Magellan Rx Management

Medical Pharmacy Trend Report™

2015 EMPLOYER GROUP SUPPLEMENT

Magellan Rx MANAGEMENT℠

Published by:

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To view or download the *Magellan Rx Management 2015 Employer Group Supplement,* please visit www.magellanrx.com.

Note to Our Readers

Magellan Rx Management is pleased to present the third annual Magellan Rx Management Medical Pharmacy Trend Report™ Employer Group Supplement.

Rising costs of medical specialty drugs continue to be a growing concern and key issue for employer groups. Over the next three to five years, it is predicted that medical pharmacy costs will continue to expand exponentially. The upcoming release of new and costly breakthrough therapies in oncology and for rare diseases will also increase the medical pharmacy trend.

Traditionally, to manage and implement solutions for these escalating costs, employer groups relied on their medical carrier or a third party administrator (TPA) partner for specialized programs. As a supplement to the *2015 Magellan Rx Management Medical Pharmacy Trend Report,*™ the *Employer Group Supplement* is meant to assist employer groups in determining what they might need to explore and implement to control the overall increasing costs of specialty drugs paid on the medical benefit.

We adjusted the format of the 2015 survey to expand the information we shared with employer groups. To understand the basis for many of the decisions employer groups made when managing specialty drugs on the medical benefit, we examined employer drug spend and how employer groups monitored changes in medical pharmacy drug spend among high-cost categories. We also included several questions to clarify what input employer groups had regarding medical benefit drug lists and the overall benefit structure.

Some respondents did not have adequate evidence to reply to all of the questions in the survey; this is indicated by the "don't know" responses in many of the analyses. Regardless, it is our hope that the survey data presented in this supplement helps employer groups think about and investigate escalating medical pharmacy costs.

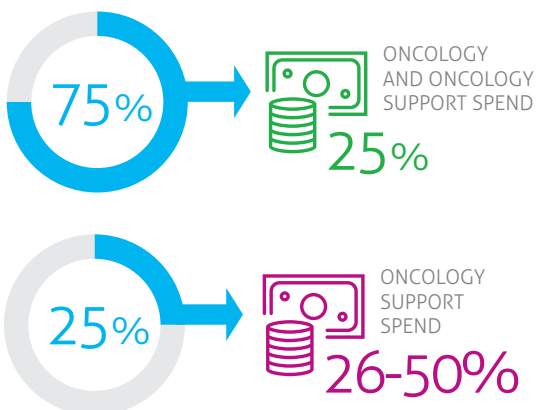
You can download the full supplement at **www.magellanrx.com**.

Executive Summary

In 2015, employer groups increasingly relied on their medical carriers to manage and implement their medical benefit programs. Key findings in this supplement include:

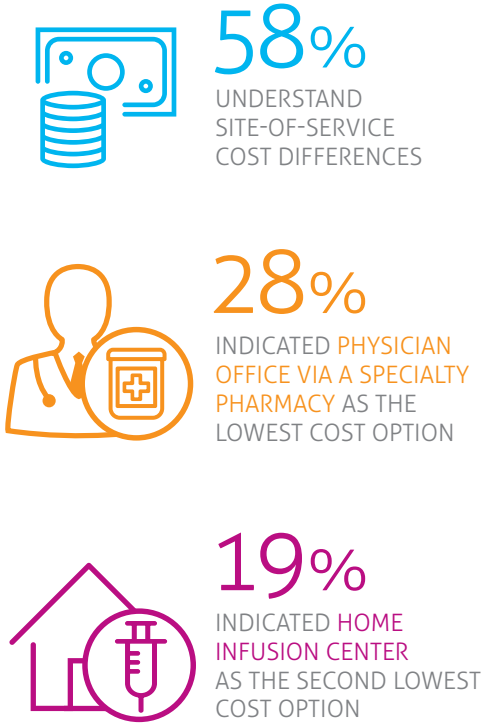
- Seventy-five percent of employer groups indicated an oncology and oncology support spend of 0 to 25 percent. The remaining 25 percent indicated an oncology and oncology support spend of 26 to 50 percent, a shift from 2014 when only 6 percent of employer groups reported oncology and oncology support spend represented 26 to 50 percent of medical benefit spend (***see Figure 19***).

2015 ONCOLOGY AND ONCOLOGY SUPPORT EMPLOYER SPEND



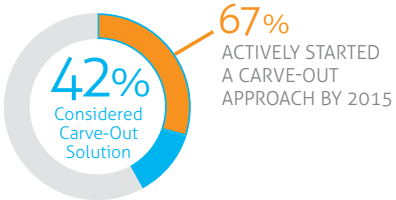
- More than half (58 percent) of employer groups had an understanding of site-of-service cost differences. Only 19 percent of employer groups were able to steer patients toward the lowest cost option. Twenty-eight percent indicated that the physician office via a specialty pharmacy providing medication to the physician was the lowest cost option, and 19 percent indicated a home infusion center was the second lowest cost option (***see Figures 34 and 35***).

SITE-OF-SERVICE COST DIFFERENCE



- Forty-two percent of employer groups considered carve-out or integrated management solutions with their pharmacy benefit manager (PBM). While close to half would consider this carve-out, 72 percent had not been approached by their PBM about this solution. Of the 42 percent that considered this option, 67 percent actively started a carve-out approach by 2015 (***see Figures 49, 50, and 51***).

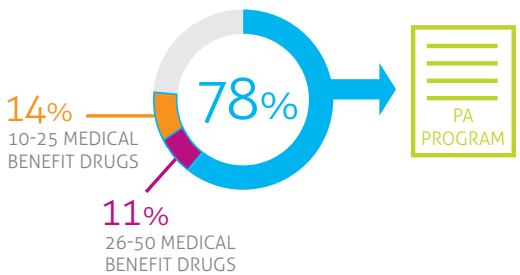
EMPLOYER GROUP CARVE-OUT APPROACH



- Fifty-six percent of employer groups would find it helpful to have a pharmacy consultant available who could answer questions related to overall management of drug benefits. Of those that would find this useful, only 35 percent would be willing to pay for this expertise (***see Figures 56 and 57***).

- For 2015, 78 percent of employer groups had a prior authorization program in place. This represents a 5 percent increase over last year. Of employer groups that knew the number of medical benefit drugs in a prior authorization program, 14 percent had 10 to 25 medical benefit drugs and 11 percent had 26 to 50 medical benefit drugs covered in the program (***see Figures 29 and 31***).

2015 PRIOR AUTHORIZATION AND MEDICAL BENEFIT DRUGS



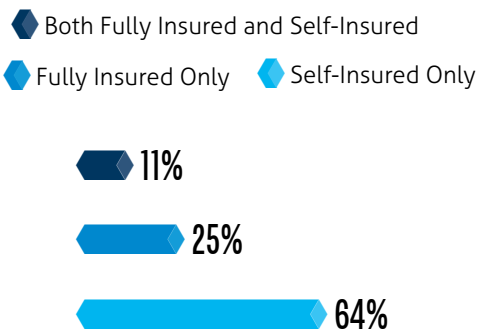
- Thirty-six percent of employer groups provided end-of-life (palliative care) programs for employees. For employer groups that provided these programs, 69 percent did not limit the length of time of the programs (***see Figures 43 and 44***).

Methodology and Demographics

This supplement includes analyses of data from a survey conducted with employer groups ranging in size from 1,000 to more than 500,000 employees. The survey results offered insight into employer-sponsored plans and the management of their medical benefits through medical carriers, TPAs, PBMs, and/or consultants/brokers. The survey questions were related to medical pharmacy drugs (provider-administered infused or injected drugs paid under the medical benefit), also referred to as medical benefit drugs. These medical benefit drugs are commonly used to treat cancer, autoimmune disorders, and immunodeficiencies.

For the 2015 survey, the majority (64 percent) of respondents indicated their employees were under self-insured plans. One-quarter (25 percent) were under fully insured plans and 11 percent had the option of both plan types (***see Figure 1***). This marked a reversal from 2014, when fully insured lives made up 13 percent and both fully and self-insured lives accounted for one-quarter of the respondent sample.

FIGURE 1: Type of Plan Offered



Employer groups offered a variety of medical benefits products to their employees. The majority (47 percent) offered a preferred provider organization (PPO) option, 23 percent offered a consumer-directed health plan (CDHP), and 19 percent offered a health maintenance organization (HMO) option. Three-quarters (75 percent) of employer groups offered one or two plan options to employees (***see Figures 2 and 3***). Both types of products and number of plan choices were similar to 2014, when 51 percent and 18 percent of employees were offered a PPO or CDHP option, respectively.

FIGURE 2: Medical Benefit Products Offered to Employees

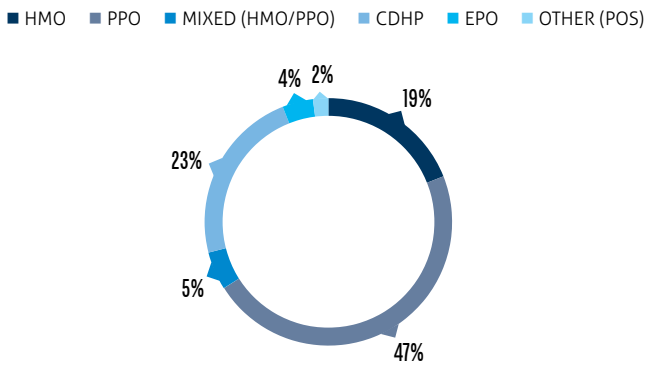
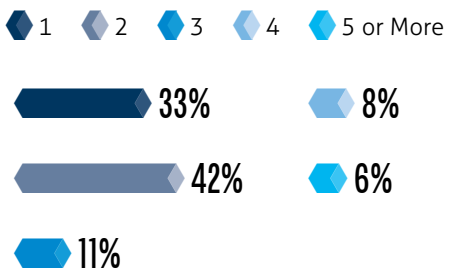


FIGURE 3: Number of Medical Benefit Plan Choices Offered to Employees



The majority (80 percent) of respondents had less than 4,000 employees who were eligible to be covered for medical benefits. Close to half (47 percent) of respondents indicated 1,000 to 3,999 covered lives were enrolled to receive medical benefits. Of the 14 percent of respondents with 4,000 to 14,999 eligible employees, 25 percent of those were enrolled in a plan in which they received medical benefits (***see Figures 4 and 5***).

FIGURE 4: Covered Eligible Employees

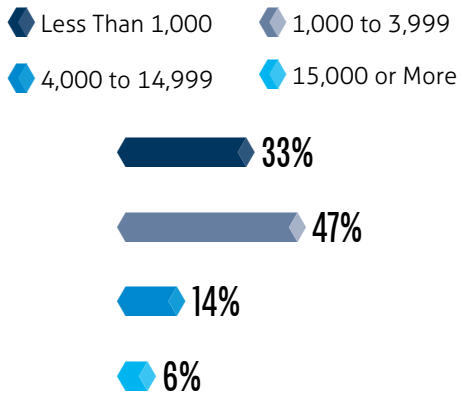
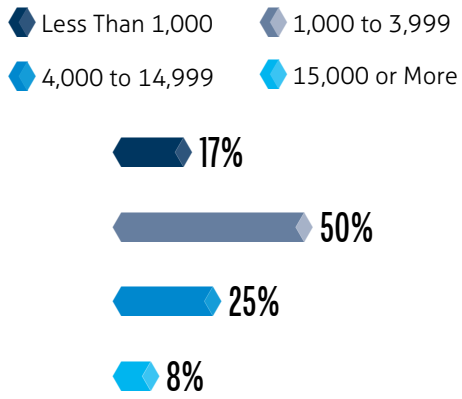
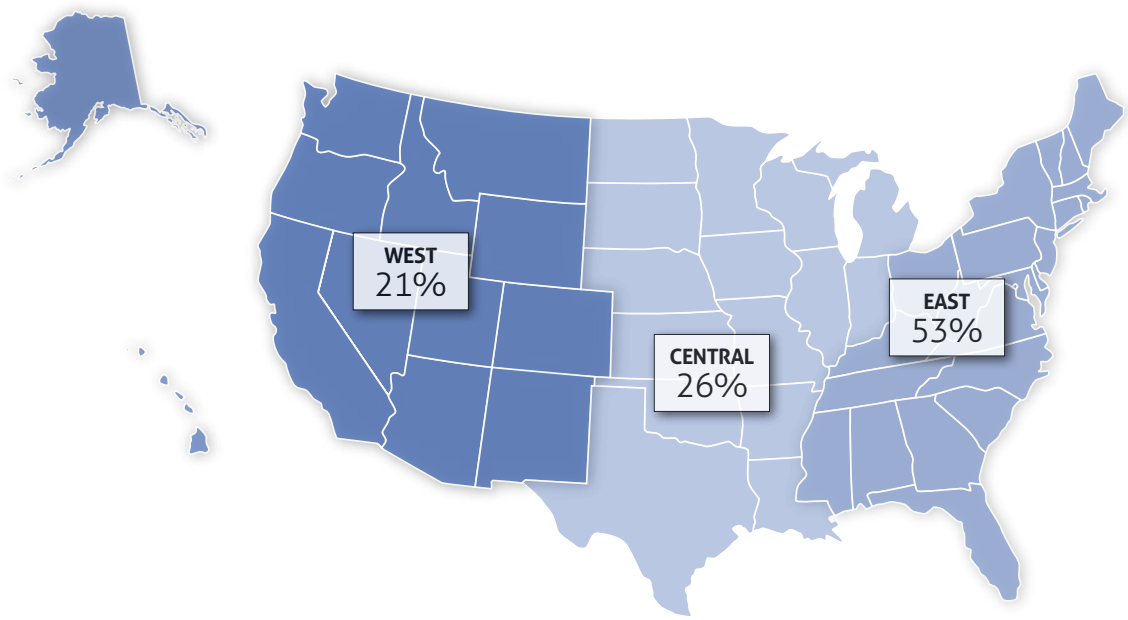


FIGURE 5: Covered Lives Who Received Medical Benefits



Employer groups represented 36 states across the country. More than half (53 percent) of respondents were on the East Coast, a little more than one-quarter (26 percent) were located in the central region, and the remaining 21 percent were employer groups on the West Coast (***see Figure 6***).

FIGURE 6: Geographic Dispersion of Covered Lives



Throughout this supplement, we asked employer groups the type of assistance they received and the influence of their medical benefit administrators. The number of employer groups under a health plan versus a TPA was split close to even, with 56 percent of employer groups under a health plan and 44 percent under a TPA model. This represented a year-over-year increase in the number of TPAs who managed the benefit, from 31 percent in 2014 to 44 percent in 2015. The majority (65 percent) of employer group medical carriers were national organizations and 25 percent were regional. A small number (10 percent) of employer groups were represented by local medical carriers (***see Figures 7 and 8***).

FIGURE 7: Health Plan Versus TPA

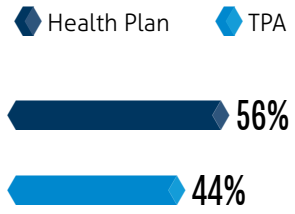
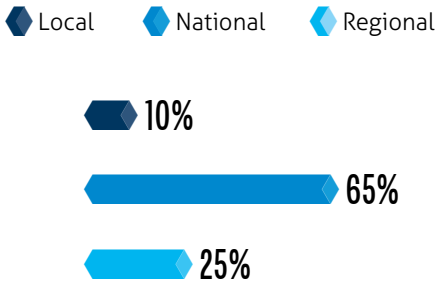


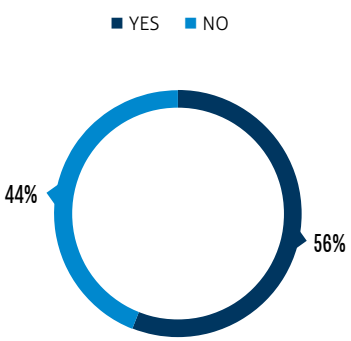
FIGURE 8: Medical Carrier Type



Medical Benefit Drug Spend, Utilization, and Reporting

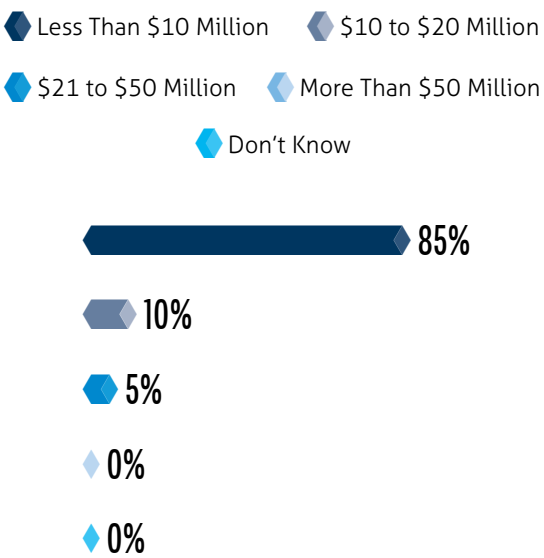
Employer groups often have a better understanding or are more aware of their overall pharmacy benefit spend, while they may have less knowledge about specific drugs billed through the medical benefit. Consistent with information in last year's *Employer Group Supplement*, more than half (56 percent) of employer groups in 2015 were knowledgeable about their organization's drug spend under the medical benefit (***see Figure 9***).

FIGURE 9: Employer Groups Knowledgeable About Drug Spend Under the Medical Benefit



Of those that were aware of their annual medical benefit drug spend, the majority (85 percent) had a spend of less than $10 million. A small number (15 percent) of employer groups had a medical benefit drug spend between $10 and $50 million (***see Figure 10***).

FIGURE 10: Annual Medical Benefit Drug Spend



In 2015, to get a better understanding of employer groups' awareness of the medical benefit drug trend, we asked whether they actively monitored their medical drug trend. More than three-quarters (78 percent) monitored their medical drug trend. Of those, close to two-thirds (64 percent) saw a trend change of 10 percent or less, while one-quarter (25 percent) saw a trend change of 11 to 20 percent (***see Figures 11 and 12***).

FIGURE 11: Monitor Drug Trend

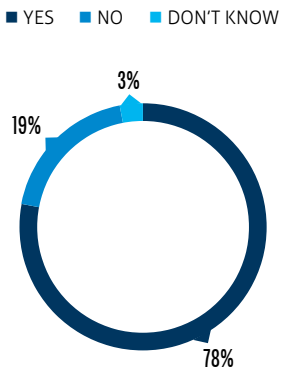
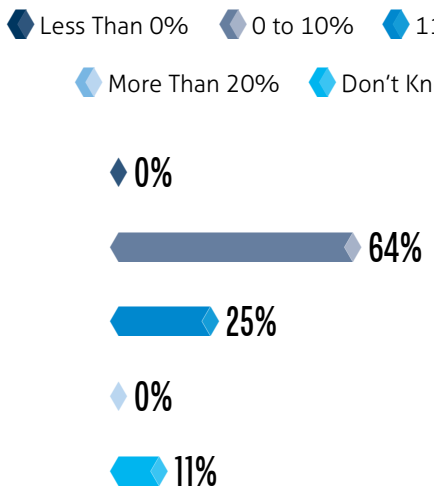
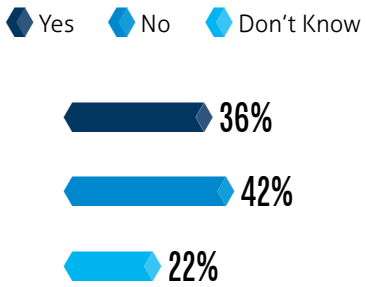


FIGURE 12: Perceived 2015 Medical Benefit Drug Spend



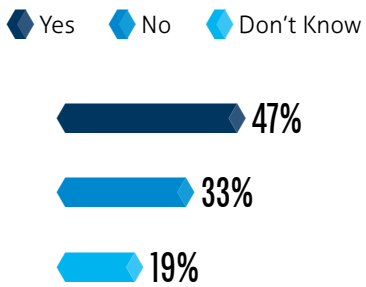
In 2015, more than one-third (36 percent) of employer groups worked with PBMs who had access to drug claims under the medical benefit. This was a decrease from 2014, when 51 percent of employer groups worked with PBMs having this access. There was a slight increase in the percent of employer groups that were unaware of their PBMs' ability to access medical benefit paid claims data, from 18 percent in 2014 to 22 percent in 2015 (***see Figure 13***).

FIGURE 13: Access to Drug Claims Paid Under the Medical Benefit



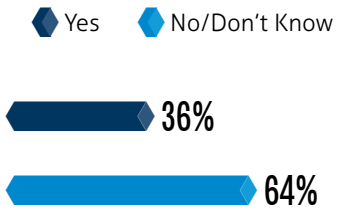
Consistent with 2014, close to half (48 percent in 2014 and 47 percent in 2015) of employer groups worked with PBMs who offered a formal program to manage drug spend under the medical benefit (***see Figure 14***). Fifty-two percent of employer groups relied on another source or were unaware of who managed these rising costs.

FIGURE 14: Formal Program Offered to Manage Drug Spend Under the Medical Benefit



We asked respondents if they maintained a current list of specialty drugs whether on the pharmacy or medical benefit. More than one-third (36 percent) of employer groups maintained a list of specialty drugs. This was a shift from 2014, when more than half (55 percent) of employer groups maintained this list, indicating a potential shift to complete management by employer group PBMs (***see Figure 15***). This change could be driven by a shift in PBM activity when there may not be a formal program to assist the employer group with this management or positioning the benefit for specialty drugs.

FIGURE 15: List of Specialty Drugs Maintained



In line with the employer groups that maintained a list of specialty drugs indicating the respective benefit designation, more than one-quarter (28 percent) of employer groups were aware of the overlap of specialty benefit drugs that can be billed on both the pharmacy and medical benefits. Employer group medical carriers or TPAs most often decided which drugs were designated to the medical or pharmacy benefit. Sixty percent of employer groups indicated that medical carriers and PBMs assisted in determining under what benefit the specialty drugs on the list would fall. Twenty percent of employer groups indicated a TPA assisted in the coverage determination (***see Figures 16 and 17***).

FIGURE 16: Aware of Possible Pharmacy and Medical Benefits Overlap

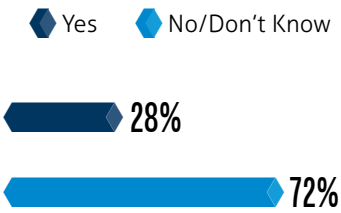
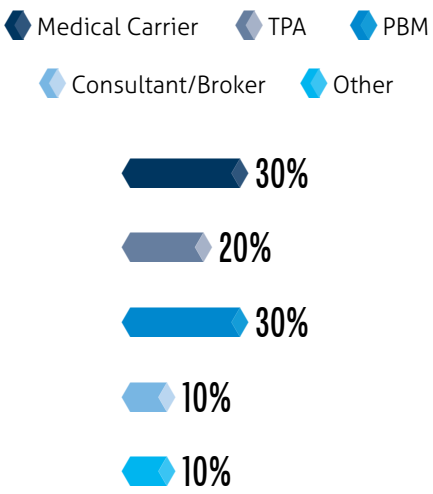


FIGURE 17: Who Determines Benefit Drug Will Be Paid On



Based on data from the *2015 Magellan Rx Management Medical Pharmacy Trend Report,*™ oncology and oncology support represented close to 53 percent of commercial medical pharmacy costs, which is a significant spend for employer groups. It is the most critical driver to increased spending and trending in the medical benefit. Considering this high level of spend, we asked employer groups about their oncology-specific benefit spend.

In 2015, one-third (33 percent) of employer groups knew the percent of their oncology and oncology support spend. Of this third, three-quarters (75 percent) indicated an oncology and oncology support spend of 0 to 25 percent and one-quarter (25 percent) indicated an oncology and oncology support spend of 26 to 50 percent of medical benefit drug spend. This was a large shift from 2014, when 94 percent represented 0 to 25 percent of oncology and oncology support spend and only 6 percent represented 26 to 50 percent of oncology medical benefit spend (***see Figures 18 and 19***).

FIGURE 18: Knowledge of Oncology Drug Spend

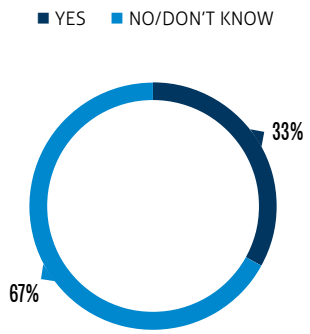
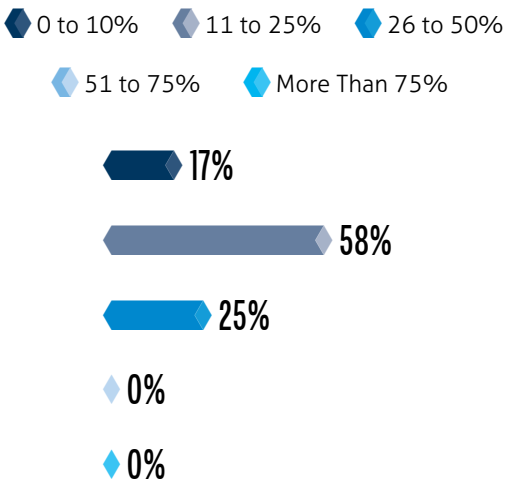


FIGURE 19: Perceived Medical Benefit Oncology Drug Spend



In the *2015 Magellan Rx Management Medical Pharmacy Trend Report,*™ close to one-third (34 percent) of payers implemented an oncology care pilot program. This dynamic was lower with employer groups and their PBMs. Only 17 percent of employer groups had a formal oncology drug program. Employer groups indicated equally that 33 percent of their programs were administered by a medical carrier, a TPA, or another provider (such as a local provider) (***see Figures 20 and 21***).

FIGURE 20: Formal Oncology Drug Program

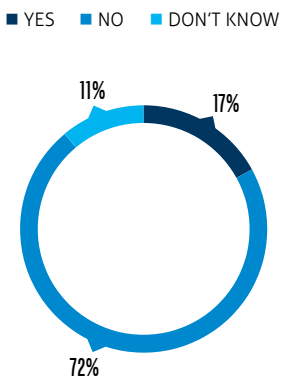
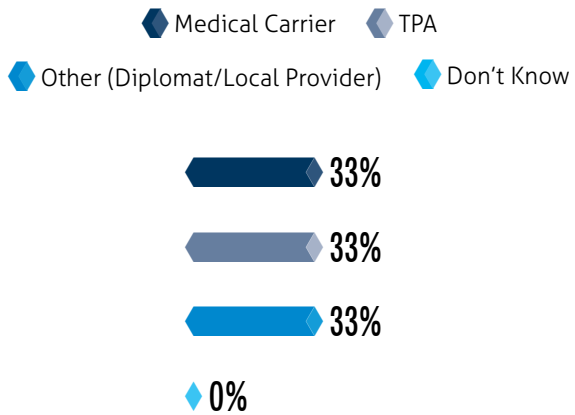


FIGURE 21: Program Administrator



Many employer groups allowed their PBMs to manage the benefits and had minimal input into the structure. PBMs informed the employer groups with reports on benefit performance. In 2015, 78 percent of employer group respondents received data on their medical benefit drugs from their medical carriers. Most often, they received these reports on a monthly (32 percent) or quarterly (29 percent) basis. This is a slight shift from last year, when 39 percent of employer groups received reports quarterly. One-quarter (25 percent) of employer groups received reports on medical benefit drugs on an annual basis (***see Figures 22 and 23***).

FIGURE 22: Received Data on Medical Benefit Drugs from Medical Carrier

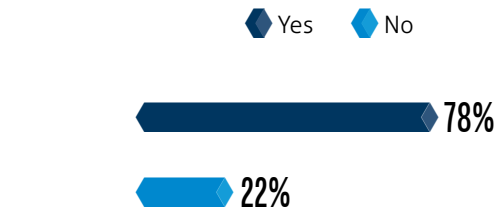
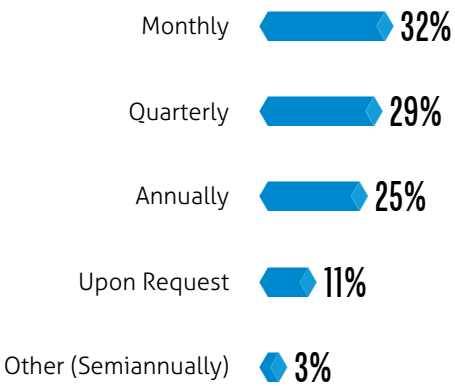


FIGURE 23: Frequency of Data



Ninety-three percent of employer group respondents did not have to pay for these reports and 82 percent thought the reports were clear and understandable. While majority of the respondents who did not answer affirmatively responded with "don't know," 7 percent of employer groups thought the reports were unclear and confusing (***see Figures 24 and 25***).

FIGURE 24: Additional Charge for Data on Medical Benefit Drugs

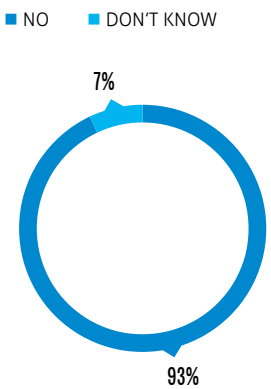
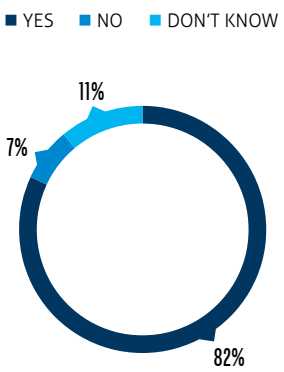
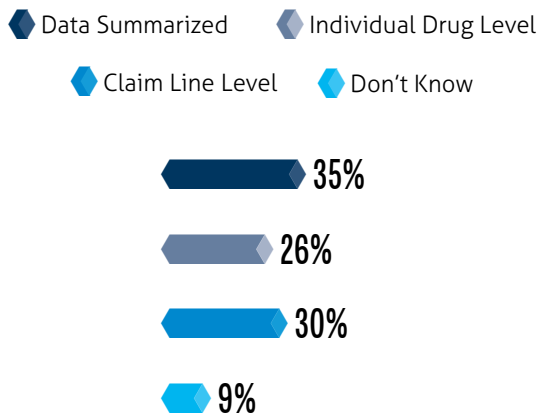


FIGURE 25: Found Data Understandable



The data employer groups received from medical carriers was most often a general summation of the medical claims data. Thirty percent of employer groups received data at the claim line level and 26 percent received data at the individual drug level (***see Figure 26***). It appears that interpretation of the data varied based on the employer group and the medical carrier or TPA.

FIGURE 26: Data Summarized Versus Claim Line Level



One-quarter (25 percent) of employer groups received Healthcare Common Procedure Coding System (HCPCS)-level detail for medical benefit drugs, which was comparable to 2014, when 31 percent received HCPCS-level data. In addition, 72 percent did not receive or were unaware whether they received a cost breakdown based on site of service (***see Figures 27 and 28***).

FIGURE 27: Received HCPCS-Level Data

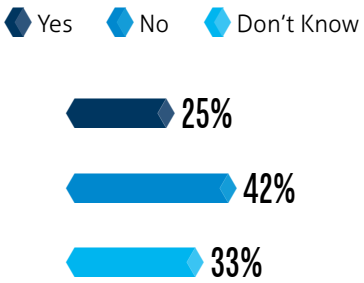
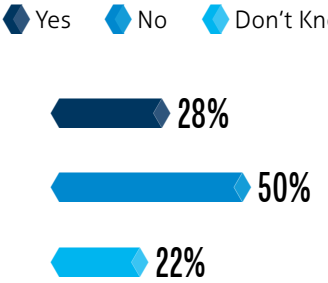


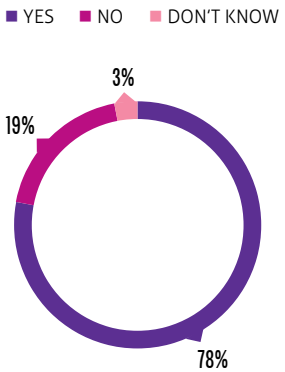
FIGURE 28: Received Data on Cost Difference by Site of Service



Medical Benefit Drug Utilization and Distribution Channel Management

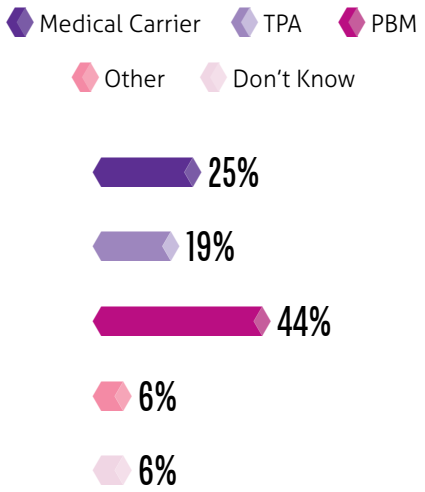
Continuing with the trend of employer groups relying on medical carriers to provide and implement a prior authorization program, 78 percent of employer groups stated they had a prior authorization program in place for 2015. This represented a 5 percent increase over 2014. More employer groups were able to answer this question, with only 3 percent unaware of any program and 19 percent indicating there was no program in place (***see Figure 29***).

FIGURE 29: Prior Authorization Program in Place



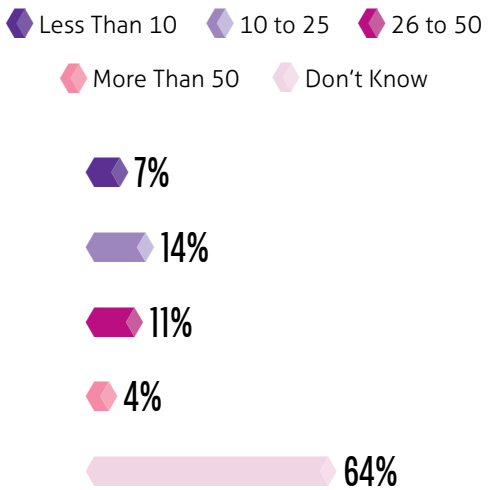
Forty-four percent of respondents indicated their PBM administered their prior authorization program and 25 percent indicated their medical carrier was the administrator. Although from the responses it appears that 44 percent of the PBMs administered the prior authorization programs, we cannot determine whether this was only for specialty drugs paid for via the PBMs or whether the medical drug claims were included. A few respondents indicated they had in-house assistance with their programs (***see Figure 30***).

FIGURE 30: Program Administrator



In line with employer groups turning over their prior authorization programs to medical carriers, 64 percent of employer groups did not know the number of medical benefit drugs currently in their prior authorization program. For those that did know, 14 percent indicated they had 10 to 25 medical benefit drugs and 11 percent had 26 to 50 medical benefit drugs (***see Figure 31***).

FIGURE 31: Number of Drugs in Prior Authorization Program



Overall, the majority (61 percent) of employer groups had input into what drugs were included in the prior authorization program. Consistent with that, 56 percent were aware of the list of drugs included in the prior authorization program. A significant number (25 percent) were unaware of a list and 19 percent did not have knowledge of the prior authorization program drug list (***see Figures 32 and 33***).

FIGURE 32: Input on Prior Authorization Program Drugs

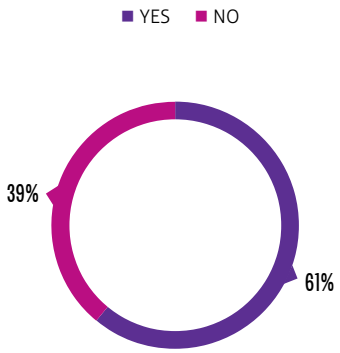
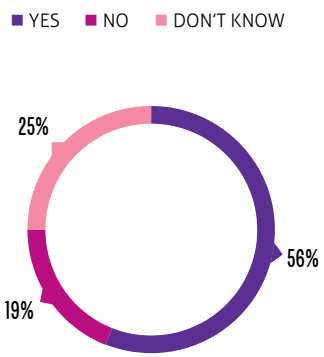
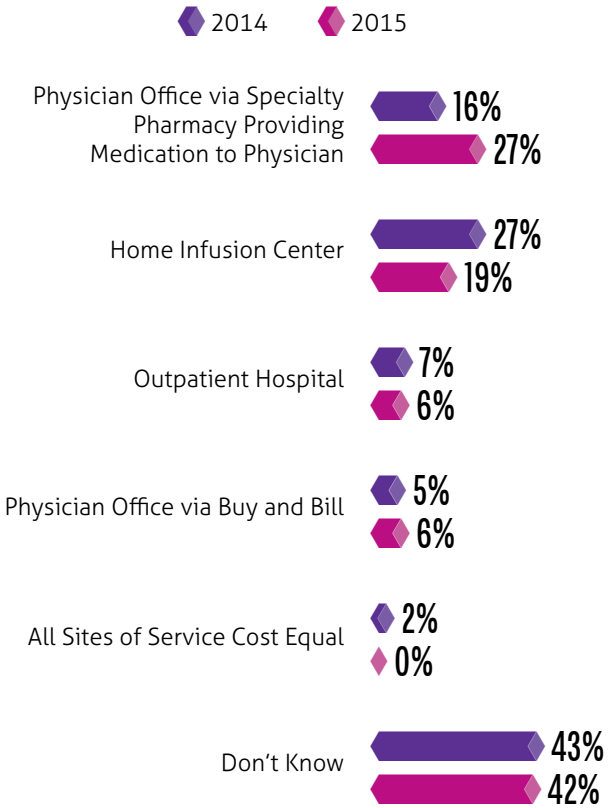


FIGURE 33: Knowledge of List of Program Drugs



Magellan Rx Management wanted to understand how well employer groups knew their overall costs of drugs based on the site of service where those drugs were administered. We asked employer groups whether they had knowledge of the lowest-cost infusion drug option on their medical benefit. Forty-two percent of employer groups were unaware of the lowest cost option, while 27 percent indicated the physician office via a specialty pharmacy providing medication to the physician was the lowest cost option. The second lowest cost option, at 19 percent, was a home infusion center. This was a shift from 2014, when 27 percent indicated a home infusion center was the lowest cost option and 16 percent indicated the physician office via a specialty pharmacy providing the medication (***see Figure 34***).

FIGURE 34: Presumed Lowest-Cost Site of Service



During the prior authorization process, when reviewing the rendering provider, employer groups were not active in steering employees to lower-cost providers. Forty-two percent of employer groups opted not to manage their patients in this manner. More than one-third (39 percent) of respondents were unaware of this practice or this option was not available in their prior authorization program. Down from 2014, 39 percent of employer groups had a medical benefit design that encouraged employees to select lower-cost sites of service for infusion treatment. While more employer groups were unaware of this option (9 percent in 2014 and 19 percent in 2015), 42 percent of employer groups' medical benefit designs did not encourage this practice (***see Figures 35 and 36***).

FIGURE 35: Ability to Steer Employees to Lower-Cost Sites of Service

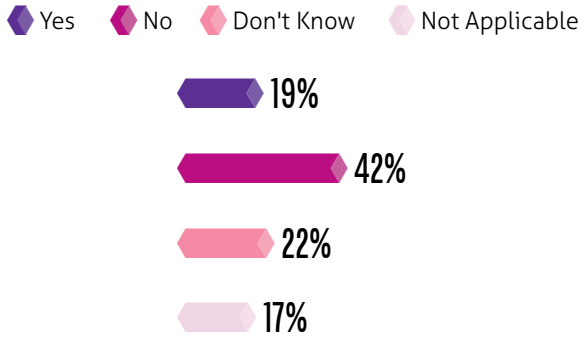
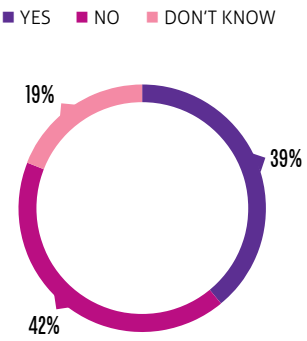


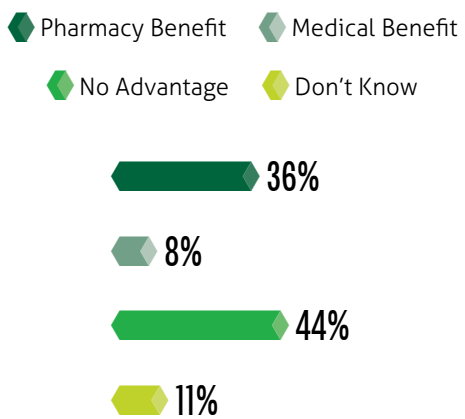
FIGURE 36: Medical Benefit Encouraged Employees to Select Lower-Cost Sites of Service



Benefit Design

In 2015, 44 percent of employer groups indicated there was no cost-share advantage for drugs that may be billed under either the pharmacy or medical benefit. Thirty-six percent of payers indicated there was an advantage to billing specialty drugs under the pharmacy benefit, which is lower than payer perception. In the *2015 Magellan Rx Management Medical Pharmacy Trend Report,*™ 24 percent of payers indicated a cost-share advantage for the pharmacy benefit, while 41 percent indicated a cost-share advantage for the medical benefit (***see Figure 37***).

FIGURE 37: Pharmacy Benefit Versus Medical Benefit



Cost share on the medical benefit was in effect for 83 percent of employees (***see Figure 38***). Most (83 percent) employer groups indicated the structure of their copay-only/coinsurance-only models was consistent with 2014 (***see Figure 39***).

FIGURE 38: Employee Cost Share for Medical Benefit Drugs

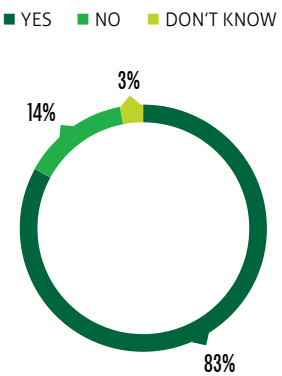
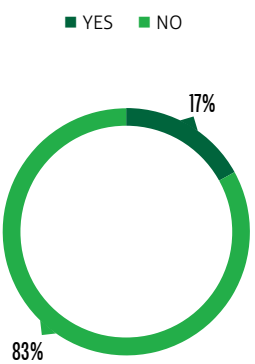
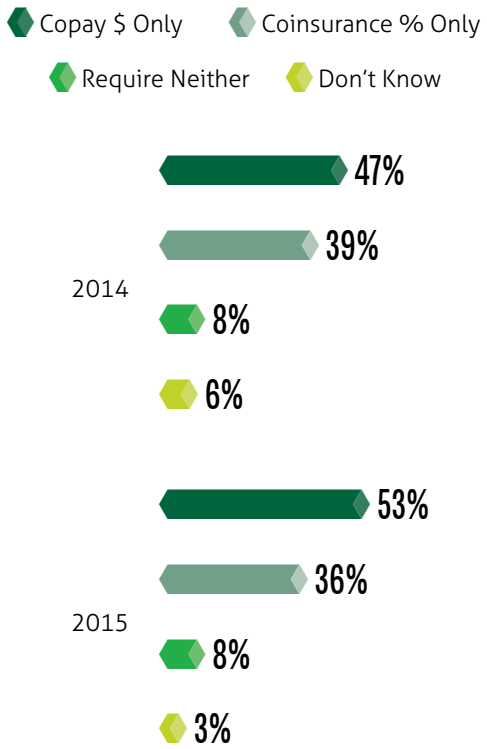


FIGURE 39: Change in Benefit Structure



Magellan Rx Management asked employer groups to compare their cost-share structure between 2014 and 2015. Employer groups indicated an increase in copay-only models from 47 percent to 53 percent, while about one-third (39 percent in 2014 and 36 percent in 2015) of employees were under a coinsurance-only model (***see Figure 40***).

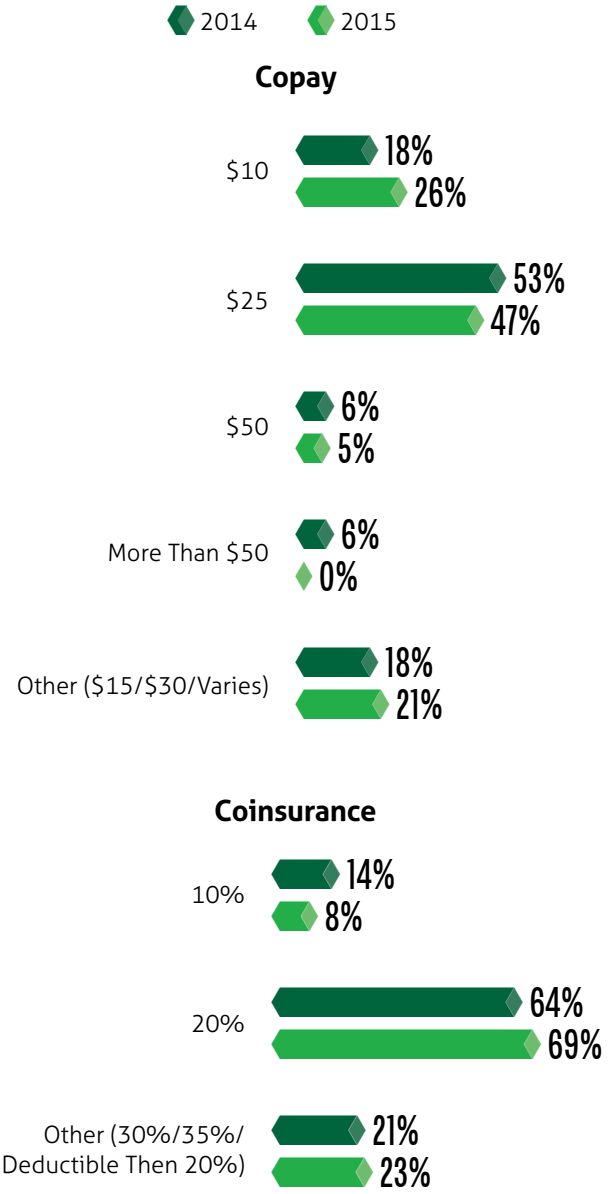
FIGURE 40: 2014 Cost-Share Type Versus 2015 Cost-Share Type



Year over year, the copay dollar amount and coinsurance percentage have stayed relatively steady. In 2015, 47 percent of employer groups implemented a $25 copay for employees. The majority of employer groups had copays between $10 and $49. A small number (5 percent) of employer groups had copays of exactly $50. In 2014, some employer groups indicated a copay of more than $50, but that disappeared in 2015. Taking this as an average, it mirrored the *2015 Magellan Rx Management Medical Pharmacy Trend Report,*™ in which payers indicated an average copay of $44.

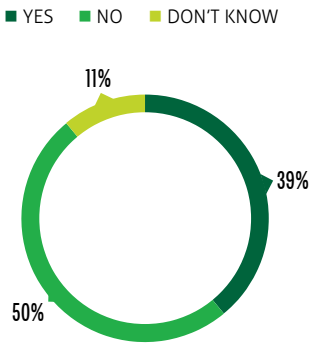
The coinsurance model is more straightforward, with 69 percent of employer groups in 2015 at a 20 percent coinsurance amount for their employees. Another 23 percent of employer groups indicated a coinsurance rate between 30 and 35 percent. One employer in the "other" category indicated the coinsurance model included a deductible on top of a 20 percent coinsurance (***see Figure 41***). Again, averaging across employer group responses, these coinsurance amounts paralleled the 2015 trend report, in which payers indicated an average of 19 percent for coinsurance.

FIGURE 41: Employee Contributions for Medical Benefit Drugs 2014-2015



Fifty percent of survey respondents indicated there was no additional copay for medical benefit drugs when they were provided at an office visit (***see Figure 42***). This was consistent with 2014, when 55 percent of employees were not charged an additional copay.

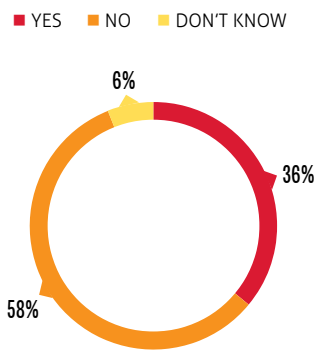
FIGURE 42: Additional Employee Cost Share for Medical Benefit Drugs



Medical Benefit Drug Management Programs

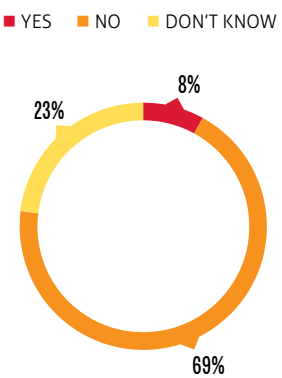
Thirty-six percent of employer groups provided end-of-life (palliative care) programs for their employees (***see Figure 43***). This was a lower rate than what payers indicated in the *2015 Magellan Rx Management Medical Pharmacy Trend Report,*™ although in the employer group survey, there were no qualifications that these programs were for oncology patients as was specified in the trend report. This rate also was lower than 2014, when 45 percent of employer groups provided end-of-life programs.

FIGURE 43: End-of-Life Program for Employees



For those that provided end-of-life programs, majority (69 percent) did not limit the length of time of the programs. Twenty-three percent were uncertain if the amount of time in the program was limited (***see Figure 44***). The employer groups that restricted enrollment time in the palliative program indicated a limit of six months.

FIGURE 44: Limited Time for End-of-Life Benefit Management Programs



In 2015, there was more participation in disease-specific care management programs, with 78 percent of employer groups providing these programs. More than half (53 percent) of employer groups included drug management with their care management program (***see Figures 45 and 46***).

FIGURE 45: Disease-Specific Care Management Program

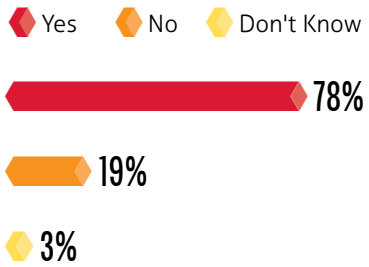
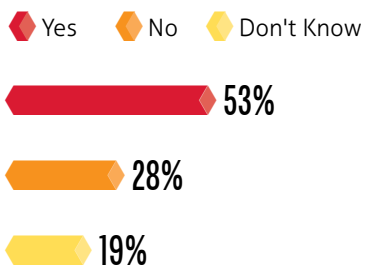
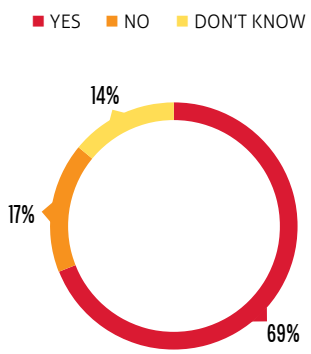


FIGURE 46: Care Management Program Including Drug Management



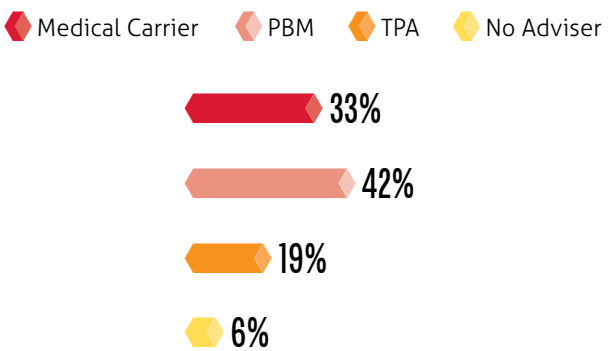
Overall, employer groups were satisfied with the current management solution for medical benefit drugs. In 2015, 69 percent of employer groups were satisfied and 17 percent were not (***see Figure 47***).

FIGURE 47: Satisfied with Current Management Solution for Medical Benefit Drugs



Regarding when new high-cost drugs were released for use, 42 percent of employer groups were advised by their PBM and 33 percent by their medical carrier. A small segment (6 percent) of employer groups did not have an adviser (***see Figure 48***).

FIGURE 48: Adviser on Release of High-Cost Drugs



Forty-two percent of employer groups considered a carve-out or integrated management solution with their PBM. This was similar to 2014, when 48 percent considered a carve-out solution. While close to half would consider a carve-out option, 72 percent had not been approached by their PBM about this solution (***see Figures 49 and 50***). For the 42 percent that considered this option, 67 percent actively started a carve-out approach (***see Figure 51***).

FIGURE 49: Considered Carve-Out Solution with PBM

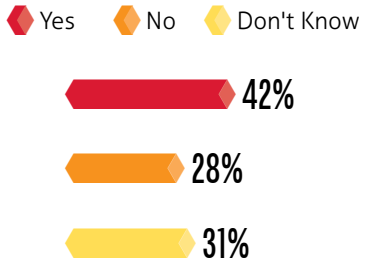


FIGURE 50: Approached by PBM About Carve-Out Solution

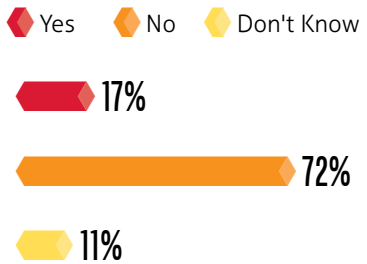
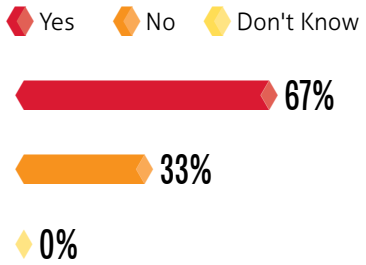
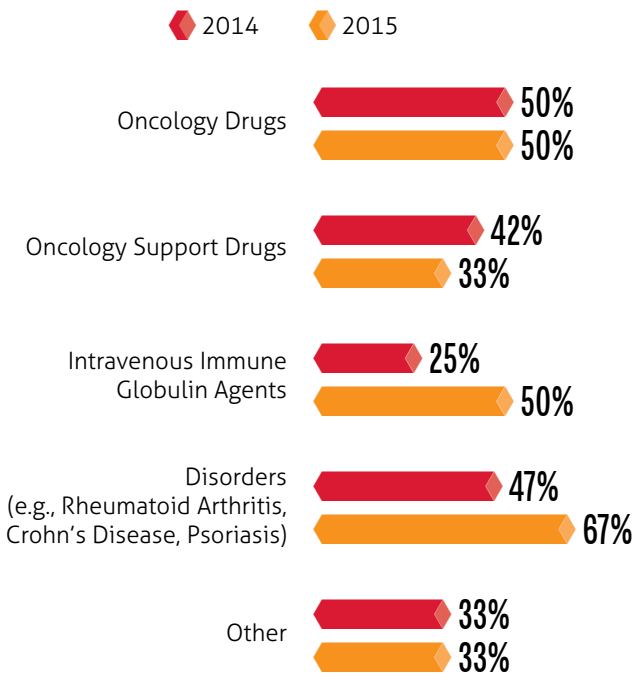


FIGURE 51: Have Begun Carve-Out Solution



Sixty-seven percent of employer groups that had actively carved out to the pharmacy benefit identified disorders (e.g., rheumatoid arthritis, Crohn's disease, psoriasis) as the main carved-out category. Fifty percent of employer groups also carved out oncology drugs and intravenous immune globulin agents (***see Figure 52***).

FIGURE 52: Types of Drugs to Carve Out to the Pharmacy Benefit



Some employer groups opted to manage medical benefit drugs through an alternative on-site clinic for their employees, where the employer group could control cost of the drug and its administration. One-third (33 percent) of employer group respondents opted for this approach (***see Figure 53***). For those with an on-site clinic, 33 percent offered drug infusions at the clinic, which was lower than 2014, when 46 percent had an on-site clinic offering drug infusions (***see Figure 54***).

FIGURE 53: On-Site Clinic for Employees

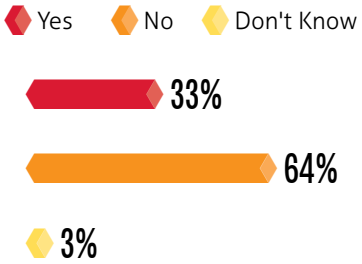
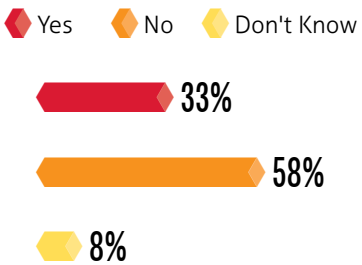


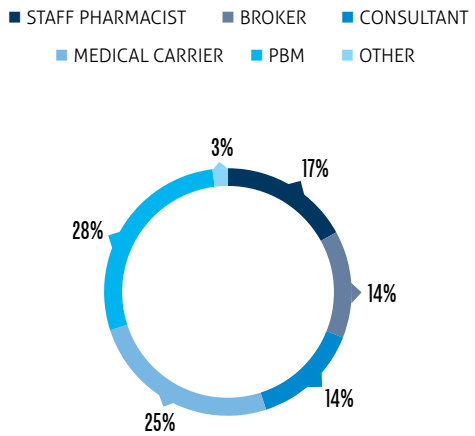
FIGURE 54: On-Site Clinic for Employees for Drug Infusions



Comprehensive Drug Management

Even with many employer groups being more hands off regarding the management of medical benefits, they still must be knowledgeable about changes to pharmacy benefits. Twenty-eight percent of employer groups received pharmacy intelligence from their PBM, while 25 percent received this information from their medical carrier. Seventeen percent of employer groups relied on a staff pharmacist to stay up to date on changes in the pharmaceutical industry (***see Figure 55***).

FIGURE 55: Primary Provider of Pharmacy Intelligence



In line with staff pharmacists providing intelligence to employer groups, other potential means of gathering intelligence regarding pharmacy benefits were through a benefit consultant or a drug benefit expert. Fifty-six percent of employer groups would find it useful to have a pharmacy consultant who could answer questions related to overall management of drug benefits, up from 50 percent in 2014 (***see Figure 56***). Of those who would find this useful, only 35 percent would be willing to pay for this expertise (***see Figure 57***).

FIGURE 56: Prefer Pharmacy Consultant to Help Manage Overall Drug Spend

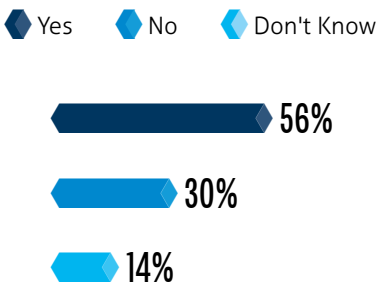
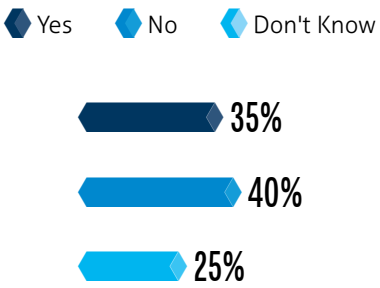


FIGURE 57: Pay for Pharmacy Consultant to Help Manage Overall Drug Spend



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