %
Generic Rx % - Mail	68.4 %	73.0 %	76.8 %	69.6 %
Rx % - Preferred Drug	92.9 %	94.3 %	95.4 %	92.3 %
Preferred Drug Rx % - Retail	92.7 %	94.2 %	95.6 %	91.8 %
Preferred Drug Rx % - Mail	92.1 %	94.3 %	96.1 %	94.9 %
Rx % - DAW	1.1 %	1.7 %	2.6 %	3.0 %
DAW Rx % - Retail	0.8 %	1.7 %	2.7 %	3.2 %
DAW Rx % - Mail	1.0 %	1.9 %	3.2 %	1.7 %
Generic Conversion %	98.1 %	99.0 %	99.6 %	97.8 %
Generic Conversion % - Retail	98.3 %	99.1 %	99.7 %	97.7 %
Generic Conversion % - Mail	97.4 %	98.7 %	99.9 %	98.4 %
Demographics				
Average Age	33.9	37.2	41.8	31.89
Male Members %	45.2 %	49.6 %	53.4 %	55.1 %
Female Members %	46.5 %	50.4 %	54.7 %	44.9 %

Your Path To Greater Care
and Zero Waste

Operational Performance Report

EXPRESS SCRIPTS®

DATE:

MM/YY - MM/YY

ABC Company, Inc.

The Express Scripts Pharmacy delivers better health and value to you and your members.

The Express Scripts Pharmacy is the means for providing everything you're looking for in your pharmacy benefit.

- The lowest cost channel and drug mix
- Optimal health and safety outcomes
- Member engagement and satisfaction
- Ease of use

More than just a means for realizing unit cost savings, the Express Scripts Pharmacy enables you and your members to realize the full value of the pharmacy benefit - with measurable results.

Express Scripts' commitment to our customers has been noticed. The JD Power and Associates 2013 U.S. Pharmacy Study(sm) ranked overall satisfaction of home delivery from the Express Scripts Pharmacy above the industry average for online registration, prescription tracking and use of automatic refills. The report also cites Express Scripts satisfaction improvements with prescription ordering and delivery experiences.

Source: J.D. Power and Associates 2013 National Pharmacy Study; Express Scripts Patient Satisfaction Survey Results, Operations Reporting and Analysis, 2013.

Home Delivery Refills by Source

1/YYYY - 8/YYYY

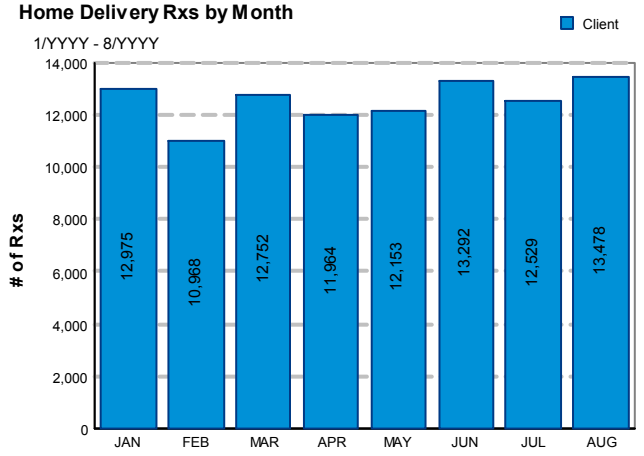
	CUSTOMER SERVICE	FAX	IVR	POINT OF CARE	POSTAL	WEB
JAN YY	1,107	-	2,963	-	273	2,740
FEB YY	889	-	2,715	4	309	2,220
MAR YY	919	-	2,949	-	346	2,768
APR YY	1,005	-	2,841	-	242	2,830
MAY YY	968	-	3,084	-	282	2,872
JUN YY	1,000	-	3,260	-	323	3,353
JUL YY	991	-	3,276	-	266	3,008
AUG YY	1,222	1	3,259	-	321	3,459

Home Delivery New Fills by Source

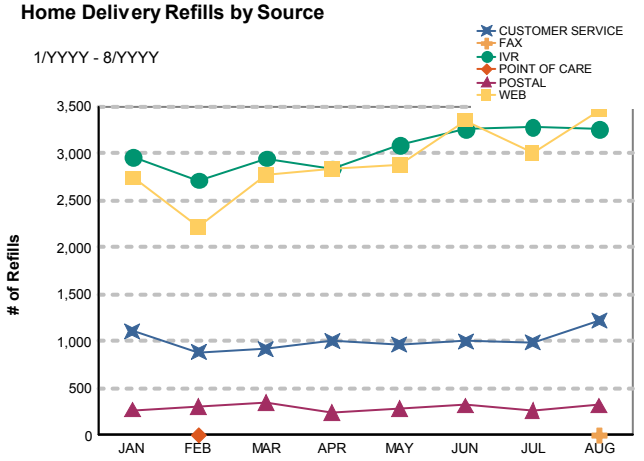
1/YYYY - 8/YYYY

	Fax	Non-Fax
JAN YY	1,058	4,834
FEB YY	931	3,900
MAR YY	986	4,784
APR YY	823	4,223
MAY YY	807	4,140
JUN YY	818	4,538
JUL YY	742	4,246
AUG YY	778	4,438

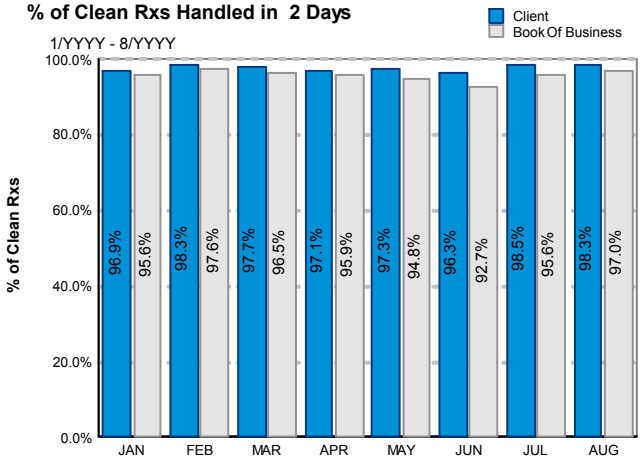
Home Delivery Rxs by Month



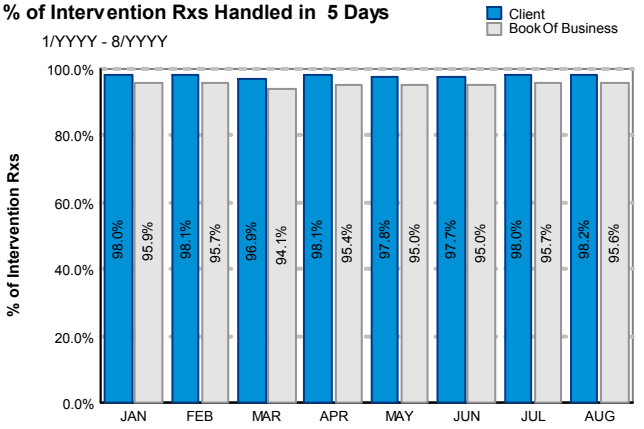
Home Delivery Refills by Source



% of Clean Rxs Handled in 2 Days



% of Intervention Rxs Handled in 5 Days

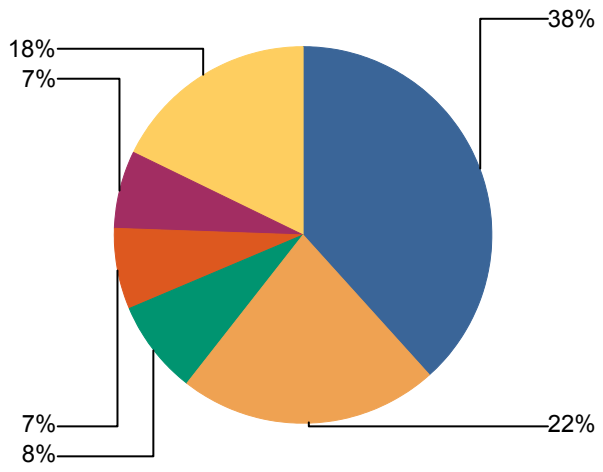


Home Delivery

Express Scripts actively manages plan sponsors' benefits. Home Delivery interventions and rejections are a normal and important part of the Home Delivery process. Interventions occur for several reasons including safety checks, an invalid address or as the results of the benefit-plan design. The intervention/rejection process helps patients move from brand-name drugs to generics when possible. Please remember that not all rejects result in a member disruption. Depending upon the type of reject, the pharmacist may intervene on behalf of the patient to resolve the issue. Express Scripts always has the members' health and safety in mind and issues interventions and rejections when it is in the best interest of our members and plan sponsors.

Client Top Reject Reasons

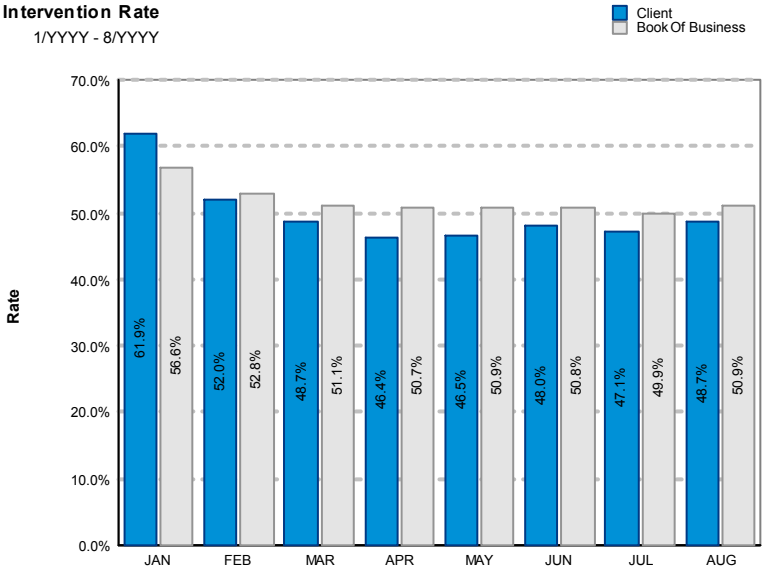
1/YYYY - 8/YYYY



Provide Notice: Medicare Prescription Drug C	38%
Prior Authorization Required	22%
Product Not On Formulary	8%
Plan Limitations Exceeded	7%
M/I Cardholder ID	7%
All Others	18%
Total:	100%

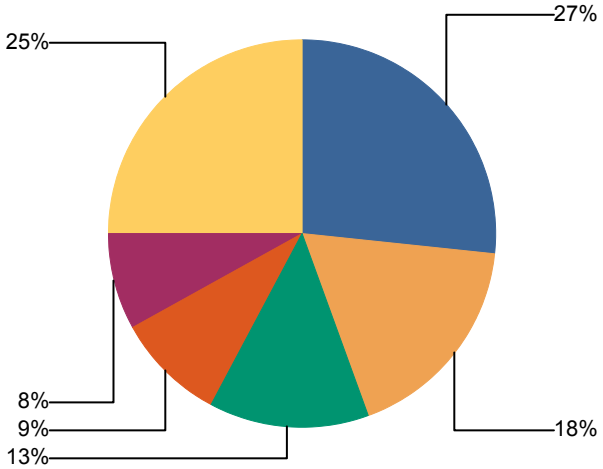
Intervention Rate

1/YYYY - 8/YYYY



Book of Business Top Reject Reasons

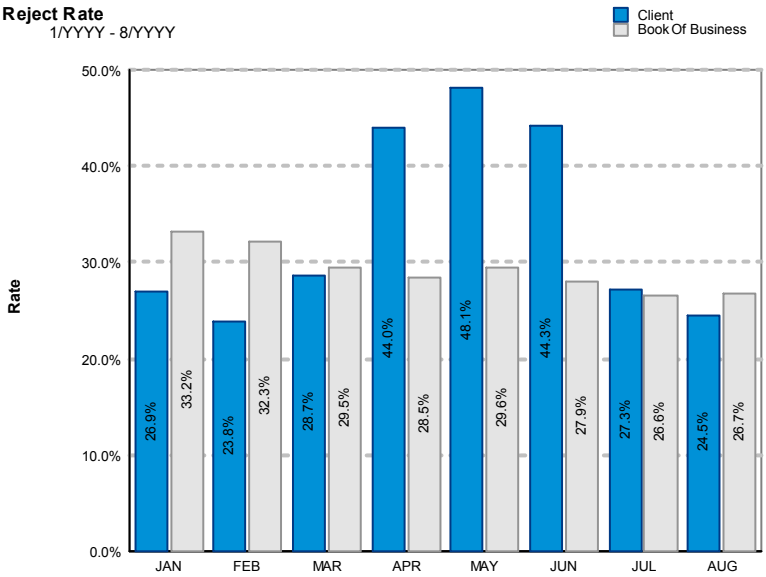
1/2016 - 8/2016



Prior Authorization Required	27%
Filled After Coverage Terminated	18%
Product/Service Not Covered	13%
Provide Notice: Medicare Prescription Drug C	9%
Plan Limitations Exceeded	8%
All Others	25%
Total:	100%

Reject Rate

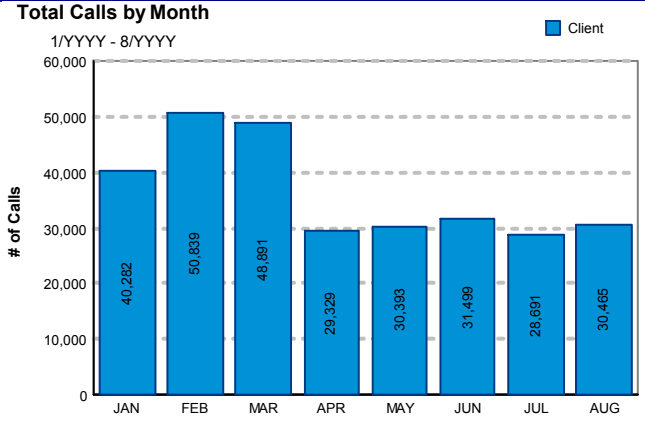
1/YYYY - 8/YYYY



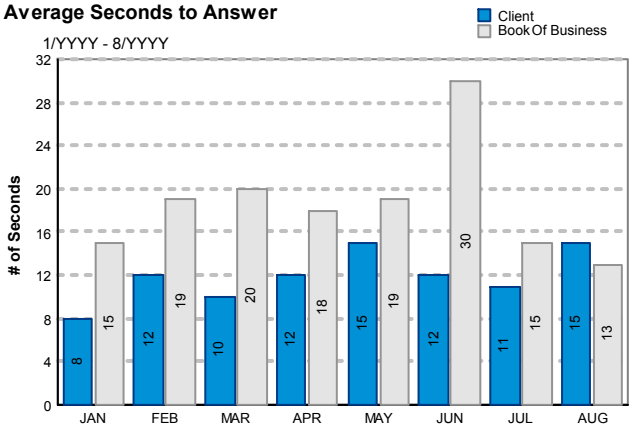
Patient Care Contact Center

Patient and client satisfaction are at the center of all we do. That objective is clearly demonstrated at each Patient Care Contact Center. Patient Care Advocates are thoroughly trained to find solutions to patients' issues. In addition to ongoing training, patient calls are monitored to ensure the best service and optimal resolutions. Beyond the role of the Patient Care Advocate, there are multiple layers of quality assurance as well as call volume and resource management for consistency of excellence and efficiency. Callers get assistance from empowered advocates who identify potential savings and help patients switch to Home Delivery.

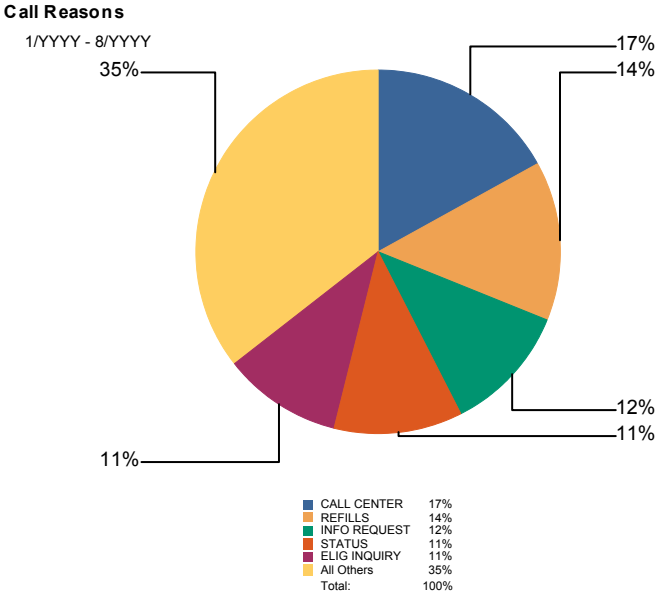
Total Calls by Month



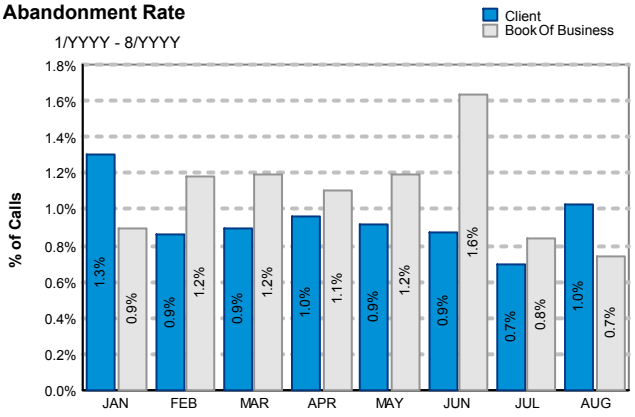
Average Seconds to Answer



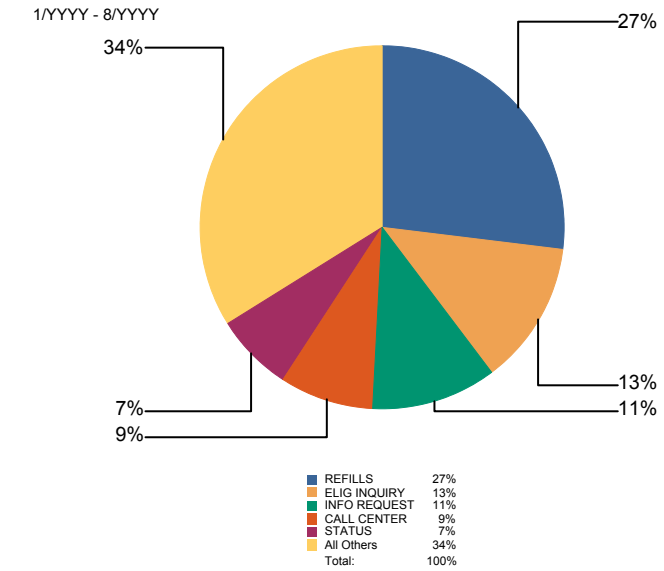
Call Reasons



Abandonment Rate



Book of Business Call Reasons



Client Reported Requests

Client satisfaction is our top priority. To that end, we employ multiple layers of resources to ensure our objective is met. Using data from multiple areas at Express Scripts, we document and trend requests, issues,and turnaround times. This allows us to more effectively identify issue drivers and address root causes.

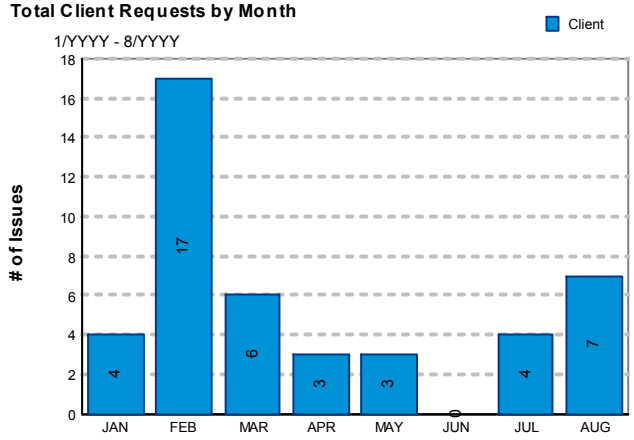
The Client Service Center (CSC) is a dedicated team of specialized associates who resolve escalated, member-specific issues for our clients. CSC's mission is to provide a convenient, effective, accurate, and timely process to assist Express Scripts' clients in resolving escalated member service issues, ensuring client satisfaction and retention. CSC is a first point of contact for member-specific issues.

PharmacoAnalytics (PhAn) is Express Scripts' reporting specialists team. PhAn provides best-in-class analytics by creating efficiencies, managing information, delivering innovative trend solutions, and establishing consultative excellence.

CD Clinical includes client-driven clinical requests.

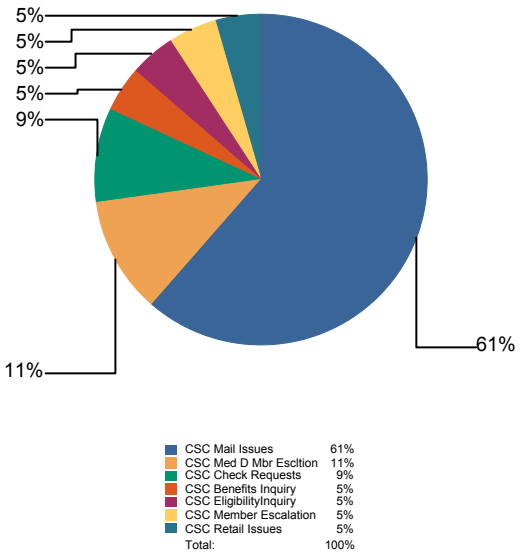
The Client Reported Requests data includes requests submitted by both the client and the Express Scripts account team.

Total Client Requests by Month



Client Call Reasons

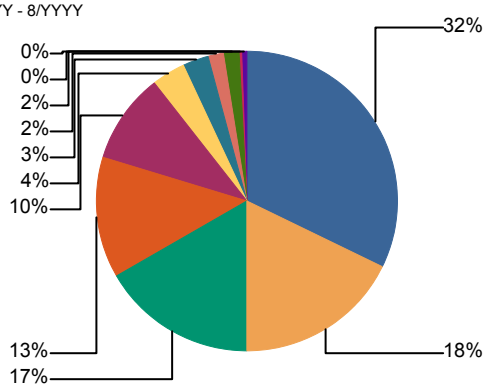
1/YYYY - 8/YYYY



CSC Mail Issues	61%
CSC Med D Mbr Escltion	11%
CSC Check Requests	9%
CSC Benefits Inquiry	5%
CSC EligibilityInquiry	5%
CSC Member Escalation	5%
CSC Retail Issues	5%
Total:	100%

Book of Business Client Call Reasons

1/YYYY - 8/YYYY

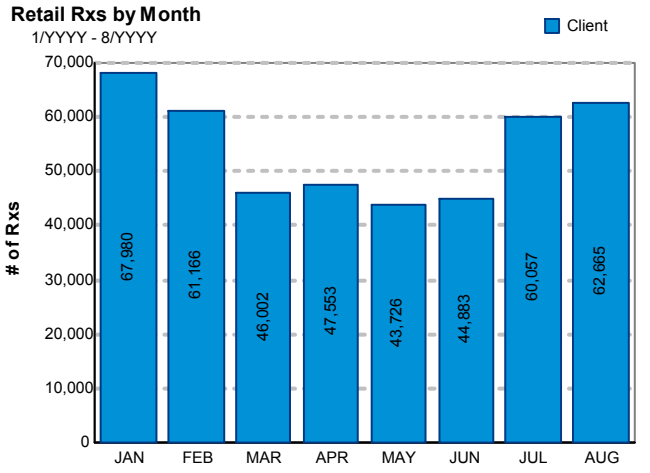


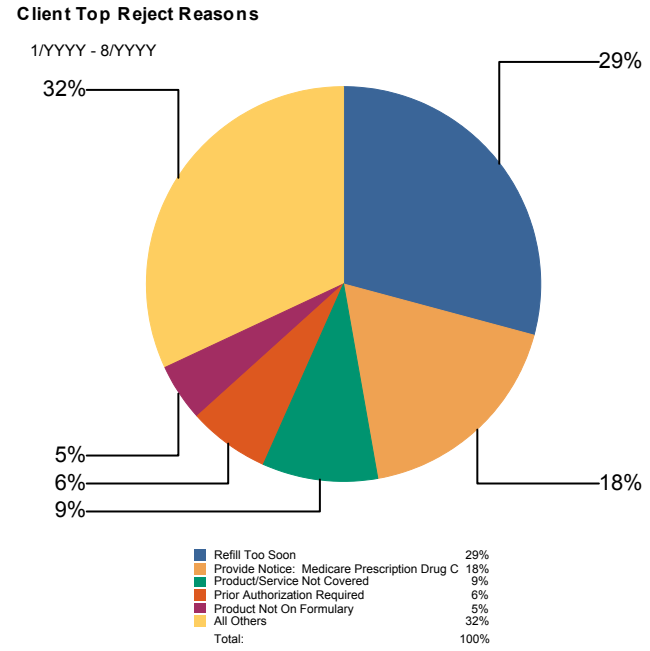
CSC EligibilityInquiry	32%
CSC Prior Approval	18%
CSC Benefits Inquiry	17%
CSC Retail Issues	13%
CSC Mail Issues	10%
CSC Adjustments	4%
CSC Clms Process Req	3%
CSC Check Requests	2%
CSC Member Escalation	2%
CSC Med D Adjustmnt	0%
All Others	0%
Total:	100%

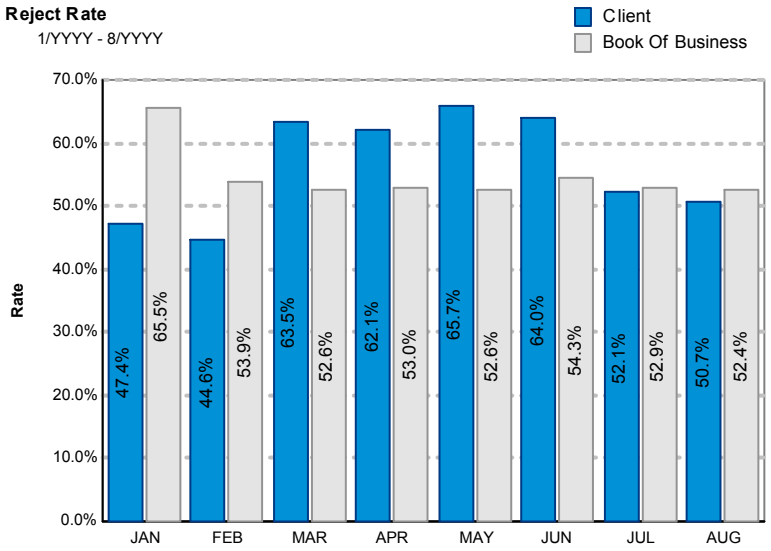
Express Scripts' services make prescription drug use safer and more affordable. And, our extensive pharmacy network allows patients to conveniently access medications at the retail level.Through our pharmacy audit program, we have several procedures to ensure patient safety. We monitor various State Board of Pharmacy websites to identify any pharmacies that have had actions taken against them,including those relating to quality of care. During on-site pharmacy audits, each auditor completes an observation documentation form that includes documenting any safety issues observed (e.g., proper drug storage, physical condition of facility, etc.).

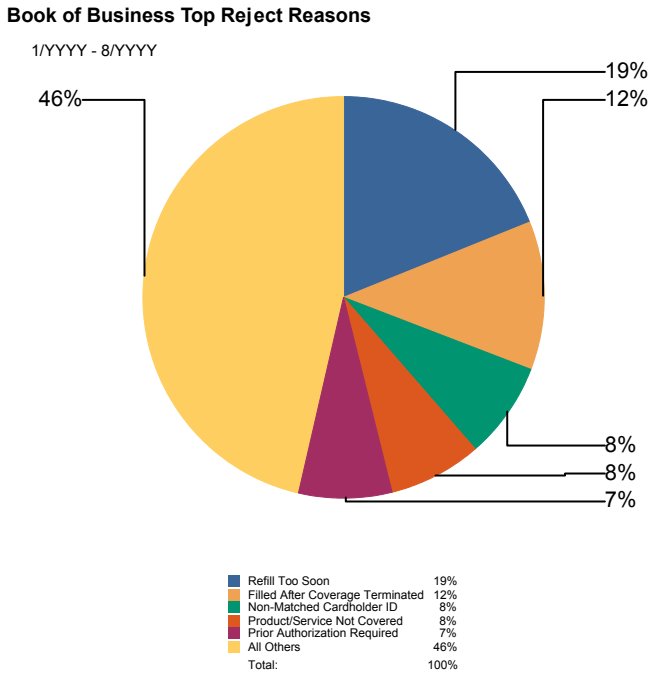
In addition, we also verify the following:

- Electronic patient profiles are properly used.
- Proper procedures are followed during the filling process, including the pharmacist's response to Express Scripts' DUR messaging.
- Proper counseling procedures are followed.
- All required safety inspection certifications are current and posted. (This is also part of our credentialing process.)
- Additional certification claimed by the pharmacist is documented and verified.
- All drugs, forms, strengths, and dosages are as prescribed.









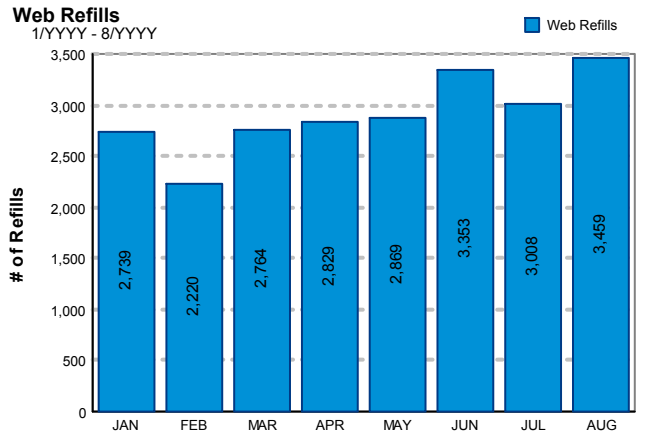
Web

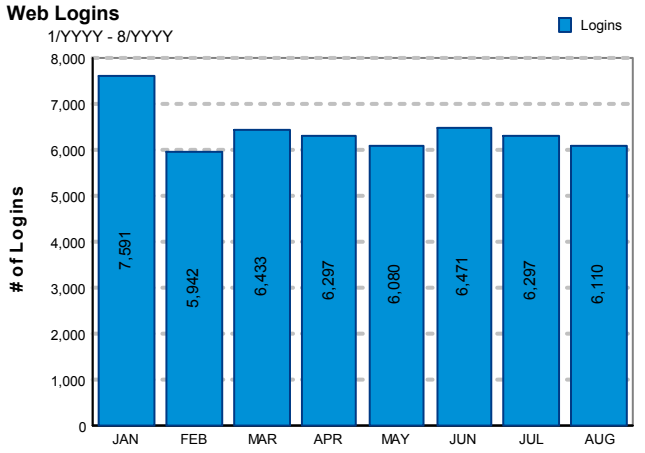
Our member portal provides access to features that help members get the most from their prescription-drug benefit.

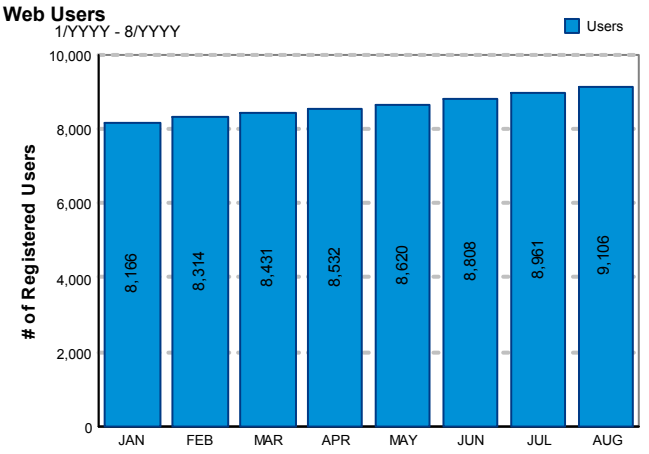
Member Portal Features 24/7 Access to:

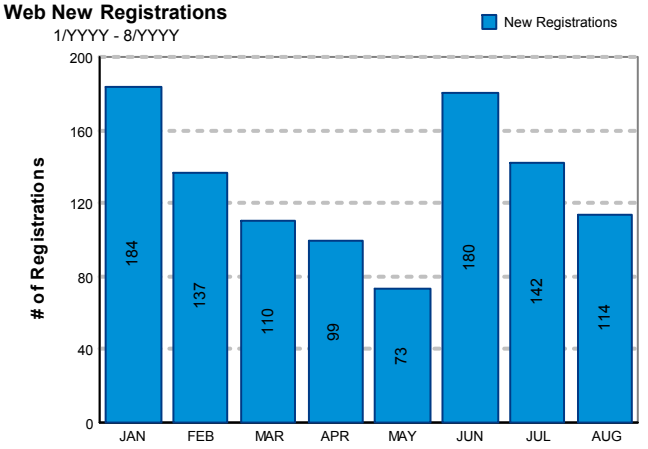
- Prescription Refills
- Out of pocket expenses with Price a Drug Prescription renewal requests
- Many ways to save on prescriptions, including Home Delivery Educational materials on generics, wellness, and disease management

In addition to the numerous member portal resources, the comprehensive Member Communications Catalog provides clients with letter templates, articles, e-mail campaign content, and buck slips that can be used to promote the use of Express-Scripts.com for members.





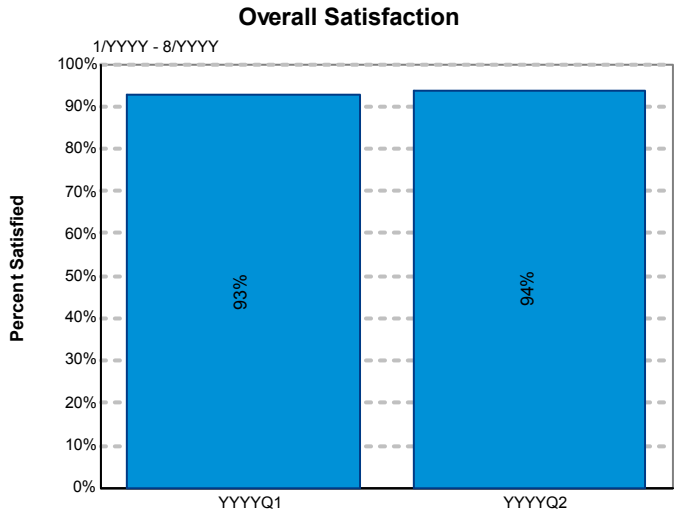


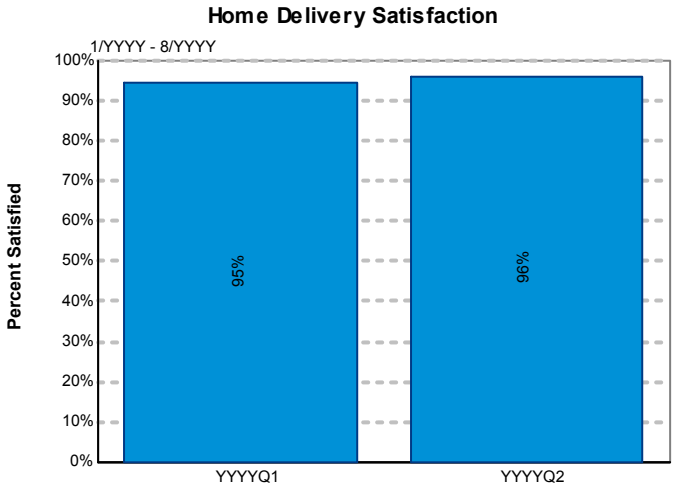


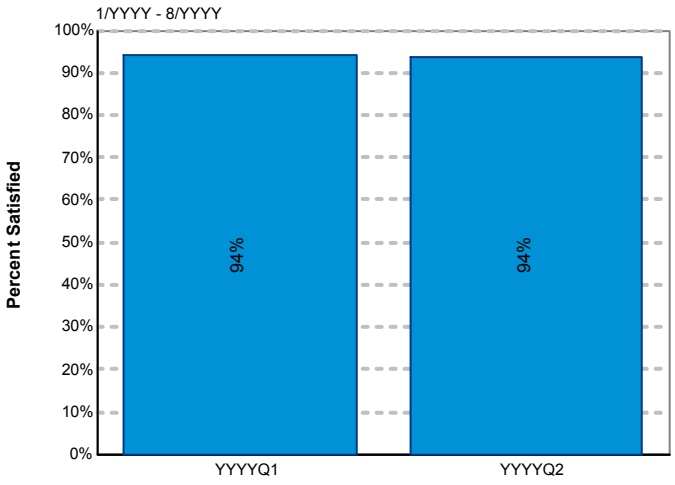
Patient Satisfaction

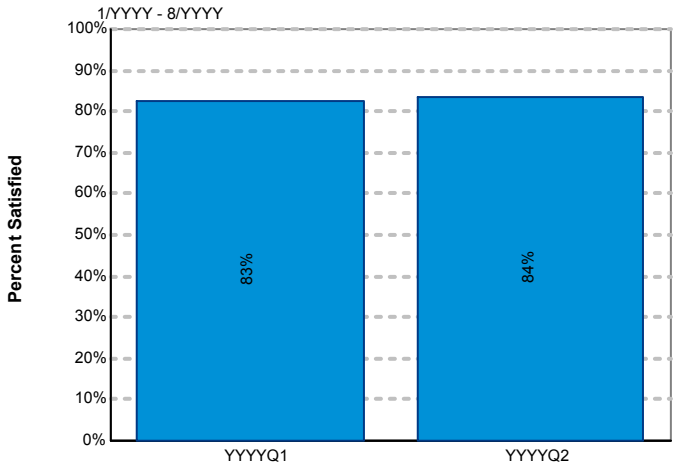
To measure member satisfaction, Express Scripts has an independent research firm conduct a monthly telephone survey of members randomly selected from the entire pool of Express Scripts clients. Members are interviewed about their satisfaction with Express Scripts overall service, home delivery service, retail pharmacy service, and our contact center service. Results from these surveys help Express Scripts identify improvement opportunities and truly gauge the voice of the customer.

The charts below show quarterly results from these surveys, with one chart for each of the following categories: Overall satisfaction with Express Scripts, satisfaction with home delivery service, satisfaction with retail pharmacies, and contact center satisfaction. Client specific results are not included as they may not be statistically significant.









Home Delivery Metrics

Detail Report

1/YYYY to 8/YYYY

		# of Prescriptions Shipped				Average Turn Around Time in business days			% of Prescriptions Shipped in X Days													
									Clean Rx		Intervention Rx					All Rx						
		Clean Rx	Intervention Rx	All Rx	Intervention Rate	Clean Rx	Intervention Rx	All Rx	1	2	1	2	3	4	5	1	2	3	4	5	6
YYYY	JAN	4,939	8,036	12,975	62%	0.65	1.29	1.05	83%	97%	67%	87%	93%	97%	98%	73%	91%	96%	98%	99%	99%
YYYY	FEB	5,269	5,699	10,968	52%	0.53	1.16	0.86	92%	98%	74%	88%	93%	96%	98%	83%	93%	96%	98%	99%	100%
YYYY	MAR	6,544	6,208	12,752	49%	0.85	1.41	1.12	80%	98%	65%	86%	92%	96%	97%	72%	92%	96%	98%	98%	99%
YYYY	APR	6,416	5,548	11,964	46%	0.64	1.21	0.91	89%	97%	72%	88%	93%	96%	98%	81%	93%	96%	98%	99%	100%
YYYY	MAY	6,496	5,657	12,153	47%	0.62	1.16	0.87	87%	97%	74%	89%	94%	96%	98%	81%	93%	97%	98%	99%	99%
YYYY	JUN	6,917	6,375	13,292	48%	1.08	1.49	1.28	71%	96%	60%	87%	93%	97%	98%	65%	92%	96%	98%	99%	99%
YYYY	JUL	6,625	5,904	12,529	47%	0.58	1.05	0.80	90%	98%	78%	91%	95%	97%	98%	84%	95%	97%	98%	99%	99%
YYYY	AUG	6,919	6,559	13,478	49%	0.51	0.96	0.73	93%	98%	80%	92%	96%	97%	98%	87%	95%	98%	98%	99%	99%

Our Home Delivery process is designed to deliver medications to patients quickly and with incredible accuracy while assuring the greatest savings possible. With appropriate plan design, Home Delivery is a cost-effective solution for plan sponsors and members who use maintenance medications. On average, across Express Scripts' book of business, each prescription filled through Home Delivery costs up to 10% less than the same prescription filled at a local participating pharmacy.

Source: Pharmacy Benefit Guide. Drug Trend Report 2004. Express Scripts. June 2005.

Definitions

Clean Rx	A prescription that requires no additional processing
Intervention Rx	A prescription that requires additional processing
Intervention Rate	The percentage of total prescriptions requiring additional processing
Turn Around Time	The number of business days between when a prescription is received and when it is shipped
% Rx Shipped in X Days	The percentage of prescriptions shipped within the given number of days from the date received

1/YYYY - 8/YYYY

		YYYY JAN	YYYY FEB	YYYY MAR	YYYY APR	YYYY MAY	YYYY JUN	YYYY JUL	YYYY AUG
Call Center	17%	17%	19%	18%	16%	15%	16%	17%	18%
Transfers	9.178	9.246	9.453	8.885	8.796	8.201	8.636	9.944	10.273
Research Misc	1.992	1.482	2.504	2.659	1.704	1.815	2.182	1.470	2.247
Mbr Education	1.594	2.172	1.920	1.876	1.382	1.516	1.034	1.200	1.238
Mbr/Caller Prof	1.144	1.497	1.503	1.505	1.335	0.574	0.804	0.833	0.803
Rx Fax Req	1.130	1.174	0.772	1.257	0.875	0.827	1.034	1.616	1.513
Health Actn Pln	1.125	0.514	1.565	0.866	1.359	1.241	1.240	1.151	1.399
Returned Call	0.282	0.382	0.438	0.247	0.322	0.207	0.138	0.147	0.298
Communictn Scrn	0.256	0.220	0.271	0.247	0.161	0.184	0.505	0.147	0.321
Covg Inquiry	0.113	0.073	0.230	0.124	0.230	0.046	0.046	0.049	0.115
DCDP/Copay Inq	0.034	0.073	-	0.062	0.046	0.023	0.023	-	0.023
PA Inquiries	0.008	-	-	-	0.023	-	0.023	0.024	-
REFILLS	14%	12%	14%	14%	15%	15%	14%	15%	17%
REFILL	10.732	8.365	10.121	9.771	11.697	11.417	11.507	11.634	12.910
RENEWALS	2.374	2.319	2.671	2.659	2.257	2.228	1.746	2.376	2.706
PEND RX	0.482	0.367	0.605	0.598	0.576	0.368	0.459	0.392	0.527
IVR/CSR REFILL	0.274	0.279	0.188	0.392	0.184	0.368	0.230	0.367	0.183
REFILL TOO SOON	0.261	0.235	0.125	0.227	0.207	0.138	0.253	0.416	0.527
LT/NT REC'D SLP	0.005	-	0.042	-	-	-	-	-	-
REF-OUT OF MED	0.005	-	-	-	0.023	0.023	-	-	-
#REFILL LEFT	0.003	-	-	-	0.023	-	-	-	-
PLA Required	0.003	-	-	-	-	-	-	0.024	-
REFILL EMAIL	0.003	0.015	-	-	-	-	-	-	-
Worry-free Fill	0.003	-	0.021	-	-	-	-	-	-
INFO REQUEST	12%	11%	12%	13%	12%	11%	11%	10%	12%
PRICE QUOTE	6.954	5.797	6.573	7.277	8.036	8.017	6.913	6.515	7.131
INSTRUCTIONS	3.001	4.124	4.299	3.484	2.993	1.585	2.159	1.935	2.545
BENEFIT OVRVIEW	1.238	1.174	0.981	1.299	0.829	1.149	1.194	1.102	2.224
DRUG COVERAGE	0.134	0.117	0.146	0.268	0.115	0.161	0.092	0.098	0.069
PPO LOOKUP	0.090	0.117	0.104	0.144	0.069	0.069	0.092	0.049	0.046
FEEDBACK RCVD	0.069	0.044	0.063	0.021	0.069	0.046	0.092	0.196	0.046
MEDD EOB INQ	0.066	0.088	0.063	0.041	0.046	0.184	0.046	-	0.046
PRIOR AUTH LIST	0.003	-	-	-	0.023	-	-	-	-
SWITCH INQ	0.003	0.015	-	-	-	-	-	-	-
STATUS	11%	13%	14%	13%	11%	10%	9%	10%	9%
ORDER STATUS	11.196	12.489	13.836	13.441	10.845	9.993	9.049	9.650	8.920
STATUS FAX RX	0.013	0.015	-	0.021	0.023	0.046	-	-	-
15-21 DAYS	0.003	-	0.021	-	-	-	-	-	-
ELIG INQUIRY	11%	9%	12%	12%	11%	13%	11%	8%	10%
ELIG INQ/INFO	10.738	9.172	12.417	11.750	11.121	12.773	11.231	8.205	9.677
RETAIL CLAIMS	9%	16%	7%	9%	6%	8%	7%	5%	6%
CLAIM STATUS	7.934	15.351	6.323	8.514	5.342	7.489	6.339	4.433	5.366
CLAIM REJECTED	0.456	0.440	0.522	0.289	0.599	0.505	0.436	0.490	0.390
CLAIM ENTERED	0.311	0.176	0.396	0.515	0.484	0.391	0.207	0.122	0.229
CLAIM REVERSED	0.008	-	-	-	0.069	-	-	-	-
BILLING	7%	7%	7%	8%	7%	6%	6%	6%	6%
BILLING	3.128	3.552	3.422	3.958	3.339	2.757	2.435	2.964	2.224
CREDIT CARD	2.195	2.319	2.692	2.556	2.141	1.930	1.929	1.886	1.926
DED/CAP/OOP	1.178	1.145	1.210	1.299	1.036	0.850	1.148	1.372	1.376
CREDIT	0.034	0.059	-	-	-	-	0.115	0.098	-
Patient Advct	5%	0%	0%	0%	6%	9%	11%	10%	4%
Pat Adv Dashbd	4.590	0.029	-	-	6.401	9.442	10.519	10.311	3.944
MEDICATION	4%	3%	3%	3%	4%	3%	5%	6%	5%
RPH INQUIRY	1.383	1.145	0.981	1.361	1.888	1.562	1.562	1.347	1.399
eSD STCXL Rx	0.904	0.851	0.814	0.928	1.105	0.804	0.850	0.955	0.963
QUICK START	0.806	0.279	0.313	0.392	0.368	0.368	1.079	2.915	1.261
MANAGED CARE	0.456	0.367	0.543	0.330	0.276	0.414	0.620	0.612	0.550
MEDICATION	0.090	0.073	0.083	0.124	0.092	0.046	0.115	0.098	0.092
Recode for Qty	0.055	-	-	0.041	0.046	0.069	0.115	0.073	0.138
Recode to Brnd	0.047	-	0.021	0.041	-	0.092	0.138	0.098	0.023
FAX REQUEST	0.029	0.044	-	0.021	-	-	0.069	0.049	0.046
INCOMING DRCALL	0.029	0.029	-	0.082	0.023	-	0.023	0.024	0.046
OUTGOING PTCALL	0.016	0.044	-	0.021	0.046	-	-	-	-
Dmgd-Dmgs	0.013	0.015	-	0.021	-	-	-	0.049	0.023
REQ TO STCXL RX	0.008	-	0.021	0.041	-	-	-	-	-
Dmgd-Tmp Sens	0.005	-	-	-	-	-	-	0.024	0.023
PROTOCOL	0.005	0.015	-	-	-	-	-	0.024	-
Recode to Gnrc	0.005	-	-	-	-	-	0.023	-	0.023
RX CLARIFICATN	0.005	-	-	-	-	-	0.023	0.024	-
DISP LIMIT	0.003	-	-	-	0.023	-	-	-	-
VARIABLE FILL	0.003	-	-	0.021	-	-	-	-	-
MISCELLANEOUS	4%	3%	3%	3%	2%	4%	4%	5%	6%
Personal Addrs	1.051	0.264	0.271	0.186	0.207	1.011	1.746	2.523	2.912
ADDRESSOVERRIDE	1.030	0.881	0.876	1.010	0.599	1.746	1.286	0.882	1.055
Opps Initiated	0.343	0.382	0.584	0.350	0.322	0.253	0.299	0.343	0.161
Cancel Rx	0.237	0.264	0.271	0.186	0.345	0.161	0.184	0.220	0.252
Temp Addr	0.235	0.411	0.376	0.206	0.207	0.138	0.092	0.098	0.229
Med D Adjustmen	0.206	0.161	0.167	0.186	0.253	0.138	0.230	0.171	0.367
ORDR RSCH	0.105	0.323	0.063	0.041	0.138	0.023	0.046	0.073	0.023
IVR ASSIST	0.097	0.044	0.104	0.165	0.092	0.092	0.046	0.171	0.092
Other	0.092	0.073	0.063	0.165	0.046	0.046	0.115	0.049	0.183
Cust. Service	0.047	0.044	0.021	0.082	0.046	0.069	0.046	-	0.069
Billing Addr	0.045	0.044	0.021	0.062	0.046	0.069	-	0.073	0.046
Dependency Ver	0.037	0.044	0.125	0.021	-	-	0.023	-	0.069
Outbound Cont	0.026	-	-	-	0.046	0.046	0.046	0.024	0.069
Conf/Privacy	0.024	0.015	0.125	0.021	-	-	-	-	0.023
Rcon Eventshort	0.016	0.015	0.021	-	0.023	-	0.046	-	0.023
Debit Card	0.008	-	-	-	0.023	-	0.023	-	0.023

1/YYYY - 8/YYYY

		YYYY JAN	YYYY FEB	YYYY MAR	YYYY APR	YYYY MAY	YYYY JUN	YYYY JUL	YYYY AUG
OUTBOUND MSSG	0.008	-	-	0.021	0.023	-	-	0.024	-
eSD BE CXL Rx	0.005	0.015	-	-	-	-	0.023	-	-
Language Pref	0.005	-	-	-	-	-	0.046	-	-
Rcon Event list	0.005	-	-	-	0.023	-	-	0.024	-
Declines	0.003	-	-	-	-	0.023	-	-	-
Free Fm Fax Rqs	0.003	-	-	-	0.023	-	-	-	-
HR RPH CONSULT	0.003	-	-	-	0.023	-	-	-	-
THANK YOU	0.003	-	-	-	-	-	0.023	-	-
TransitionSply	0.003	-	-	-	-	-	-	0.024	-
BROADVISION	**3%**	**3%**	**2%**	**2%**	**4%**	**3%**	**4%**	**4%**	**4%**
WEB REGISTRATN	2.224	1.996	1.419	1.381	2.694	1.792	3.101	2.964	2.798
SPECIALTY DRUG	0.577	0.675	0.584	0.371	0.691	0.597	0.482	0.637	0.550
WEB PROFILE UPD	0.203	0.235	0.271	0.124	0.230	0.115	0.207	0.294	0.138
WEB SESSION	0.079	0.059	0.083	0.103	0.069	0.069	0.092	0.073	0.092
INTERNET	**1%**	**1%**	**2%**	**2%**	**2%**	**1%**	**0%**	**1%**	**1%**
PASSWORD RESET	0.661	0.778	1.002	0.989	0.921	0.391	0.276	0.245	0.527
ANY RX AT MAIL	0.137	0.132	0.396	0.103	0.138	0.092	0.023	0.147	0.046
MISC. RESEARCH	0.126	0.117	0.063	0.309	0.276	0.092	0.046	0.073	0.023
INTERNET	0.090	0.117	0.125	0.103	0.115	0.069	0.046	0.073	0.046
NEW RX-CONFIRM	0.084	0.103	0.125	0.144	0.069	0.115	0.023	0.024	0.046
SUPERVISOR	**1%**	**2%**	**1%**	**0%**	**1%**	**0%**	**0%**	**0%**	**0%**
SUPV INTER	0.611	1.923	0.835	0.371	0.829	0.046	0.023	0.024	0.069
SUPPLIES	**0%**	**1%**	**1%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
SOA/EOB	0.306	0.851	0.647	0.247	0.023	0.184	0.023	-	0.115
BR & ENV RQST	0.013	0.059	-	-	-	0.023	-	-	-
Managed Care	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
TRC Call	0.132	0.015	0.146	0.206	0.207	0.023	0.092	0.049	0.367
HIPAA	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
PRVCY SUP XFER	0.119	0.249	0.104	-	-	-	-	0.441	0.115
How to use Home	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
How to Use Home	0.071	0.015	0.063	0.021	0.069	0.092	0.207	0.147	-
MailToLocation	0.013	-	-	-	0.046	0.046	0.023	-	-
NewRxDelvryProc	0.003	-	0.021	-	-	-	-	-	-
EMAIL STATUS	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**1%**
EZ REGISTRATION	0.079	-	-	-	-	-	-	0.073	0.619
REGSTRTN UPGRDE	0.003	-	0.021	-	-	-	-	-	-
Prof Prac	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
ENC Resolved	0.079	0.044	0.104	0.186	0.023	0.092	0.046	0.073	0.069
ENC Confirmed	0.003	-	-	-	-	-	-	0.024	-
YOUR RX	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
MISDIRECTD CALL	0.021	0.015	-	0.041	0.046	0.023	-	-	0.046
Card Benefit	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Card Benefit	0.008	-	-	-	0.046	-	-	-	0.023
Card-Co-payment	0.005	-	-	-	-	0.046	-	-	-
Card-DaysSupply	0.003	-	-	-	-	0.023	-	-	-
CardGroupRefill	0.003	-	-	-	-	-	-	0.024	-
Home Dlvry Bnft	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Home Dlvry Bnft	0.013	-	-	0.062	0.023	-	-	0.024	-
HomeCopayPlus	0.003	-	0.021	-	-	-	-	-	-
QUANTITY	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
SHRT CNT-NOCTRL	0.008	0.044	-	-	-	-	-	-	-
QTY DISPUTE	0.003	-	-	-	-	-	0.023	-	-
Benefit Elig	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Benefit Elig	0.005	-	-	-	-	-	-	0.024	0.023
MedD Benefit	0.003	-	-	-	-	-	0.023	-	-
PACKAGING	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
NON-SAFE CAPS	0.008	-	-	-	-	-	-	0.024	0.046
PRIOR AUTH	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
PRIOR AUTH	0.008	-	0.021	0.021	0.023	-	-	-	-
Hot Topics	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Specialty Pharm	0.005	-	-	-	0.023	-	-	-	0.023
CAP/OOP/DED	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
Deductible	0.003	0.015	-	-	-	-	-	-	-
CDP	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
CLOSED FORM	0.003	-	-	-	0.023	-	-	-	-
PHARMACY CONTACT	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
OUT OF STOCK	0.003	-	-	0.021	-	-	-	-	-
RETAIL PHARMACIES	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
ENROLLMENT	0.003	-	-	-	0.023	-	-	-	-
RX DIRECT	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
DR DIRECT RX	0.003	0.015	-	-	-	-	-	-	-
Specialty	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**
RefRxHome	0.003	-	-	-	-	-	-	-	0.023
Others	**2%**	**2%**	**3%**	**3%**	**2%**	**2%**	**2%**	**2%**	**3%**

1/YYYY - 8/YYYY

MAIL

	YYYY JAN	YYYY FEB	YYYY MAR	YYYY APR	YYYY MAY	YYYY JUN	YYYY JUL	YYYY AUG
Provide Notice: Medicare Prescription Drug Coverage and Your Rights	35.628%	34.638%	37.147%	41.615%	40.034%	39.741%	38.741%	37.728%
Prior Authorization Required	22.180%	22.065%	24.222%	22.314%	20.331%	22.685%	18.721%	25.659%
Product Not On Formulary	5.067%	5.412%	6.798%	13.644%	9.210%	6.389%	9.427%	5.544%
Plan Limitations Exceeded	5.609%	4.038%	4.548%	5.173%	9.980%	9.598%	10.093%	5.105%
M/I Cardholder ID	6.055%	6.619%	7.180%	5.316%	7.129%	7.656%	4.997%	8.418%
Product/Service Not Covered	5.003%	5.371%	3.159%	2.729%	2.481%	3.349%	2.365%	4.361%
Prescriber Data Base Not Able to Verify Active State License with Prescriptive Authority for Prescriber ID Submitted	8.158%	6.953%	5.457%	0.682%	0.000%	3.012%	0.999%	1.082%
Claim Not Processed	1.912%	4.704%	3.638%	2.302%	1.682%	2.167%	2.199%	2.705%
M/I Prescriber ID	3.410%	1.749%	1.532%	0.483%	0.228%	0.478%	2.831%	0.541%
Date Written Is After Date Filled	0.637%	2.040%	1.628%	1.535%	2.566%	0.225%	0.633%	1.487%
Pharmacy Must Notify Beneficiary: Claim Not Covered Due to Failure to Meet Medicare Part D Active, Valid Prescriber NPI Requirements	0.000%	0.000%	0.000%	0.000%	1.027%	0.478%	2.831%	1.386%
Plan's Prescriber data base indicates the Prescriber ID Submitted is inactive or expired	1.562%	0.333%	0.000%	0.000%	0.741%	0.000%	0.000%	0.778%
Product/Service ID Qualifier Does Not Precede Product/Service ID	0.096%	1.166%	0.527%	0.227%	0.456%	0.169%	0.167%	0.642%
M/I Request Claim Segment	0.096%	1.166%	0.527%	0.227%	0.456%	0.169%	0.167%	0.642%
M/I Product/Service ID Qualifier	0.096%	1.166%	0.527%	0.227%	0.456%	0.169%	0.167%	0.642%
Patient Is Not Covered	0.382%	0.000%	0.527%	0.000%	0.029%	0.844%	0.966%	0.000%
Scheduled Downtime	0.096%	0.167%	0.431%	0.625%	0.114%	0.507%	0.300%	0.270%
Discontinued Product/Service ID Number	0.064%	0.208%	0.574%	0.000%	0.542%	0.000%	0.766%	0.000%
Plan's Prescriber data base indicates the associated DEA to submitted Prescriber ID Is not found	0.223%	0.167%	0.287%	0.483%	0.143%	0.535%	0.067%	0.000%
Product May Be Covered Under Hospice - Medicare A	0.542%	0.333%	0.000%	0.000%	0.000%	0.000%	0.733%	0.000%
M/I Group ID	0.000%	0.000%	0.335%	0.000%	0.000%	0.000%	0.799%	0.135%
Days Supply Exceeds Plan Limitation	0.000%	0.000%	0.000%	0.881%	0.114%	0.000%	0.000%	0.000%
Product Not FDA/NSDE Listed	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.845%
Non-Matched Cardholder ID	0.605%	0.250%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Filled After Coverage Terminated	0.223%	0.000%	0.096%	0.142%	0.029%	0.000%	0.000%	0.000%
Not Covered Under Part D Law	0.159%	0.208%	0.000%	0.085%	0.000%	0.000%	0.000%	0.000%
Must Fill Through Specialty Pharmacy	0.000%	0.000%	0.000%	0.085%	0.143%	0.000%	0.000%	0.000%
M/I Date Prescription Written	0.064%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%

1/YYYY - 8/YYYY

		YYYY JAN	YYYY FEB	YYYY MAR	YYYY APR	YYYY MAY	YYYY JUN	YYYY JUL	YYYY AUG
	Other	2.135%	1.249%	0.862%	1.222%	2.110%	1.829%	2.032%	2.028%
RETAIL									
	Refill Too Soon	24.412%	27.570%	28.023%	27.094%	27.930%	28.189%	33.702%	35.794%
	Provide Notice: Medicare Prescription Drug Coverage and Your Rights	15.289%	17.741%	19.291%	20.024%	19.840%	20.433%	16.646%	15.971%
	Product/Service Not Covered	9.157%	10.059%	10.398%	9.087%	9.668%	9.808%	8.518%	9.328%
	Prior Authorization Required	5.151%	6.049%	6.719%	6.878%	6.783%	7.951%	6.615%	5.835%
	Product Not On Formulary	3.201%	4.013%	4.811%	6.590%	6.240%	6.076%	4.142%	4.787%
	DUR Reject Error	4.878%	5.720%	5.334%	4.841%	5.298%	4.497%	4.069%	4.091%
	M/I Processor Control Number	5.996%	3.830%	3.416%	3.674%	3.355%	2.828%	2.597%	2.552%
	M/I Cardholder ID	6.496%	3.091%	2.499%	2.324%	1.909%	1.582%	1.718%	1.366%
	Plan Limitations Exceeded	1.490%	1.864%	2.103%	2.848%	2.906%	2.713%	2.322%	1.939%
	Not Covered Under Part D Law	1.525%	1.717%	1.894%	1.570%	1.321%	1.461%	0.297%	0.000%
	Plan's Prescriber data base indicates the associated DEA to submitted Prescriber ID Is not found	1.829%	1.615%	0.574%	0.717%	0.779%	0.932%	0.652%	0.916%
	Prescriber Data Base Not Able to Verify Active State License with Prescriptive Authority for Prescriber ID Submitted	3.388%	2.098%	0.161%	0.210%	0.104%	0.296%	0.629%	0.393%
	M/I Group ID	1.487%	0.754%	0.660%	1.113%	0.984%	0.793%	0.680%	0.799%
	M/I Professional Service Code	0.028%	0.234%	0.096%	0.051%	0.097%	0.056%	2.788%	1.973%
	M/I Result Of Service Code	0.028%	0.084%	0.133%	0.061%	0.090%	0.045%	2.756%	2.020%
	Submission Clarification Code Not Supported	2.388%	1.410%	0.226%	0.139%	0.101%	0.083%	0.089%	0.359%
	Submit Bill To Other Processor Or Primary Payer	0.727%	0.363%	0.564%	0.179%	0.751%	0.654%	0.428%	0.573%
	Patient Is Not Covered	0.596%	0.637%	0.503%	0.697%	0.177%	0.591%	0.192%	0.223%
	The Packaging Methodology Or Dispensing Frequency Is Missing Or Inappropriate For LTC Short Cycle	0.208%	0.381%	0.332%	0.379%	0.567%	0.442%	0.393%	0.374%
	Days Supply Exceeds Plan Limitation	0.376%	0.267%	0.486%	0.152%	0.316%	0.310%	0.153%	0.132%
	Multiple Transactions Not Supported	0.183%	0.106%	0.677%	0.254%	0.163%	0.153%	0.172%	0.154%
	M/I Prescriber Last Name	0.171%	0.154%	0.209%	0.257%	0.146%	0.264%	0.150%	0.264%
	Plan's Prescriber data base indicates the Prescriber ID Submitted is inactive or expired	1.214%	0.059%	0.000%	0.000%	0.000%	0.000%	0.006%	0.000%
	M/I Submission Clarification Code	0.118%	0.165%	0.106%	0.173%	0.222%	0.191%	0.195%	0.183%
	Product May Be Covered Under Hospice - Medicare A	0.068%	0.066%	0.106%	0.125%	0.108%	0.282%	0.093%	0.129%
	Non-Matched Product/Service ID Number	0.056%	0.128%	0.082%	0.115%	0.111%	0.122%	0.195%	0.104%
	Scheduled Downtime	0.149%	0.121%	0.055%	0.135%	0.191%	0.070%	0.096%	0.041%

1/YYYY - 8/YYYY

	YYYY JAN	YYYY FEB	YYYY MAR	YYYY APR	YYYY MAY	YYYY JUN	YYYY JUL	YYYY AUG
Claim Too Old	0.050%	0.183%	0.144%	0.085%	0.003%	0.003%	0.134%	0.195%
Quantity Does Not Match Dispensing Unit	0.121%	0.081%	0.075%	0.152%	0.129%	0.003%	0.022%	0.031%
Product Not FDA/NSDE Listed	0.003%	0.011%	0.048%	0.020%	0.028%	0.003%	0.000%	0.428%
Claim Not Processed	0.062%	0.040%	0.034%	0.014%	0.049%	0.017%	0.256%	0.041%
Duplicate Refills	0.050%	0.011%	0.038%	0.271%	0.028%	0.056%	0.022%	0.016%
M/I Special Packaging Indicator	0.043%	0.022%	0.065%	0.051%	0.066%	0.094%	0.048%	0.072%
Non-Matched Cardholder ID	0.043%	0.007%	0.174%	0.017%	0.143%	0.017%	0.013%	0.003%
Pharmacy Not Contracted in Long Term Care Network	0.000%	0.000%	0.356%	0.027%	0.000%	0.000%	0.000%	0.000%
Pharmacy Not Contracted in 90 Day Retail Network (this message would be used when the pharmacy is not contracted to provide a 90 days supply of drugs)	0.047%	0.037%	0.072%	0.014%	0.042%	0.042%	0.064%	0.031%
Discontinued Product/Service ID Number	0.043%	0.059%	0.051%	0.054%	0.021%	0.083%	0.019%	0.013%
M/I Bin Number	0.081%	0.176%	0.072%	0.000%	0.014%	0.000%	0.003%	0.000%
Pharmacy Not Contracted With Plan On Date Of Service	0.031%	0.022%	0.024%	0.037%	0.066%	0.077%	0.045%	0.000%
Patient Relationship Code Not Supported	0.043%	0.000%	0.017%	0.003%	0.007%	0.003%	0.172%	0.038%
M/I Prior Authorization Number Submitted	0.012%	0.018%	0.082%	0.020%	0.010%	0.077%	0.006%	0.035%
M/I Prescriber ID	0.047%	0.059%	0.027%	0.003%	0.000%	0.014%	0.061%	0.019%
M/I Patient Relationship Code	0.043%	0.000%	0.010%	0.000%	0.000%	0.003%	0.150%	0.000%
M/I Date of Service	0.078%	0.018%	0.021%	0.030%	0.021%	0.017%	0.019%	0.006%
Filled After Coverage Terminated	0.019%	0.084%	0.034%	0.010%	0.017%	0.014%	0.003%	0.031%
M/I Route of Administration	0.000%	0.018%	0.000%	0.054%	0.038%	0.017%	0.019%	0.025%
M/I Prescription Origin Code	0.040%	0.022%	0.034%	0.010%	0.010%	0.003%	0.013%	0.025%
Non-Matched Pharmacy Number	0.019%	0.007%	0.007%	0.000%	0.003%	0.003%	0.022%	0.082%
Non-Matched Group ID	0.000%	0.000%	0.130%	0.007%	0.007%	0.003%	0.000%	0.000%
M/I Date Prescription Written	0.000%	0.033%	0.014%	0.017%	0.000%	0.000%	0.048%	0.031%
M/I DUR/PPS Level Of Effort	0.003%	0.007%	0.024%	0.058%	0.000%	0.000%	0.029%	0.009%
M/I Pharmacy Service Type	0.012%	0.000%	0.000%	0.000%	0.035%	0.003%	0.013%	0.060%
Pharmacy Must Notify Beneficiary: Claim Not Covered Due to Failure to Meet Medicare Part D Active, Valid Prescriber NPI Requirements	0.000%	0.000%	0.000%	0.000%	0.000%	0.014%	0.067%	0.019%
M/I Prior Authorization Type Code	0.000%	0.015%	0.024%	0.000%	0.010%	0.014%	0.013%	0.013%
Date Written Is After Date Filled	0.003%	0.000%	0.014%	0.010%	0.000%	0.003%	0.032%	0.006%

1/YYYY - 8/YYYY

	YYYY JAN	YYYY FEB	YYYY MAR	YYYY APR	YYYY MAY	YYYY JUN	YYYY JUL	YYYY AUG
Patient Residence not supported by plan	0.000%	0.007%	0.014%	0.037%	0.003%	0.000%	0.000%	0.000%
Compounds Not Covered	0.016%	0.000%	0.003%	0.007%	0.003%	0.003%	0.016%	0.006%
M/I Reason For Service Code	0.003%	0.000%	0.044%	0.000%	0.003%	0.000%	0.000%	0.000%
M/I Request Coordination Of Benefits/Other Payments Segment	0.003%	0.004%	0.007%	0.000%	0.000%	0.000%	0.000%	0.031%
Use Prior Authorization Code Provided For Emergency Fill	0.000%	0.026%	0.003%	0.000%	0.000%	0.003%	0.010%	0.003%
Duplicate Paid/Captured Claim	0.000%	0.000%	0.007%	0.000%	0.017%	0.014%	0.000%	0.000%
Plans Prescriber Database Indicates the Associated DEA to Submitted Prescriber ID is Inactive	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.028%
Plan's Prescriber data base indicates associated DEA to submitted Prescriber ID does not allow this drug DEA Schedule	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.028%
Filled Before Coverage Effective	0.000%	0.022%	0.000%	0.000%	0.000%	0.000%	0.003%	0.006%
Diagnosis Code Qualifier Submitted Not Covered	0.012%	0.004%	0.000%	0.000%	0.007%	0.003%	0.003%	0.000%
M/I Other Payer ID	0.003%	0.015%	0.007%	0.000%	0.000%	0.000%	0.000%	0.003%
Reversal Request Outside Processor Reversal Window	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%	0.019%	0.000%
M/I Product/Service ID Qualifier	0.000%	0.000%	0.010%	0.000%	0.007%	0.000%	0.000%	0.006%
M/I Other Payer ID Qualifier	0.003%	0.015%	0.007%	0.000%	0.000%	0.000%	0.000%	0.000%
M/I Intermediary Authorization Type ID	0.000%	0.000%	0.003%	0.003%	0.000%	0.003%	0.000%	0.013%
Product Not Covered Non-Participating Manufacturer	0.000%	0.018%	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%
M/I Person Code	0.009%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.006%
Repackaged Product Not Covered By the Contract	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%	0.000%	0.009%
M/I Days Supply	0.012%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Refills Are Not Covered	0.000%	0.011%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Quantity Dispensed Exceeds Maximum Allowed	0.000%	0.000%	0.000%	0.000%	0.010%	0.000%	0.000%	0.000%
Product/Service ID Qualifier Value Not Supported	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.010%	0.000%
M/I Usual And Customary Charge	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.009%
M/I Prescriber State/Province Address	0.009%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
Future Date Prescription Written Not Allowed	0.003%	0.000%	0.003%	0.000%	0.000%	0.000%	0.000%	0.003%
Value In Gross Amount Due Does Not Follow Pricing Formulae	0.000%	0.000%	0.007%	0.000%	0.000%	0.000%	0.000%	0.000%
M/I Product/Service ID	0.000%	0.000%	0.000%	0.000%	0.007%	0.000%	0.000%	0.000%
M/I Intermediary Authorization ID	0.000%	0.000%	0.000%	0.007%	0.000%	0.000%	0.000%	0.000%

1/YYYY - 8/YYYY

	YYYY JAN	YYYY FEB	YYYY MAR	YYYY APR	YYYY MAY	YYYY JUN	YYYY JUL	YYYY AUG
M/I Dispense As Written (DAW)/Product Selection Code	0.000%	0.000%	0.000%	0.003%	0.003%	0.000%	0.000%	0.000%
Refills Exceed allowable Refills	0.000%	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%	0.000%
Other Payer ID Qualifier Not Supported	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%
M/I Unit Of Measure	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%	0.000%	0.000%
M/I Quantity Dispensed	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%	0.000%	0.000%
M/I Primary Care Provider ID	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%	0.000%	0.000%
M/I Prescriber ID Qualifier	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%	0.000%	0.000%
M/I Other Payer Reject Count	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.003%
M/I Ingredient Cost Submitted	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%
M/I Gross Amount Due	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%
M/I Diagnosis Code Qualifier	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%
M/I Basis Of Cost Determination	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%	0.000%	0.000%
Compound Segment Required For Adjudication	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%
Compound Segment Present On A Non-Compound Claim	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%
Compound Requires Two Or More Ingredients	0.000%	0.000%	0.000%	0.000%	0.003%	0.000%	0.000%	0.000%
Other	8.424%	8.653%	8.818%	9.293%	9.007%	8.559%	8.346%	8.311%

Glossary of Terms - Operational Performance Report

Abandonment Rate	The percentage of calls where a caller hangs up after waiting 30 seconds, or longer, for their call to be answered by a patient care advocate.
Average Seconds to Answer	The average amount of time, in seconds, a caller waits to have their call answered, includes callers handled by IVR (where applicable).
Call Reason	The reason(s) a call was initiated to ESI, as identified by the patient care or client service center advocate.
Call Service Level	The percentage of calls answered within 60 seconds.
% Clean Rx Handled In 2 days	The percentage of Clean prescriptions shipped within 2 Business days of receipt at ESI.
Clean Script (Rx)	Prescription containing complete information requiring no intervention before processing.
Home Delivery Rxs by Month	The total number of prescriptions filled and shipped from an ESI home delivery pharmacy.
Intervention Rate	The percentage of total prescriptions shipped requiring manual intervention, via outreach to a physician or member, to complete processing.
% Intervention Rx Handled in 5 days	The percentage of Intervention scripts shipped within 5 Business days of receipt at ESI.
Intervention Script (Rx)	Prescription requiring outreach to a physician or member to complete processing.
IVR	Interactive Voice Response system available 24 hours a day, 365 days a year.
Refills by Source	The number of home delivery prescriptions shipped from each of eight possible sources: Customer Service, Fax, IVR, Point of Care,Web,Rx Direct,Postal and Others.
Reiect Rate	The percentage of total prescriptions which were not successfully filled.
Reiect Reason	Why a prescription was not filled at either a mail or retail pharmacy.
Retail Rxs by Month	The count of prescriptions filled at a retail pharmacy.
Total Calls by Month	The number of member calls logged by the patient care advocates.
Total Client Issues by Month	The number of client reported issues logged by the Client Service Center (CSC).
Web Logins	The number of times a member successfully logs into the ESI web site.
Web New Registrations	The count of new registered ESI web site users during the reporting period.
Web Refills	The number of refills requested through the ESI web site. Patients must be registered on the site before a refill can be submitted.
Web Users	The cumulative count of the patients registered to use the ESI web site.
*****	Indicates the Section is grouped on Group ID level

Summary Report

PROGRAM: ELG0830B EXPRESS SCRIPTS HOLDING COMPANY. DATE: MM/DD/YY
REPORT : RPT0830A ELIGIBILITY PRE-EDIT ENROLLMENT STATISTICS TIME: 06:50
RUN-ID : 7108-13210-01 FIELD EDIT / SUSPENSE SUMMARY REPORT PAGE: 1

R E C O R D T O T A L S

****

RECORDS READ ON CLIENT INPUT FILE	214
RECORDS WRITTEN TO GROUP SUSPENSE FILE . . . . . (-)	1
RECORDS WRITTEN TO USER GROUP SUSPENSE FILE . . . . . (-)	0
RECORDS WRITTEN TO LOCATOR SUSPENSE . . . . . (-)	0
RECORDS WRITTEN TO FINANCIAL HOLD FILE . . . . . (-)	0
RECORDS BYPASSED DUE TO INVALID DATA WITH SUSPENSE ERROR (-)	0
RECORDS BYPASSED DUE TO INVALID DATA . . . . . (-)	0
RECORDS BYPASSED DUE TO REFORMAT ERRORS. . . . . (-)	0
RECORDS WRITTEN TO PAID TRANSACTION FILE	213

G R O U P T O T A L S

****

NUMBER OF GROUPS ON INPUT FILE	14
NUMBER OF GROUPS ON SUSPENSE . . . . . (-)	0
========	
NUMBER OF GROUPS ON CLIENT PROFILE	14

Statistical Report

PROGRAM: ELGWRP7B EXPRESS SCRIPTS HOLDING COMPANY. DATE: MM/DD/YY

REPORT : ELGWRP7B ELIGIBILITY PRE-EDIT ENROLLMENT STATISTICS TIME: 06:51

RUN-ID : 7108-13210-01 STATISTICAL REPORT PAGE: 1

INT GROUP # / CLIENT GROUP #	M/D	ADDS REGULAR (+)	ADDS FUTURE TERMS (+)	ADDS WITH TERMS (+)	CHANGES REGULAR (+)	CHANGES FUTURE TERMS (+)	CHANGES WITH TERMS (+)	TERMED PERSONS (+)	RE-INSTATE (+)	GEN-RATED TERMS (+)	RE-JECTED TERMS (X)	DUP. RECS (+)	CARDS (+)	RECORDS MULTI REC (+)	NUM OF WITH NO CHANGES (+)	INPUT TRANS (=)
ZXS00001AAA	M	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	D	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
CHS L1:		L2:		L3:												
CHS L4:		L5:		L6:												
ZXS00001AAA	M	3	0	0	1	4	0	0	0	0	0	0	0	0	0	8
	D	2	0	0	1	3	0	0	0	0	0	0	0	0	0	6
TOTALS	M	0	0	0	2	0	0	0	0	0	0	0	0	0	0	9
	D	0	0	0	2	0	0	0	0	0	0	0	0	0	0	7

Sample Rebate Summary Report: Filled Month

Summary Report
Sample Client

Period From:	MM/DD/YYYY	Activity:	Integrated
Period To:	MM/DD/YYYY	Carrier:	ABCD
Period:	1QYY		

Carrier Summary

Fill Month	Net Rebates Reporting Period	Additional Rebates Prior Period	Net Rebates Total
Month YYYY	$0.00	$6,200.00	$6,200.00
Month YYYY	$0.00	$10,000.00	$10,000.00
Month YYYY	$0.00	$30,000.00	$30,000.00
Month YYYY	$1,291,000.00	$0.00	$1,291,000.00
Month YYYY	$1,400,000.00	$0.00	$1,400,000.00
Month YYYY	$1,000,000.00	$0.00	$1,000,000.00
Total for Carrier ABCD	**$3,691,000.00**	**$46,200.00**	**$3,737,200.00**
Adjustment: Reason Given			-$24,000.00
Adjustment: Reason Given			-$2,000.00
Grand Totals	**$3,691,000.00**	**$46,200.00**	**$3,711,200.00**

Not all clients receive all reports

Sample Rebate Summary Report: Therapeutic Description

Therapeutic Description Summary Report

Company Name

Period From:	MM/DD/YYYY	Activity:	Retail
Period To:	MM/DD/YYYY	Carrier:	1234
Period:	1QYY		

Carrier	Therapeutic Description	Total Rx	Total Brand Rx	Net Rebates Reporting Period	Additional Rebates Prior Period	Net Rebates Total
1234	Vitamins	46	14	$8.00	$0.00	$8.00
1234	Ear, Nose and Throat Medications	105	65	$14.00	$4.00	$18.00
1234	Anti-Infectives	6	5	$16.00	$12.00	$28.00
Total		157	84	$38.00	$16.00	$54.00

Not all clients receive all reports

Sample Rebate Summary Report: Per Rx–Formulary

PER Rx SUMMARY REPORT

Client Name

Integrated Summary

Carrier ABCD

Period From: MM/DD/YYYY

Period To: MM/DD/YYYY

Period: 3QYY

Formulary ID-Name	Filled Date Range	Channel	Rxs/Brand Rxs/Invoiced Rxs	Rate	Amount Due
393- ESI National Preferred	MM/DD/YY - MM/DD/YY	Retail	10	$20.00	$200.00
393- ESI National Preferred	MM/DD/YY - MM/DD/YY	Mail	3	$60.00	$180.00
617- ESI High Performance	MM/DD/YY - MM/DD/YY	Retail	3450	$26.00	$89,700.00
617- ESI High Performance	MM/DD/YY - MM/DD/YY	Mail	1650	$72.00	$118,800.00
Total			**5113**		**$208,880.00**

Adjustment: reason given -$24,000.00

Adjustment: reason given -$2,000.00

Clients must have a Per Rx arrangement to receive this report

A1	ORG ID	CARRIER	ACCOUNT	CONTRAC	CONTRAC	BPL #	BPL NAME	ESI GROU	EXTERNA	GROUP N.	FORMULA	FORMULA	RETAIL/M.	SUBSIDY	SPECIALT	FILLED M	SHARE AM	AVERAGE	TOTAL DA	SUM OF B	SUM OF B	SUM OF A	PER RX R	PER RX C	FIELD3	FIELD4	FIELD5	FIELD6	FIELD7	FIELD8	FIELD9	FIELD10
D1												Unknown	R		NO	NO	2015-04	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
D1												Unknown	R		NO	NO	2015-05	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0

A1	ORG ID	CARRIER	ACCOUNT	CONTRAC	CONTRAC	BPL #	BPL NAME	ESI GROU	EXTERNA	GROUP N	FORMULA	FORMULA	RETAIL/M	SUBSIDY	SPECIALT	FILLED M	SHARE AM	FIELD1	FIELD2	SUM OF B	SUM OF B	SUM OF A	PER RX R	PER RX C	PERCENT	REBATES	PERCENT	ADMIN FE	FIELD7	FIELD8	FIELD9	FIELD10
D1											2225	Incentive	M	YES	NO	2014-01	7.62	0	0	0	0	0	74.67	0	1	7.62	1	0	0	0	0	0
D1											2225	Incentive	R	YES	NO	2014-01	0	0	0	0	0	0	16.42	0	1	0	1	0	0	0	0	0
D1											2225	Incentive	M	YES	NO	2014-01	0.72	0	0	0	0	0	74.67	0	1	0.72	1	0	0	0	0	0

A1	ORG ID	CARRIER	CONTRAC	BPL	GROUP	FILLED MC	MANUFAC	REBATE	ADMIN	FIELD1	TOTAL REBATES
D1						YYYY-MM	ESI Sanofi-	7.62	0	0	7.62
D1						YYYY-MM	ESI Sanofi-	0.72	0	0	0.72
D1						YYYY-MM	ESI Astra Z	0.1	0	0	0.1

Request Summary

General Parameters	
REPORT NAME	SPARC - Strategic Planning and Review Consultation
REPORT DESCRIPTION	Reporting package designed to be used during SPARC meetings with clients to discuss current trends, plan performance and opportunities. Multiple Lines of Business (LOBs) and Benchmarks can be included in the report. Keywords: CPS, Annual Review, Financial Overview, Top Drugs, Top Indications, Peers, Prospect
USER_ID	0
USER_NAME	0
HIERARCHY_NAME	Sample
HIERARCHY_DESCRIPTION	
USER_PREFERENCE_NAME	Standard Constraints
USER_PREFERENCE_DESCRIPTION	Standard Preference Set.
ADVANCED_FILTER_NAME	
ADVANCED_FILTER_DESCRIPTION	
DATE TYPE	SERVICED_DTE
TIME_PERIOD_START_DATE_1	2018-01-01
TIME_PERIOD_END_DATE_1	2018-12-31
TIME_PERIOD_START_DATE_2	2019-01-01
TIME_PERIOD_END_DATE_2	2019-12-31
PAID_THROUGH_DATE	
DATE_CREATED	2020-02-07
LOB_NAME	TOTAL
PEER_1	Book of Business
PEER_2	0
PEER_3	0

Please note - This workbook and its content are for INTERNAL USE ONLY, and IS NOT to be shared with the client.

Hierarchy Detail		
TYPE	TEXT	INCLUDED_EXCLUDED
CARRIER_ID	0000	INCLUDED
CARRIER_ID	0000	INCLUDED
CARRIER_ID	0000	INCLUDED
CONTRACT_ID	N/A	N/A
GROUP_ID	N/A	N/A

Preference Detail	
Preference	Selected Value
Acute & Maintenance	Acute and Maintenance
Adjustments	Include Adjustments and Reversals
Alternative Formulary	No Alternate Formulary
Brand/Generic Options	All Drugs
Channel	Mail and Retail
Compounds and Powders	Include Compounds and Powders
Days Supply	0-150
Direct Claims	Include Directs
Drug Table	Use Current Drug Information
Drug Lists	All Drugs
External Claims	Exclude External Claims
Formulary Type	All Formulary Types
GCN List	All Drugs
Generic Dispensing Rate	Inferred fill (billed)
GMQ "99"	Include GMQ "99" claims
High AWP	Exclude Claims with high AWP
Medicare Drugs	All Drugs
Medicare Plan Cost	Unadjusted Plan Cost
Medicare Secondary Wrap	Include Medicare secondary wrap claims
OTC Drugs	All Drugs
Patient Age	0-150
Patient Gender	Male or Female
Patient Stratification	(none)
Relationship	All Members and Dependents
Reporting Basis	ACQ
Single Source Generics	Include Single Source Generics
Specialty Classification	Specialty Core
TRC	(none)
Zero Net Cost Claims	Include zero net cost claims

Express Scripts
By EVERNORTH

STRATEGIC PLANNING AND REVIEW CONSULTATION

Sample

Presenter

XX/XX/24

EXPRESS SCRIPTS + YOU

Right for today.
Right for tomorrow.
Right by your side.

+ **Addressing** your plan trends
+ **Identifying** capabilities to achieve your pharmacy goals
+ **Providing solutions** that take aim at reducing your trend

Express Scripts By EVERNORTH

SOCIAL DETERMINANTS OF HEALTH

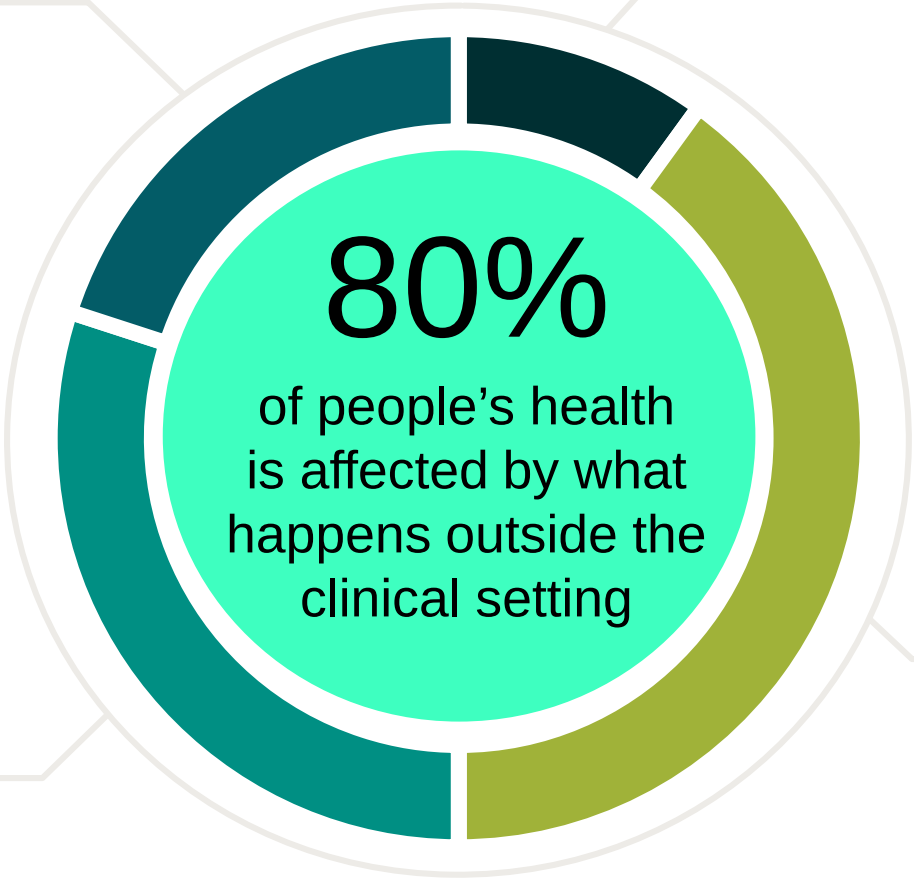
Underlying factors impacting member health

20% CLINICAL CARE

- Primary and specialty care

30% HEALTH AND BEHAVIORS

- Food access
- Access to care
- Smoking



10% PHYSICAL

- Environment and safety

40% SOCIAL AND ECONOMIC FACTORS

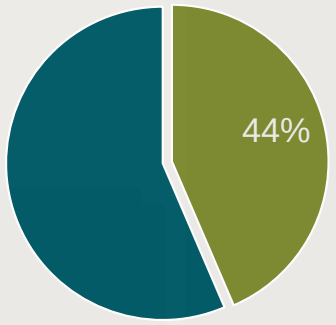
- Income and jobs
- Isolation
- Transportation
- Housing
- Education

Express Scripts By EVERNORTH

Managing Chronic Conditions – More than Medication

Noncommunicable diseases (NCDs), including heart disease, stroke, cancer, diabetes and chronic lung disease, are collectively responsible for almost 70% of all deaths worldwide. The rise of NCDs has been driven primarily by four major risk factors: tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets.[1]

Overall Patient Impact



Over **65K** patients impacted by at least one of these indications.

% of Patients by Indication

Indication	% of Total Impacted Patients	Gross Cost PPPM
HIGH BLOOD PRESS/HEART DISEASE	56.4%	$8.21
DEPRESSION	38.9%	$8.26
HIGH BLOOD CHOLESTEROL	33.1%	$9.07
DIABETES	20.2%	$398.24
ANXIETY	18.9%	$2.47
WEIGHT LOSS	4.6%	$467.91
CHEMICAL DEPENDENCE	1.9%	$109.06
SMOKING CESSATION	1.6%	$40.94

These indications alone account for 24.6% ($90.7M) of your overall Gross Cost.

By implementing healthy lifestyle changes, medications for many of these conditions can be reduced or entirely eliminated.

1. World Health Organization (WHO)

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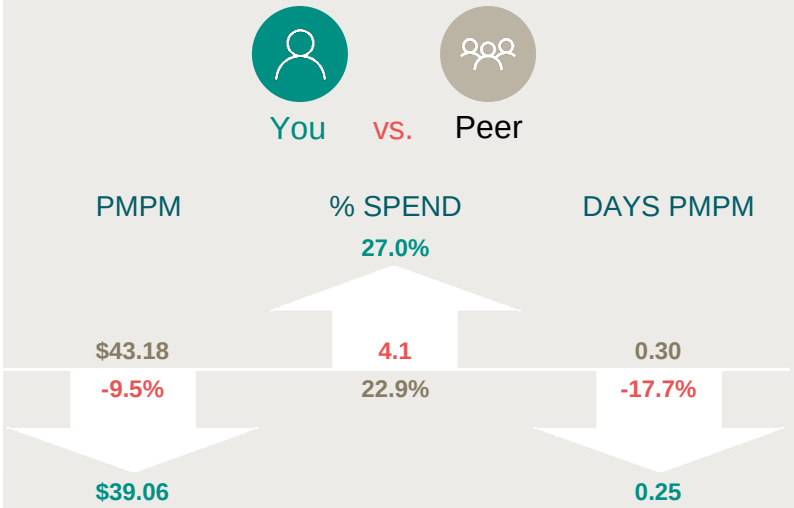
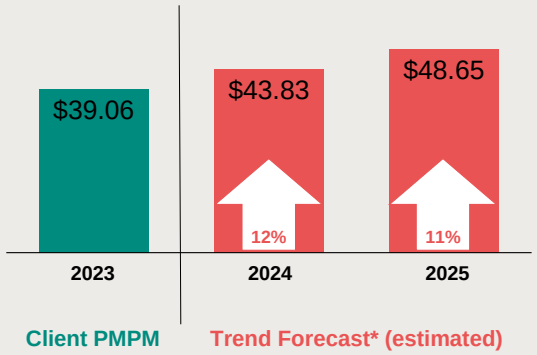
INDICATIONS DRIVING TREND

INFLAMMATORY CONDITIONS

Increases in overall trend may continue through 2023, reflecting expanded indications within current therapies and new drugs in the pipeline. Ten lower cost biosimilars for Humira® (adalimumab – AbbVie) are due to enter the market in 2023. Having the appropriate utilization management strategies in place could have significant impact on lowering trend for this class overall.





Brand Name	Overall Rank	Peer Rank	Gross Cost	Gross Cost PMPM
HUMIRA(CF) PEN*	1	1	$25,681,547	$10.09
STELARA*	2	3	$14,871,003	$5.84
SKYRIZI PEN*	6	9	$8,426,491	$3.31
ENBREL SURECLICK*	10	11	$5,302,937	$2.08
TREMFYA*	12	14	$5,038,786	$1.98
TALTZ AUTOINJECTOR*	15	15	$4,179,423	$1.64
RINVOQ*	16	18	$3,771,929	$1.48
INFLECTRA*	18	119	$3,458,864	$1.36
ENTYVIO*	21	123	$3,220,636	$1.27
OTEZLA*	23	20	$2,968,851	$1.17

*Specialty Drugs

At 27.0% spend, this is your largest indication

$7,668.76 Average Cost per Rx

Peer = 'Employer' market segment
*Based on 2022 Drug Trend Report forecasted values for Commercial Plans

Express Scripts By EVERNORTH

SAFEGUARDRX® INFLAMMATORY + ATOPIC CONDITIONS CARE VALUE℠ PROGRAM

Tackling a top specialty spend driver

Indication-level management segments treatments by disease category, while clinical documentation ensures the right patient gets the right drug at the right time

Tailored support through the Accredo® Therapeutic Resource Center®

Early discontinuation reimbursement up to $2,000 per 30-day Rx for the first three fills at Accredo and **additional discounts** on select Atopic Conditions products

Lowest net-cost drugs through formulary and utilization management tools

Top driver

of plan spend

82%

of enrolled patients in 2022 were adherent[1]

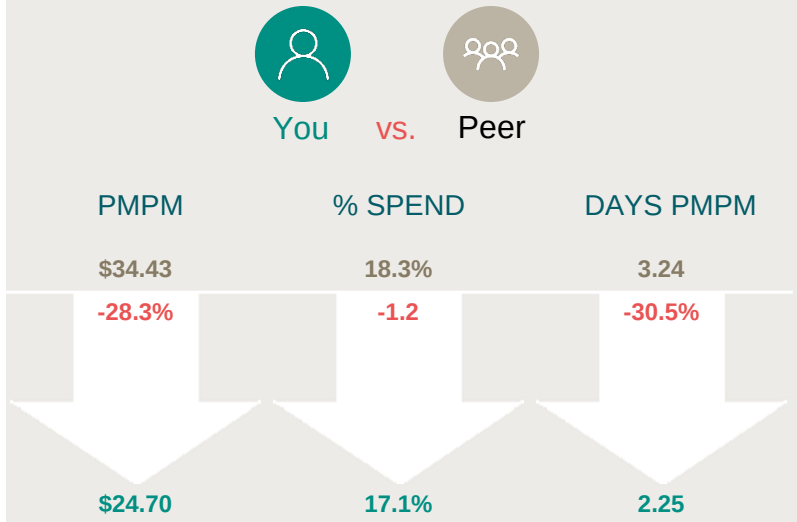
1. 2022 SafeGuardRx data

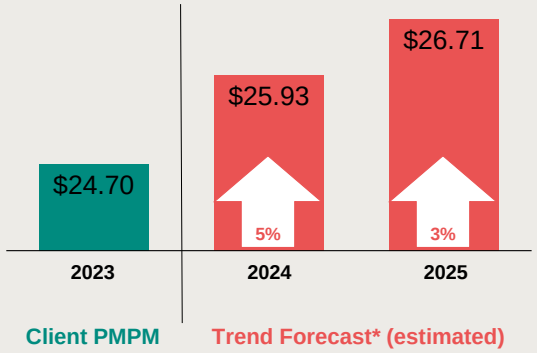
Express Scripts By EVERNORTH

INDICATIONS DRIVING TREND

DIABETES

We should expect to see a significant increase in diabetes diagnoses in the next two years and increased spend in 2023 – 2024. DPP-4 inhibitors will begin to lose patent protection, beginning with Onglyza® in 2023. Biosimilars and government pricing controls are likely to impact insulin prices.





Brand Name	Overall Rank	Peer Rank	Gross Cost	Gross Cost PMPM
OZEMPIC	4	2	$14,221,708	$5.59
MOUNJARO	5	5	$9,427,300	$3.70
TRULICITY	7	6	$7,212,667	$2.83
JARDIANCE	9	7	$5,412,725	$2.13
FARXIGA	19	16	$3,448,234	$1.35
HUMALOG	24	22	$2,682,041	$1.05
RYBELSUS	33	26	$2,016,992	$0.79
HUMALOG KWIKPEN U-100	38	31	$1,925,023	$0.76
JANUVIA	41	27	$1,765,315	$0.69
SEMGLEE (YFGN) PEN	46	55	$1,464,034	$0.58

At 17.1% spend, this is your second largest indication

$575.70 Average Cost per Rx

Peer = 'Employer' market segment
*Based on 2022 Drug Trend Report forecasted values for Commercial Plans

Express Scripts By EVERNORTH

Value-based care in action

87.5% of enrolled members
lost weight with the Digital Diabetes Prevention and Obesity solution[1]

86% of enrolled patients
who filled 90-day Rxs through Express Scripts Pharmacy℠ were adherent[1]

16.9% of patients
in Diabetes Care Value added a statin to their therapy regimen[1]

20,346 HEART ATTACKS

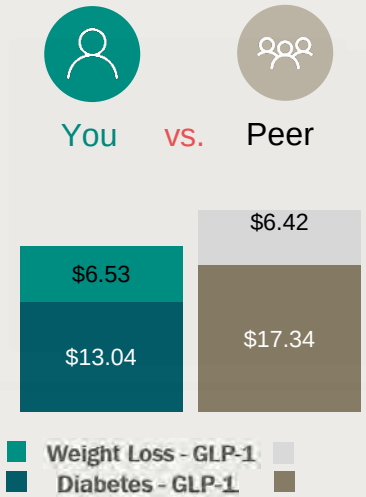
could be prevented over the next 10 years if all plans were to similarly increase statin use among diabetes patients[1]

1. 2021 SafeGuardRx data

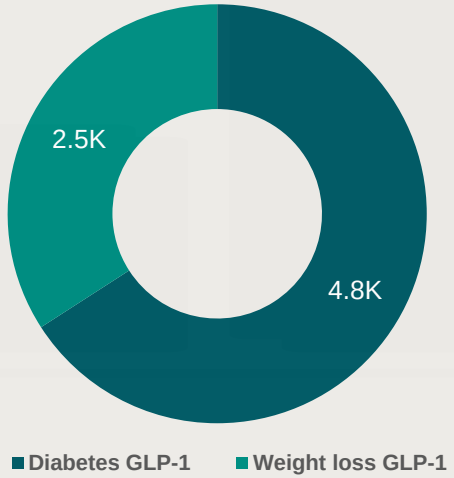
GLP-1s

The FDA has approved the use of GLP-1s for weight loss among individuals who have a BMI of at least 30, or BMI of 27 with one other risk factor. This is approximately half of the adult population in the U.S., and very likely half of your patient population. For those on GLP-1s for weight loss, the likelihood of staying on the drug long-term varies.

Gross Cost Comparison PMPM



Patient Impact



Brand Name	Overall Rank	Peer Rank	Gross Cost	Gross Cost PMPM
WEGOVY	3	4	$14,711,255	$5.78
OZEMPIC	4	2	$14,221,708	$5.59
MOUNJARO	5	5	$9,427,300	$3.70
TRULICITY	7	6	$7,212,667	$2.83
RYBELSUS	33	26	$2,016,992	$0.79
SAXENDA	45	58	$1,612,923	$0.63
ZEPBOUND	202	245	$302,803	$0.12
BYDUREON BCISE	217	216	$260,863	$0.10
BYETTA	712	936	$31,068	$0.01
VICTOZA 3-PAK	372	372	$5,316	$0.00

GLP-1 drugs were responsible for $49.8M, which is 13.5% of your overall cost

Double digit trend growth is expected the next few years as more GLP-1 drugs come to market.

Peer = 'Employer' market segment
GLP-1 = Glucagon-like Peptide-1 Receptor Agonist

Express Scripts By EVERNORTH

LONGER TERM ISSUE: CARDIODIABESITY

Tackling complex comorbidities holistically

This intrinsic connection linking diabetes, obesity and cardiovascular disease is what is known as **CardioDiabesity.**

GROWING TRENDS

17%

GLP-1 growth YOY across our book of business[1]

42%

of **Americans are obese**[2]

UP TO

50%

of new diabetes cases in the U.S. could be **prevented** by reducing the prevalence of obesity[3]

2x

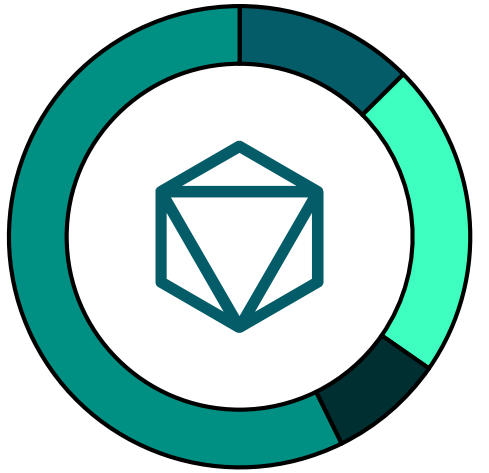
more likely to have **heart disease or a stroke** if a patient has diabetes[4]

HIDDEN CHALLENGE OF COMORBIDITIES

85%

of diabetes patients have **high cholesterol and/or high blood pressure**[5]

Obesity substantially raises an individual's risk of developing **type 2 diabetes, coronary heart disease and hypertension**[6]



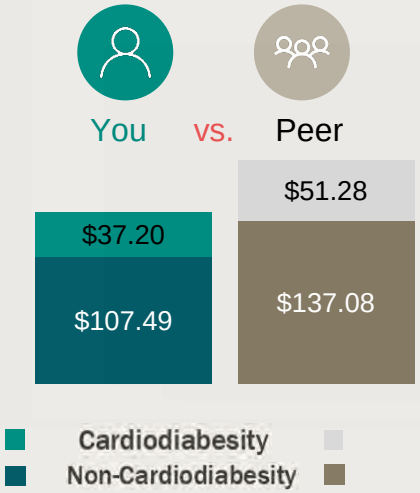
1. Express Scripts Book of Business data, 2021 & 2022 2. CDC 3. "Diabetes Dilemma: U.S. Trends in Diabetes Medication Use." An Express Scripts report, 2017; 4. American Diabetes Association, 2019; 5. Express Scripts book of business data, 2016; 6. Know Your Risk for Heart Disease | cdc.gov

Express Scripts By EVERNORTH

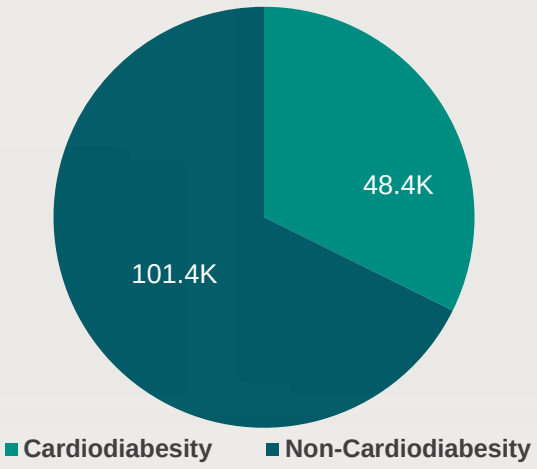
Cardiodiabesity

Cardiodiabesity encompasses cardiovascular disease, diabetes, and obesity, which represent roughly $719B in annual health care costs in the United States. These three conditions are inextricably linked having one of these can often lead to future diagnoses of the others.

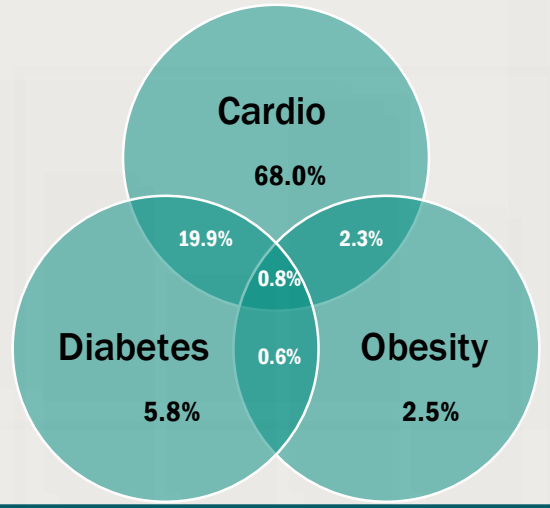
Gross Cost Comparison PMPM



Patient Impact



Patient Comorbidity



66.4% of your cardiodiabesity PMPM spend is driven by Diabetes, followed by Obesity at 17.8%

Overall spend on cardiodiabesity was $94.7M.

Peer = 'Employer' market segment

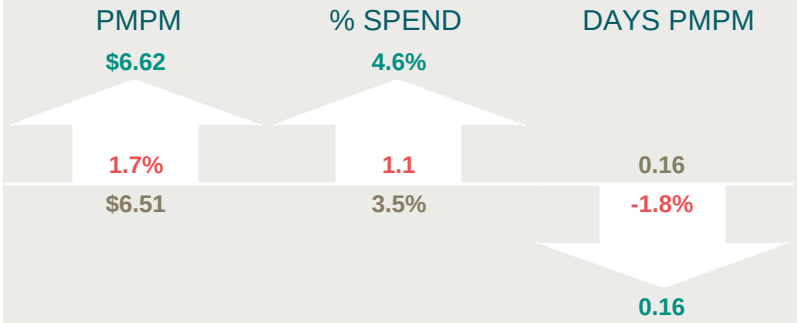
INDICATIONS DRIVING TREND

WEIGHT MANAGEMENT

By 2030, 50% of the U.S. population is estimated to be obese.[1] Resolution of Wegovy® supply issues as well as the launch of the Lilly competitor to Wegovy will continue to drive trend in the Weight Loss category. Additionally, greater pressure by plans to prevent off-label use will aid in moving patients back towards the actual weight loss products, increasing utilization.

*Weight Loss only

You vs. Peer



3,000

patients filled

a weight loss drug

in the

current period

Weight Management Indications	Overall Rank	Peer Rank	Gross Cost	Gross Cost PMPM
WEIGHT LOSS	4	5	$16,844,910	$6.62
DIABETES	2	2	$62,857,270	$24.70
CANCER	3	3	$24,631,491	$9.68
HIGH BLOOD PRESS/HEART DIS	17	17	$3,624,111	$1.42
HIGH BLOOD CHOLESTEROL	27	16	$2,353,020	$0.92

Weight Management Indications were responsible for 30.0% of your overall costs

$5,938.20 Average Cost per Rx

Peer = 'Employer' market segment

1. Harvard T.H. Chan School of Public Health, Close to half of U.S. population projected to have obesity by 2030. Accessed from National Institutes of Health.

Express Scripts By EVERNORTH

Recognizing obesity as a chronic illness and providing a way to treat, manage and win the losing battle

50%
of the population is estimated to be obese by 2023[1]

$45K
is spent in direct and indirect costs per patient annually on comorbidities[2]

$147B
est. medical costs for obesity-related illnesses[3]

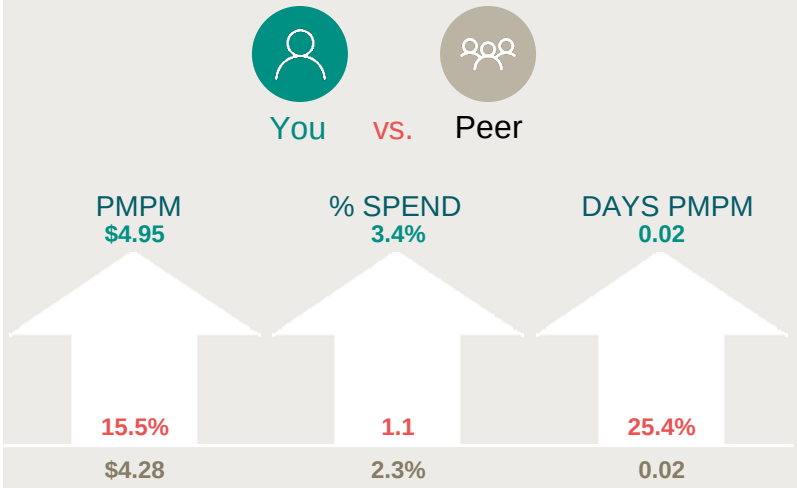
- **Affordability** to plans with an early discontinuation reimbursement for your plan if members do not complete at least four consecutive months of therapy, up to $1,200 per member
- **Utilization Management (UM)** tools to help the right patients have access to the right medication
- **Connectivity** from a Digital Obesity Solution where a cellular-connected scale automatically transfers weigh-ins to a coach for review, and members have access to personalized coaching from registered dieticians, an individualized weight loss program, peer support and more
- **Convenient access** to medications can fill preferred anti-obesity medication from any in-network pharmacy within the plan sponsor's benefit
- **Specialized and clinic support** where MDLIVE® provides eligible members with the option for virtual consults with experienced primary care physicians, and the Therapeutic Resource Center® allows specially trained clinicians to help members tackle their personal health barriers

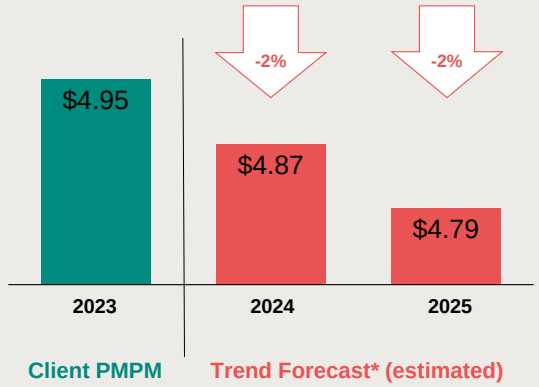
1. *Ward, Zachary J. and Bleich, Sara N. and Cradock, Angie L. and Barrett, Jessica L. and Giles, Catherine M. and Flax, Chasmine and Long, Michael W. and Gortmaker, Steven L.(December 19, 2019). Projected U.S. State-Level Prevalence of Adult Obesity and Severe Obesity. New England Journal of Medicine, 381:2440-2450.*
2. *America's Obesity Crisis: The Health and Economic Costs of Excess Weight. Milken Institute.*
3. *Centers for Disease Control and Prevention*

INDICATIONS DRIVING TREND

MULTIPLE SCLEROSIS

As spend continues to shift to the medical side and multiple generics for Aubagio® (teriflunomide – Sanofi) to launch, MS trends will continue to decline.





Brand Name	Overall Rank	Peer Rank	Gross Cost	Gross Cost PMPM
OCREVUS*	14	120	$4,595,724	$1.81
KESIMPTA PEN*	47	42	$1,434,515	$0.56
VUMERITY*	65	78	$1,081,845	$0.43
AUBAGIO*	87	132	$744,598	$0.29
MAVENCLAD*	97	128	$684,505	$0.27
ZEPOSIA*	126	141	$538,447	$0.21
AVONEX PEN*	143	198	$473,725	$0.19
REBIF REBIDOSE*	149	356	$434,216	$0.17
DIMETHYL FUMARATE*	154	109	$411,991	$0.16
COPAXONE*	155	100	$404,303	$0.16

*Specialty Drugs

At 3.4% spend, this is your sixth largest indication

$13,827.24 Average Cost per Rx

Peer = 'Employer' market segment
*Based on 2022 Drug Trend Report forecasted values for Commercial Plans

SAFEGUARDRX® MULTIPLE SCLEROSIS CARE VALUE℠ PROGRAM

Combining holistic support with early discontinuation reimbursements

Formulary and utilization management tools
drive to the lowest net-cost medication

Neurology & MS Therapeutic Resource Center℠ support includes one-on-one clinical assessments and proprietary depression screening

Early discontinuation reimbursement
Exclusive Accredo®: up to $2,500 per 30-day Rx for first three fills
>60% Rxs at Accredo: Up to $1,250 per 30-day Rx for first three fills

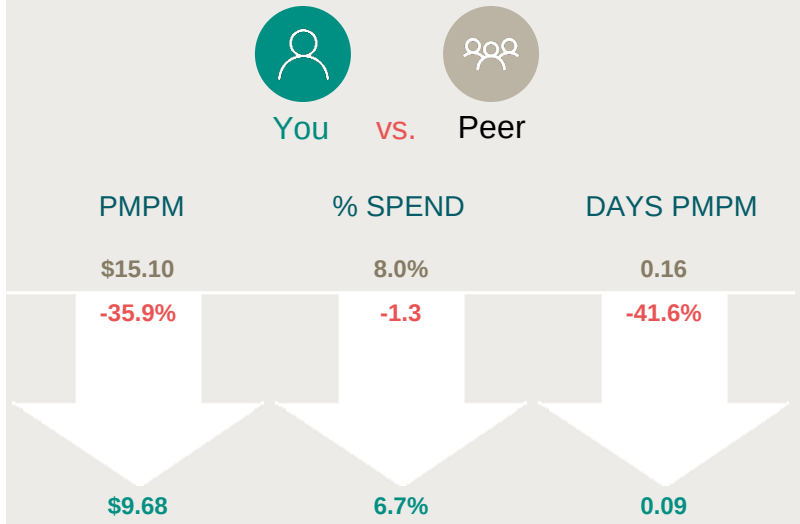
1 in 4
multiple sclerosis patients discontinue therapy in the first 90 days[1]

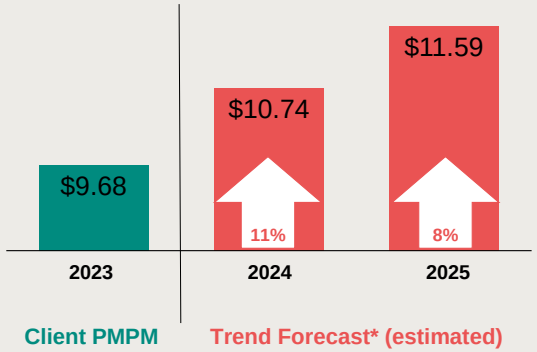
1. National MS Society

INDICATIONS DRIVING TREND

CANCER

Over the past 5 years, we've seen a 10% increase in cancer spend nationwide. This is primarily driven by hospital-based costs, but 10-15% is due to oral oncology therapies that have added significantly to pharmacy costs. Unit costs and utilization will likely continue to increase over the next few years, influenced primarily by higher incidence of newly diagnosed cancer patients, as well as by patients living longer due to the effectiveness and advancement of newer therapies.





Brand Name	Overall Rank	Peer Rank	Gross Cost	Gross Cost PMPM
SPRYCEL*	28	44	$2,260,784	$0.89
VERZENIO*	30	29	$2,121,922	$0.83
REVLIMID*	31	28	$2,108,971	$0.83
IBRANCE*	43	32	$1,680,226	$0.66
JAKAFI*	57	53	$1,237,007	$0.49
LENVIMA*	59	92	$1,180,815	$0.46
IMBRUVICA*	63	47	$1,103,901	$0.43
LENALIDOMIDE*	66	41	$1,054,913	$0.41
TASIGNA*	78	97	$800,982	$0.31
ERLEADA*	84	113	$760,231	$0.30

*Specialty Drugs

At 6.7% spend, this is your third largest indication

$3,966.42 Average Cost per Rx

Peer = 'Employer' market segment
*Based on 2022 Drug Trend Report forecasted values for Commercial Plans

Express Scripts By EVERNORTH

SAFEGUARDRX® ONCOLOGY CARE VALUE® PROGRAM

Immediate, holistic support when there is little time to waste

Tailored, specialized support through the Accredo® Oncology Therapeutic Resource Center℠

Indication-based level management and genetic testing for eligible patients

Cost savings through client drug discounts and early discontinuation reimbursement

1.9M
new cancer cases are expected to occur in 2023[1]

34%
increase in cancer-attributable national health care costs over the next ten years[2]

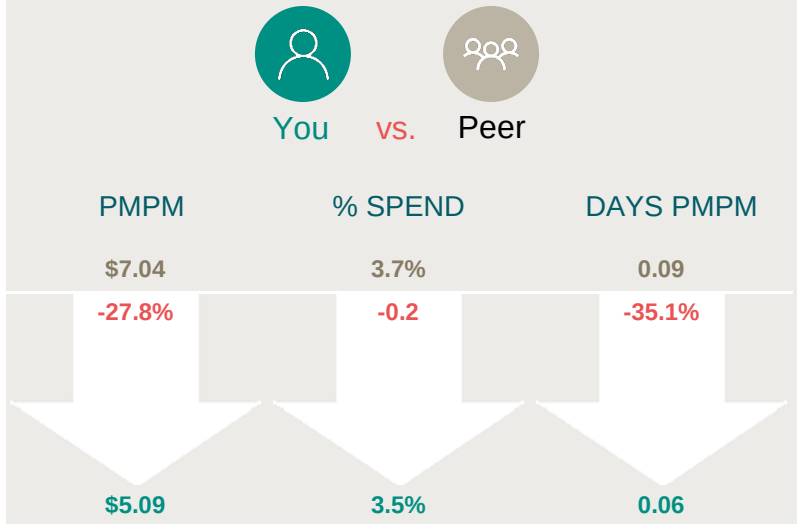
1.American Cancer Society

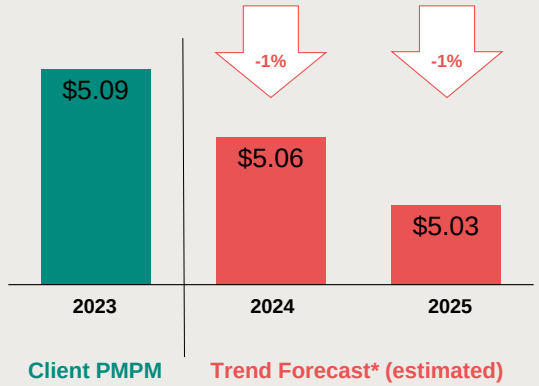
2.American Association for Cancer Research

INDICATIONS DRIVING TREND

HIV

Forecasted trend is expected to remain below 5% through 2025. Approvals for ViiV Healthcare's Apretude® and Cabenuva® and Gilead's lenacapavir® are expected to move market share to the medical benefit.





Brand Name	Overall Rank	Peer Rank	Gross Cost	Gross Cost PMPM
BIKTARVY*	11	12	$5,275,540	$2.07
DESCOVY*	32	19	$2,057,193	$0.81
GENVOYA*	51	64	$1,381,805	$0.54
DOVATO*	90	96	$722,225	$0.28
TRIUMEQ*	98	95	$683,711	$0.27
ODEFSEY*	123	115	$541,716	$0.21
SYMTUZA*	125	171	$538,989	$0.21
TIVICAY*	166	174	$377,197	$0.15
EMTRICITABINE-TENOFOVIR DIS	168	60	$373,493	$0.15
CABENUVA*	241	289	$222,775	$0.09

*Specialty Drugs

At 3.5% spend, this is your fifth largest indication

$2,816.43 Average Cost per Rx

Peer = 'Employer' market segment
*Based on 2022 Drug Trend Report forecasted values for Commercial Plans

Goal: A future with ZERO new HIV diagnoses

- Our goal is moving toward a future with **zero** HIV diagnoses.
- We offer patients the option to use our **digital adherence solution**: a smart pill box with a digitally enabled dispenser that is connected to real-time reporting and reminders.
- The **Express Scripts Therapeutic Resource Center®** provides patients that are on PrEP therapies with one-on-one adherence outreaches and specialized clinician support.
- Members can fill prescripts for PrEP medications at any pharmacy within your plan benefit.

ZERO UNSUPPORTED PATIENTS + **ZERO** GAPS IN AWARENESSS + **ZERO** NETWORK REQUIREMENTS

1.2M

People in the U.S. are living with HIV[1]

400K

Americans could be diagnosed with HIV in the next 10 years without intervention now[1]

$24,000

is the additional cost per year to treat HIV rather than prevent it[2]

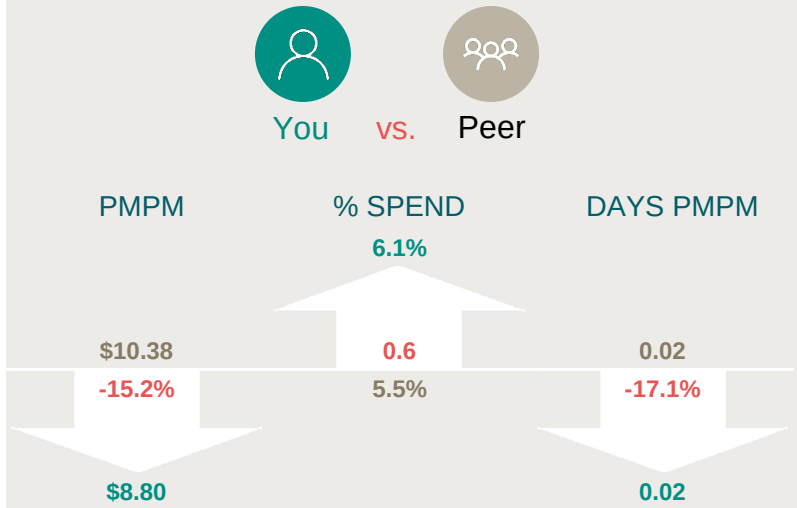
1 U.S. Department of Health and Human Services

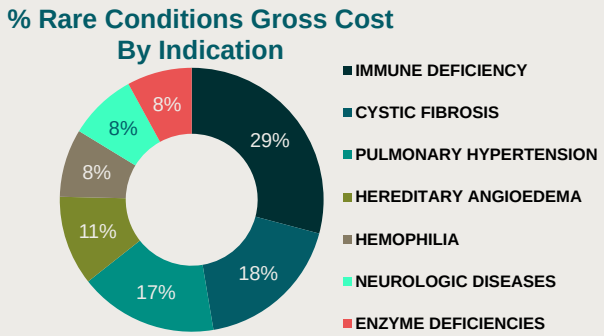
2 Express Scripts Leads Industry with New HIV Prevention Program

INDICATIONS DRIVING TREND

RARE CONDITIONS

Due to the advancements of therapies for Rare Conditions, patients have been able to improve their quality of life while coping with these conditions. Since these are extremely high-cost medications, significant increases in the trends of these disorders in the future seem likely.





Brand Name	Overall Rank	Peer Rank	Gross Cost	Gross Cost PMPM
TRIKAFTA*	22	13	$3,083,737	$1.21
GAMMAGARD LIQUID*	36	144	$1,979,426	$0.78
KANUMA*	54	605	$1,371,031	$0.54
GAMUNEX-C*	60	180	$1,140,061	$0.45
TAKHZYRO*	70	146	$1,000,504	$0.39
PRIVIGEN*	73	261	$975,228	$0.38
GATTEX*	75	201	$846,022	$0.33
SOLIRIS*	82	360	$763,148	$0.30
UPTRAVI*	89	135	$723,557	$0.28
OPSUMIT*	91	107	$722,123	$0.28

*Specialty Drugs

The top 10 most expensive drugs in the world are for rare conditions

$15,072.96 Average Cost per Rx

Peer = 'Employer' market segment

SAFEGUARDRX® RARE CONDITIONS CARE VALUE® PROGRAM

Are you prepared for the unexpected?

DRUG-COST MANAGEMENT
National Preferred Formulary or Utilization Management tools

HIGH-TOUCH SUPPORT
Accredo® Therapeutic Resource Center® clinicians

FINANCIAL PROTECTION
Additional discounts on preferred medications filled at Accredo and cost cap protection on high-cost utilizers

SECOND OPINION SERVICE IN PARTNERSHIP WITH PINNACLECARE®
Objective medical reviews by expert clinicians to ensure proper diagnosis and treatment

1 in 10
people in the U.S. are living with a rare condition[2]

52%
of new FDA-approved drugs have an orphan designation[1]

7–10 years
for a rare disease to be properly diagnosed[2]

1. *EvaluatePharma, 2020 Orphan Drug Report and RAPS, FDA approved more first-in-class drugs, gave more accelerated approvals in 2021*
2. *Global Genes: Rare Disease Impact Report*

SAFEGUARDRX® RARE CONDITIONS CARE VALUE® PROGRAM

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Additional discounts on preferred medications filled at Accredo and cost cap protection on high-cost utilizers

SECOND OPINION SERVICE IN PARTNERSHIP WITH PINNACLECARE®

Objective medical reviews by expert clinicians to ensure proper diagnosis and treatment

$150K

on average spent on orphan drugs per patient, per year[1]

Top 10

most expensive drugs in the world are for rare conditions[2]

52%

of new FDA-approved drugs have an orphan designation[3]

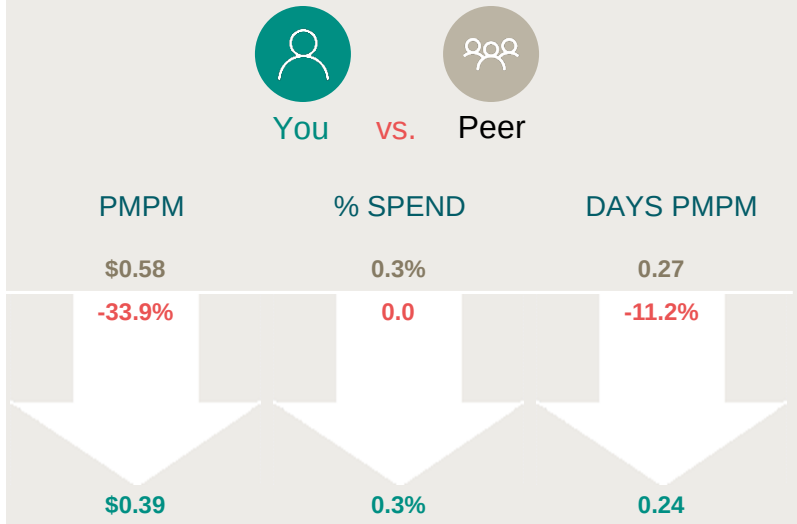
1. *FiercePharma, "The 20 most expensive pharmacy drugs in the U.S. in 2020"*
2. *RAPS, FDA approved more first-in-class drugs, gave more accelerated approvals in 2021*
3. *EvaluatePharma, 2020 Orphan Drug Report and RAPS, FDA approved more first-in-class drugs, gave more accelerated approvals in 2021*

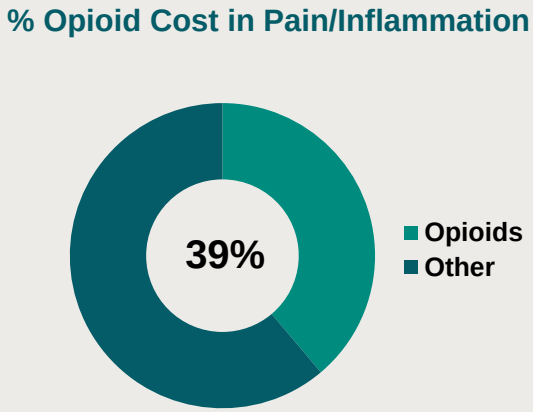
Express Scripts By EVERNORTH

INDICATIONS DRIVING TREND

OPIOIDS

Increased national attention, general awareness, reduction of prescribing habits, and organizational initiatives have been successful in aiding the reduction of opioid utilization.





Brand Name	Overall Rank	Peer Rank	Gross Cost	Gross Cost PMPM
OXYCONTIN	295	221	$169,320	$0.07
HYDROCODONE-ACETAMINOPH	307	408	$157,339	$0.06
OXYCODONE-ACETAMINOPHEN	395	617	$103,081	$0.04
NUCYNTA	413	531	$95,117	$0.04
BELBUCA	415	363	$94,811	$0.04
BUPRENORPHINE	558	626	$53,811	$0.02
TRAMADOL HCL	578	961	$50,335	$0.02
OXYCODONE HCL	623	703	$42,645	$0.02
FENTANYL	727	860	$30,044	$0.01
MORPHINE SULFATE ER	778	1,045	$26,229	$0.01

Opioids made up 0.3% of your overall costs, the same as your peer at 0.3%

$21.88 Average Cost per Rx

Peer = 'Employer' market segment

ADVANCED OPIOID MANAGEMENT®

A proven and comprehensive approach

Since the start of the COVID-19 pandemic, every state has reported increases in opioid and other drug-related mortality.[1]

Now, more than ever, plans and members need a solution that not only helps to ensure safe prescribing and appropriate use of drugs, but also helps those who need added coaching and support.

Minimizing early exposure

EFWA[2] auto lock

Preventing progression to overuse and abuse

EFWA[2] auto lock

PHARMACY

- Initial fill 7-days' supply
  - 3-days' for pediatric patients
- MED[3] edit >90 MME[4] and >200MME
- Long-acting opioid P.A.
- Fentanyl – quantity limits and tighter criteria
- Opioid adjacent therapy quantity limits on higher-than-therapeutic doses

HOME

- Case management support for members post lock-in
- Educational letter
- Proactive Specialized Neuroscience Therapeutic Resource Center[SM] pharmacist outreach
- Disposal bags
- Hotline resources on select member-facing materials

PRESCRIBER

- Physician Care Alerts
  - Prenatal vitamin Rx or mental health Rx + opioid
  - Cumulative MME alert
  - Concerning drug combinations
  - Therapy duplication and potential misuse/abuse
  - Adding Naloxone
  - Nonadherence to MOUD Rx
- Prescriber education

Program results

42%

reduction in the average MME for first-time opioid users with prescriptions above our threshold, with 95% of first-time users dispensed an Rx at or below 90mg MME[5]

54%

reduction in the average day supply per short-acting opioid claim for first-time users with prescriptions above our threshold[6]

91%

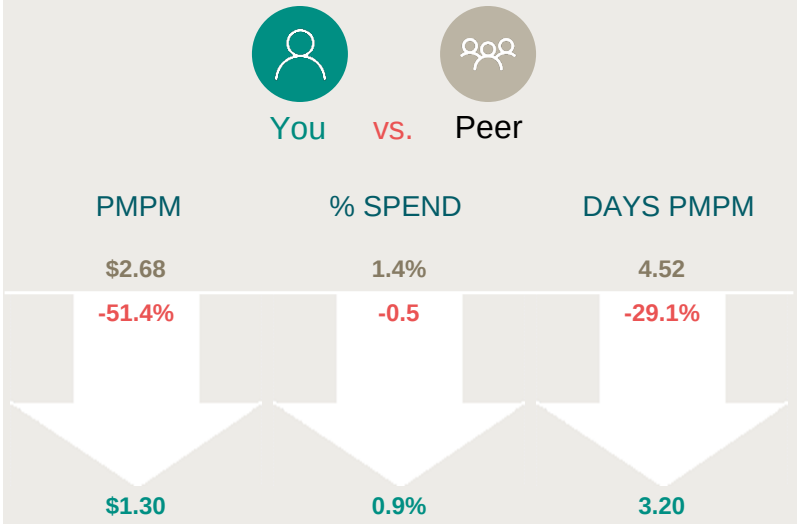
success rate for patients that were dispensed a 7-day supply or less of medications[6]

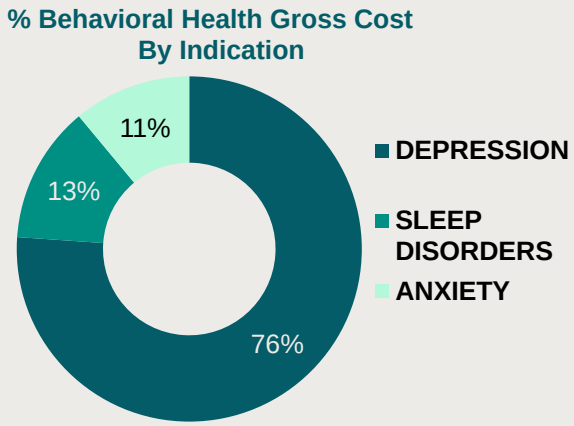
1. American Medical Association, September 2021 2. Enhanced Fraud, Waste & Abuse 3. Morphine equivalent dose 4. New users only, existing users limited to >200MME 5. Advanced Opioid Management, 90 MME rule – BoB data 9/2019-10/2022 6. Advanced Opioid Management, Short Acting Fill Limit rules – BoB data 8/2019-10/2022

INDICATIONS DRIVING TREND

BEHAVIORAL HEALTH

These highly generic dominated classes have experienced downward unit cost trends, but increased utilization is the main driver. We saw a 6.5% increase in prescriptions for depression medications. This is expected to continue post-pandemic with mental health awareness initiatives.





Brand Name	Overall Rank	Peer Rank	Gross Cost	Gross Cost PMPM
BUPROPION XL	182	108	$337,931	$0.13
SPRAVATO*	192	156	$320,262	$0.13
SERTRALINE HCL	196	283	$313,133	$0.12
ESCITALOPRAM OXALATE	229	272	$241,867	$0.10
FLUOXETINE HCL	248	244	$211,953	$0.08
TRINTELLIX	264	98	$195,525	$0.08
DULOXETINE HCL	274	204	$184,068	$0.07
BUSPIRONE HCL	337	445	$135,448	$0.05
TRAZODONE HCL	338	439	$135,007	$0.05
VENLAFAXINE HCL ER	344	256	$130,336	$0.05

*Specialty Drugs

Behavioral Health Indications made up 0.9% of your overall costs, lower than that of your peer at 1.4%

$42.72 Average Cost per Rx

Peer = 'Employer' market segment

Express Scripts By EVERNORTH

THE CHALLENGE

Once customers seek help, the landscape is hard to navigate

Treated with behavioral care
44% receive care directly with a behavioral provider

Managed by only PCP and medications
24% get care this way

Silent Sufferers
32% receive care with a medical provider

Some (23%)
have only had one or two behavioral provider visits

More than a quarter (26%)
receive **no** behavioral care (medication or visit)

Two in five (42%)
receive **no** behavioral care (medication or visit)

Identifying these individuals through our models and driving to get support can impact total cost of care

These individuals likely drive **47% of plan cost** due to untreated behavioral care and compounded comorbid issues

Customer journeys - 2021 Cigna Book of Business analysis of customers with 12 months continuous medical, behavioral, and pharmacy coverage and no Medicare as primary.

Express Scripts By EVERNORTH

Biosimilars

Biosimilar therapies are poised to transform the costs and competition of treatments for specialty conditions. Today, approximately 43% of all drug spend comes from biologic therapies*. The Biologics Price Competition and Innovation Act of 2009 created the biosimilar pathway, allowing for greater competition and patient access to therapy. Over the last 9 years, 45 biosimilars have been approved and their utilization is increasing.

Gross Cost Comparison PMPM

Humira Biologic Comparison

417	Patients	2
$15.6K	Cost per Rx	$6.5K
2.0K	Rx	2

Brand Name	Rx	Gross Cost	Gross Cost PMPM
HUMIRA	1961	$30,619,996	$12.03
INFLECTRA	598	$3,458,864	$1.36
SEMGLEE (YFGN) PEN	2143	$1,464,034	$0.58
REMICADE	50	$324,831	$0.13
SEMGLEE (YFGN)	252	$225,106	$0.09
FULPHILA	38	$175,495	$0.07
ZIEXTENZO	31	$137,702	$0.05
LUCENTIS	29	$82,010	$0.03
ZARXIO	33	$63,349	$0.02
NIVESTYM	31	$53,299	$0.02

INFLECTRA had the highest biosimilar drug spend at $3.5M

The use of biosimilar drugs continue to increase as more come to market each year.

Peer = 'Employer' market segment
*Adam Fein Asembia presentation Oct 27, 2021 page 30 of report, IQVIA, MIDAS; IQVIA Institute, Jun 2020.

SAVEONSP:

innovative copay solution that benefits SAMPLE and your members

SaveOnSP Copay Maximizer Program

Eliminating barriers to high-cost specialty medications

ABOUT THE PROGRAM

- Targets 350+ specialty drugs in 20 therapy classes
- Reduces patient's responsibility to zero
- Out-of-pocket protection for <ABC Company>

- Securing copay assistance ONLY happens AFTER any clinical requirements, such as prior authorization, for the requested medication have been met

-3.3% first-year specialty trend in 2021 for enrolled plans versus 7.2% for BOB not enrolled

<ABC Company> summary

XXK
total lives

XX
impacted claims

Benefit for patients and the client

$XXM
annual plan savings

$XX
PMPM client savings

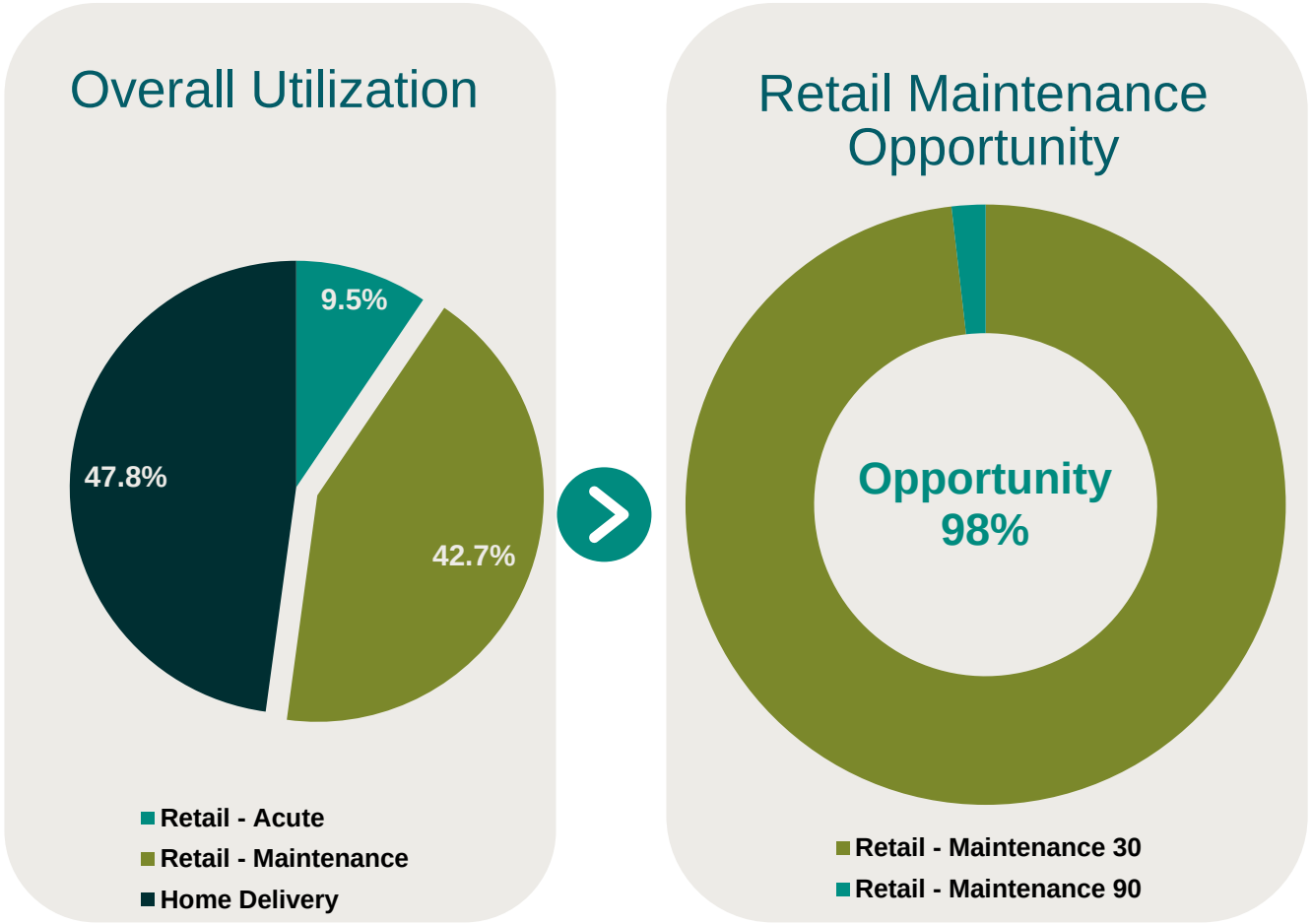
$0
remaining member cost

Express Scripts
By EVERNORTH

90-DAY MAINTENANCE MEDICATIONS: increase adherence and improve care

Express Scripts
By EVERNORTH

Retail Maintenance Drug Opportunity



Exclusive Home Delivery saved you

$6.5M

in Gross Cost*

*Program fees are not included in these savings numbers

Express Scripts By EVERNORTH

SUPPLEMENTAL DATA
FOR SAMPLE

Top 10 Indications

Top Indications by Gross Cost

2023

Rank	Peer Rank	Indication	Rxs	Patients	Gross Cost	Generic Fill Rate	Peer Generic Fill Rate	Gross Cost PMPM
1	1	INFLAMMATORY CONDITIONS	12,964	2,509	$99,417,867	36.9%	38.9%	$39.06
2	2	DIABETES	109,184	13,153	$62,857,270	42.6%	35.2%	$24.70
3	3	CANCER	6,210	1,323	$24,631,491	75.7%	75.7%	$9.68
4	5	WEIGHT LOSS	12,364	3,000	$16,844,910	10.1%	9.2%	$6.62
5	4	HIV	4,596	719	$12,944,316	20.9%	27.1%	$5.09
6	9	MULTIPLE SCLEROSIS	911	204	$12,596,619	34.6%	41.1%	$4.95
7	6	SKIN CONDITIONS	23,568	13,964	$11,069,738	89.8%	88.0%	$4.35
8	7	ASTHMA	62,181	19,894	$9,619,757	83.2%	77.3%	$3.78
9	8	ANTICOAGULANT	10,281	2,423	$6,750,880	28.5%	22.0%	$2.65
10	10	MIGRAINE HEADACHES	12,665	3,326	$5,866,612	60.9%	56.5%	$2.31
		Total Top 10:	254,924		$262,599,459	55.7%		$103.18

Inflammatory Conditions represents $99.4M, or 27.0% of your total Gross Cost

Generic Fill Rate (GFR) in Multiple Sclerosis lags your peer by 6.5 points

Represents 71.3% of your total Gross Cost

Peer = 'Employer' market segment

Top 25 Drugs

Top Drugs by Gross Cost								
2023								
Rank	Peer Rank	Brand Name	Indication	Rxs	Pts.	Gross Cost	Gross Cost	Peer Gross Cost PMPM
1	1	HUMIRA(CF) PEN*	INFLAMMATORY CONDITIONS	1,656	356	$25,681,547	$10.09	$11.12
2	3	STELARA*	INFLAMMATORY CONDITIONS	621	129	$14,871,003	$5.84	$6.89
3	4	WEGOVY	WEIGHT LOSS	9,361	2,132	$14,711,255	$5.78	$5.72
4	2	OZEMPIC	DIABETES	9,548	2,412	$14,221,708	$5.59	$7.12
5	5	MOUNJARO	DIABETES	7,550	1,476	$9,427,300	$3.70	$5.25
6	9	SKYRIZI PEN*	INFLAMMATORY CONDITIONS	424	135	$8,426,491	$3.31	$3.06
7	6	TRULICITY	DIABETES	3,870	1,032	$7,212,667	$2.83	$3.56
8	10	DUPIXENT PEN*	SKIN CONDITIONS	968	205	$5,484,450	$2.15	$2.82
9	7	JARDIANCE	DIABETES	4,443	1,434	$5,412,725	$2.13	$3.19
10	11	ENBREL SURECLICK*	INFLAMMATORY CONDITIONS	468	99	$5,302,937	$2.08	$2.61
11	12	BIKTARVY*	HIV	1,292	206	$5,275,540	$2.07	$2.26
12	14	TREMFYA*	INFLAMMATORY CONDITIONS	386	94	$5,038,786	$1.98	$2.15
13	8	ELIQUIS	ANTICOAGULANT	5,698	1,375	$4,789,597	$1.88	$3.07
14	120	OCREVUS*	MULTIPLE SCLEROSIS	119	69	$4,595,724	$1.81	$0.28
15	15	TALTZ AUTOINJECTOR*	INFLAMMATORY CONDITIONS	416	88	$4,179,423	$1.64	$2.03
16	18	RINVOQ*	INFLAMMATORY CONDITIONS	398	85	$3,771,929	$1.48	$1.74
17	17	DUPIXENT SYRINGE*	SKIN CONDITIONS	650	134	$3,662,993	$1.44	$1.74
18	119	INFLECTRA*	INFLAMMATORY CONDITIONS	598	114	$3,458,864	$1.36	$0.28
19	16	FARXIGA	DIABETES	2,989	928	$3,448,234	$1.35	$1.90
20	489	REVCOVI*	ENZYME DEFICIENCIES	11	1	$3,280,098	$1.29	$0.05
21	123	ENTYVIO*	INFLAMMATORY CONDITIONS	367	69	$3,220,636	$1.27	$0.27
22	13	TRIKAFTA*	CYSTIC FIBROSIS	74	15	$3,083,737	$1.21	$2.16
23	20	OTEZLA*	INFLAMMATORY CONDITIONS	396	92	$2,968,851	$1.17	$1.61
24	22	HUMALOG	DIABETES	1,696	542	$2,682,041	$1.05	$1.36
25	25	HUMIRA PEN*	INFLAMMATORY CONDITIONS	157	38	$2,657,687	$1.04	$1.19
			Total Top 25:	54,156		$166,866,222	$65.57	$73.42

*Specialty Drugs

Represents 45.3% of your total Gross Cost and comprises 9 indications

17 of your top 25 are specialty drugs, making up 62.9% of your Top 25 spend

Peer = 'Employer' market segment

Top 10 Specialty Indications

Top Specialty Indications by Gross Cost						
2023						
Overall Rank	Overall Peer Rank	Indication	Rxs	Patients	Gross Cost	Gross Cost PMPM
1	1	INFLAMMATORY CONDITIONS	7,757	1,528	$98,357,606	$38.65
3	3	CANCER	1,980	275	$24,492,775	$9.62
5	4	HIV	4,596	719	$12,944,316	$5.09
6	9	MULTIPLE SCLEROSIS	911	204	$12,596,619	$4.95
7	6	SKIN CONDITIONS	1,694	341	$9,460,299	$3.72
11	33	IMMUNE DEFICIENCY	600	61	$5,575,110	$2.19
14	27	ENZYME DEFICIENCIES	37	6	$4,752,138	$1.87
16	24	HEMOPHILIA	143	14	$4,025,381	$1.58
21	13	CYSTIC FIBROSIS	102	23	$3,225,080	$1.27
20	36	ENDOCRINE DISORDERS	132	29	$3,143,719	$1.24
		Total Top 10:	17,952		$178,573,041	$70.17

Inflammatory Conditions represents $98.4M, or 46.9% of your total Specialty Gross Cost

Immune Deficiency has a larger impact on your spend than it does on the peer, ranked 11 vs 33

Peer = 'Employer' market segment

Top 25 Specialty Drugs by Gross Cost

SPARC Top Drug Battle Card is a resource that includes the Top 100 Commercial Division drugs by Plan Cost rank. It includes clinical drug notes and talking points to help account teams address drug trends, guidelines, usage and costs for these medications to aid in client discussions.

Top Specialty Drugs by Gross Cost

2023

Overall Rank	Overall Peer Rank	Brand Name	Indication	Rxs	Pts.	Gross Cost	Gross Cost / Rx	Gross Cost PMPM
1	1	HUMIRA(CF) PEN	INFLAMMATORY CONDITIONS	1,656	356	$25,681,547	$15,508	$10.09
2	3	STELARA	INFLAMMATORY CONDITIONS	621	129	$14,871,003	$23,947	$5.84
6	9	SKYRIZI PEN	INFLAMMATORY CONDITIONS	424	135	$8,426,491	$19,874	$3.31
8	10	DUPIXENT PEN	SKIN CONDITIONS	968	205	$5,484,450	$5,666	$2.15
10	11	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	468	99	$5,302,937	$11,331	$2.08
11	12	BIKTARVY	HIV	1,292	206	$5,275,540	$4,083	$2.07
12	14	TREMFYA	INFLAMMATORY CONDITIONS	386	94	$5,038,786	$13,054	$1.98
14	120	OCREVUS	MULTIPLE SCLEROSIS	119	69	$4,595,724	$38,620	$1.81
15	15	TALTZ AUTOINJECTOR	INFLAMMATORY CONDITIONS	416	88	$4,179,423	$10,047	$1.64
16	18	RINVOQ	INFLAMMATORY CONDITIONS	398	85	$3,771,929	$9,477	$1.48
17	17	DUPIXENT SYRINGE	SKIN CONDITIONS	650	134	$3,662,993	$5,635	$1.44
18	119	INFLECTRA	INFLAMMATORY CONDITIONS	598	114	$3,458,864	$5,784	$1.36
20	489	REVCOVI	ENZYME DEFICIENCIES	11	1	$3,280,098	$298,191	$1.29
21	123	ENTYVIO	INFLAMMATORY CONDITIONS	367	69	$3,220,636	$8,776	$1.27
22	13	TRIKAFTA	CYSTIC FIBROSIS	74	15	$3,083,737	$41,672	$1.21
23	20	OTEZLA	INFLAMMATORY CONDITIONS	396	92	$2,968,851	$7,497	$1.17
25	25	HUMIRA PEN	INFLAMMATORY CONDITIONS	157	38	$2,657,687	$16,928	$1.04
26	50	HEMLIBRA	HEMOPHILIA	93	8	$2,548,513	$27,403	$1.00
28	44	SPRYCEL	CANCER	97	16	$2,260,784	$23,307	$0.89
30	29	VERZENIO	CANCER	189	18	$2,121,922	$11,227	$0.83
31	28	REVLIMID	CANCER	116	17	$2,108,971	$18,181	$0.83
32	19	DESCOVY	HIV	941	166	$2,057,193	$2,186	$0.81
34	36	SKYRIZI	INFLAMMATORY CONDITIONS	113	41	$2,012,081	$17,806	$0.79
35	196	CRYSVITA	ENDOCRINE DISORDERS	54	7	$1,994,311	$36,932	$0.78
36	144	GAMMAGARD LIQUID	IMMUNE DEFICIENCY	169	19	$1,979,426	$11,713	$0.78
			Total Top 25:	10,773		$122,043,897	$11,329	$47.95

Represents 33.1% of your total Gross Cost and comprises 10 indications

Peer = 'Employer' market segment

Top Line Performance Metrics

	Sample	
Description	2023	Peer 1 2023
Avg Subscribers per Month	109,515	
Avg Members per Month	212,087	
Number of Unique Patients	149,827	
Pct Members Utilizing Benefit	70.6%	
Total Gross Cost	$368,236,559	
Total Days	65,511,672	
Total Rxs	1,838,317	
Average Member Age	33.1	36.5
Gross Cost PMPM	$144.69	$188.36
Gross Cost/Day	$5.62	$5.36
Gross Cost per Rx	$200.31	$216.59
Nbr Rxs PMPM	0.72	0.87
Generic Fill Rate	89.6%	85.9%
90 Day Utilization	48.6%	59.4%
Retail - Maintenance 90 Utilization	0.8%	28.3%
Home Delivery Utilization	47.8%	31.1%
Member Cost %	17.8%	11.6%
Specialty Percent of Gross Cost	57.0%	51.1%
Specialty Gross Cost PMPM	$82.44	$96.30
Formulary Compliance Rate	99.2%	98.6%

Peer 1 = 'Employer' market segment

Gross Cost PMPM is $144.69

Specialty Gross Cost PMPM is $82.44

You are spending 3.9% more in plan cost for every 1% of Generic Fill Rate not achieved

Top Line Performance Metrics: Specialty

Sample				
Description	All Drugs	Non-Specialty	Specialty	Specialty Peer 1
Avg Subscribers per Month	109,515	109,515	109,515	
Avg Members per Month	212,087	212,087	212,087	
Number of Unique Patients	149,827	149,438	5,072	
Pct Members Utilizing Benefit	70.6%	70.5%	2.4%	
Total Gross Cost	$368,236,559	$158,411,951	$209,824,608	
Total Days	65,511,672	64,405,194	1,106,478	
Total Rxs	1,838,317	1,811,314	27,003	
Gross Cost PMPM	$144.69	$62.24	$82.44	$96.30
Gross Cost/Day	$5.62	$2.46	$189.63	$179.69
Gross Cost per Rx	$200.31	$87.46	$7,770.42	$6,969.22
Member Cost %	17.8%	18.3%	17.5%	9.9%

Specialty Peer 1 = 'Employer' market segment

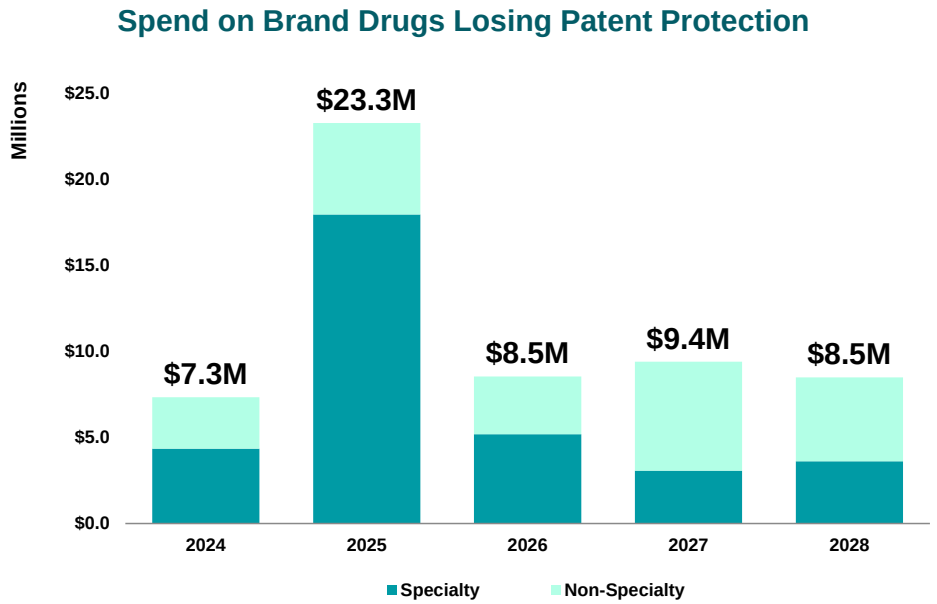
Your Specialty Gross Cost PMPM is $13.85 lower than your peer

SaveOnSP provided $34,419,822 in value. Specialty Member Cost less Specialty SaveOnSP was 1.1%

Upcoming Patent Expirations

Top Drugs Scheduled to Lose Patent Protection through 2028					
Drug Name	Indication	Scheduled Release Year	Gross Cost Rank	Gross Cost PMPM	Gross Cost / Rx
STELARA*	INFLAMMATORY CONDITIONS	2025	2	$5.76	$24,622.65
ELIQUIS	ANTICOAGULANT	2028	13	$1.88	$840.58
TRULICITY	DIABETES	2027	7	$1.78	$1,803.48
FARXIGA	DIABETES	2025	19	$1.35	$1,153.64
OTEZLA*	INFLAMMATORY CONDITIONS	2028	23	$1.15	$7,549.22
SPRYCEL*	CANCER	2024	28	$0.89	$23,307.05
JANUVIA	DIABETES	2026	41	$0.69	$1,076.41
IBRANCE*	CANCER	2027	43	$0.66	$15,557.65
SAXENDA	WEIGHT LOSS	2027	45	$0.63	$1,390.45
XELJANZ XR*	INFLAMMATORY CONDITIONS	2026	52	$0.54	$10,685.79

*Specialty Drugs



Expiration dates based on current status and may change due to litigation, patent challenges, etc.

Based on your current utilization, $57,030,219 in brand drugs are losing patent protection by 2028

You are spending 3.9% more in plan cost for every 1.0% of Generic Fill Rate not achieved

GFR Savings calculation excludes Specialty drugs

City of Gainesville - Implementation Timeline

#	Task Name	Owner	Target Completion
1	**INFORMATION GATHERING**		
2	Request initial implementation documents	ESI	First 3 Days
3	Provide current SPD's and benefit documents	Client	First 4 Days
4	Provide proposed account structure	Client	First 7 Days
5	Provide copay intent	Client	First 7 Days
6	**INITIATING IMPLEMENTATION**		
7	Kickoff meeting	ESI/Client	First 10 Days
8	Distribute meeting notes and BID from the kickoff meeting	ESI	First 14 Days
9	**BENEFIT INTENT**		
10	*Benefit Design*		
11	Review benefit design	ESI/Client	First 17 Days
12	*Coordination of Benefits*		
	Review coordination of benefits	ESI/Client	Days 9 - 17
13	COB discussion with product team	ESI/Client	Days 9 - 17
14	*Copay*		
15	Create copay grid	ESI	Days 9 - 17
16	Provide final copay grid for approval	ESI	Days 17 -20
17	Approve final copay grid	Client	Days 20 -26
18	Build copays within ESI system	ESI	Days 26 - 72
19	*Group Structure*		
20	Create group structure	ESI	Days 9 - 17
21	Provide final account structure for approval	ESI	Days 17 -20
22	Approval final group structure	Client	Days 20 -26
23	Build group structure within ESI system	ESI	Days 26 - 72
24	*Welcome Kit Communications*		
25	Discuss welcome kit communications	ESI/Client	Days 9 - 17
26	Provide logo for communication materials, if required	Client	Days 17 -25
27	Provide welcome kit proof for review	ESI	Days 25 - 35
28	Approve welcome kits	Client	Days 35 - 41
29	Distribute welcome kits	ESI	Days 102 - 115
30	*Client/Vendor Generated ID Cards*		
31	Provide ID card proof for review	Client	Days 25 - 35
32	Approve ID card proof	ESI	Days 35 - 41
33	*eBusiness Tools (user portal access)*		
34	Present eBusiness tools	ESI	Days 10 - 18
35	Provide a list of users and their level of access	Client	Days 18 - 24

City of Gainesville - Implementation Timeline

#	Task Name	Owner	Target Completion
36	Send user IDs and passwords	ESI	Days 74 - 84
37	Send training materials	ESI	Days 104 - 109
38	*Claims Files*		
39	Discuss claims files intent	ESI/Client	Days 9 - 17
40	*Initial Eligibility*		
41	Discuss initial eligibility intent	ESI/Client	Days 9 - 17
42	*Review and Appeals*		
43	Review appeals and conditions of coverage	ESI/Client	Days 9 - 17
44	*Transition Strategy*		
45	Review transition strategy	ESI/Client	Days 9 - 17
46	Provide finalized Benefit Intent Document	ESI	Days 17 - 20
47	Approve Benefit Intent Document	Client	Days 20 -26
48	**OPEN ENROLLMENT**		
49	*Plus Open Enrollment*		
50	Provide open enrollment client specific URL	ESI	Days 42 - 45
51	Provide open enrollment FAQ	ESI	Days 45 - 53
52	Provide additional PDF's for website, if applicable	ESI/Client	Days 45 - 53
53	Confirm open enrollment is live	ESI	Days 91 - 92
54	*Traditional Open Enrollment*		
55	Review open enrollment structure grid	ESI	Days 17 - 23
56	Approve open enrollment structure grid	ESI	Days 23 - 26
57	Provide open enrollment website link	ESI	Days 42 - 50
58	Confirm benefit readiness for open enrollment	Client	Days 85 - 89
59	Confirm open enrollment is live	ESI	Days 91 - 92
60	**CDH/SHARED ACCUMULATOR INTENT**		
61	Conduct CDH call to review shared accumulator intent document	ESI/Client/ Medical Vendor	Days 48 - 52
62	Provide final CDH/shared accumulators BID	ESI	Days 52 - 55
63	Approve final CDH/shared accumulators BID	Client	Days 55 - 57
64	**CLINICAL & UTILIZATION MANAGEMENT DECISIONS**		
65	Provide clinical implementation document template, if applicable	ESI	Days 10 - 11
66	Return completed clinical implementation document template	Client	Days 12 - 20
67	Provide any additional clinical program and coverage detail	Client	Days 11 - 19
68	Complete drug coverage mapping	ESI	Days 31 - 37
69	Conduct clinical call to review clinical coverage	ESI	Days 44 - 45

City of Gainesville - Implementation Timeline

#	Task Name	Owner	Target Completion
70	Approve drug grid	Client	Days 45- 51
71	Confirm formulary requirements	ESI/Client	Days 45 - 51
72	Approve clinical addendum	Client	Days 45 - 51
73	**ELIGIBILITY**		
74	Hold eligibility kick off call	ESI/Client	Days 16 - 24
75	Establish eligibility file layout and transmission method	ESI	Days 24 - 25
76	Provide eligibility statement of work (SOW) for approval	ESI	Days 24 - 27
77	Approve eligibility statement of work (SOW)	Client	Days 27 - 30
78	Establish FTP with eligibility vendor	ESI	Days 30 - 65
79	*Eligibility Test File*		
80	Send eligibility test file	ESI	Days 76 - 79
81	Review eligibility test file results	ESI/Client	Days 80 - 82
82	Approve eligibility test file results	Client	Days 82 - 83
83	*Eligibility Re-Test File, if applicable*		
84	Send eligibility test file	ESI	Days 82 - 86
85	Review eligibility test file results	ESI/Client	Days 87 - 89
86	Approve eligibility test file results	Client	Days 89 - 90
87	*Eligibility Production File*		
88	Send eligibility production file	ESI	Days 91 - 92
89	Review eligibility production file results	ESI/Client	Days 93 - 94
90	Approve eligibility production file results	Client	Days 94 - 95
91	Load final production file	ESI	Days 95 - 96
92	Start ongoing production eligibility updates	ESI/Client	Days 97 - 120
93	**PHARMACY NETWORK**		
94	Confirm pharmacy network requirements	ESI/Client	Days 9 - 10
95	**LEGAL DOCUMENTS**		
96	Provide PHI disclosure forms	ESI	Days 10 -11
97	Return signed PHI disclosure forms	Client	Days 12 -17
98	Provide ERISA appeals external form	ESI	Days 10 -11
99	Return signed ERISA appeals external form	Client	Days 12 - 17
100	Provide Medicaid subrogation agreement	ESI	Days 10 -11
101	Return signed Medicaid subrogation agreement	Client	Days 12 - 17
102	**FILE LOADS: MEMBER DATA TRANSITION**		
103	File transitions call with incumbent	ESI/Client	Days 14 - 19
104	*Open Refill Transfer File (ORTF)*		
105	Receive Open Refill Transfer Test File from Vendor	ESI	Days 93 - 99

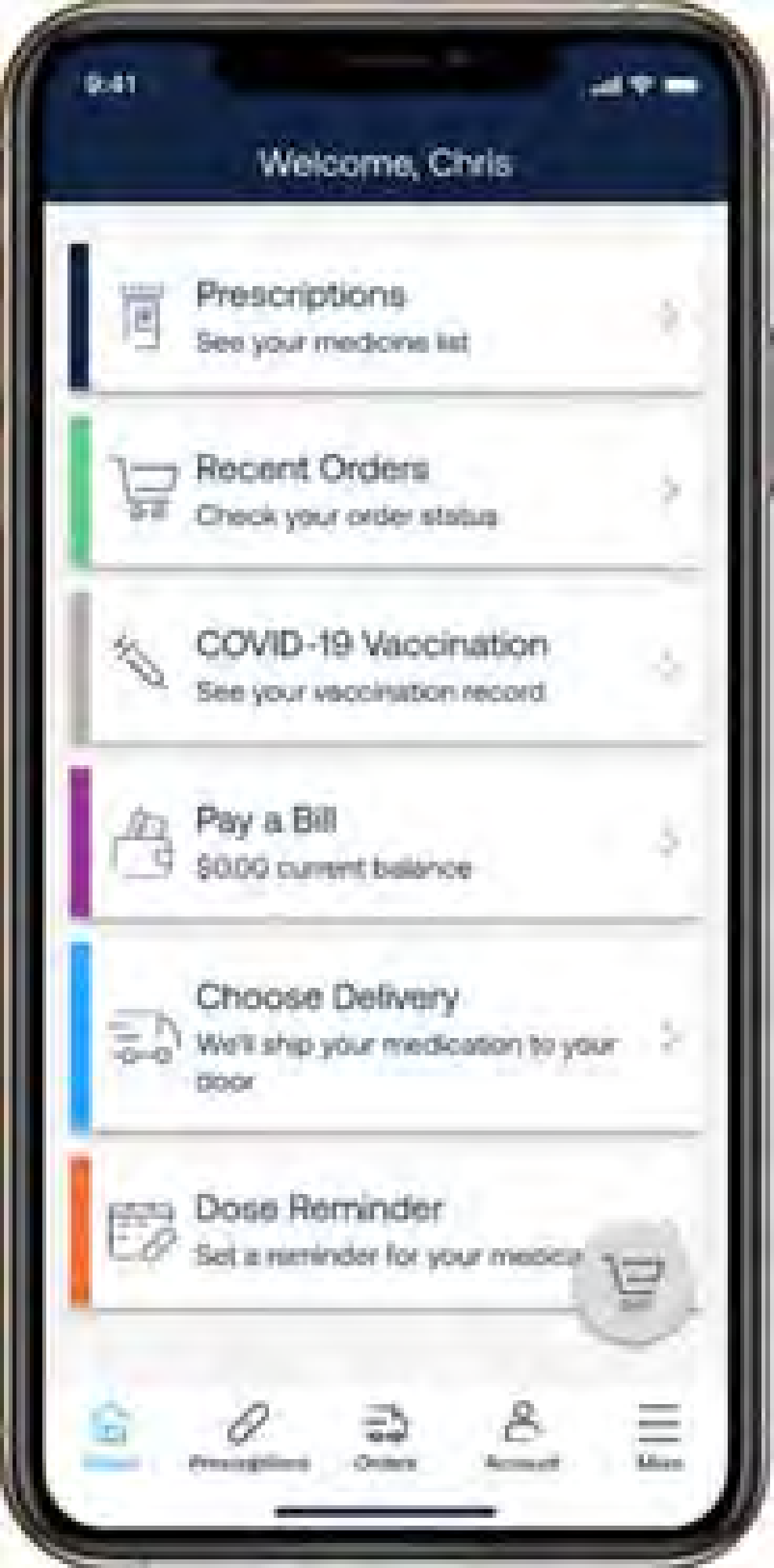
City of Gainesville - Implementation Timeline

#	Task Name	Owner	Target Completion
106	Load Open Refill Transfer Test File from Vendor	ESI	Days 99 - 105
107	Receive Open Refill Production File from Vendor	ESI	Days 120 - 124
108	Process Open Refill Production File from Vendor	ESI	Days 124 - 130
109	Receive Open Refill Post-Production File from Vendor	Client	Days 132 - 135
110	Process Open Refill Post-Production File from Vendor	ESI	Days 135 - 141
111	*Prior Authorization File (PA)*		
112	Receive Prior Authorization Wave 1 File from Vendor	ESI	Days 93 - 99
113	Load Prior Authorization Wave 1 File from Vendor	ESI	Days 99 - 105
114	Receive Prior Authorization Wave 2 File from Vendor	ESI	Days 132 - 135
115	Load Prior Authorization Wave 2 File from Vendor	ESI	Days 135 - 141
116	*Claims History File*		
117	Receive Claims History Wave 1 File from Vendor	ESI	Days 93 - 99
118	Load Claims History Wave 1 File from Vendor	ESI	Days 99 - 105
119	Receive Claims History Wave 2 File from Vendor	ESI	Days 132 - 135
120	Load Claims History Wave 2 File from Vendor	ESI	Days 135 - 141
121	*Additional File Loads (Deductible, CAP, OOP), if applicable*		
122	Receive Wave 1 of all additional production files from vendor	ESI	Days 93 - 99
123	Load Wave 1 of all additional production files from vendor	ESI	Days 99 - 105
124	Receive Wave 2 of all additional production files from vendor	ESI	Days 132 - 135
125	Load Wave 2 of all additional production files from vendor	ESI	Days 135 - 141
126	*Patient Profile Transfers (PPT), if applicable*		
127	Confirm PPT complete	ESI	Days 120 - 124
128	**MEMBER COMMUNICATIONS**		
129	Discuss initial communications	ESI/Client	Days 9 - 17
130	*Targeted Communications, if applicable*		
131	Determine member letter requirements	ESI	Days 17 - 25
132	Define communication strategy and timing	ESI/Client	Days 17 - 25
133	Provide targeted mailings for review and approval	ESI	Days 55 - 70
134	Approve targeted mailing	ESI/Client	Days 70 - 78
135	Mail targeted letters	ESI	Days 91 - 99
136	**INVOICING/BILLING**		
137	Review Invoicing & Billing document	ESI/Client	Days 16 - 17
138	Send PAD/EFT form, if applicable	ESI	Days 17 - 18
139	Return approved Invoicing & Billing doc, and PAD/EFT form	Client	Days 18 - 22
140	Receive first invoice	Client	Days 127 - 134

City of Gainesville - Implementation Timeline

#	Task Name	Owner	Target Completion
141	**CUSTOMER SERVICE**		
142	Request toll free customer service number	ESI	Days 16 - 19
143	Provide toll free customer service number	ESI	Days 26 - 31
144	Confirm customer service phone line is active	ESI	Days 85 - 86
145	**IMPLEMENTATION PERFORMANCE GUARANTEES, IF APPLICABLE**		
146	Review implementation PGs	ESI/Client	Days 10 18
147	Select specific PGs	Client	Days 18 - 40
148	Present final PG outcome	ESI	Days 141 - 149
149	**PRE-GO-LIVE**		
150	Provide Client Service Center Welcome Flyer	ESI	Days 109 - 110
151	Review final documentation	Client	Days 113 - 114
152	**POST-GO-LIVE**		
153	Monitor claims transactions and provide daily summary	ESI	Days 120 - 136
154	Post-implementation survey	Client	Days 146 - 152
154	Transition to account team	ESI	Days 151 - 152


Express Scripts Pharmacy
Welcome!
Manage your medicine.
Anytime. Anywhere.
Log In
Register Now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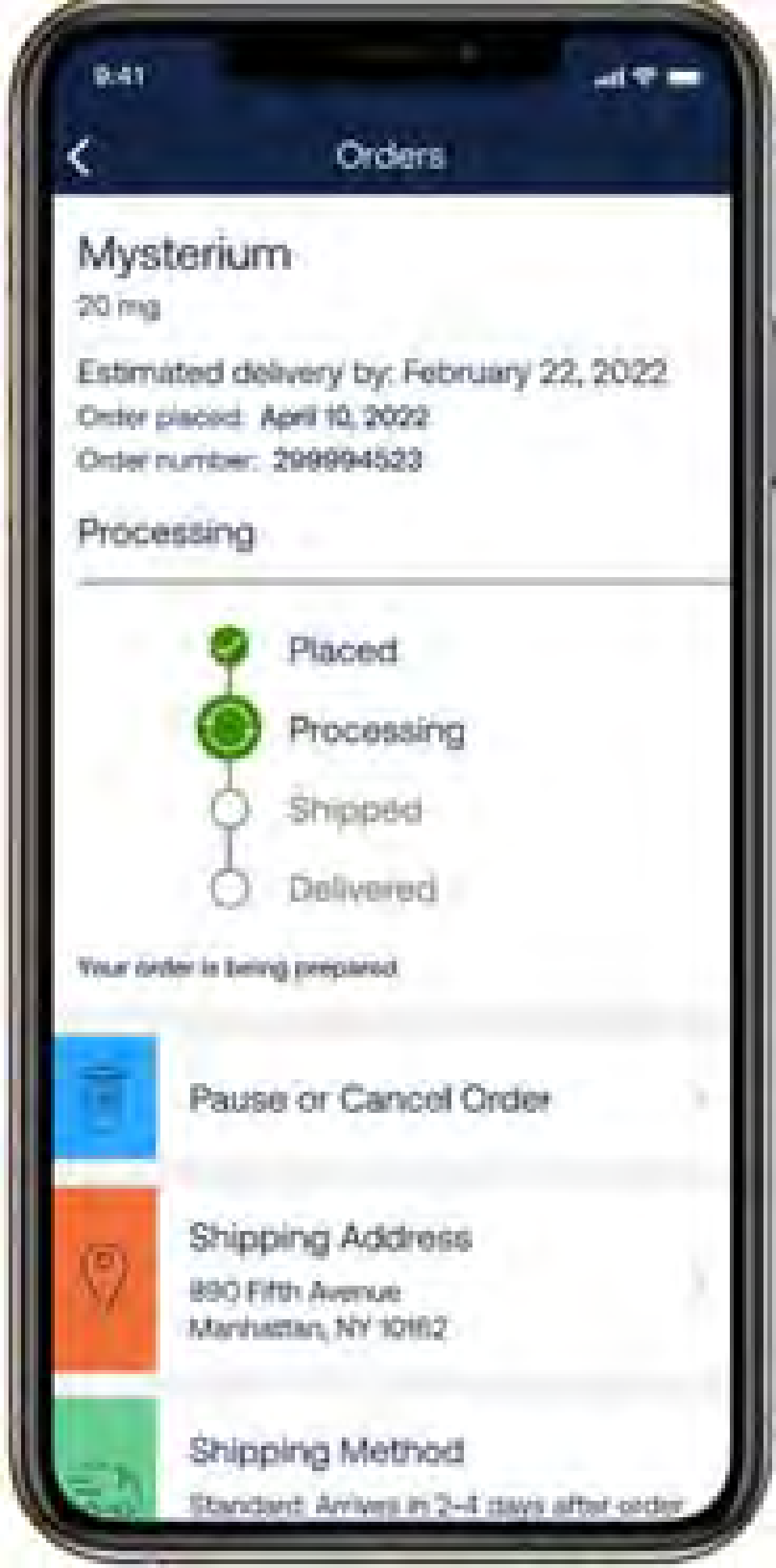
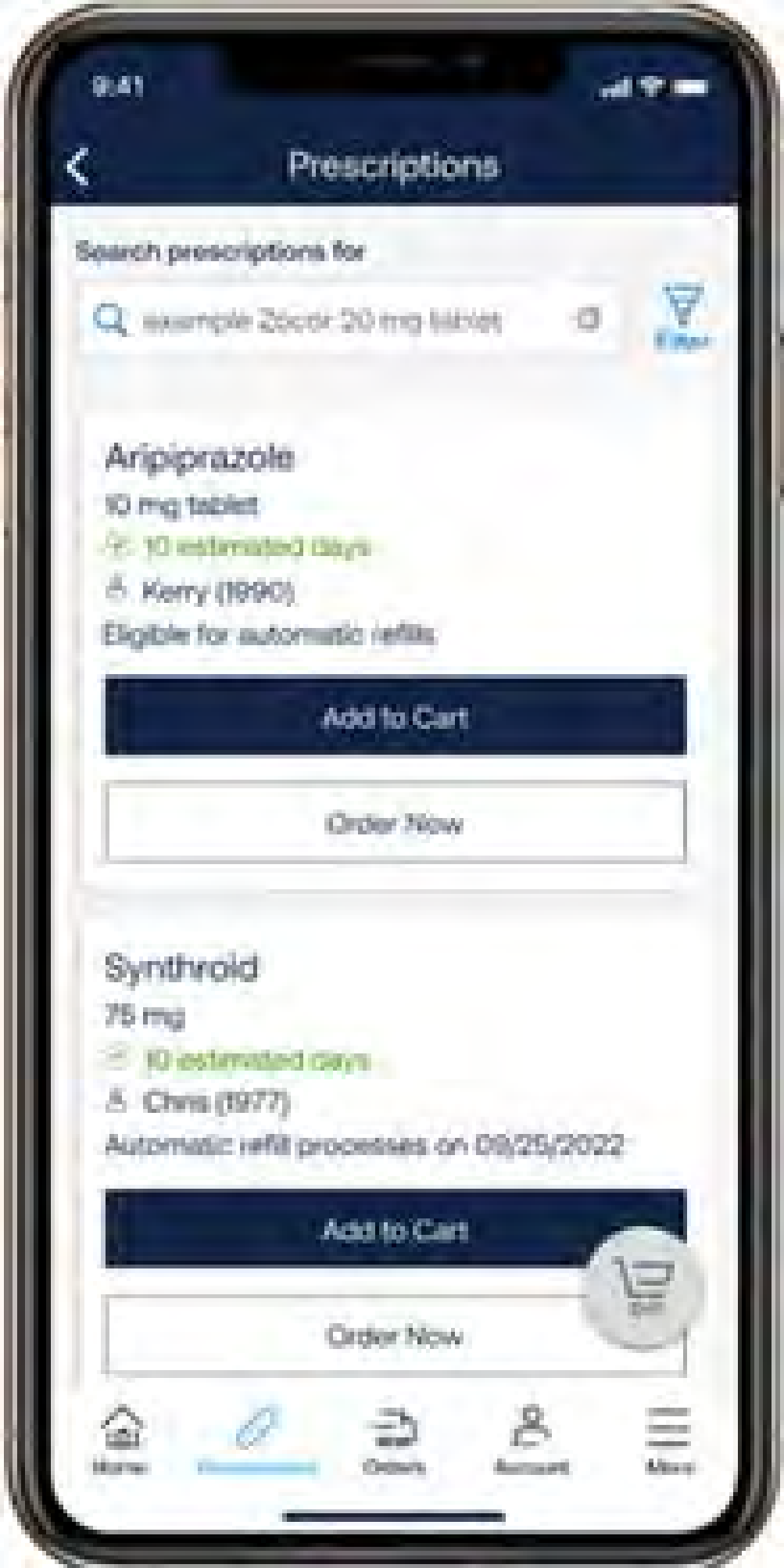
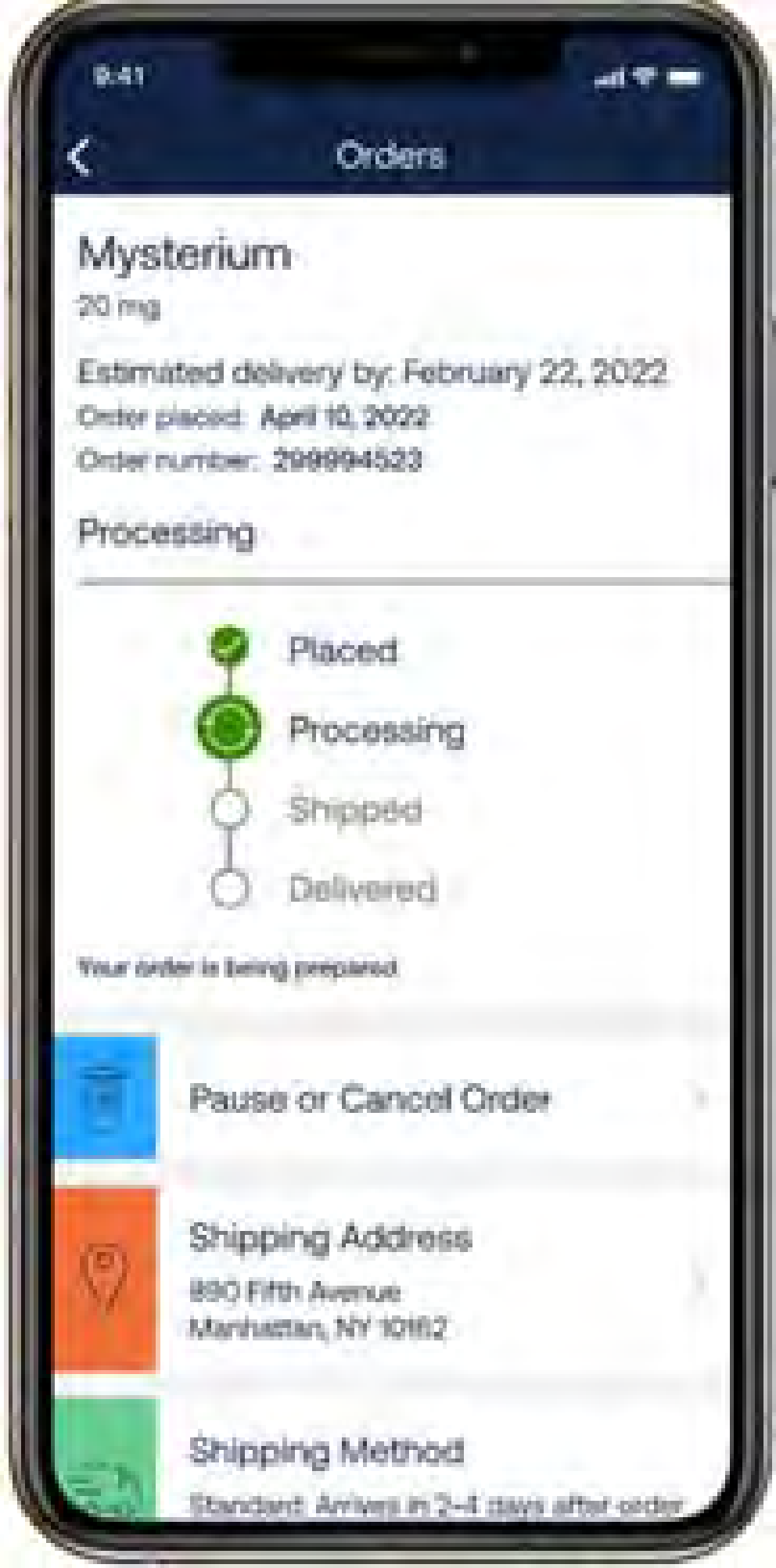
Welcome, Chris
Prescriptions
See your medicine list
Recent Orders
Check your order status
COVID-19 Vaccination
See your vaccination record
Pay a Bill
$0.00 current balance
Choose Delivery
We'll ship your medication to your door
Dose Reminder
Set a reminder for your medica
Prescriptions
Orders
Account
More


9:41
Orders
Mysterium
20 mg
Estimated delivery by: February 22, 2022
Order placed: April 10, 2022
Order number: 299994523
Processing
Placed
Processing
Shipped
Delivered
Your order is being prepared
Pause or Cancel Order
Shipping Address
890 Fifth Avenue
Manhattan, NY 10162
Shipping Method
Standard: Arrives in 2–4 days after order


9:41
Prescriptions
Search prescriptions for
Aripiprazole
10 mg tablet
10 estimated days
Kerry (1990)
Eligible for automatic refills
Add to Cart
Order Now
Synthroid
75 mg
10 estimated days
Chris (1977)
Automatic refill processes on 09/25/2022
Add to Cart
Order Now
Home
Orders
Account
More


9:41
Orders
Mysterium
20 mg
Estimated delivery by: February 22, 2022
Order placed: April 10, 2022
Order number: 299994523
Processing
Placed
Processing
Shipped
Delivered
Your order is being prepared
Pause or Cancel Order
Shipping Address
890 Fifth Avenue
Manhattan, NY 10162
Shipping Method
Standard: Arrives in 2–4 days after order

Average wait time for a physician appointment is **26 days.**[1]

America faces a projected shortage of **up to 124,000 physicians** by 2034.[2]

PATIENT + PRESCRIBER DIRECTED

PHARMACY DIRECTED

BENEFIT DIRECTED

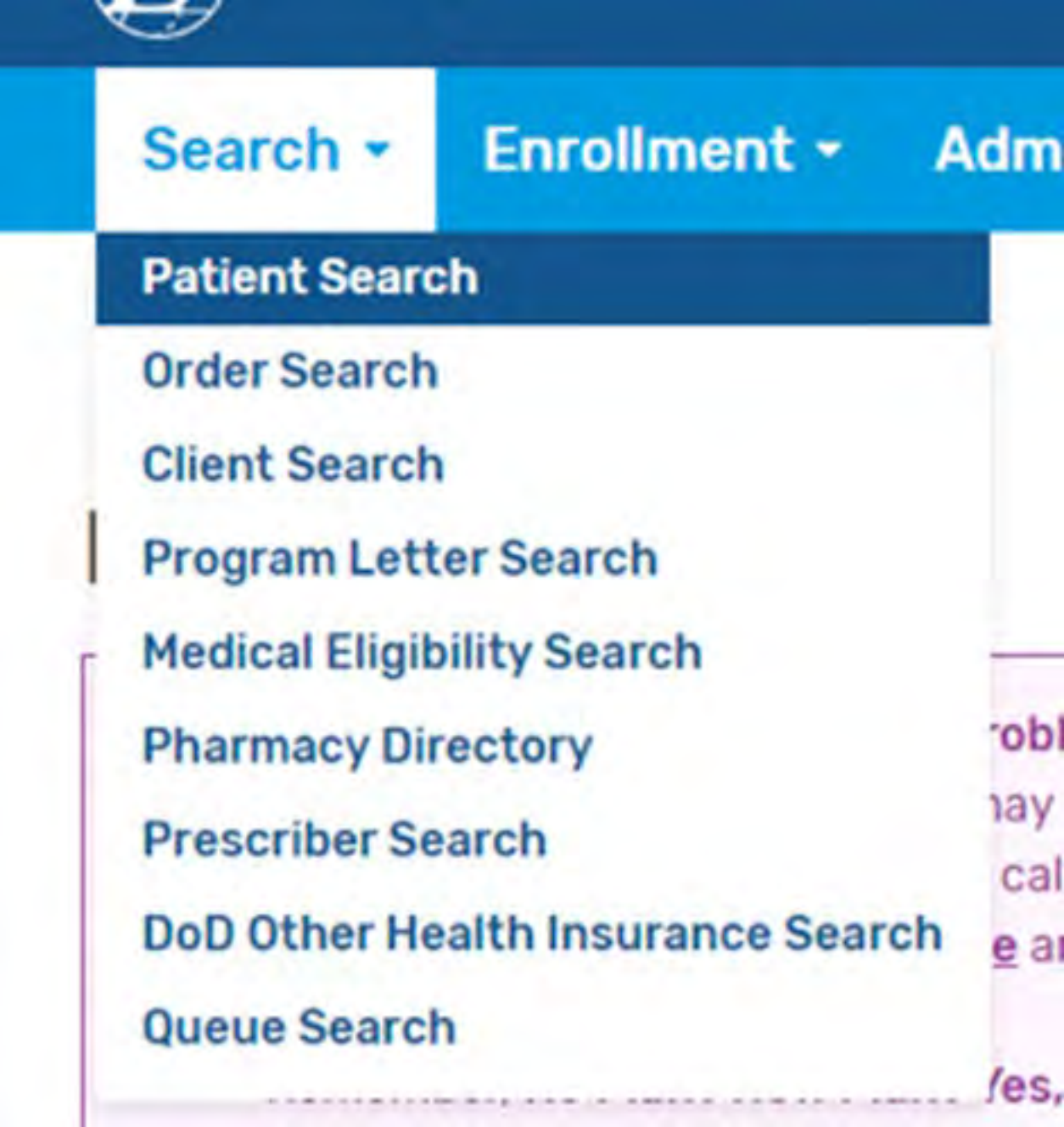
Therapeutic Interchange Drug Conversion Program

Multisource Brand Drug Conversion Program

Formulary Benefit Optimization

DAW9 Program

Counter Strategy Drug List


Search
Enrollment
Adm
Patient Search
Order Search
Client Search
Program Letter Search
Medical Eligibility Search
Pharmacy Directory
Prescriber Search
DoD Other Health Insurance Search
Queue Search

Search type

Membership ID

Search by Membership ID + optional Group #

Search

Patient Name
Member Phone #
Membership ID
HICN/RRB/Beneficiary #
Rx #
Invoice #
Confirmation #
Client Account #
Commercial Open Enrollment ID #
DOD Sponsor SSN #
External Eligibility
External Elig. w/Mem Id

h by Membership ID + optional Group #

Update Member

Member

First name * | M.I. | Last name * | Suffix

John | | 0 |

Address 1

123 BEAN ST

Address 2

Address 3

City | State | Zip code

BEVERLY HILLS | California | 90201

Phone | Cell phone | Email

(303) 123-4590 | |

Eligibility

Preferred member fields may differ between eligibility and the member header on the Patient Information Panel. This member's account does not support the additions of preferred pronouns or gender.

Date of birth * | Gender * | Relationship *

09/25/1948 | Male | Member

Preferred first name | Preferred last name

Person # | Paid to date

001 | mm/dd/yyyy