



Specialty Pharmacy Management

Specialty drugs account for 25-30% of total pharmacy spend and are projected to reach up to 60% of total pharmacy spend by 2020. At this time, most payers and plan sponsors may not understand the full magnitude of the specialty drug cost explosion and the potential financial impact on their future pharmacy benefit costs.

At EmpiRx Health, our Evidence-based Clinical Care Programs are hyper-focused on Specialty Drug Management. With in-depth analysis, we develop best-in-class clinical strategies and plan design solutions to meet your benefit plan's philosophy, population and member utilization. Daily claims surveillance and monitoring provide effective program oversight, aligned with our proactive member and prescriber communications to ensure the patient receives the right drug at the right price.

EmpiRx Health offers an innovative, member centric approach that radically differs from the traditional PBM. Our comprehensive, evidence-based solutions are directly aligned with client and advisor goals to control costs, maximize savings, and drive adherence and satisfaction, all while maintaining appropriate drug therapy for members.

Traditional PBM Approach to Specialty Drug Management	EmpiRx Health Care Management Approach to Specialty Drug Management
Specialty Pharmacy owners, purchasers, and distributors & coverage determination decision makers	Do not own Specialty Pharmacy; coverage determination decisions made independently with evidence based guidelines
Require Specialty Pharmacy exclusivity or mandatory Specialty Pharmacy Network	No exclusivity required, open network, customization is available
Pharmaceutical Manufacturers' rebates often drive the Coverage Determination criteria	Coverage determination guidelines are independent of Pharmaceutical Manufacturers' rebates
No dollar threshold edits to stop claim adjudication	Mandatory Dollar threshold of >\$1800 requiring claim review
No control of overutilization	Proper quantity & safety limits based on clinical best practices
Initial full fill is encouraged (e.g. 30 or 90 day supply)	Starter dose program for all new medications
Poor coordination and communication creates barriers to care (e.g. experience difficulties putting PA requests in)	Concierge Care Model with 24/7/365 access , that drives appropriate clinical management
Inflexible clinical programs with "one size fits all" approach	Custom built clinical programs based on analysis of historical data
No monitoring or follow-up of members post- approval of Specialty drug	Compassionate case by case monitoring programs through completion of therapy
Inability to incorporate Medical Data with Pharmacy Data prevents timely determinations & inaccuracies	Agile platform incorporates Medical Data & utilizes it in the Coverage Determination Process & other clinical programs
Operating in a vacuum, medical data fails to be integrated with plan's pharmacy benefit	Work with the plan to evaluate the Medical Benefit coverage of Specialty Drugs against the Pharmacy Benefit to prevent duplicate billing, align guidelines, & minimize costs.

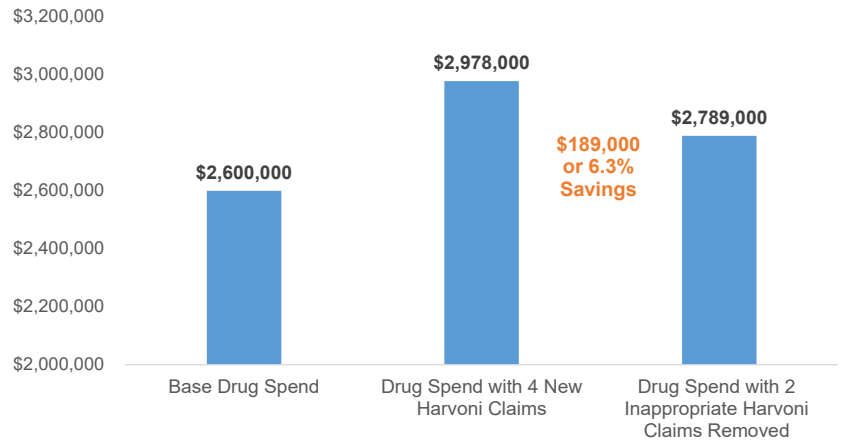
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 REVOLUTIONARY PHARMACY ~~BENEFIT~~ MANAGEMENT



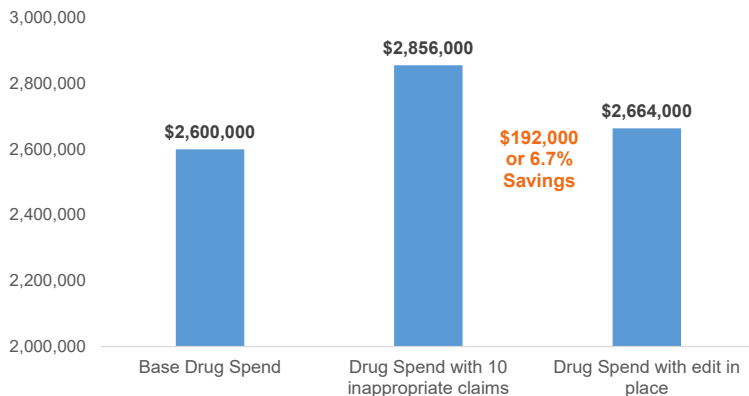
Clinical Management Case Studies

1. As part of the Hepatitis C therapy management program, EmpiRx Health's Care Management Model yields an appropriate coverage determination approval rate while also achieving 98% medication adherence. By effectively managing just this one drug class, EmpiRx can help you yield savings of 6.3% which is equivalent to a typical PBM renewal/ RFP.

Hepatitis C Therapy Management Harvoni 90 - 400mg



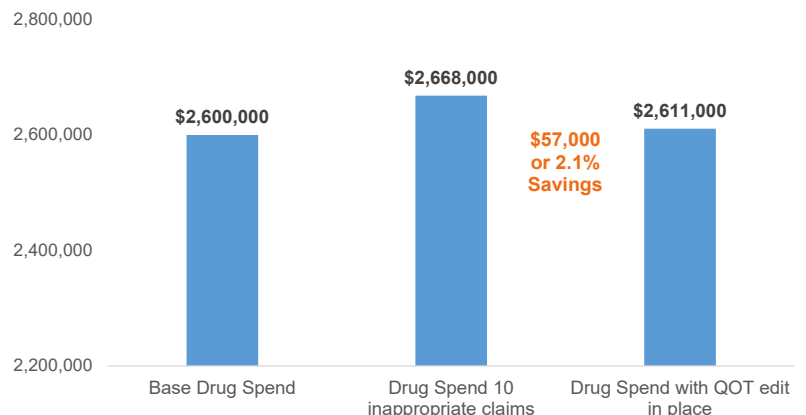
Dollar Threshold Monitoring Avonex 30mcg/0.5ml kit



2. EmpiRx Health's mandatory dollar threshold edit screens for inappropriately billed pharmacy claims and alerts clinicians for a detailed claims review. Preventing just 10 inappropriate Multiple Sclerosis claims can yield close to 7% savings of total drug spend.

3. EmpiRx Health's Overutilization Prevention program enables Quantity Over Time limits and claim reviews by clinicians. Preventing just 10 inappropriate claims for one osteoporosis drug will produce 2.1% in savings for the plan, as well as prevent potential Fraud, Waste and Abuse cases.

Overutilization Prevention Prolia 60mg/ml



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