Lower your cost of care by uniting pharmacy with medical benefits.

United Healthcare | **OPTUM Rx®**

How a full view lowers your total cost of care.

Our research shows that combining pharmacy benefits with your medical plan is central to improving outcomes and containing costs. A full view helps us rapidly engage your employees to make informed choices. It also helps us better engage with their physicians to close gaps in care, enabling better overall quality care.

Maria

Managing specialty medication costs.

Learn what makes **Maria's** clinically proven cancer treatment so cost-effective.

Jack and Julia

Inspiring employees to make informed health choices.

Discover why we offer different health choices to **Jack and Julia,** who both have the same conditions.

We keep employees at the center of everything we do, providing tailored and coordinated support throughout their care journey.

With a clear view into your full pharmacy and medical picture, our ability to manage your total cost of care is amplified.

Some employers have realized incremental medical cost savings of up to

$25 per member per month.[1]

Dr. Lee

Helping physicians optimize care and outcomes.

Find out how we help physicians like **Dr. Lee** provide better care to your employees—at a lower cost.

David

Ensuring covered medications are at the lowest cost.

Understand how the price for **David's** insulin is designed to maximize adherence.

Audrey

Lowering your total cost of care.

See what **Audrey's** effective integration strategy could mean for you.

Look for this symbol to better understand the power of integration.

Managing specialty medication costs.

Specialty medications are only used by 1%–2% of the population.[2] But the treatments are extremely costly. We are uniquely positioned to offer an integrated approach to managing specialty conditions across both medical and pharmacy benefits.

Cancer. Rheumatoid arthritis. Multiple sclerosis. And many other complex conditions require specialty medications.

45% of your specialty spend is medical.[3]

$**4,100** average monthly treatment cost.[2]

50% of new prescription drug approvals.[2]

Through an integrated approach, management strategies control costs on both the pharmacy and medical benefit. Today, half of new prescription drug approvals are for specialty medications. Moving forward, with 35% of the specialty pipeline being new cancer medications, an integrated approach will be even more important.[4]

The problem with a partial view.

Many employers understand the impact of the top 5 classes of specialty spend under the pharmacy benefit. However, without a full view, you're missing the opportunity to holistically manage many of the top spend categories across both benefits.

82%

of UnitedHealthcare **pharmacy** specialty spend is within 5 classes:[3]

1. Inflammatory conditions (e.g., rheumatoid arthritis)
2. Oncology
3. HIV
4. Multiple sclerosis
5. Cystic fibrosis

86%

of UnitedHealthcare **medical** specialty spend is within 5 classes:[3]

1. Oncology
2. Inflammatory conditions (e.g., rheumatoid arthritis)
3. Multiple sclerosis
4. Immune globulin
5. Other rare conditions *

*Includes orphan medications, such as Spinraza, Soliris, Exondys and some enzyme-deficiency medications.

Maria's story

Maria's cancer treatment is complicated—all the more reason to coordinate her care.

Maria needs oral medication and infusion therapy—as well as help for her depression. She is representative of countless people being treated for multiple conditions.

Siloed care complicates an already complex situation.

If Maria's medical and pharmacy benefits are not integrated, her care teams will be limited in their view of her overall needs. Now consider what happens when you bring your pharmacy and medical benefits together, enabling us to manage Maria's conditions from a 360-degree perspective.

- **Personalized, condition-specific testing and therapy.**
  As part of identifying the best medication regimen specifically for Maria, her coordinated care team can verify the physician has used genetic testing to determine which therapy will work best for her cancer. We give Maria's physician oncology treatment options based on national guidelines to help identify the most appropriate cancer treatment pathway.

- **Coordinated prior authorization.**
  If her medical and pharmacy benefits are integrated, there is a streamlined authorization process for her cancer therapy based on her specific treatment plan. Her oncologist has full line of sight to coordinated and timely medication approval.

- **Site of care.**
  Where a patient gets treated makes a significant difference in their comfort and in your cost. In some cases, the patient can be treated from the convenience of home, helping reduce employee and employer costs.

$4,000
savings per infusion.*

Based on an innovative program in development, Maria could receive Herceptin at home. The pilot shows an estimated savings of $4,000 per infusion.[5] On average, when site of care is optimized through home infusion, employers save 30%–50%.[6]

~35%-40%
savings using a biosimilar management strategy.[7]

Additionally, by partnering with Maria's provider, it may be appropriate to switch to Kanjinti, a preferred lower-cost biosimilar option for Herceptin with no evidence of clinical differences.

Inspiring employees to make more informed health choices.

It can be challenging for employees and their families to understand the right care for them. What if they could get unique pharmacy and medical information with clear choices that lead to better financial and health outcomes? This can happen with integration.

Jack and Julia's story

A tale of 2 employees.

Imagine 2 employees who both suffer from lower back pain and asthma. Using predictive modeling of both pharmacy and medical data, we are able to know which health priorities Jack and Julia are most likely to engage in.

- **Personalizing health and savings opportunities.**
  The right health priority for Jack might not be right for Julia. When both called with a medication question, they were asked questions beyond the reason for their call to identify their health priorities based on predictive modeling. Jack was inspired to try a weight-loss program using his app and Julia opted for physical therapy. By personalizing choices beyond pharmacy, **we increase engagement and acceptance more than 62% of the time**—far higher than traditional care management program outreach.[8]

- **Delivering an integrated experience.**
  Jack and Julia are connected to their nurse, pharmacy team, wellness and weight-loss support. They can also engage with additional resources through their integrated digital experience. Across medical and pharmacy, employees use 1 app or website to cost-effectively support their health journeys.

- **Increasing overall satisfaction.**
  Integration fuels our advocacy model so that we can connect employees with the right programs at the right time—measurably increasing employee satisfaction.

Ranked offers for Jack:
1. Weight loss
2. Physical therapy
3. Lower-cost alternative

Ranked offers for Julia:
1. Lower-cost alternative
2. Physical therapy
3. Weight loss

With integrated pharmacy and medical:[9]

25% more program referrals.

18% better risk identification.

Helping physicians optimize care and outcomes.

Integrating your medical with pharmacy benefits significantly expands a physician's reach. In fact, the more information available on their patients, the more they can do to help improve health outcomes and lower overall costs.

Dr. Lee's story

This is what integration means to Dr. Lee—and how it may benefit you.

Dr. Lee's practice uses PreCheck MyScript®. It makes it easier for her to learn in real time if a medication is covered by the employee's benefit plan, and provides the cost, lower-cost alternatives and notes if it requires prior authorization.

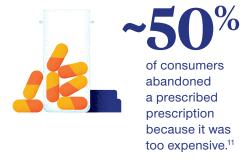- **Saving costs and time at the pharmacy.**
  By using PreCheck MyScript, Dr. Lee can tell the employee how much the prescription will cost and make sure it will already be approved by the time the employee goes to the pharmacy. It will also highlight which pharmacy (home delivery or retail) will yield the most affordable prescription.

- **Helping reduce opioid abuse.**
  Based on a member's claims history, if Dr. Lee inputs a morphine prescription, PreCheck MyScript will alert her if a member may be pregnant or if the dosage exceeds the recommended Centers for Disease Control limit.

- **Avoiding prior authorizations.**
  We also utilize medical claims to completely avoid up to **about 40%[10] of pharmacy prior authorizations through another innovation called Medical Diagnosis to Script.** When Dr. Lee submits a new prescription, our data will match that prescription with the medical diagnosis code in the claims history to avoid the need for prior authorizations.

~50%

of consumers abandoned a prescribed prescription because it was too expensive.[11]

PreCheck MyScript Results

Employees	$225 savings per prescription fill.[12]
	Up to 4% improved medication adherence for 3 chronic conditions.[13]
Clients	$415 savings per prescription switched.[13]
Physicians	Up to 50 minutes and $41 saved per avoided prior authorization.[13]

Ensuring covered medications are at the lowest cost.

When you combine medical with pharmacy data, you have the insights you need to aggressively drive to the lowest net cost. This is what makes integration so different from standalone pharmacy benefit managers.

David's story

A key reason David's diabetes is controlled: His insulin is affordable.

David manages multiple conditions: diabetes and chronic migraines. If David doesn't manage his diabetes, he risks serious health problems that can lead to lost productivity and expensive medical complications. Since non-adherence for diabetes increases costs, it makes sense to help employees get the most affordable medications to stay adherent from the start. That's why we place the most commonly used insulins in the lower-cost-share tier.

Investing in David's adherence is just one way to lower the total cost of care. Consider these other strategies made possible by driving every decision across *all* benefits.

- **Paying for clinical outcomes.**
  Armed with medical data to accurately measure results in a meaningful way, we compel prescription drug manufacturers to deliver on defined outcomes. For example, if David doesn't achieve expected results such as lower A1C levels, manufacturers are at risk for refunding part of the medication cost. Our strategies ensure we are covering the best medications with the best outcomes.

- **Innovative total cost of care strategies.**
  David also struggles with migraines. By combining medical with pharmacy data, we can determine if a higher-priced migraine medication is appropriate to cover because it may more effectively help David avoid chronic migraines. We will then cover the higher-priced medication because it will offset overall medical costs.

$1,328

average savings per member per month through better-controlled diabetes, according to national studies.[14]

Lowering your total cost of care.

The need to drive down total cost of care is as real for us as it is for you. We are managing our own trend, too—insuring ~8,000,000 lives—so we share your point of view. That's why we are able to guide you to a strategy that can have a dramatic impact on the total cost of care.

Audrey's story

This is why Audrey is so confident about her company's strategy— and you can be, too.

Our most robust set of integrated solutions can realize **up to $25 per member per month incremental medical savings**[1] for your organization. Through this differentiated approach, your pharmacy and medical benefits work together to enable actionable insights to fuel full coordination and engagement. This integration helps improve both health and savings outcomes.

- **Actionable insights.**
  Our proprietary analytic framework provides actionable insights to support personalized and targeted employee outreach efforts. Integration happens across a combination of OptumRx® pharmacy care services, UnitedHealthcare medical benefits, comprehensive clinical management programs and our advocacy approach.

- **Synchronized teams.**
  Synchronized teams, including 85,000 clinical professionals, work as one to help Maria, Jack, Julia and David get personalized health and savings opportunities at the right time. And Dr. Lee gets timely information to guide health and cost decisions.

- **Lower costs, increased engagement and adherence.**
  For employers with integrated pharmacy versus a carve-out pharmacy, savings are achieved through disease management programs, such as Maria's cancer care, engaging Jack and Julia to close gaps in care, and avoiding adverse events such as helping David manage his diabetes.

Actual improvements have included:

11% lower emergency room costs.[15]

15% lower inpatient costs.[15]

21% higher clinical engagement.[9]

Up to **18%** increase in medication adherence for the top chronic conditions.[15]

Results and savings may vary.

Drawing on our deep experience to achieve your goals.

Years of experience have demonstrated that integrating pharmacy with medical benefits delivers consistent and measurable improvement in health and savings outcomes—and a lower total cost of care. Learn what the power of integration can mean for you and your employees.

This is the power of integrating pharmacy and medical.

Contact your UnitedHealthcare representative for more information.

United Healthcare | **OPTUM Rx®**

[1] The average per member per month medical cost savings is $11–$16. Actual guaranteed savings will vary based on benefit, program design and population size. Study based on 2017 claims data for 3.3M members measuring the medical savings impact of synchronized medical and pharmacy benefits and capabilities.

[2] OptumRx commercial clients, calendar year 2018 data. Note: Average ingredient cost can have wide variation based on drug mix within a specific population.

[3] Based on 2018 FY Fully Insured Allowed Amount data.

[4] Pharmaprojects®, January 2019.

[5] Site-of-care MedExpress pilot program, 2019.

[6] Legacy commercial fully insured UnitedHealthcare site-of-care shift savings, May 2018. Inflammatory Medication Site of Care is an add-on.

[7] Projected savings analysis based on 2018 UnitedHealthcare book-of-business claims data.

[8] Jan.–Oct. 2018 Optum® book-of-business analysis of the Next-Best Action Program.

[9] Analyzed 2018 data comparing group of clients on Advocate4Me Elite package to clients not on the package. Costs were normalized for risk, age/gender, geography and other plan design factors that can impact costs. The cost comparison was validated across UnitedHealthcare's different service locations where this cohort comparison could be analyzed with sufficient sample sizes. This is an example of potential savings—savings are not guaranteed.

[10] As of March 2018, program medication types include ADHD, multiple sclerosis, narcolepsy, dry eye syndrome, post-herpetic neuralgia (lidocaine patch), anticonvulsants (select single-source brands) and preferred anti-inflammatory medications. We continue to evaluate additional medications to add to the program.

[11] https://www.healthcarefinancenews.com/news/nearly-half-consumers-abandoned-prescription-pharmacy-because-it-was-too-expensive.

[12] OptumRx analysis of full year 2019 trial claim and production claim data. January 2019–December 2019 based on 5.2 million members, >230,000 providers and 37.8 million transactions using PreCheck MyScript.

[13] OptumRx internal data, July 2019. Third-party analysis of OptumRx claims data. September 2018—August 2019 based on 4.6 million members, >180,000 providers and 28.2 million transactions.

[14] American Diabetes Association, 2018.

[15] Based on 2017 claims data for 3.3M members measuring the medical savings impact of synchronized medical and pharmacy benefits and capabilities.