



JOSH GREEN, M.D.
GOVERNOR
SYLVIA LUKE
LIEUTENANT GOVERNOR

STATE OF HAWAII
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
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DONNA A. TONAKI

April 3, 2024

NOTICE OF MEETING
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
BENEFITS COMMITTEE

DATE: April 9, 2024, Tuesday
TIME: 9:00 a.m.
PLACE: HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND (EUTF)
CITY FINANCIAL TOWER
201 MERCHANT STREET, SUITE 1700
HONOLULU, HAWAII

A G E N D A

**OPEN SESSION PARTICIPATION IN PERSON, VIA TELECONFERENCE AND
VIA TELEPHONE**
(see below for teleconference and telephone details)

- I. Call to Order
- II. Review of Minutes – February 6, 2024
- III. New Business
 - A. CVS/SSI Semi-Annual Utilization Report for the period ending December 31, 2023
 - B. Segal Closed Non-Specialty Formulary Analysis (informational only)
 - C. CVS/SSI Prescription Drug Plan Changes
 1. Auvi-Q Formulary Update
 2. Antidiabetic GLP-1 Smart Logic Update (informational only)
 3. Inflation Reduction Act Update
- IV. Next Meeting – May 21, 2024
The next meeting agenda will include the HMSA, Kaiser Permanente, HDS, and VSP utilization reports and Segal retiree annual report for the period ending December 31, 2023 and retiree plan changes effective January 1, 2025.
- V. Adjournment

EUTF's Mission: We care for the health and well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and meet their changing needs. We provide informed service that is excellent, courteous, and compassionate.

If you need an auxiliary aid/service or other accommodation due to a disability, please contact Ms. Desiree Yamauchi at (808) 587-5434 or eutfadmin@hawaii.gov, as soon as possible, preferably at least 3 business days prior to the meeting. Requests made as early as possible have a greater likelihood of being fulfilled.

Testimony may be submitted prior to the meeting via email to eutfadmin@hawaii.gov or via postal mail to: Hawaii Employer-Union Health Benefits Trust Fund, Attn: Benefits Committee-Testimony, 201 Merchant Street, Suite 1700, Honolulu, HI 96813. Please include the word “testimony”, the agenda item number, and subject matter following the address line. There is no deadline for submission of testimony, however, the EUTF requests that all written testimony be received no later than 9:00 a.m., one (1) business day prior to the meeting date in order to afford Board members adequate time to review materials.

To view the meeting and provide live oral testimony during the meeting, following are the Microsoft Teams Meeting details:

- [Click here to join the meeting](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZDQ1MmU0YjEtODJjYS00Y2Y4LTk2OWYtNzBjZDQ3YThjMmQz%40thread.v2/0?context=%7b%22Tid%22%3a%223847dec6-63b2-43f9-a6d0-58a40aaa1a10%22%2c%22Oid%22%3a%221ec28820-992a-428a-a6a0-44c156209163%22%7d) or copy and paste the following URL into your browser:
https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZDQ1MmU0YjEtODJjYS00Y2Y4LTk2OWYtNzBjZDQ3YThjMmQz%40thread.v2/0?context=%7b%22Tid%22%3a%223847dec6-63b2-43f9-a6d0-58a40aaa1a10%22%2c%22Oid%22%3a%221ec28820-992a-428a-a6a0-44c156209163%22%7d
 - For instructions to turn on live captions in Microsoft Teams, [please click here](#).
- Dial-in number: [+1 808-829-4853](tel:+18088294853) United States, Honolulu (Toll)
- Phone Conference ID: 521 724 497#

The Board packet can be accessed at the EUTF website (eutf.hawaii.gov) through the Events Calendar forty-eight (48) hours prior to the meeting. A copy of the packet will also be available for public inspection in the EUTF office at that time.

Please contact Ms. Desiree Yamauchi at (808) 587-5434 or eutfadmin@hawaii.gov if you have any questions.

Upon request, an electronic copy of this notice can be provided.

1 HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
2 Minutes of the Benefits Committee Meeting
3 Tuesday, February 6, 2024
4

5 TRUSTEES PRESENT

6 Mr. Osa Tui, Chairperson Ms. Sabrina Nasir (via video conference)
7 Mr. Wesley Machida, Vice Chairperson (via video conference) Ms. Maureen Wakuzawa
8 Ms. Jacqueline Ferguson-Miyamoto Mr. James Wataru (entered at 9:29 a.m.)
9 Ms. Audrey Hidano Mr. Ryan Yamane

10
11 TRUSTEES ABSENT

12 Mr. Christian Fern Mr. Robert Yu

13
14 ATTORNEY

15 Mr. Michael Chambrella, Deputy Attorney General

16
17 EUTF STAFF

18 Mr. Derek Mizuno, Administrator Ms. Lara Nitta
19 Ms. Desiree Yamauchi Ms. Melissa-Kim Tom

20
21 CONSULTANTS (via video conference)

22 Ms. Shelley Chun, Segal Mr. Stephen Murphy, Segal
23 Ms. Sarah Gunderson, Segal

24
25 OTHERS PRESENT (via video conference or teleconference, unless otherwise noted)

26 Mr. Blaise Aquino, HMSA Ms. Joey Lee, HDS
27 Ms. Stacia Baek, HDS Mr. Chris Letoto, HMSA (in person)
28 Ms. Sandra Benevides, CVS Ms. Denise Mercil, Securian
29 Ms. Carol Bernal, HMA Dr. Christopher Miura, Kaiser (in person)
30 Mr. Ty Bowers, CVS Mr. Dave Shiroma, Kaiser
31 Mr. Su Chai, Kaiser Ms. Jenny Smith, Humana
32 Mr. Francis Cuenca, CVS Dr. Rodd Takiguchi, Kaiser
33 Ms. Erin Dey, Humana Mr. Troy Tomita, Kaiser (in person)
34 Mr. Thomas England, Kaiser Ms. Anne VanHaaren, CVS
35 Ms. Reyna Galinato, HMSA Ms. Val Yamamoto, HMSA
36 Dr. Rupal Gohil, HMSA Mr. Isaac Yuen, HMSA (in person)
37 Ms. Kara Kitazaki-Chun, HMSA

38
39 I. CALL TO ORDER

40 The meeting of the Benefits Committee of the Hawaii Employer-Union Health Benefits Trust
41 Fund (EUTF) was called to order at 9:00 a.m. by Trustee Osa Tui, Chairperson, in the EUTF
42 Board Room, 201 Merchant Street, Suite 1700, Honolulu, Hawaii, on Tuesday, February 6,
43 2024.

44
45 II. REVIEW OF MINUTES – November 14, 2023

46 The Benefits Committee reviewed the draft minutes of November 14, 2023.

47
48 MOTION was made and seconded to approve the minutes of November 14, 2023, as
49 circulated. (Ferguson-Miyamoto/Machida) The motion passed unanimously. (Employer
50 Trustees-4/Employee-Beneficiary Trustees-3)

51
52 III. NEW BUSINESS

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

Benefits Committee Meeting

February 6, 2024 Minutes

Page 2

1 A. Kaiser Permanente Burden of Disease and HEDIS Report – January 1, 2022 – December 31,
2 2022

3 Dr. Christopher Miura, Kaiser Permanente, presented the health, screenings and disease
4 management for the EUTF, Kaiser Hawaii and national populations.

5
6 Trustee James Wataru entered the meeting at 9:29 A.M.

7
8 B. HMSA 2023 EUTF Annual Disease Burden and HEDIS Summary – Calendar Year 2022

9 Mr. Isaac Yuen, HMSA, presented the health, screenings and disease management for the
10 EUTF, HMSA and national populations.

11
12 C. 2024 Health and Wellness Communication Plan

13 Mr. Derek Mizuno presented the 2024 health and wellness communication plan that
14 focuses on encouraging members to see their providers and education on mental health,
15 chronic conditions and healthy lifestyle. HMSA, Kaiser Permanente and HDS will
16 conduct "Hello Health" sessions to educate the members on the benefits of their plans.

17
18 D. Upcoming Plan Changes

19 Mr. Mizuno presented an overview of plan changes that will be proposed during the year
20 including changes to bring the various plans in alignment.

21
22 IV. NEXT MEETING DATE – April 9, 2024

23 The next meeting agenda will include the CVS semi-annual utilization report ending
24 December 31, 2023 and CVS prescription drug plan changes.

25
26 V. ADJOURNMENT

27 MOTION was made and seconded to adjourn the meeting at 10:10 a.m.

28 (Ferguson-Miyamoto/Wataru) The motion passed unanimously. (Employer Trustees-4/
29 Employee-Beneficiary Trustees-4)

30
31 Respectfully submitted,

32
33
34
35 _____
36 Osa Tui, Chairperson

37 Documents Distributed:

- 38 1. Draft Benefits Committee Minutes of November 14, 2023. (6 pages)
39 2. EUTF 2022, Kaiser Permanente, Burden of Disease and HEDIS, January 1, 2022 –
40 December 31, 2022, prepared by Kaiser Permanente, dated February 6, 2024, Redacted Version.
41 (48 pages)
42 3. 2023 EUTF Annual Disease Burden and HEDIS Summary, Calendar Year 2022, prepared by
43 HMSA, dated February 6, 2024, Redacted Version. (39 pages)
44 4. EUTF 2024 Health and Wellness Communication Plan, dated February 6, 2024. (3 pages)
45 5. EUTF 2024 Health and Wellness Calendar of Events for State/County Employees, updated
46 January 11, 2024. (1 page)
47 6. Memorandum to Board of Trustees from Program Specialist, regarding Upcoming Plan
48 Changes, dated February 1, 2024. (2 pages)

RxInsights[®]

EUTF - ACTIVES

July 2023 - December 2023
Prescription Drug Benefit Review

 **CVS**Health[®]



EUTF Actives

4Q2023 Plan Summary

Pharmacy Trend:

For the period of July 2023 – Dec 2023, EUTF's pharmacy trend is 20.3% [REDACTED] higher than CVS's Book of Business and Government Peer clients. Net of rebates the trend lowers to [REDACTED]. The trend is driven in both non-specialty and specialty drugs based upon the drug mix (types of drugs used), and price inflation, particularly in brand and specialty drugs.

Specialty:

The specialty drug trend is 18.7% and net of rebates, reduces to [REDACTED]. EUTF's active plan experienced a 13.0% increase in utilizers and a 12.6% increase in the volume of prescriptions. Specialty net costs increased by 19.4%. The top specialty drug in cost and utilization is Humira. The top 3 classes of specialty spend are 1) Oncology \$5.6M, 2) Psoriasis \$4.9M and 3) Atopic Dermatitis \$3.6M.

Many specialty drugs like Dupixent, Rinvoq and Humira are FDA-approved for multiple indications which provide some explanation for the increase in prescriptions. These drugs also offer the patient greater dosing convenience with single injections lasting over several weeks versus the administration of daily injections with reduced side effects.

To support our clients in managing specialty costs, our Biosimilar Strategy will remove Humira from the ACSF formulary effective 4/1/2024. CVS Caremark projects an impact to 117 members, with an approximate savings of [REDACTED]. We will convert patients to the lower cost Biosimilar -Hyrimoz. CVS Specialty is in progress of working with [REDACTED] members and patients to ensure a smooth transition.

Non-Specialty:

The trend for non-specialty medications is 21.7% and net of rebates, reduces to [REDACTED]. Diabetes drugs are the plan's highest costing class of drugs at \$20.6M, followed by Anti-Obesity at \$1.5M and Antihyperlipidemics at \$1.5M.

EUTF Actives

4Q2023 Plan Summary

Non-Specialty (Cont.)

Many GLP1/GIC agonist diabetic drugs like Ozempic and Mounjaro are also effective in weight loss and are a

requirement and ensures diabetic patients have access to these medications.

EUTF covers weight loss medications for patients that meet the clinical criteria for coverage. The drug Wegovy incurred a spend of \$1.4M up from \$291K of the prior year. Effective 3/15/2024, Zepbound is a

EUTF implemented the Tier 1 program eff. 7/1/23 impacting non-specialty brand drugs like Advair Diskus, Restasis, and Vascepa.

Actives received approximately \$109K in savings under the Tier 1 program.

Strategic Plan Performance:

EUTF's GDR decreased slightly from 86.5% to 85.3% but is performing better than the . The decrease results from the Tier 1 program that promotes the use of targeted brands, but when we adjust for the program, EUTF's GDR is at 86.2%. EUTF's Generic Substitution Rate (GSR) which excludes single-source brand drugs, is 98.6% the BOB.

EUTF's diabetic trend is 18.2%, and lower than the Peer at %. Diabetes drugs remain the highest contributor to EUTF's overall trend, contributing 5.3% to the net trend.

Other Updates:

CVS Caremark will retire the PA criteria on Affreza effective 6/15/2024. Very few clients have adopted this PA and removing the PA has low or no impact to plans. Affreza is used to treat diabetes as a fast-acting inhaled insulin. There are 5 members using Afrezza, 4 which were grandfathered according to EUTF's approved motion that took effect on 1/1/2022.

4Q23 EUTF Chronic Condition Cost Drivers

EUTF Actives

7/1/23 – 12/31/23	Net Cost	Utilizers	Rx	%Net Cost	% Rx
Diabetes**	\$21.1M				
Musculoskeletal Conditions	\$8.6M				
Oncology	\$5.7M				
Cardiovascular Conditions	\$3.1M				
Total*	\$38.5M				

EUTF's cost drivers account for 52% of the total net cost and 42% of all prescriptions during the report period.

*Data source – GPI Trend Report. Data may differ slightly from RXI.

**Includes diabetes drugs & supplies

Key metrics at a glance

Eligibility	6/30/2020	6/30/2021	6/30/2022	6/30/2023	% Change	12/31/2022	12/31/2023	% Change
Average Eligible Members Per Month	65,373	65,429	64,146	63,584	-0.9%	63,772	64,118	0.5%
Average Utilizers as % of Members	32.2%	29.7%	31.2%	32.1%	3.0%	32.0%	32.1%	0.3%
Employer	[REDACTED]							
Peer	[REDACTED]							
Average Member Age	38	38	39	39	1.0%	38	38	0.0%
Employer	[REDACTED]							
Peer	[REDACTED]							
Cost								
Total Gross Cost	\$105,694,538	\$111,669,435	\$121,206,161	\$132,477,710	9.3%	\$62,102,323	\$74,629,279	20.2%
Total Net Cost	\$99,550,889	\$105,919,272	\$115,384,590	\$125,870,883	9.1%	\$59,073,901	\$71,474,731	21.0%
Gross Cost PMPM	\$134.73	\$142.23	\$157.46	\$173.63	10.3%	\$162.30	\$193.99	19.5%
Employer	[REDACTED]							
Peer	[REDACTED]							
Net Cost PMPM	\$126.90	\$134.90	\$149.90	\$164.97	10.1%	\$154.39	\$185.79	20.3%
Employer	[REDACTED]							
Peer	[REDACTED]							
Non-Specialty PMPM	\$78.08	\$78.97	\$84.89	\$87.68	3.3%	\$82.62	\$100.57	21.7%
Employer	[REDACTED]							
Peer	[REDACTED]							
% Total Member Cost Share	5.7%	5.1%	4.8%	5.0%	4.2%	4.9%	4.2%	-14.3%
Employer	[REDACTED]							
Peer	[REDACTED]							
% Total Member Cost Share (After Re	[REDACTED]							
% Non-Specialty Member Cost Share	NA	6.2%	5.9%	6.7%	NA	6.9%	5.7%	-17.4%
Employer	[REDACTED]							
Peer	[REDACTED]							
Cost with Rebates**								
Gross Cost w/ Rebates**	[REDACTED]							
Total Net Cost w/ Rebates**	[REDACTED]							
Gross Cost w/ Rebates** PMPM	[REDACTED]							
Net Cost w/ Rebates** PMPM	[REDACTED]							
Specialty Net PMPM w/Rebates**	[REDACTED]							
Non-Specialty PMPM w/Rebates	[REDACTED]							

*Peer: Government
 ** Rebates represent client share of invoiced rebates (less: point of sale rebates) as of report run date of 02-17-2023 and may not reconcile with rebate guarantees or rebates paid to date. Rebates included for this time period: 2022Q3 - 2022Q4. Prior period rebates include the same number of quarters as current period.
 † Employer information is based on the most recent six months ending Dec 31, 2022.
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Key metrics at a glance

Drug Mix	6/30/2020	6/30/2021	6/30/2022	6/30/2023	% Change	12/31/2022	12/31/2023	% Change
% Single Source Brands	13.4%	13.1%	13.0%	13.2%	1.7%	13.0%	13.5%	3.8%
Employer								
Peer								
% Multi Source Brands	0.6%	0.4%	0.4%	0.5%	41.8%	0.5%	1.2%	140.0%
Employer								
Peer								
Generic Dispensing Rate	86.0%	86.5%	86.7%	86.2%	-0.5%	86.5%	85.3%	-1.4%
Employer								
Peer								
Generic Substitution Rate	99.3%	99.5%	99.6%	99.4%	-0.2%	99.4%	98.6%	-0.8%
Employer								
Peer								
Utilization								
Total Prescriptions	535,679	475,868	482,049	520,176	7.9%	259,648	263,903	1.6%
% Retail Prescriptions	57.3%	50.6%	51.4%	55.0%	6.9%	54.8%	55.5%	1.3%
Employer								
Peer								
% Mail Prescriptions	2.5%	2.5%	2.2%	1.9%	-15.2%	2.0%	1.8%	-10.0%
Employer								
Peer								
% Retail 90 Prescriptions	40.2%	46.9%	46.3%	43.1%	-7.0%	43.3%	42.7%	-1.4%
Days' Supply PMPMM	36.49	35.48	36.16	37.48	3.6%	37.24	37.71	1.3%
Employer								
Peer								
Specialty								
Specialty Total Net Cost	\$38,298,555	\$43,911,714	\$50,040,519	\$58,968,445	17.8%	\$27,460,281	\$32,785,619	19.4%
Specialty Avg. Utilizers as % of Memb	2.2%	1.0%	1.1%	1.2%	9.8%	1.1%	1.3%	21.1%
Employer								
Peer								
Specialty Net Cost PMPM	\$48.82	\$55.93	\$65.01	\$77.28	18.9%	\$71.77	\$85.22	18.7%
Employer								
Peer								
Specialty % of Total Net Cost	38.4%	41.4%	43.4%	46.8%	7.9%	46.5%	45.9%	-1.3%
Employer								
Peer								
Specialty % of Total Prescriptions	1.7%	2.0%	2.0%	2.0%	-1.0%	1.9%	2.1%	10.5%
Employer								
Peer								
% Specialty Member Cost Share	4.1%	3.5%	3.3%	3.0%	-9.1%	2.4%	2.4%	0.0%
Employer								
Peer								

*Peer: Government

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Rebates included for this time period: 2022Q3 - 2022Q4. Prior period rebates include the same number of quarters as current period.

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Trend Drivers

Total gross trend components & drivers

	6/30/2020	6/30/2021	6/30/2022	6/30/2023	12/31/2022	12/31/2023	Employer
Price Inflation	-4.3%	3.6%	2.7%	2.5%	-3.0%	6.7%	
Utilization (PMPM)	1.4%	-2.8%	1.9%	3.6%	2.8%	1.3%	
Drug Mix	2.6%	4.8%	6.0%	3.8%	0.7%	10.7%	

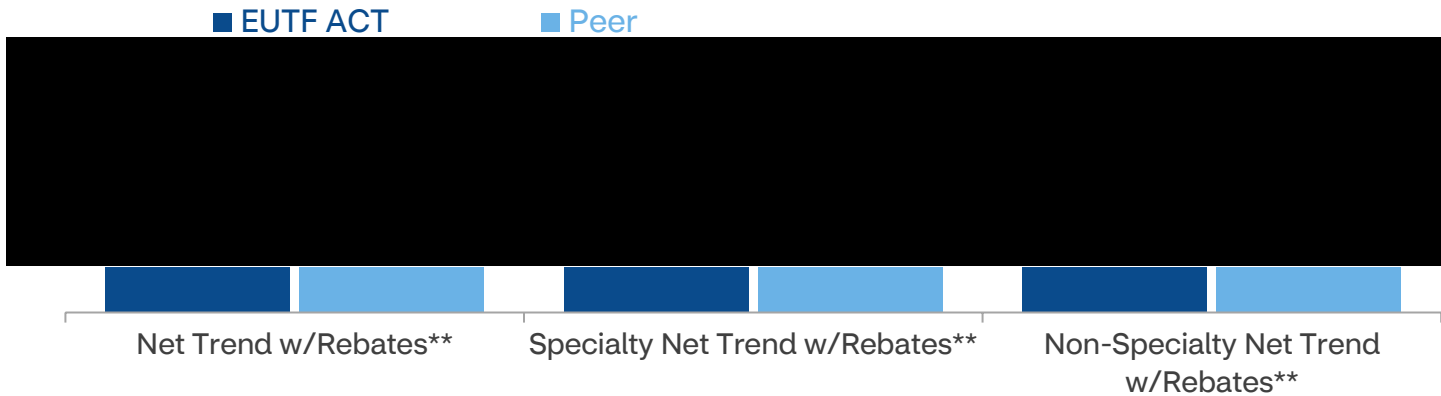
Price Inflation

	6/30/2020	6/30/2021	6/30/2022	6/30/2023	12/31/2022	12/31/2023	Employer
Overall AWP Inflation	1.7%	2.5%	2.3%	2.8%	2.8%	2.7%	
Brand AWP Inflation	3.8%	4.1%	4.3%	5.0%	4.9%	5.1%	
Generic AWP Inflation	-0.5%	0.8%	0.1%	0.2%	0.3%	-0.1%	
Specialty AWP Inflation	4.5%	4.3%	4.7%	6.0%	5.8%	5.4%	

Specialty

	6/30/2020	6/30/2021	6/30/2022	6/30/2023	12/31/2022	12/31/2023	Employer
Price Inflation	3.9%	4.2%	2.8%	6.3%	5.9%	5.7%	
Utilization (PMPM)	12.0%	5.5%	7.1%	5.6%	3.6%	11.4%	
Drug Mix	0.7%	3.4%	5.3%	5.7%	3.6%	0.8%	

Your trend overview with rebate impact



Your Top 5 Trend Contributors

Therapeutic Class	Top Drug Contributors	Net Cost	Utilizers	Net Cost PMPM	Net Trend	Contribution to Net Trend
Antidiabetics	Mounjaro, Ozempic	\$20,577,274				
Dermatologicals	Dupixent, Skyrizi	\$10,263,364				
Antineoplastics	Sprycel, Pomalyst	\$5,690,433				
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant	Wegovy, Amphetamine/Dextroamphetamine	\$2,184,526				
Analgesics - Anti-Inflammatory	Rinvoq, Ilaris	\$7,825,418				

Peer:Government

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Key metrics

Rebates
generated

in net cost savings.

Specialty drugs
comprise

45.9%

of total net cost.

Generics
account for

9.2%

of total net cost.

Your top 25 drugs

By net cost

BOB Rank [†]	Prior Rank	Current Rank	Drug Name	Dispense Type	Gen/Pref /NonPref	Therapeutic Class	Generic Launch Date ††	Net Cost	N	Total	% of Total	Net Cost	Net Cost Per Days'	AWP	
	1	1	Ozempic	Brand		Antidiabetics	NA	\$5,042,172							
	2	2	Humira	Specialty		Analgesics - Anti-Inflammator	NA	\$3,556,923							
	3	3	Dupixent	Specialty		Dermatologicals	NA	\$3,380,234							
	4	4	Jardiance	Brand		Antidiabetics	NA	\$3,187,904							
	5	5	Skyrizi	Specialty		Dermatologicals	NA	\$2,648,710							
	20	6	Mounjaro	Brand		Antidiabetics	NA	\$2,183,547							
	7	7	Rybelsus	Brand		Antidiabetics	NA	\$2,061,146							
	6	8	Trulicity	Brand		Antidiabetics	NA	\$1,514,542							
	9	9	Farxiga	Brand		Antidiabetics	Q2-2026	\$1,429,103							
	38	10	Wegovy	Brand		Adhd/Anti-Narcolepsy/Anti-O	NA	\$1,416,466							
	8	11	Enbrel	Specialty		Analgesics - Anti-Inflammator	NA	\$1,228,536							
	11	12	Taltz	Specialty		Dermatologicals	NA	\$1,213,941							
	17	13	Rinvoq	Specialty		Analgesics - Anti-Inflammator	NA	\$1,170,555							
	12	14	Cosentyx	Specialty		Dermatologicals	NA	\$845,050							
	31	15	Sprycel	Specialty		Antineoplastics	Q3-2024	\$757,139							
	16	16	Otezla	Specialty		Analgesics - Anti-Inflammator	Q3-2028	\$737,426							
	15	17	Eliquis	Brand		Anticoagulants	Q3-2028	\$725,891							
	25	18	Stelara	Specialty		Dermatologicals	NA	\$709,000							
	18	19	Procysbi	Specialty		Genitourinary Agents - Miscell	NA	\$599,227							
	23	20	Descovy	Specialty		Antivirals	NA	\$588,313							
	13	21	Januvia	Brand		Antidiabetics	Q2-2026	\$586,035							
	345	22	Advair Diskus	Brand		Antiasthmatic And Bronchodil	NA	\$582,139							
	85	23	Restasis	Brand		Ophthalmic Agents	NA	\$557,813							
	29	24	Entresto	Brand		Cardiovascular Agents - Misc.	NA	\$497,962							
	100	25	Vascepa	Brand		Antihyperlipidemics	NA	\$484,071							
Subtotal of Top 25 Drugs								\$37,703,843							
All Others								\$33,770,888							
Total								\$71,474,731		263,903	100.00%	41,483	\$270.84	\$4.93	

[†]Employer information is based on the most recent six months ending Dec 31, 2023.

^{††}Generic launch date is based on numerous market factors and is an estimation. "NA" means that no estimate launch date is available at the time of this report.

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Your top 25 drugs

By days' supply

BOB Rank [†]	Prior Rank	Current Rank	Drug Name	Dispense Type	Gen/Pref /NonPref	Therapeutic Class	Total Net Cost	Net PMPM	% Total Days' Supply	Total Rxs	% of Total Rxs	Total Utilizers	Net Cost Per Rx	Net Cost Per Days' Supply	AWP Inflation	
	1	1	Atorvastatin Calcium	Generic		Antihyperlipidemics	\$251,166									
	2	2	Losartan Potassium	Generic		Antihypertensives	\$120,235									
	3	3	Amlodipine Besylate	Generic		Calcium Channel Blockers	\$180									
	4	4	Lisinopril	Generic		Antihypertensives	\$119									
	7	5	Rosuvastatin Calcium	Generic		Antihyperlipidemics	\$306,647									
	5	6	Metformin Hydrochloride	Generic		Antidiabetics	\$2,908									
	6	7	Metoprolol Succinate Er	Generic		Beta Blockers	\$55,202									
	9	8	Metformin Hydrochloride E	Generic		Antidiabetics	\$1,581									
	8	9	Fluticasone Propionate	Generic		Nasal Agents - Systemic An	\$197									
	10	10	Amos Levothyroxine Sodium	Generic		Thyroid Agents	\$270									
	11	11	Allopurinol	Generic		Gout Agents	\$104									
	15	12	Jardiance	Brand		Antidiabetics	\$3,187,904									
	12	13	Hydrochlorothiazide	Generic		Diuretics	\$481									
	13	14	Omeprazole	Generic		Ulcer Drugs	\$22,041									
	18	15	Ozempic	Brand		Antidiabetics	\$5,042,172									
	14	16	Simvastatin	Generic		Antihyperlipidemics	\$8,458									
	19	17	Escitalopram Oxalate	Generic		Antidepressants	\$52,210									
	16	18	Losartan Potassium/Hydroc	Generic		Antihypertensives	\$21,233									
	17	19	Montelukast Sodium	Generic		Antiasthmatic And Broncho	\$28,618									
	20	20	Albuterol Sulfate Hfa	Generic		Antiasthmatic And Broncho	\$33,680									
	37	21	Sertraline Hydrochloride	Generic		Antidepressants	\$6,496									
	21	22	Famotidine	Generic		Ulcer Drugs	\$8,181									
	23	23	Pantoprazole Sodium	Generic		Ulcer Drugs	\$22,040									
	22	24	Bupropion Hydrochloride E	Generic		Antidepressants	\$28,225									
	24	25	Irbesartan	Generic		Antihypertensives	\$23,261									
Subtotal of Top 25 Drugs							\$9,223,607									
All Others							\$62,251,125									
Total							\$71,474,731			263,903	100.00%	41,483	\$270.84	\$4.93		

[†]Employer information is based on the most recent six months ending Dec 31, 2023.

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Your top specialty classes by contribution to trend

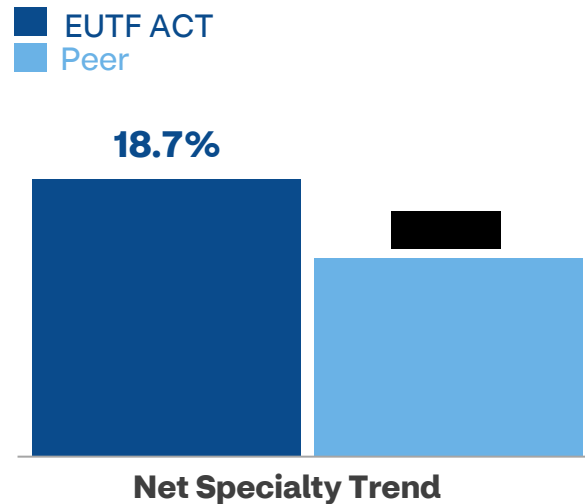
Key metrics

Specialty prescriptions represented **45.9%** of total net cost and comprised **2.1%** of all prescriptions.

Newly launched medications contributed

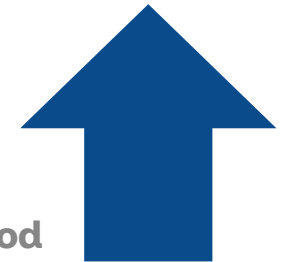
1.5% to specialty trend.

Price inflation contributed **5.7%** to specialty trend.



11.4%

Overall specialty utilization increase compared to prior period



The top three (3) classes with the greatest contribution to specialty drug utilization trend are:
Atopic Dermatitis
Human Immunodeficiency Virus
Oncology

Your top 5 contributing specialty classes

Specialty Class	Top Drug Contributors	Net Cost	Utilizers	Net Cost PMPM	Contribution to Net Trend
Oncology	Sprycel, Pomalyst	\$5,649,907			
Atopic Dermatitis	Dupixent, Rinvoq	\$3,643,219			
Psoriasis	Skyrizi, Sotyktu	\$4,880,497			
Crohns Disease	Stelara, Humira	\$1,087,843			
Neurological Disorders	Daybue	\$382,849			

Peer:Government

Your top 25 specialty classes

By net cost

BOB Rank [†]	Prior Rank	Current Rank	Specialty Class	Net Cost*	% of Specialty Net Cost	% Change in Utilizers		Net Cost Per Utilizer	Total Rxs	Prior Year %	
						Utilizers	Utilizers			Rxs CVS Specialty	% Rxs CVS Specialty
	1	1	Oncology	\$5,649,907	17.2%						
	2	2	Psoriasis	\$4,880,497	14.9%						
	4	3	Atopic Dermatitis	\$3,643,219	11.1%						
	3	4	Rheumatoid Arthritis	\$3,137,236	9.6%						
	5	5	Psoriatic Arthritis	\$2,217,280	6.8%						
	6	6	Human Immunodeficiency Virus	\$1,721,177	5.2%						
	8	7	Asthma	\$1,098,026	3.3%						
	12	8	Crohns Disease	\$1,087,843	3.3%						
	11	9	Ankylosing Spondylitis	\$786,047	2.4%						
	15	10	Ocular Disorders	\$638,063	1.9%						
	13	11	Ulcerative Colitis	\$626,287	1.9%						
	14	12	Lysosomal Storage Disorder	\$599,227	1.8%						
	22	13	Thrombocytopenia	\$501,217	1.5%						
	10	14	Hemophilia	\$408,836	1.2%						
	7	15	Gout	\$402,993	1.2%						
	17	16	Osteoporosis	\$401,217	1.2%						
	NA	17	Neurological Disorders	\$382,849	1.2%						
	18	18	Systemic Lupus Erythematosus	\$373,144	1.1%						
	16	19	Inflammatory Bowel Disease	\$364,418	1.1%						
	9	20	Hereditary Angioedema	\$332,641	1.0%						
	19	21	Paroxysmal Nocturnal Hemoglobinur	\$327,258	1.0%						
	21	22	Multiple Sclerosis	\$300,344	0.9%						
	20	23	Cushing'S	\$274,031	0.8%						
	29	24	Immune Deficiencies And Related Di:	\$265,434	0.8%						
	26	25	Infectious Disease - Other	\$233,096	0.7%						

Percentage of Top 25 Specialty Therapeutic Classes Net Spend/Total Specialty Net Spend **93.5%**

Percentage Total Specialty Net Spend/Total Net Spend **45.9%**

[†]Employer information is based on the most recent six months ending Dec 31, 2023.

*Represents pharmacy claims only.

NA = No prior data available

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Your top 25 specialty drugs

By net cost

OB Rank†	Prior Rank	Current Rank	Drug Name	Dispense Type***	Gen/Pref/NonPref	Specialty Class	Total Net Cost	% of Specialty Net Cost	Total Utilizers	% of Specialty Total Rxs	Net Cost PMPM	Net Cost Per Rx	Net Cost Per Days' Supply
	1	1	Dupixent	SSB		Atopic Dermatitis	\$3,051,735						
	2	2	Skyrizi	SSB		Psoriasis	\$2,316,734						
	3	3	Humira	SSB		Rheumatoid Arthritis	\$1,234,968						
	5	4	Taltz	SSB		Psoriasis	\$993,470						
	18	5	Sprycel	SSB		Oncology	\$757,139						
	7	6	Enbrel	SSB		Rheumatoid Arthritis	\$746,784						
	9	7	Procysbi	SSB		Lysosomal Storage Disorder	\$599,227						
	8	8	Humira	SSB		Psoriatic Arthritis	\$595,638						
	11	9	Descovy	SSB		Human Immunodeficiency Virus	\$588,313						
	15	10	Humira	SSB		Crohns Disease	\$534,135						
	70	11	Rinvoq	SSB		Atopic Dermatitis	\$459,320						
	13	12	Otezla	SSB		Psoriasis	\$457,265						
	114	13	Tepezza	SSB		Ocular Disorders	\$444,811						
	4	14	Krystexxa	SSB		Gout	\$402,993						
	21	15	Advate	SSB		Hemophilia	\$397,214						
	14	16	Rinvoq	SSB		Rheumatoid Arthritis	\$394,199						
	0	17	Daybue	SSB		Neurological Disorders	\$382,849						
	46	18	Nucala	SSB		Asthma	\$377,976						
	16	19	Cosentyx	SSB		Psoriatic Arthritis	\$376,961						
	22	20	Humira	SSB		Ulcerative Colitis	\$369,034						
	44	21	Ibrance	SSB		Oncology	\$355,356						
	23	22	Biktarvy	SSB		Human Immunodeficiency Virus	\$347,474						
	66	23	Doptelet	SSB		Thrombocytopenia	\$345,700						
	48	24	Abiraterone Acetate	GEN		Oncology	\$334,168						
	17	25	Humira	SSB		Inflammatory Bowel Disease	\$334,026						
Total Top Net Specialty Drugs											\$17,197,488		
Total Top Net Specialty Drugs/Overall Biotech Sales											52.5%		

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EUTF MOOP 2021 - 2023

Year	2021		2022		2023	
Plan	75/25	90/10, 80/20, HMO	75/25	90/10, 80/20, HMO	75/25	90/10, 80/20, HMO
MOOP	\$3,150/\$6,300	\$4,350/\$8,700	\$3,150/\$6,300	\$4,350/\$8,700	\$3,150/\$6,300	\$4,350/\$8,700
# of Members who hit the MOOP	0	1	2	0	7	0
Average Eligible Members per Month	36,497	28,166	37,587	26,666	39,530	24,308
% of Members who met the MOOP	0.00%	0.00%	0.01%	0.00%	0.02%	0.00%
Specialty MOOP	\$2,500		\$2,500		\$2,500	
# of Members who hit the MOOP	337		20		392	
Total Specialty Utilizers	1,297		1,335		1,509	
% of Specialty Utilizers that met the Specialty MOOP	26.0%		1.5%		26.0%	

RxInsights[®]

EUTF Non-Medicare Retiree Report

January - December 2023
Prescription Benefit Review

 **CVS**Health[®]



EUTF Non-Medicare Retirees

4Q23 Plan Summary

Pharmacy Trend: For the period of Jan – Dec 2023, EUTF’s pharmacy net trend is 5.0% and [REDACTED] the trend of CVS’s Book of Business and Government Peer clients. Net of rebates, the trend low [REDACTED] Price inflation and drug mix (the types of drugs members are using) are the top drivers in cost.

Specialty: The trend for specialty medications is 5.4% and net of rebates, [REDACTED] are driven by 684 members which is 1.8% of EUTF’s retiree membership. The top specialty drug in cost and utilization is Dupixent. The top 3 classes of specialty spend are 1) Oncology \$5.8M, 2) Psoriasis \$2.8M, and 3) Rheumatoid Arthritis \$2.1M.

Specialty drugs such as Dupixent and Humira are FDA-approved for multiple indications that can drive utilization and these drugs also can provide convenient dosing options for patients to help them manage their conditions.

To support our clients in managing specialty costs, our Biosimilar Strategy will remove Humira from the [REDACTED] effective 4/1/2024. CVS Caremark projects an impact to 25 members, with an approximate [REDACTED] as we convert patients to the lower cost Biosimilar -Hyrimoz. CVS Specialty is in progress or working with prescribers and patients to ensure a smooth transition.

Non-Specialty: Non-specialty drugs represent 56.0% of total net costs and 97.7% of all prescriptions. The trend for non-specialty medications is 4.7% and net of rebates [REDACTED] Diabetes continues to be the plan’s highest costing drug class at \$15M, followed by ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiant at 611K, and Migraine products at \$606K.

EUTF Non-Medicare Retirees

4Q23 Plan Summary

Many GLP1/GIC agonist diabetic drugs like Ozempic and Mounjaro are also effective in weight loss and are a significant cost driver for EUTF and many clients across our book of business. On 7/1/2023, EUTF input a PA

[REDACTED]

requirement and ensures diabetic patients have access to these medications.

EUTF covers weight loss medications for patients that meet the clinical criteria for coverage. The drug Wegovy incurred a spend of \$415K ranked at number 11 of the Top 25 drugs. In the prior year, this drug was not ranked as a Top 25 drug. Effective 3/15/2024, Zepbound is a [REDACTED]

EUTF implemented t
Restasis, and Vasce
EUTF Retirees receiv

Diskus,
ics.

Strategic Plan Performance:

EUTF's GDR decreased slightly from 84.4% to 83.4%. We expect EUTF's GDR to continue decreasing due to the implementation of the Tier 1 strategy eff. 7/1/23; however, when adjusting for the Tier 1 strategy, EUTF's GDR is 84.2%. EUTF's Generic Substitution Rate (GSR), which excludes single-source brand drugs, is 98.9%

EUTF's diabetic trend is 8.1%, [REDACTED] Diabetes drugs remain the highest contributor to EUTF's overall trend, contributing 2.4% to the net trend.

EUTF has a 24.4% registration rate with 4,438 registrants (657 new), and a 11.7% engagement rate with retirees using caremark.com in the last 120 days.

Other Updates:

CVS Caremark will retire the PA criteria on Affreza effective 6/15/2024. EUTF implemented this PA on 1/1/2022, and very few clients have adopted this PA. Retiring this PA has low or no impact to plans. Affreza is used to treat diabetes as a fast-acting inhaled insulin. There are no retirees using Affreza.

4Q23 EUTF Cost Drivers

EUTF Non-Medicare Retirees

1/1/23 – 12/31/23	Net Cost	Utilizers	Rx	%Net Cost	% Rx
Diabetes**	\$15.4M				
Oncology	\$5.8M				
Musculoskeletal Conditions	\$5.3M				
Cardiovascular Conditions	\$2.6M				
Total*	\$29.1M				

EUTF's cost drivers account for 56% of the total net cost and 51% of all prescriptions during the report period.

*Data source – GPI Trend Report. Data may differ slightly from RXI.

**Includes diabetes drugs and supplies

Key metrics at a glance

Eligibility	12/31/2019	12/31/2020	12/31/2021	12/31/2022	12/31/2023	% Change
Average Eligible Members Per Month	15,013	13,251	12,826	13,000	15,886	22.2%
Average Utilizers as % of Members	36.8%	37.5%	37.4%	40.9%	38.0%	-7.1%
Employer	[REDACTED]					
Peer	[REDACTED]					
Average Member Age	56	54	54	54	57	5.3%
Employer	[REDACTED]					
Peer	[REDACTED]					
Cost						
Total Gross Cost	\$34,113,173	\$33,261,222	\$34,607,561	\$40,227,819	\$51,517,035	28.1%
Total Net Cost	\$32,521,604	\$31,806,368	\$33,011,758	\$38,427,253	\$49,299,368	28.3%
Gross Cost PMPM	\$189.35	\$209.17	\$224.85	\$257.87	\$270.24	4.8%
Employer	[REDACTED]					
Peer	[REDACTED]					
Net Cost PMPM	\$180.52	\$200.02	\$214.48	\$246.33	\$258.61	5.0%
Employer	[REDACTED]					
Peer	[REDACTED]					
Non-Specialty PMPM	\$116.56	\$124.44	\$123.15	\$138.44	\$144.89	4.7%
Employer	[REDACTED]					
Peer	[REDACTED]					
% Total Member Cost Share	4.6%	4.4%	4.6%	4.5%	4.3%	-4.4%
Employer	[REDACTED]					
Peer	[REDACTED]					
% Total Member Cost Share (After Reb.)						
% Non-Specialty Member Cost Share	NA	5.4%	5.9%	5.9%	5.7%	-3.4%
Employer	[REDACTED]					
Peer	[REDACTED]					
Cost with Rebates**						
Gross Cost w/ Rebates**	[REDACTED]					
Net Cost w/ Rebates**	[REDACTED]					
Gross Cost w/ Rebates** PMPM	[REDACTED]					
Net Cost w/ Rebates** PMPM	[REDACTED]					
Specialty PMPM w/Rebates**	[REDACTED]					
Non-Specialty PMPM w/Rebates**	[REDACTED]					

†Data Government
 **Membership from EUTF June 2023 Report
 †Employer information is based on the most recent year ending Dec 31, 2022.
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Key metrics at a glance

Drug Mix	12/31/2019	12/31/2020	12/31/2021	12/31/2022	12/31/2023	% Change
% Single Source Brands						
Employer						
Peer						
% Multi Source Brands	0.8%	0.7%	0.5%	0.5%	1.0%	100.0%
Employer						
Peer						
Generic Dispensing Rate	84.3%	84.5%	84.4%	84.4%	83.4%	-1.2%
Employer						
Peer						
Generic Substitution Rate	99.1%	99.2%	99.4%	99.4%	98.9%	-0.5%
Employer						
Peer						
Utilization						
Total Prescriptions	155,740	138,506	132,186	146,448	175,636	19.9%
% Retail Prescriptions	47.1%	42.1%	41.0%	43.1%	45.5%	5.6%
Employer						
Peer						
% Mail Prescriptions	4.2%	4.4%	4.2%	3.8%	3.5%	-8.0%
Employer						
Peer						
% Retail 90 Prescriptions	48.8%	53.5%	54.8%	53.1%	51.0%	-4.0%
Days' Supply PMPM	51.27	55.30	55.24	59.04	56.59	-4.1%
Employer						
Peer						
Specialty						
Specialty Total Net Cost	\$11,521,998	\$12,018,779	\$14,057,015	\$16,831,154	\$21,678,034	28.8%
Specialty Avg. Utilizers as % of Members	3.3%	1.4%	1.7%	1.8%	1.8%	0.0%
Employer						
Peer						
Specialty Net Cost PMPM	\$63.96	\$75.58	\$91.33	\$107.89	\$113.72	5.4%
Employer						
Peer						
Specialty % of Total Net Cost	35.4%	37.8%	42.6%	43.8%	44.0%	0.4%
Employer						
Peer						
Specialty % of Total Prescriptions	1.7%	1.9%	2.2%	2.3%	2.3%	0.9%
Employer						
Peer						
% Specialty Member Cost Share	2.7%	2.7%	2.8%	2.6%	2.4%	-8.7%
Employer						
Peer						

*Peer: Government

** Rebates represent client share of invoiced rebates (less: point of sale rebates) as of report run date of 02-17-2023 and may not reconcile with rebate guarantees or rebates paid to date. Rebates included for this time period: 2022Q1 - 2022Q4. Prior period rebates include the same number of quarters as current per iod.

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Trend Drivers

Total gross trend components & drivers

	12/31/2019	12/31/2020	12/31/2021	12/31/2022	12/31/2023	Employer
Price Inflation	-4.0%	0.9%	0.4%	5.2%	4.5%	
Utilization (PMPM)	8.2%	7.9%	-0.1%	6.9%	-4.2%	
Drug Mix	5.2%	1.5%	7.2%	2.0%	4.7%	

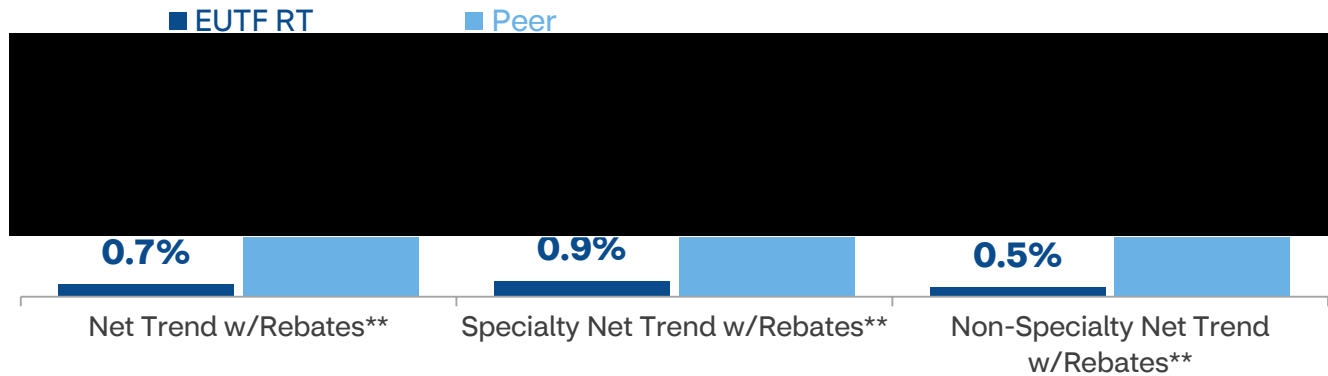
Price Inflation

	12/31/2019	12/31/2020	12/31/2021	12/31/2022	12/31/2023	Employer
Overall AWP Inflation	2.4%	1.9%	2.4%	2.5%	2.8%	
Brand AWP Inflation	4.4%	3.8%	4.3%	4.7%	5.1%	
Generic AWP Inflation	0.2%	-0.3%	0.4%	0.0%	0.0%	
Specialty AWP Inflation	4.3%	4.4%	4.2%	5.3%	5.8%	

Specialty

	12/31/2019	12/31/2020	12/31/2021	12/31/2022	12/31/2023	Employer
Price Inflation	1.2%	3.7%	2.2%	5.3%	5.6%	
Utilization (PMPM)	19.3%	23.9%	10.5%	10.5%	-1.5%	
Drug Mix	5.2%	-7.7%	7.0%	1.4%	1.2%	

Your trend overview with rebate impact



Your Top 5 Trend Contributors

Therapeutic Class	Top Drug Contributors	Net Cost
Antidiabetics	Mounjaro, Ozempic	\$15,037,947
Hematological Agents - Misc.	Takhzyro, Icatibant Acetate	\$883,292
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants	Wegovy, Amphetamine/Dextro ampheta	\$634,288
Cardiovascular Agents - Misc.	Entresto, Camzyos	\$705,031
Assorted Classes	Lenalidomide, Revlimid	\$738,050

Peer: Government

** Rebates represent client share of invoiced rebates (less: point of sale rebates) as of report run date of 02-22-2024 and may not reconcile with rebate guarantees or rebates paid to date. Rebates included for this time period: 2023Q1 - 2023Q4. Prior period rebates include the same number of quarters as current period.

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Key metrics

Rebates

generated

in net cost savings.

Specialty drugs

comprise

44.0

of total net cost.

Generics

account for

10.6%

of total net cost.

Your top 10 overall therapeutic classes

By net cost

Percentage change over time

BOB Rank [†]	Prior Rank	Current Rank	Therapeutic Class	GDR	BOB GDR	Peer GDR	Total Rx	Net Cost	Utilizers	Percentage change over time					
										Cost	Cost Components		Utilization Components		
									Utilization	Drug Mix /Inflation	Density of Use				
									Net Cost (PMPM)	Net PMPM	Days' Supply PMPM	Net Cost Per Day	Utilizers	Days' Supply/ Utilizer	
	1	1	Antidiabetics	37.6%				\$15,037,947							
	2	2	Dermatologicals	85.6%				\$5,546,951							
	3	3	Antineoplastics	75.2%				\$5,300,557							
	4	4	Analgesics - Anti-Inflammatory	83.7%				\$4,513,994							
	5	5	Antiasthmatic And Bronchodilator Agents	72.8%				\$2,428,147							
	6	6	Ophthalmic Agents	73.9%				\$1,746,765							
	7	7	Anticoagulants	17.2%				\$1,326,465							
	8	8	Antihyperlipidemics	95.9%				\$1,242,521							
	10	9	Antivirals	56.0%				\$937,864							
	12	10	Endocrine And Metabolic Agents - Misc.	75.4%				\$917,121							
Subtotal of Top 10				71.1%				\$38,998,332							
All Other Categories				91.4%				\$10,301,036							
Total				83.4%				\$49,299,368							

Top 10 Therapeutic Classes as a Percent of Net Cost 79.1%

[†]Employer information is based on the most recent year ending Dec 31, 2023.

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Trend Drivers

Diabetes

	12/31/2019	12/31/2020	12/31/2021	12/31/2022	12/31/2023	% Change
GDR	48.5%	47.0%	44.7%	42.2%	37.6%	-10.9%
Peer GDR	[REDACTED]					
BOB GDR	[REDACTED]					
Total Rx	[REDACTED]					
Net Cost	\$8,492,618	\$9,214,995	\$9,160,825	\$11,392,618	\$15,037,947	32.0%
Utilizers	[REDACTED]					
Net Cost PMPM	[REDACTED]					
Peer	[REDACTED]					

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Your top 25 drugs

By net cost

BOB Rank [†]	Prior Rank	Current Rank	Drug Name	Dispense Type	Gen/Pref /NonPref	Therapeutic Class	Generic Launch Date ††	Net Cost	Net PMPM	Total Rx	% of Total Rxs	Utilizers	Net Cost Per Rx	Net Cost Per Days' Supply	AWP Inflation	
	1	1	Ozempic	Brand		Antidiabetics	NA	\$3,721,934								
	2	2	Jardiance	Brand		Antidiabetics	NA	\$2,434,533								
	3	3	Dupixent	Specialt		Dermatologicals	NA	\$1,830,098								
	5	4	Humira	Specialt		Analgesics - Anti-Inflamator	NA	\$1,422,903								
	4	5	Trulicity	Brand		Antidiabetics	NA	\$1,362,463								
	6	6	Rybelsus	Brand		Antidiabetics	NA	\$1,270,183								
	8	7	Farxiga	Brand		Antidiabetics	Q2-2026	\$1,080,663								
	70	8	Mounjaro	Brand		Antidiabetics	NA	\$1,012,986								
	7	9	Enbrel	Specialt		Analgesics - Anti-Inflamator	NA	\$981,634								
	10	10	Eliquis	Brand		Anticoagulants	Q3-2028	\$856,491								
	16	11	Skyrizi	Specialt		Dermatologicals	NA	\$838,750								
	9	12	Taltz	Specialt		Dermatologicals	NA	\$788,513								
	23	13	Jakafi	Specialt		Antineoplastics	NA	\$700,112								
		14	Takhzyro	Specialt		Hematological Agents - Misc.	NA	\$695,506								
	11	15	Januvia	Brand		Antidiabetics	Q2-2026	\$657,285								
	13	16	Tremfya	Specialt		Dermatologicals	NA	\$600,560								
	17	17	Rinvoq	Specialt		Analgesics - Anti-Inflamator	NA	\$596,644								
	22	18	Otezla	Specialt		Analgesics - Anti-Inflamator	Q3-2028	\$561,317								
	30	19	Imbruvica	Specialt		Antineoplastics	NA	\$482,609								
	31	20	Entresto	Brand		Cardiovascular Agents - Misc.	NA	\$475,515								
	12	21	Krystexxa	Specialt		Gout Agents	NA	\$445,880								
	14	22	Tagrisso	Specialt		Antineoplastics	NA	\$442,401								
	21	23	Xarelto	Brand		Anticoagulants	Q2-2025	\$441,838								
	75	24	Wegovy	Brand		Adhd/Anti-Narcolepsy/Anti-O	NA	\$414,858								
	26	25	Xeljanz	Specialt		Analgesics - Anti-Inflamator	Q2-2026	\$413,889								
Subtotal of Top 25 Drugs								\$24,529,564								
All Others								\$24,769,803								
Total								\$49,299,368		175,636	100.00%	12,557	\$280.69	\$4.57		

[†]Employer information is based on the most recent year ending Dec 31, 2023.

^{††}Generic launch date is based on numerous market factors and is an estimation. "NA" means that no estimate launch date is available at the time of this report.

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Your top 25 drugs

By days' supply

BOB Rank†	Prior Rank	Current Rank	Drug Name	Dispense Type	Gen/Pref/NonPref	Therapeutic Class	Total Net Cost	Net PMPM	% Total Days' Supply	Total Rxs	% of Total Rxs	Total Utilizers	Net Cost Per Rx	Net Cost Per Days' Supply	AWP Inflation	
1	1	1	Atorvastatin Calcium	Generic		Antihyperlipidemics	\$185,472									
2	2	2	Losartan Potassium	Generic		Antihypertensives	\$22,103									
3	3	3	Amlodipine Besylate	Generic		Calcium Channel Blockers	\$11,353									
5	4	4	Rosuvastatin Calcium	Generic		Antihyperlipidemics	\$99,840									
6	5	5	Metformin Hydrochloride	Generic		Antidiabetics	\$6,190									
4	6	6	Lisinopril	Generic		Antihypertensives	\$6,316									
7	7	7	Metoprolol Succinate Er	Generic		Beta Blockers	\$75,506									
10	8	8	Metformin Hydrochloride E	Generic		Antidiabetics	\$16,026									
9	9	9	Amos Levothyroxine Sodium	Generic		Thyroid Agents	\$1,458									
8	10	10	Simvastatin	Generic		Antihyperlipidemics	\$7,992									
11	11	11	Allopurinol	Generic		Gout Agents	\$15,741									
13	12	12	Omeprazole	Generic		Ulcer Drugs	\$4,761									
12	13	13	Hydrochlorothiazide	Generic		Diuretics	\$44									
15	14	14	Jardiance	Brand		Antidiabetics	\$2,434,533									
14	15	15	Fluticasone Propionate	Generic		Nasal Agents - Systemic An	\$684									
19	16	16	Ozempic	Brand		Antidiabetics	\$3,721,934									
16	17	17	Losartan Potassium/Hydroc	Generic		Antihypertensives	\$78,686									
20	18	18	Tamsulosin Hydrochloride	Generic		Genitourinary Agents - Misc	\$17,445									
17	19	19	Montelukast Sodium	Generic		Antiasthmatic And Broncho	\$13,925									
18	20	20	Pravastatin Sodium	Generic		Antihyperlipidemics	\$18,262									
21	21	21	Irbesartan	Generic		Antihypertensives	\$2,271									
22	22	22	Pantoprazole Sodium	Generic		Ulcer Drugs	\$2,019									
23	23	23	Famotidine	Generic		Ulcer Drugs	\$2,208									
25	24	24	Alendronate Sodium	Generic		Endocrine And Metabolic Ag	\$5,166									
27	25	25	Onetouch Delica Plus Lanc	Brand		Medical Devices	\$10,290									
Subtotal of Top 25 Drugs							\$6,760,226									
All Others							\$42,539,142									
Total							\$49,299,368			175,636	100.00%	12,557	\$280.69	\$4.57		

†Employer information is based on the most recent year ending Dec 31, 2023.

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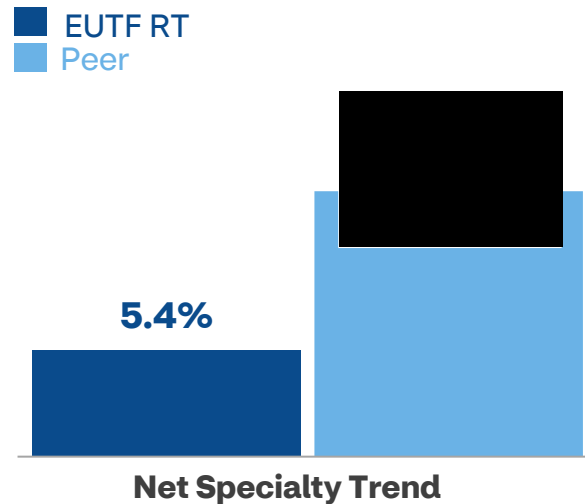
Your top specialty classes by contribution to trend

Key metrics

Specialty prescriptions represented **44.0%** of total net cost and comprised **2.3%** of all prescriptions.

Newly launched medications contributed **1.2%** to specialty trend.

Price inflation contributed **5.6%** to specialty trend.



-1.5%

Overall specialty utilization decrease compared to prior period



The top three (3) classes with the greatest contribution to specialty drug utilization trend are:
Transplant
Atopic Dermatitis
Hormonal Therapies

Your top 5 contributing specialty classes

Specialty Class	Top Drug Contributors	Net Cost	Utilizers	Net Cost PMPM	Contribution to Net Trend
Hereditary Angioedema	Takhzyro, Icatibant Acetate	\$711,895			
Oncology	Xtandi, Lenalidomide	\$5,797,979			
Atopic Dermatitis	Dupixent, Rinvoq	\$1,442,382			
Movement Disorders	Radicava Ors, Relyvrio	\$253,907			
Hepatitis C	Eplclusa, Pegasys	\$230,423			

Peer:Government

Your top 25 specialty classes

By net cost

BOB Rank†	Prior Rank	Current Rank	Specialty Class	Net Cost*	% of Specialty Net Cost	Net Cost PMPM	Utilizers	% Change in Utilizers	Net Cost Per Utilizer	Total Rxs	Prior Year % Rxs CVS Specialty	% Rxs CVS Specialty
	1	1	Oncology	\$5,797,979								
	2	2	Psoriasis	\$2,787,198								
	3	3	Rheumatoid Arthritis	\$2,140,741								
	4	4	Psoriatic Arthritis	\$1,593,033								
	5	5	Atopic Dermatitis	\$1,442,382								
	6	6	Asthma	\$847,403								
	NA	7	Hereditary Angioedema	\$711,895								
	8	8	Multiple Sclerosis	\$654,333								
	9	9	Human Immunodeficiency Virus	\$531,894								
	11	10	Crswnp	\$517,936								
	10	11	Ocular Disorders	\$509,924								
	12	12	Osteoporosis	\$497,249								
	7	13	Gout	\$445,880								
	13	14	Thrombocytopenia	\$374,795								
	14	15	Ankylosing Spondylitis	\$319,197								
	16	16	Crohns Disease	\$294,816								
	35	17	Movement Disorders	\$253,907								
	31	18	Hepatitis C	\$230,423								
	17	19	Pulmonary Disorders - Other	\$226,145								
	20	20	Immune Deficiencies And Related Di:	\$200,245								
	15	21	Ulcerative Colitis	\$189,201								
	18	22	Cystic Fibrosis	\$178,958								
	26	23	Systemic Lupus Erythematosus	\$127,721								
	21	24	Hepatitis B	\$103,109								
	32	25	Neutropenia	\$96,722								

Percentage of Top 25 Specialty Therapeutic Classes Net Spend/Total Specialty Net Spend	97.2%
Percentage Total Specialty Net Spend/Total Net Spend	44.0%

†Employer information is based on the most recent year ending Dec 31, 2023.

*Represents pharmacy claims only.

NA = No prior data available

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Your top 25 specialty drugs

By net cost

BOB Rank†	Prior Rank	Current Rank	Drug Name	Dispense Type***	Gen/Pref/NonPref	Specialty Class	Total Net Cost	% of Specialty Net Cost	Total Utilizers	Total Rxs	% of Specialty Rxs	Net Cost PMPM	Net Cost Per Rx	Net Cost Per Days' Supply
	1	1	Dupixent	SSB		Atopic Dermatitis	\$1,188,911							
	6	2	Skyrizi	SSB		Psoriasis	\$759,232							
	11	3	Jakafi	SSB		Oncology	\$700,112							
	0	4	Takhzyro	SSB		Hereditary Angioedema	\$695,506							
	2	5	Taltz	SSB		Psoriasis	\$639,940							
	7	6	Dupixent	SSB		Crswnp	\$517,936							
	14	7	Humira	SSB		Rheumatoid Arthritis	\$512,330							
	10	8	Enbrel	SSB		Rheumatoid Arthritis	\$507,376							
	20	9	Imbruvica	SSB		Oncology	\$482,609							
	3	10	Krystexxa	SSB		Gout	\$445,880							
	4	11	Tagrisso	SSB		Oncology	\$442,401							
	15	12	Xeljanz	SSB		Rheumatoid Arthritis	\$413,889							
	16	13	Humira	SSB		Psoriasis	\$408,210							
	9	14	Bosulif	SSB		Oncology	\$395,833							
	22	15	Otezla	SSB		Psoriasis	\$383,635							
	24	16	Tremfya	SSB		Psoriatic Arthritis	\$381,103							
	19	17	Prolia	SSB		Osteoporosis	\$368,885							
	26	18	Enbrel	SSB		Psoriatic Arthritis	\$368,223							
	32	19	Orencia	SSB		Rheumatoid Arthritis	\$319,429							
	8	20	Rinvoq	SSB		Rheumatoid Arthritis	\$304,226							
	13	21	Xolair	SSB		Asthma	\$299,880							
	21	22	Eylea	SSB		Ocular Disorders	\$297,082							
	28	23	Lorbrena	SSB		Oncology	\$260,790							
	58	24	Lynparza	SSB		Oncology	\$256,738							
	35	25	Revlimid	SSB		Oncology	\$256,732							

Total Top Net Specialty Drugs **\$11,606,888**

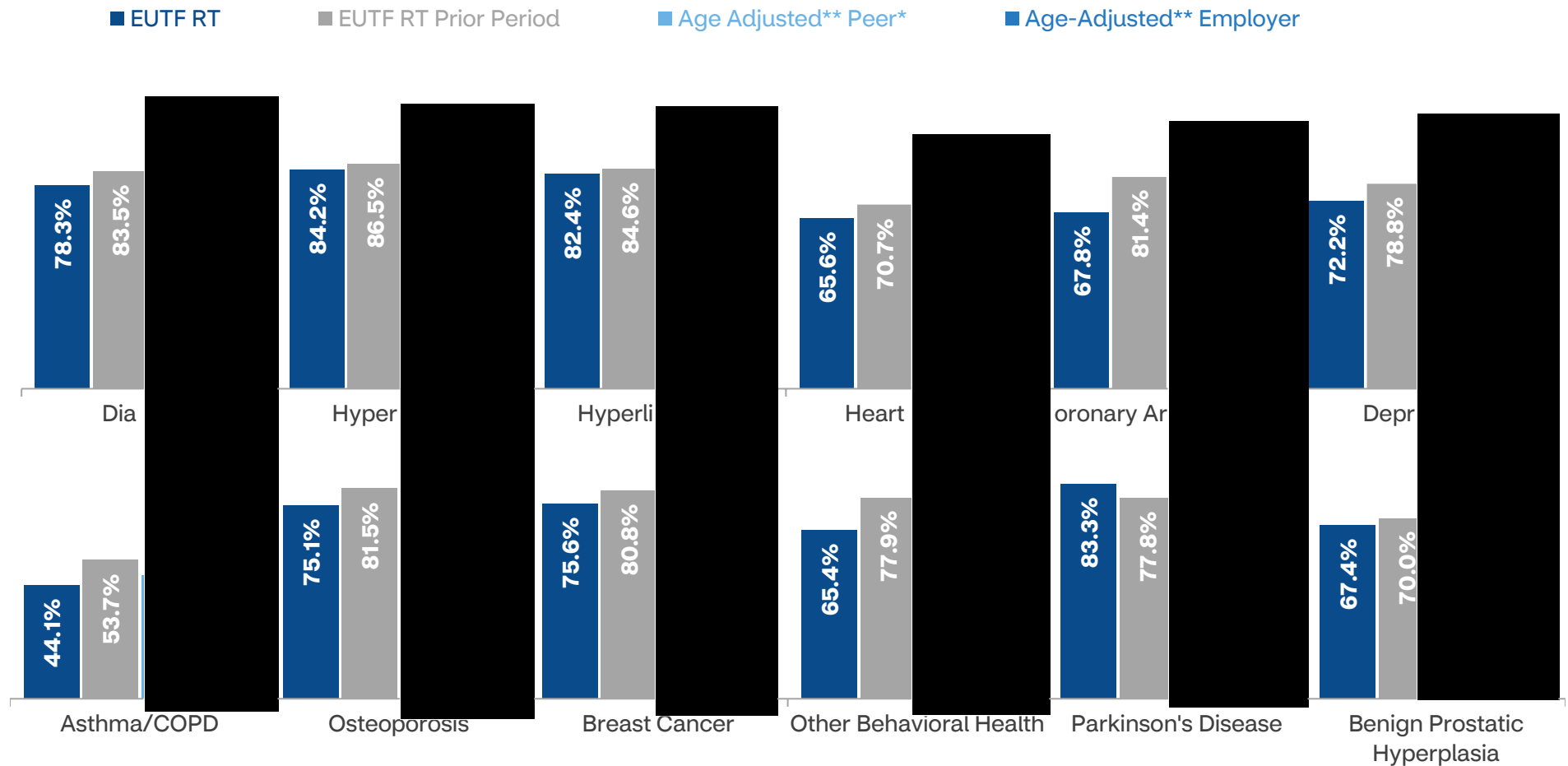
Total Top Net Specialty Drugs/Overall Specialty Drugs **53.5%**

†Employer information is based on the most recent year ending Dec 31.

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Managing chronic conditions: your adherence measures

Percent optimal¹ adherence by chronic condition



¹ Optimal: ≥ 80% MPR

*Peer: Government

**Age-adjusted benchmarks represent the optimal adherence % of the book of business segment and peer based on the same age demographics as the client.

Your top 5 retail pharmacy chains

By net cost

Retail Pharmacy Chain	Total Rxs	Utilizers	Net Cost	Rx PMPM	% of Total Rxs	% of Utilizers	Net Cost Per Rx	Net Cost PMPM
CVS PHARMACY INC			\$19,661,987					
ELEVATE PROVIDER NETWORK			\$1,296,641					
WALGREENS CORPORATION			\$1,248,789					
SAFEWAY STORES INC/N CAL DIV			\$923,066					
WALMART			\$567,027					
Subtotal for Top 5 Retail Chains			\$23,697,510					
All Other Retail Chains			\$2,236,467					
Total Retail			\$25,933,977					

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Drug Savings Review: savings by edit category

Edit category savings

Edit Category	2023Q1	2023Q2	2023Q3	2023Q4	% of Total Client Savings
Age Related	\$1,802.30	\$3,309.60	\$4,613.53	\$4,212.55	2.5%
Appropriate Therapy	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Condition Management	\$49,911.71	\$50,803.05	\$71,681.98	\$65,902.30	42.5%
Dose Optimization	\$1,828.02	\$1,498.86	\$328.42	\$38.78	0.7%
Drug Interaction	\$1,983.83	\$2,961.87	\$2,653.33	\$3,745.99	2.0%
Duration Of Therapy	\$16,787.42	\$12,825.74	\$19,383.70	\$18,711.61	12.1%
Gastro Intestinal Issues	\$2,397.98	\$2,329.63	\$4,373.70	\$1,906.26	2.0%
Specialty Program	\$0.00	\$6,438.37	\$27,205.11	\$9,146.73	7.6%
Therapeutic Duplication	\$46,837.35	\$45,502.21	\$43,390.22	\$36,395.99	30.7%
Savings by Quarter	\$121,548.61	\$125,669.33	\$173,629.99	\$140,060.21	100%
TOTAL SAVINGS					\$560,908.14

Drug Savings Review: your top 10 interventions by savings

Interventions by savings

Edit Category	Intervention Description	Client Savings
Condition Management	Minimize the use of GLP-1 RAs and a DPP-4 inhibitor	\$179,759.00
Duration Of Therapy	To identify situations where Rybelsus is prescribed for a longer duration of time than recommended	\$54,586.42
Specialty Program	Therapy Duplication: Autoimmune Agents	\$42,790.21
Therapeutic Duplication	Therapy Duplication: GLP-1 Agonists	\$28,639.65
Therapeutic Duplication	Therapy Duplication: Inhaled Corticosteroids	\$27,589.73
Therapeutic Duplication	Therapy Duplication: Long-acting Inhaled Sympathomimetics	\$24,991.08
Condition Management	Evaluate the need for buprenorphine/naloxone therapy with an opioid agonist	\$17,783.99
Therapeutic Duplication	Therapy Duplication: Sodium Glucose Co-Transporter 2 Inhibitors	\$14,790.75
Condition Management	Overuse of Migraine Therapy: >16 units/30days	\$14,347.17
Age Related	Use of stimulants in patients 17 years and older	\$11,133.92

RxInsights[®]

EUTF Medicare Retirees

Jan 2023 – Dec 2023

Prescription Benefit Review

REDACTED VERSION

♥CVSHealth[®]



Q4 2023 Plan Summary

Pharmacy Trend – Overall Pharmacy trend is at 12.6%, but goes down to [REDACTED] once rebates are included and with a final of [REDACTED] when subsidies are added in. Price inflation is the main trend driver overall, while price inflation, utilization, and drug mix are equally contributing as the trend drivers for specialty drugs.

Specialty

- Top 3 classes by cost: Oncology \$41.4M, Osteoporosis \$6.0M and Amyloidosis \$4.0M.
- 2.3% of members are responsible for 32.9% of overall net costs. This is lower than the EGWP BOB at [REDACTED] and [REDACTED].
- We continue to see increased utilization for high-cost drugs in Oncology and Amyloidosis.

Non-Specialty

- Top 3 classes by cost: Diabetes \$60.8M, Anticoagulants \$17.6M and Ophthalmic Agents \$13.7M
- Diabetes trend continues to be driven equally by GLP-1 (Primarily Ozempic) and SGLT2 products (Primarily Jardiance). There is a steady increase in utilizers of Rybelsus also- only oral agent but one of more expensive GLP-1 analogs. GLP-1 Smart logic was added effective 10/1/23 for new utilizers and 1/1/24 for all utilizers to ensure use for diabetes only
- EUTF's GDR remained consistent at 81.7%, lower than the EGWP BOB at [REDACTED]. Generic substitution rate is 98.1%, also lower than BOB- [REDACTED].
- Paxlovid will be covered under MED D benefit with \$0 member copay and a patient assistance program (PAP) to reimburse 100% of the cost to plan back to EUTF, effective 11/1/2023. Utilization for 2023 was 13 claims for \$16,375.

Utilization & Membership – Overall membership has remained flat, while we see that the average percentage of utilizers as a percent of members has increased.

- Average eligible membership was unchanged with 66.8% of the eligible members using the plan at any given time, but it remains over [REDACTED] lower than the EGWP BOB at [REDACTED].
- Prescriptions increased by 2.9%, from 918K to 945K.
- Mail utilization continues to decrease, down from 6.4% to 6.0%, with the EGWP BOB at [REDACTED]
- 16.3% of EUTF members are registered on Caremark.com, but only 8.6% are active users. EGWP BOB rates are [REDACTED] and [REDACTED] respectively.

EUTF MEDICARE Retirees' Cost Drivers

1/1/23-12/31/23	Net Cost	Utilizers	Rx	% Net Cost	% of Rx
Diabetes*		31,041	102,546	27.28%	10.85%
Musculoskeletal Conditions		19,949	49,364	2.92%	5.22%
Oncology		2,663	10,575	18.69%	1.12%
Cardiovascular Conditions		91,234	317,111	11.00%	33.55%
TOTAL**		144,887	479,596	59.88%	50.74%

EUTF's cost drivers account for over 60% of the total net cost and 51% of all prescriptions during the report period.

*Diabetes data includes diabetic drugs and supplies

**Data Source – GPI Trend Report. Data may differ slightly from RXI

Key metrics at a glance

Membership	Jan-Dec 19	Jan-Dec 20	Jan-Dec 21	Jan-Dec 22	Jan-Dec 23	% Change
Average Eligible Members Per Month	40,329	41,314	42,141	42,505	42,502	0.0%
Average Utilizers as % of Members	66.8%	65.3%	65.0%	65.8%	66.8%	1.5%
LIS Members	496	476	435	401	363	-9.5%
Average Member Age	76	76	77	77	77	0.3%

Total Medicare Part D Drug Costs

Total Gross Cost	\$177,237,786	\$188,144,918	\$197,734,548	\$215,037,785	\$241,211,904	12.2%
Gross Cost w/ Rebates**	\$148,740,724	\$153,969,384	\$153,925,820	\$156,276,712	\$167,156,372	7.0%
Member Cost	\$7,875,452	\$7,733,832	\$8,336,179	\$8,933,113	\$9,227,972	3.3%
Member Cost Share	4.4%	4.1%	4.2%	4.2%	3.8%	-8.5%
Member Cost Share after Rebates and Subsidies	7.4%	6.9%	7.0%	6.7%	6.2%	-7.7%
Total Net Cost-Before Med D Offsets	\$169,362,334	\$180,411,086	\$189,398,369	\$206,104,672	\$231,983,932	12.6%

EGWP Offsets and Subsidies

LICS (Low-Income Cost Sharing)	\$1,243,089	\$1,287,906	\$1,270,231	\$1,169,480	\$1,069,526	-8.5%
Estimated Federal Reinsurance	\$32,035,468	\$33,608,266	\$35,053,824	\$37,901,896	\$44,697,073	17.9%
Reported Gap Discount	\$26,274,142	\$30,939,097	\$33,566,281	\$37,073,654	\$41,080,236	10.8%
Direct Subsidy	\$3,670,951	\$2,068,773	(\$589,572)	(\$3,312,609)	(\$3,920,753)	18.4%
LIPS (Low Income Premium Subsidy)	\$235,897	\$221,438	\$218,702	\$213,871	\$194,028	-9.3%
Total EGWP Offsets and Subsidies	\$63,459,547	\$68,125,480	\$69,519,466	\$73,046,292	\$83,120,111	13.8%

Total EGWP Plan Costs PMPM

Gross Cost PMPM	\$366.23	\$379.50	\$391.02	\$421.59	\$472.94	12.2%
Member Cost PMPM	\$16.27	\$15.60	\$16.48	\$17.51	\$18.09	3.3%
Net Cost-Before Med D Item Reduction PMPM	\$349.96	\$363.90	\$374.53	\$404.08	\$454.85	12.6%
LICS PMPM	\$2.57	\$2.60	\$2.51	\$2.29	\$2.10	-8.4%
Estimated Federal Reinsurance PMPM	\$66.20	\$67.79	\$69.32	\$74.31	\$87.64	17.9%
Reported Gap Discount PMPM	\$54.29	\$62.41	\$66.38	\$72.68	\$80.55	10.8%
Direct Subsidy PMPM	\$7.59	\$4.17	-\$1.17	-\$6.49	-\$7.69	18.4%
LIPS (Low Income Premium Subsidy) PMPM	\$0.49	\$0.45	\$0.43	\$0.42	\$0.38	-9.4%
Net Cost-Less EGWP Offsets, Subsidies PMPM	\$218.83	\$226.49	\$237.06	\$260.87	\$291.88	11.9%

Key metrics at a glance

Drug Mix	Jan-Dec 19	Jan-Dec 20	Jan-Dec 21	Jan-Dec 22	Jan-Dec 23	% Change
% Single Source Brands	17.0%	16.4%	16.6%	16.0%	16.7%	4.6%
% Multi Source Brands	1.3%	1.2%	1.0%	1.6%	1.6%	-2.0%
Generic Dispensing Rate	81.7%	82.4%	82.4%	82.4%	81.7%	-0.8%
Generic Substitution Rate	98.5%	98.5%	98.8%	98.1%	98.1%	0.0%
Utilization						
Total Prescriptions	923,371	898,486	894,987	918,371	945,111	2.9%
Total Days' Supply	55,219,706	57,255,140	58,132,085	59,313,858	60,112,698	1.3%
Prescriptions PMPM	1.9	1.8	1.8	1.8	1.9	5.5%
% Retail Prescriptions	93.5%	93.1%	93.3%	93.6%	94.0%	0.4%
% Mail Prescriptions	6.5%	6.9%	6.7%	6.4%	6.0%	-6.7%
Days' Supply PMPM	114.10	115.49	114.96	116.29	117.86	1.4%
Specialty						
Specialty Total Net Cost	\$45,589,741	\$54,014,473	\$59,106,057	\$67,508,567	\$78,197,763	15.8%
Specialty Avg. Utilizers as % of Members	5.9%	6.3%	2.1%	2.2%	2.3%	6.1%
Specialty Net Cost PMPM	\$94.20	\$108.95	\$116.88	\$132.25	\$153.32	15.9%
Specialty % of Total Net Cost	26.9%	29.9%	31.2%	32.8%	33.7%	2.9%
Specialty % of Total Rx's	1.1%	1.2%	1.3%	1.4%	1.4%	3.4%
% Specialty Member Cost Share	1.7%	1.5%	1.6%	1.5%	1.4%	-6.4%

Trend Drivers

Overall

Price Inflation	Jan-Dec 19	Jan-Dec 20	Jan-Dec 21	Jan-Dec 22	Jan-Dec 23	EGWP BOB
Price Inflation	-0.3%	1.4%	2.0%	5.4%	11.5%	
Utilization						
Utilization Inflation	0.9%	1.2%	-0.3%	1.2%	1.4%	
Drug Mix						
Drug Mix Inflation	2.9%	1.0%	3.5%	5.3%	-0.7%	

Specialty

Price Inflation	Jan-Dec 19	Jan-Dec 20	Jan-Dec 21	Jan-Dec 22	Jan-Dec 23	EGWP BOB
Price Inflation						
Utilization Inflation	13.7%	11.9%	9.1%	6.7%	5.1%	
Drug Mix						
Drug Mix Inflation	-4.4%	-1.0%	-2.9%	0.6%	4.8%	

AWP

AWP Inflation	Jan-Dec 19	Jan-Dec 20	Jan-Dec 21	Jan-Dec 22	Jan-Dec 23	EGWP BOB
Overall AWP Inflation	2.4%	1.9%	2.4%	2.5%	2.5%	■
Brand AWP Inflation	4.9%	4.1%	4.3%	4.6%	4.9%	■
Generic AWP Inflation	0.0%	-0.2%	0.6%	0.5%	0.1%	■
Specialty AWP Inflation	4.6%	4.3%	4.2%	5.1%	5.4%	■

Your trend overview

Key metrics

REBATES
generated



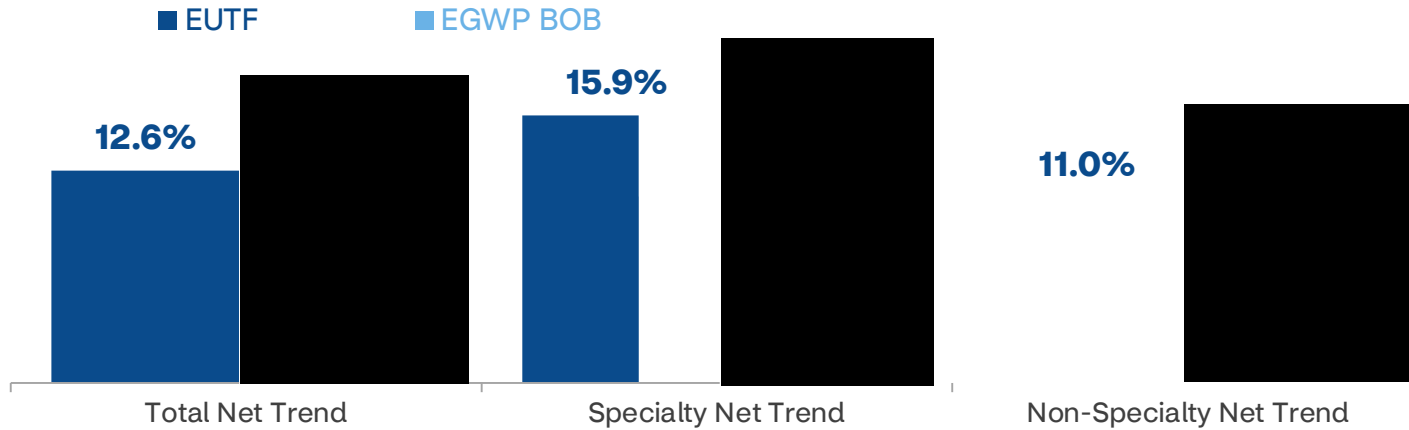
in Gross Cost savings.

Specialty drugs
comprise

33.7%
of total net cost.

Generics account for

15.3%
of total net cost.



Your top 5 trend contributors

Therapeutic Class	Top Drug Contributors	Net Cost	Utilizers	Net Cost PMPM	Net Trend	Contribution to Net Trend
Antidiabetics	Ozempic, Jardiance	██████████	10,831	██████████	17.9%	4.5%
Antineoplastics	Xtandi, Nubeqa	██████████	1,835	██████████	17.0%	2.7%
Cardiovascular Agents - Misc.	Vyndamax, Entresto	██████████	933	██████████	56.2%	1.6%
Vaccines	Arexvy, Abrysvo	██████████	12,626	██████████	345.2%	1.5%
Anticoagulants	Eliquis, Xarelto	██████████	4,163	██████████	10.7%	0.8%

BOB Segment: EGWP

This page contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Health and/or its affiliates.

Your top 10 overall therapeutic classes

By net cost

Percentage change over time

BOB Rank †	Prior Rank	Current Rank	Therapeutic Class	GDR	Total Rx	Net Cost	Utilizers	Net Cost (PMPM)	Cost	Cost Components		Utilization Components	
									Net PMPM	Utilization	Drug Mix /Inflation	Density of Use	
										Days' Supply PMPM	Net Cost Per Day	Utilizers	Days' Supply/ Utilizer
1	1	1	Antidiabetics	39.4%	76,568	██████████	10,831	██████████	17.9%	3.4%	14.1%	5.1%	-1.6%
2	2	2	Antineoplastics	68.3%	8,694	██████████	1,835	██████████	17.0%	3.7%	12.8%	2.6%	1.1%
3	3	3	Anticoagulants	10.6%	17,377	██████████	4,163	██████████	10.7%	3.8%	6.6%	6.3%	-2.4%
4	4	4	Ophthalmic Agents	74.1%	51,476	██████████	11,146	██████████	-13.0%	1.9%	-14.6%	1.4%	0.5%
5	5	5	Antiasthmatic And Bronchodilator Agents	53.2%	33,500	██████████	7,229	██████████	4.3%	0.1%	4.3%	7.0%	-6.5%
6	6	6	Antihyperlipidemics	95.8%	110,536	██████████	27,123	██████████	12.7%	2.8%	9.6%	3.2%	-0.4%
9	7	7	Cardiovascular Agents - Misc.	26.2%	3,866	██████████	933	██████████	56.2%	13.8%	37.2%	20.1%	-5.2%
7	8	8	Endocrine And Metabolic Agents - Misc.	73.2%	18,550	██████████	6,144	██████████	23.4%	4.0%	18.7%	4.4%	-0.4%
8	9	9	Dermatologicals	95.1%	34,740	██████████	12,894	██████████	12.5%	4.7%	7.4%	3.8%	0.9%
10	10	10	Analgesics - Anti-Inflammatory	92.8%	14,450	██████████	5,888	██████████	4.6%	-0.7%	5.3%	2.2%	-2.9%
Subtotal of Top 10				70.5%	369,757	██████████	37,874	██████████	13.7%	2.9%	10.5%	1.3%	1.5%
All Other Categories				88.9%	575,354	██████████	40,897	██████████	8.6%	0.3%	8.3%	2.5%	-2.1%
Total				81.7%	945,111	██████████	42,283	██████████	12.6%	1.4%	11.1%	1.6%	-0.3%

Top 10 Therapeutic Classes as a Percent of Net Cost 79.5%

†EGWP information is based on the most recent year ending Dec 31, 2023.

Trend Drivers

Diabetes

	Jan-Dec 19	Jan-Dec 20	Jan-Dec 21	Jan-Dec 22	Jan-Dec 23	% Change
Total Rx	65,594	66,306	68,650	72,191	76,568	6.1%
Utilizers	9,328	9,446	9,960	10,310	10,831	5.1%

Your top 25 drugs

By net cost

Prior Rank	Current Rank	Drug Name	Disp Type	Gen/Pref /NonPref	Dispense Type	Therapeutic Class	Generic Launch Date ††	Total Rx	Utilizers	AWP Inflation
1	1	Eliquis	SSB	Pref	Brand	Anticoagulants	Q3-2028	11,617	2,815	6.0%
2	2	Jardiance	SSB	Pref	Brand	Antidiabetics	NA	8,146	2,214	4.1%
3	3	Ozempic	SSB	Pref	Brand	Antidiabetics	NA	6,335	1,415	4.9%
5	4	Xtandi	SRx	Non-Pref	Specialty	Antineoplastics	Q3-2027	596	71	4.9%
6	5	Trulicity	SSB	Pref	Brand	Antidiabetics	NA	3,271	667	5.0%
4	6	Januvia	SSB	Pref	Brand	Antidiabetics	Q2-2026	4,463	1,165	5.0%
9	7	Farxiga	SSB	Pref	Brand	Antidiabetics	Q2-2026	4,330	1,191	3.0%
7	8	Prolia	SRx	Pref	Specialty	Endocrine And Metabolic Agents - Misc.	NA	3,236	1,850	9.9%
8	9	Xarelto	SSB	Pref	Brand	Anticoagulants	Q2-2025	3,735	960	5.0%
12	10	Rybelsus	SSB	Pref	Brand	Antidiabetics	NA	2,242	615	4.9%
35	11	Vyndamax	SRx	Non-Pref	Specialty	Cardiovascular Agents - Misc.	NA	175	22	5.2%
10	12	Tagrisso	SRx	Non-Pref	Specialty	Antineoplastics	NA	212	30	3.7%
15	13	Entresto	SSB	Pref	Brand	Cardiovascular Agents - Misc.	NA	2,381	636	6.2%
	14	Arexvy	SSB	Pref	Brand	Vaccines	NA	10,142	10,123	NA
14	15	Trelegy Ellipta	SSB	Pref	Brand	Antiasthmatic And Bronchodilator Agents	NA	3,090	730	3.0%
20	16	Ibrance	SRx	Non-Pref	Specialty	Antineoplastics	Q3-2027	192	22	7.9%
24	17	Abiraterone Acetate	SRx	Gen	Specialty	Antineoplastics	NA	347	50	1.1%
17	18	Imbruvica	SRx	Non-Pref	Specialty	Antineoplastics	NA	159	15	6.4%
99	19	Atorvastatin Calcium	Gen	Gen	Generic	Antihyperlipidemics	NA	50,220	14,065	0.0%
25	20	Dupixent	SRx	Non-Pref	Specialty	Dermatologicals	NA	656	82	6.4%
21	21	Myrbetriq	SSB	Pref	Brand	Urinary Antispasmodics	Q2-2024	2,416	671	3.9%
16	22	Advair Diskus	MSB	Pref	Brand	Antiasthmatic And Bronchodilator Agents	NA	3,088	967	0.0%
11	23	Revlimid	SRx	Non-Pref	Specialty	Assorted Classes	Q1-2022	112	20	NA
19	24	Cyclosporine	Gen	Gen	Generic	Ophthalmic Agents	NA	3,397	1,283	0.0%
18	25	Humira	SRx	Non-Pref	Specialty	Analgesics - Anti-Inflammatory	NA	279	35	8.1%
Subtotal of Top 25 Drugs								124,837	26,354	
All Others								820,274	41,838	
Total								945,111	42,283	

†EGWP information is based on the most recent six months ending Jun 30, 2023.

††Generic launch date is based on numerous market factors and is an estimation. "NA" means that no estimate launch date is available at the time of this report.

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Your top 25 drugs

By days' supply

Prior Rank	Current Rank	Drug Name	Disp Type	Gen/NonPref	Therapeutic Class	% Total Days' Supply	Total Rxs	Total Utilizers	AWP Inflation
1	1	Atorvastatin Calcium	Gen	Gen	Antihyperlipidemics	7.1%	50,220	14,065	0.0%
3	2	Losartan Potassium	Gen	Gen	Antihypertensives	4.4%	31,385	8,722	0.0%
2	3	Amlodipine Besylate	Gen	Gen	Calcium Channel Blockers	4.4%	31,869	8,936	-0.1%
4	4	Metoprolol Succinate Er	Gen	Gen	Beta Blockers	2.9%	20,656	5,780	-0.3%
8	5	Rosuvastatin Calcium	Gen	Gen	Antihyperlipidemics	2.2%	15,365	4,532	0.0%
5	6	Simvastatin	Gen	Gen	Antihyperlipidemics	2.1%	14,443	4,015	-0.4%
6	7	Lisinopril	Gen	Gen	Antihypertensives	2.0%	14,105	3,900	0.0%
7	8	Metformin Hydrochloride	Gen	Gen	Antidiabetics	1.9%	13,259	3,826	0.6%
9	9	Amos Levothyroxine Sodium	Gen	Gen	Thyroid Agents	1.8%	12,581	3,418	0.0%
10	10	Tamsulosin Hydrochloride	Gen	Gen	Genitourinary Agents - Miscellaneous	1.8%	13,400	4,040	0.1%
11	11	Allopurinol	Gen	Gen	Gout Agents	1.5%	10,891	3,076	0.3%
12	12	Omeprazole	Gen	Gen	Ulcer Drugs	1.3%	10,222	3,510	0.1%
15	13	Eliquis	SSB	Pref	Anticoagulants	1.2%	11,617	2,815	6.0%
13	14	Hydrochlorothiazide	Gen	Gen	Diuretics	1.2%	8,726	2,655	-21.4%
14	15	Pravastatin Sodium	Gen	Gen	Antihyperlipidemics	1.2%	8,352	2,344	0.0%
16	16	Latanoprost	Gen	Gen	Ophthalmic Agents	1.1%	10,705	3,047	0.1%
17	17	Metformin Hydrochloride E	Gen	Gen	Antidiabetics	1.1%	7,724	2,333	0.6%
27	18	Jardiance	SSB	Pref	Antidiabetics	1.0%	8,146	2,214	4.1%
18	19	Furosemide	Gen	Gen	Diuretics	1.0%	9,502	3,070	-1.3%
19	20	Pantoprazole Sodium	Gen	Gen	Ulcer Drugs	1.0%	8,483	2,869	3.4%
21	21	Alendronate Sodium	Gen	Gen	Endocrine And Metabolic Agents - Misc.	1.0%	7,345	2,256	-0.1%
20	22	Prolia	SRx	Pref	Endocrine And Metabolic Agents - Misc.	1.0%	3,236	1,850	9.9%
24	23	Fluticasone Propionate	Gen	Gen	Nasal Agents - Systemic And Topical	0.9%	8,664	4,079	5.9%
23	24	Famotidine	Gen	Gen	Ulcer Drugs	0.9%	7,458	2,661	1.4%
22	25	Irbesartan	Gen	Gen	Antihypertensives	0.9%	6,411	1,756	0.3%
Subtotal of Top 25 Drugs						47.21%	344,765	36,634	
All Others						52.79%	600,346	40,761	
Total							945,111	42,283	

†EGWP information is based on the most recent six months ending Jun 30, 2023.

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Your top specialty classes by contribution to trend

Key metrics

Specialty prescriptions represented **33.7%**

of total net cost and comprised **1.4%** of all prescriptions.

Newly launched medications contributed

1.1%

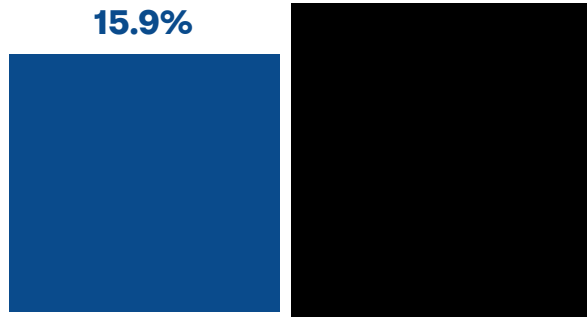
to specialty trend.

Price inflation contributed

5.1%

to specialty trend.

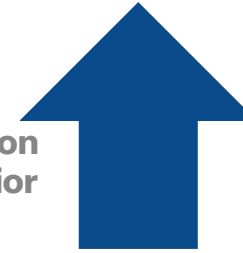
■ EUTF
■ EGWP BOB



Net Specialty Trend

5.1%

Overall specialty utilization increase compared to prior period



The top three (3) classes with the greatest contribution to specialty drug utilization trend are:
Osteoporosis
Oncology
Transplant

Your top 5 contributing specialty classes

Specialty Class	Top Drug Contributors	Utilizers	Contribution to Net Trend
Oncology	Xtandi, Lenalidomide	428	2.7%
Amyloidosis	Vyndamax, Vyndaqel	23	1.2%
Osteoporosis	Prolia, Evenity	1904	0.4%
Atopic Dermatitis	Dupixent, Rinvoq	83	0.3%
Psoriasis	Skyrizi, Otezla	77	0.2%

BOB Segment: EGWP

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Your top 25 specialty classes

By net cost

Prior Rank	Current Rank	Specialty Class	% of Specialty Net Cost	Utilizers	% Change in Utilizers	Total Rxs	Prior Year % Rxs CVS Specialty	% Rxs CVS Specialty
1	1	Oncology	52.9%	428	5.2%	3,588	52.5%	46.1%
2	2	Osteoporosis	7.7%	1,904	4.8%	3,622	49.2%	48.6%
7	3	Amyloidosis	5.2%	23	76.9%	187	98.7%	63.6%
4	4	Psoriasis	4.7%	77	10.0%	476	60.8%	59.0%
3	5	Rheumatoid Arthritis	4.0%	83	9.2%	557	76.6%	79.4%
6	6	Pulmonary Disorders - Other	2.9%	35	20.7%	232	79.7%	70.7%
9	7	Atopic Dermatitis	2.8%	83	27.7%	623	49.4%	49.1%
10	8	Movement Disorders	2.6%	30	-25.0%	304	47.1%	58.2%
8	9	Pulmonary Arterial Hypertension	2.2%	21	5.0%	227	75.0%	68.3%
5	10	Ocular Disorders	2.0%	81	-6.9%	287	81.5%	87.8%
12	11	Human Immunodeficiency Virus	1.3%	43	0.0%	437	59.7%	55.8%
13	12	Asthma	1.3%	35	20.7%	243	43.6%	44.9%
14	13	Immune Deficiencies And Related Dis	1.1%	9	125.0%	58	39.5%	31.0%
11	14	Infectious Disease - Other	1.1%	10	-28.6%	59	0.0%	0.0%
17	15	Thrombocytopenia	0.7%	6	-25.0%	52	50.0%	69.2%
16	16	Hepatitis B	0.7%	62	3.3%	385	56.8%	61.8%
15	17	Psoriatic Arthritis	0.6%	16	33.3%	82	61.2%	68.3%
21	18	Ulcerative Colitis	0.5%	8	14.3%	60	56.9%	53.3%
20	19	Crohns Disease	0.5%	6	50.0%	42	97.1%	66.7%
23	20	Sleep Disorder	0.5%	2	0.0%	25	0.0%	0.0%
19	21	Rare Disorders - Other	0.5%	5	25.0%	9	12.5%	11.1%
30	22	Cardiac Disorders	0.4%	24	9.1%	121	43.9%	53.7%
NA	23	Neuromuscular	0.4%	3	NA	13	0.0%	7.7%
26	24	Transplant	0.4%	193	7.2%	964	65.8%	66.6%
24	25	Multiple Sclerosis	0.3%	6	-14.3%	30	86.8%	86.7%
Percentage of Top 25 Specialty Therapeutic Classes Net Spend/Total Specialty Net Spend								97.5%
Percentage Total Specialty Net Spend/Total Net Spend								33.7%

†EGWP information is based on the most recent year ending Dec 31, 2023.

*Represents pharmacy claims only.

NA = No prior data available

Your top 25 specialty drugs

By net cost

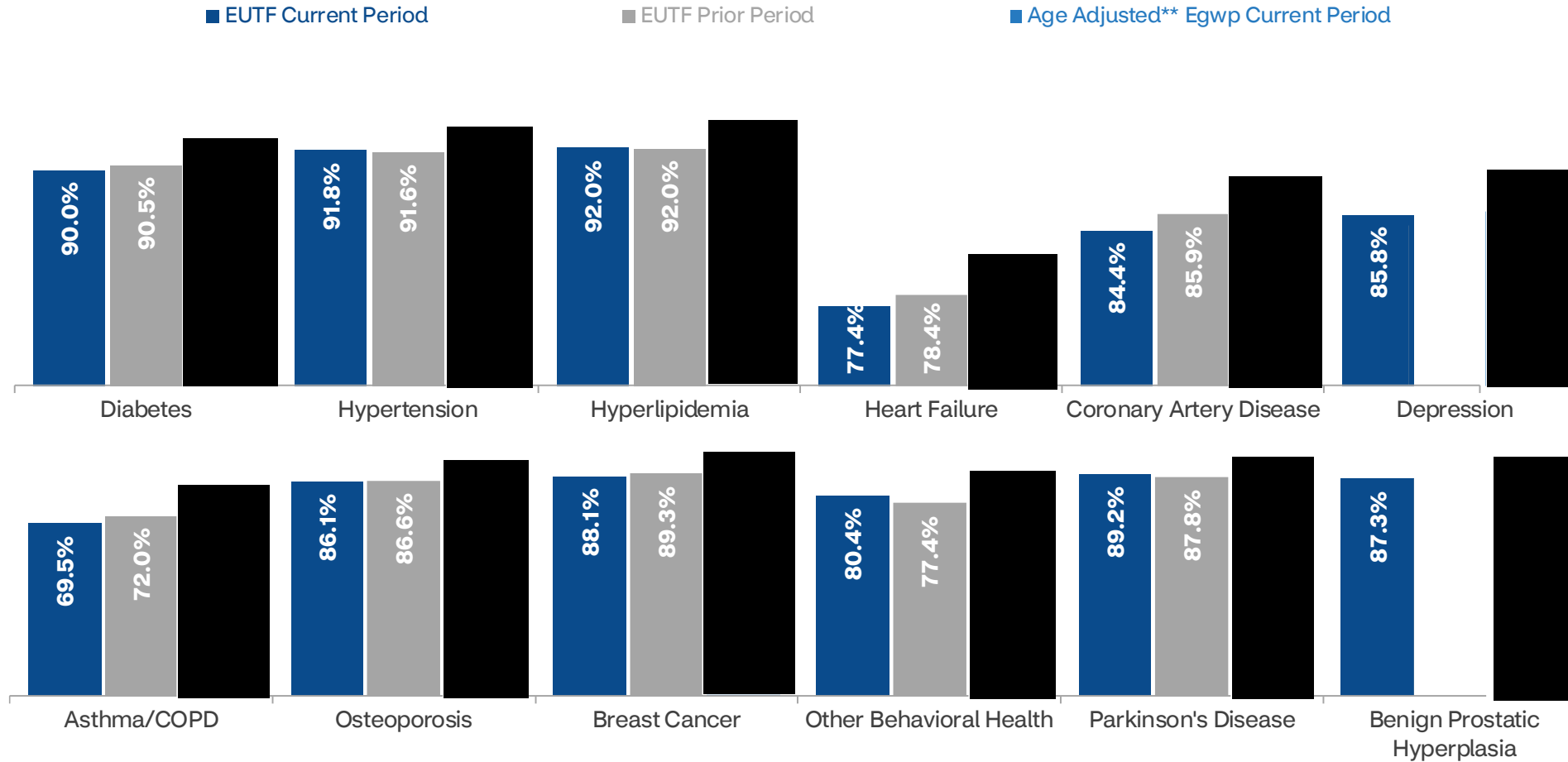
Prior Rank	Current Rank	Drug Name	Disp Type	Gen/Pref /NonPref	Specialty Class	% of Specialty Net Cost	Total Utilizers	Total Rxs
1	1	Xtandi	SSB	Non-Pref	Oncology	8.80%	71	596
2	2	Prolia	SSB	Pref	Osteoporosis	6.15%	1,850	3,236
12	3	Vyndamax	SSB	Non-Pref	Amyloidosis	4.82%	22	175
3	4	Tagrisso	SSB	Non-Pref	Oncology	4.37%	30	212
6	5	Ibrance	SSB	Non-Pref	Oncology	3.56%	22	192
8	6	Abiraterone Acetate	Gen	Gen	Oncology	3.17%	50	347
5	7	Imbruvica	SSB	Non-Pref	Oncology	2.99%	15	159
4	8	Revlimid	SSB	Non-Pref	Oncology	2.57%	20	112
11	9	Dupixent	SSB	Non-Pref	Atopic Dermatitis	2.57%	75	594
9	10	Pomalyst	SSB	Non-Pref	Oncology	2.29%	15	86
14	11	Ofev	SSB	Non-Pref	Pulmonary Disorders - Other	1.94%	24	132
41	12	Nubeqa	SSB	Non-Pref	Oncology	1.68%	13	104
78	13	Lenalidomide	Gen	Gen	Oncology	1.58%	16	70
29	14	Everolimus	SSB	Non-Pref	Oncology	1.30%	11	81
16	15	Nuplazid	SSB	Non-Pref	Movement Disorders	1.28%	16	206
27	16	Verzenio	SSB	Non-Pref	Oncology	1.26%	10	69
13	17	Lenvima	SSB	Non-Pref	Oncology	1.26%	8	44
7	18	Oxervate	SSB	Non-Pref	Ocular Disorders	1.24%	11	35
33	19	Skyrizi	SSB	Non-Pref	Psoriasis	1.17%	15	47
19	20	Enbrel	SSB	Non-Pref	Rheumatoid Arthritis	1.11%	21	143
18	21	Jakafi	SSB	Non-Pref	Oncology	1.10%	7	58
15	22	Arikayce	SSB	Non-Pref	Infectious Disease - Other	1.07%	10	59
17	23	Humira	SSB	Non-Pref	Rheumatoid Arthritis	0.98%	21	115
26	24	Erleada	SSB	Non-Pref	Oncology	0.97%	10	52
23	25	Forteo	SSB	Non-Pref	Osteoporosis	0.96%	25	193
Total Top Net Specialty Drugs								
Total Top Net Specialty Drugs/Overall Biotech Specialty Drugs								60.20%

†EGWP information is based on the most recent six months ending Jun 30, 2023.

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Year-over-year adherence

Members medication possession ratio (MPR)



*Peer: EGWP

**Age-adjusted benchmarks represent the optimal adherence % of the book of business segment and peer based on the same age demographics as the client.

Your top 5 retail pharmacy chains

By net cost

Retail Pharmacy Chain	Total Rxs	Utilizers	Net Cost	Rx PMPM	% of Total Rxs	% of Utilizers
CVS PHARMACY INC	579,193	33,210	\$98,889,110	1.14	67.2%	79.5%
ELEVATE PROVIDER NETWORK	79,906	6,130	\$12,015,691	0.16	9.3%	14.7%
WALGREENS CORPORATION	45,291	3,343	\$7,660,493	0.09	5.3%	8.0%
SAFEWAY STORES INC/N CAL DIV	25,330	2,496	\$4,541,657	0.05	2.9%	6.0%
COSTCO PHARMACIES	17,779	1,507	\$3,025,856	0.03	2.1%	3.6%
Subtotal for Top 5 Retail Chains	747,499	39,087	\$126,132,806	1.47	86.7%	93.6%
All Other Retail Chains	114,909	2,678	\$15,458,630	0.23	13.3%	6.4%
Total Retail	862,408	41,765	\$141,591,436	1.69	100.0%	100.0%

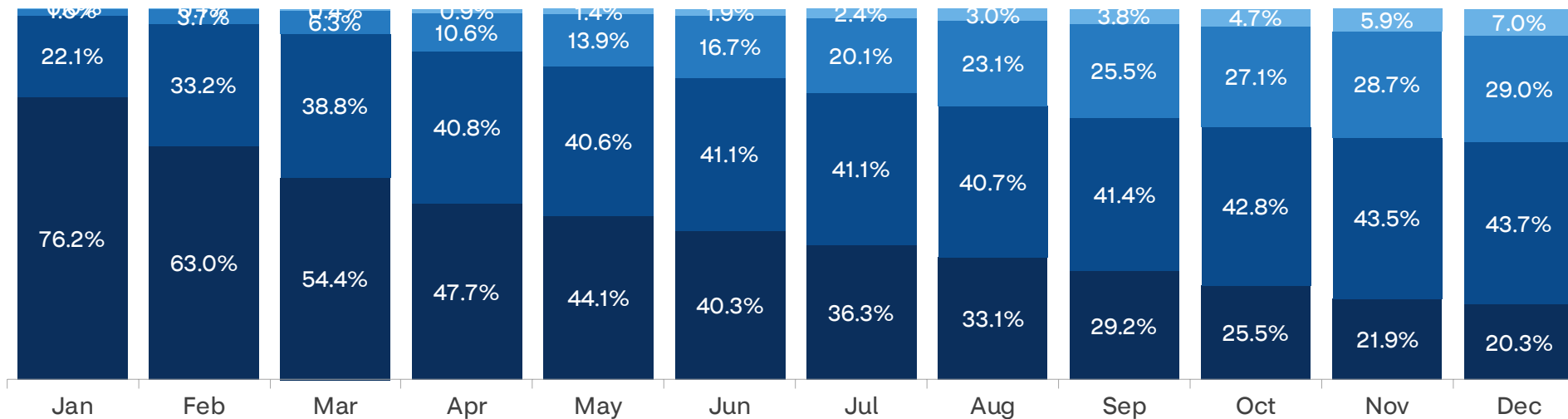
2023 Utilization by Coverage Level

Utilization coverage levels by month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Members in Deductible Level	24,931	18,580	16,786	14,073	13,248	11,840	10,755	10,065	8,814	7,815	6,501	6,014
Members in Initial Coverage Level	7,234	9,801	11,978	12,045	12,181	12,077	12,176	12,398	12,494	13,105	12,939	12,974
Members in Coverage Gap Level	533	1,091	1,936	3,113	4,159	4,894	5,965	7,044	7,701	8,295	8,545	8,596
Members in Catastrophic Level	4	34	137	275	432	560	723	928	1,150	1,439	1,761	2,091

Utilization coverage levels by month

- Percent Members in Deductible Level
- Percent Members in Initial Coverage Level
- Percent Members in Coverage Gap Level
- Percent Members in Catastrophic Level



Drug Savings Review: savings by edit category

Edit category savings

Edit Category	2023Q1	2023Q2	2023Q3	2023Q4	% of Total Client Savings
Age Related	\$22,653.22	\$16,591.06	\$20,021.33	\$18,510.54	2.6%
Appropriate Therapy	\$999.65	\$482.06	\$1,512.72	\$4,128.58	0.2%
Condition Management	\$202,990.99	\$261,690.66	\$347,081.45	\$321,075.92	37.6%
Dose Optimization	\$3,216.07	\$1,652.58	\$2,372.79	\$717.25	0.3%
Drug Interaction	\$16,618.14	\$23,308.61	\$22,471.02	\$22,635.91	2.8%
Duration Of Therapy	\$40,210.13	\$42,987.35	\$48,793.36	\$45,844.06	5.9%
Gastro Intestinal Issues	\$32,256.43	\$30,959.32	\$25,776.95	\$32,726.11	4.0%
Specialty Program	\$9,364.85	\$61,384.69	\$140,962.04	\$170,900.31	12.7%
Therapeutic Duplication	\$229,627.84	\$255,807.63	\$271,097.13	\$260,092.49	33.8%
Total savings	\$557,937.32	\$694,863.96	\$880,088.79	\$876,631.17	100%

2023 total savings of \$3,009,521.24

Drug Savings Review: your top 10 interventions by savings

Interventions by savings

Edit Category	Intervention Description	Client Savings
Condition Management	Minimize the use of GLP-1 RAs and a DPP-4 inhibitor	\$786,701.59
Specialty Program	Therapeutic Duplication: Antiandrogens	\$341,395.36
Therapeutic Duplication	Therapy Duplication: Long-acting Inhaled Sympathomimetics	\$228,157.42
Duration Of Therapy	To identify situations where Rybelsus is prescribed for a longer duration of time than recommended	\$141,997.76
Condition Management	Dopa blockers/depletors with dopa agents may worsen parkinsonian & RLS symptoms	\$88,934.43
Therapeutic Duplication	Therapy Duplication: ARBs	\$77,523.78
Therapeutic Duplication	Therapy Duplication: Factor 10a Inhibitors	\$76,188.85
Condition Management	Drugs that can worsen or precipitate dry eyes	\$73,446.33
Therapeutic Duplication	Therapy Duplication: Sodium Glucose Co-Transporter 2 Inhibitors	\$72,334.14
Therapeutic Duplication	Therapy Duplication: GLP-1 Agonists	\$70,604.37



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April 1, 2024

TO: Benefits Committee
THROUGH: Derek Mizuno, Administrator
FROM: Lara Nitta, Program Specialist
SUBJECT: Prescription Drug Plan Overview - **Confidential**

Commercial Formulary

The EUTF actives and non-Medicare retirees share the same formulary as shown below. An open formulary provides broader coverage and gives the Board more flexibility in managing the formulary than a closed formulary allows. However, a closed formulary takes greater advantage of PBM negotiated manufacturer rebates and costs less.

Non-Specialty Formulary	Specialty Formulary	Exclusions
<ul style="list-style-type: none"> • Open formulary • Currently the Standard Opt Out Formulary. Updates including tier changes are made quarterly. • Top 5 non-specialty drugs (by net cost) include: Ozempic, Jardiance, Mounjaro, Rybelsus, and Trulicity—all of which are antidiabetic drugs 	<ul style="list-style-type: none"> • Closed formulary • Currently the Advanced Control Specialty Formulary (ACSF) since 7/1/17. Updates including tier changes are made quarterly. • All specialty medications require prior authorization • Specialty Guideline Management (SGM) • Top 5 specialty drugs (by net cost) include: Humira, Dupixent, Skyrizi, Enbrel, and Taltz—Humira will be excluded effective 4/1/24 	<ul style="list-style-type: none"> • Implemented the Drug Exclusion Plan Design (DEPD) effective 1/1/22. Excludes products with limited clinical value. Updated quarterly, exclusions are not optional, and there is no coverage for medical exceptions.

Other non-specialty formulary options:

- Hyperinflation management is an exclusion program that excludes drugs that impact plans with high price inflation and offer a lower-cost, clinically appropriate alternative. Updated quarterly, exclusions are not optional, and coverage for medical exceptions is available. Last presented to the Board in Sep. 2022.
- The Basic Control Formulary is an open formulary but includes utilization management, managed by CVS, for 10 specific drug classes (including diabetic agents), where non-preferred products require prior authorization. Does not include hyperinflation management. Updates including tier changes are made quarterly. Last presented to the Board in Sep. 2022.

EUTF's Mission: We care for the health and well being of our beneficiaries by striving to provide quality benefit plans that are affordable, reliable, and meet their changing needs. We provide informed service that is excellent, courteous, and compassionate.

- The Standard Control Formulary is a closed formulary and is CVS' least restrictive closed formulary offering. Includes hyperinflation management and new-to-market evaluations. Updates including tier changes are made quarterly. Last presented to the Board in Sep. 2018.

The Auvi-Q formulary and antidiabetic GLP-1 smart logic updates both apply to the commercial non-specialty formulary.

EGWP Formulary

EUTF offers an Employer Group Waiver Plan (EGWP) to its Medicare eligible retirees and dependents for prescription drug coverage. The main feature of an EGWP is that it provides greater prescription drug coverage than the Standard Medicare Part D plan.

<p>Medicare Part D Formulary</p> <ul style="list-style-type: none">• Closed formulary• Currently the Bronze Formulary since 1/1/19 which covers approx. [REDACTED] of all Medicare Part D drugs. Updates follow CMS guidance, with monthly enhancements and maintenance changes, and semiannually for negative changes with member notifications.• EUTF receives subsidies and reinsurance for Medicare Part D formulary utilization*• Top 5 Medicare Part D drugs (by net cost) include: Eliquis, Jardiance, Ozempic, Xtandi, and Trulicity• If utilization management requirements are not met for a Medicare Part D drug, coverage under the wrap is not an option.	<p>Wrap Formulary</p> <ul style="list-style-type: none">• Open formulary• Also known as Other Health Insurance (OHI). Updates including tier changes are made quarterly.• Provides additional drug coverage to minimize member impact upon retirement or Medicare eligibility• Coverage includes the [REDACTED] of Medicare Part D drugs not covered by the Bronze Formulary• Top 5 wrap drugs (by net cost) include: Cyclosporine, Icosapent Ethyl, Onetouch Ultra, Mounjaro, and Fluticasone Furoate/Vilan
--	--

* Subsidies are the national average direct subsidy based on member's CMS risk score, coverage gap manufacturer discounts (70% for brand) and reinsurance which is the Medicare reimbursement for catastrophic coverage (80%) in 2024.

Other Medicare Part D formulary options:

- Open 2 Plus Formulary covers [REDACTED] of all Medicare Part D drugs but would result in little to no increase in subsidies and an estimated loss in rebates of [REDACTED] over a three-year period.
- Copper Formulary covers [REDACTED] of all Medicare Part D drugs and was the Medicare Part D formulary prior to implementing the Bronze Formulary.
- Platinum Formulary covers [REDACTED] of all Medicare Part D drugs.
- Gold Formulary covers [REDACTED] of all Medicare Part D drugs and coverage is limited to generics and single-source brands.

Copay Structure

The current in-network copay structure for a 30-day supply is shown below.

	EUTF Actives	EUTF Retirees	HSTA VB Actives and NMD Retirees	HSTA VB MC Retirees
Calendar Year Maximum Out-of-Pocket	\$4,350/\$8,700 75/25: \$3,150/\$6,300	None*	Actives: \$4,350/\$8,700 NMD: None*	None*
Generic	\$5	\$5	\$5	\$3
Pref. Brand	\$25	\$15	\$15	\$9
Non-Pref. Brand	\$50	\$30	\$15	\$9
Specialty	\$2,500 MOOP Generic: 10% up to \$200 per fill Pref. brand: 20% up to \$300 per fill Non-pref. brand: 30% up to \$400 per fill	\$2,000 MOOP* 20% up to \$250 per fill	Generic/brand copays apply	Generic/brand copays apply

* The Inflation Reduction Act (IRA) requires a \$2,000 MOOP for Medicare Part D drugs only effective 1/1/25. Applying the MOOP to the wrap and NMD retirees is optional. The \$2,000 specialty MOOP under the EUTF EGWP will subsequently be removed.

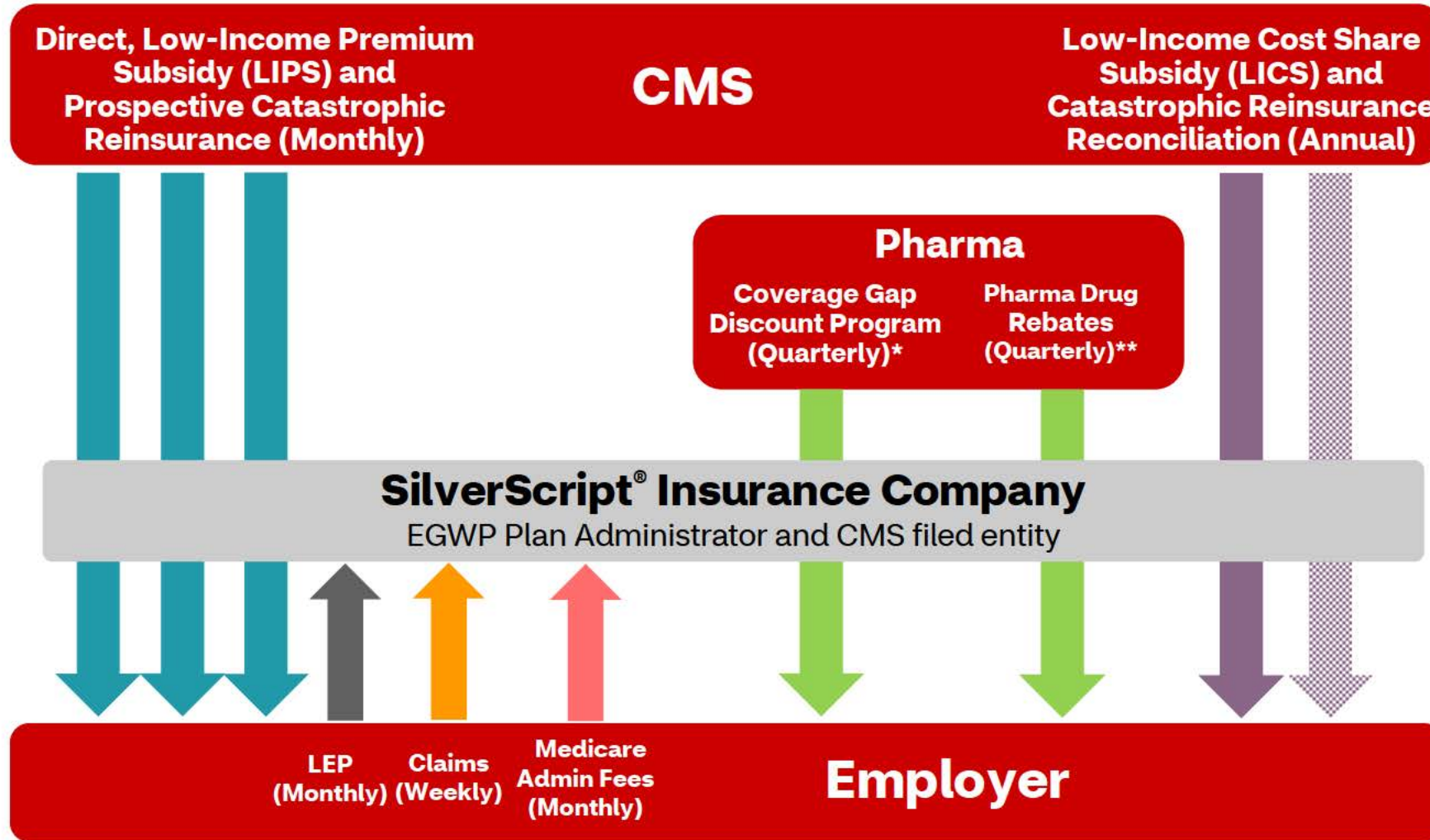
Member cost share has historically been lower than CVS' book and is steadily declining. Adding the \$2,000 MOOP as required by the IRA will decrease the member cost share further.

	12/31/19	12/31/20	12/31/21	12/31/22	12/31/23
EUTF NMD Retirees					
Member Cost Share	4.6%	4.4%	4.6%	4.5%	4.3%
Employer	■	■	■	■	■
Peer	■	■	■	■	■
Member Cost Share (after rebates)		■	■	■	■
EUTF EGWP					
Member Cost Share	4.4%	4.1%	4.2%	4.2%	3.8%
EGWP BOB	■	■	■	■	■
Member Cost Share (after rebates and subsidies)	■	■	■	■	■

Attachment – diagram that details the flow of funds between EUTF, CMS, pharmaceutical manufacturers and SilverScript

Cc: Steve Murphy, Segal
 Shelley Chun, Segal

Self-Funded EGWP- Financial Operations



*CMS uses a third-party vendor to administer the CGDP payments LEP - Late Enrollment Penalty

**Based on client contract




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 Senior Consultant, Pharmacy Benefits
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Memorandum

To: Hawaii Employer-Union Health Benefits Trust Fund
 Benefits Committee

From: Shelley Chun, Pharm.D. 

Date: March 28, 2024

Re: Closed non-specialty formulary analysis (informational only)

Executive Summary:

Currently, the EUTF utilizes the Standard Opt Out (SOO) Formulary for actives and non-Medicare D (NMD) retirees, which is an open formulary. The only exclusions are Medical Benefit Only drugs which EUTF can take action on to include if needed. The Opt Out aspect allows EUTF to reject formulary exclusions and adopt utilization management (UM) at the Board's discretion. Previously negotiated financial guarantees could be impacted, however, if opting out of the standard template changes. Additionally, in 2021, EUTF adopted the Drug Exclusion Plan Design (DEPD), which provided Plan benefit exclusions on 13 drugs that had lower-cost, equally effective alternatives. Since then, 17 additional drug entities have been added to this Exclusion list with minimal member complaints to the EUTF.

Segal reviewed analyses provided by CVS on potentially adopting the following formulary options compared to the current SOO formulary utilized by EUTF:

Formulary Option	Description	Actives Disruption	Actives Net Savings	NMD Retiree Disruption	NMD Retiree Net Savings
Standard Opt Out (SOO)	Open w/ability to opt-out of changes	N/A	N/A	N/A	N/A
Hyperinflation Management	Overlaid exclusion list of low value drugs	794 (1.54%)	██████████ (0.16%)	236 (1.86%)	██████████ (0.27%)
Basic Control	Open w/UM on 10 classes	1,055 (1.7%)	██████████ (4.2%)	368 (2.3%)	██████████ (4.7%)
Standard Control (SCF)	Closed/Exclusionary formulary	7,672 (12%)	██████████ (9.4%)	2,322 (14.8%)	██████████ (10.5%)

EUTF can potentially achieve savings by considering these formulary options according to its member disruption tolerance shown in the chart above from lowest to highest disruption.

Also included is an Appendix which lists the top drugs impacted under each option as well as formulary alternatives. In general, Segal finds the alternatives to be therapeutically equivalent and clinically appropriate.

Background

Hyperinflation Management

Drug manufacturers often have unjustified price hikes by increasing the cost of existing drugs or introducing different formulations/dosages at a significantly higher price. This leads to wasteful spending on artificially inflated prices on products that don't offer additional clinical value. CVS' program of Hyperinflation Management is designed to combat this on EUTF's behalf. CVS uses several factors to determine which drugs to target for the program, including but not limited to pricing, prescription volume, member impact, clinical applicability, whether the drugs are already managed by existing programs, and whether there is a clinically effective and lower cost alternative. Features of the CVS program targeting these products is summarized below:

- Exclusions are not optional.
- Add on program for SOO or Basic Control Formulary and is embedded in the SCF.
- There is no charge for the program, but applicable PA fees would apply for members requesting coverage for targeted products. No rebate impact.
- Changes can occur on the 1st of each quarter.
- As of 2024, a total of 98 drugs have been excluded through this program.
- New-to-Market (NTM) blocks are not offered.
- Grandfathering is not available.
- [REDACTED]

While there is currently minimal projected savings for the EUTF, having the program in place may prevent future price hikes from severely impacting EUTF. Exhibits 1 and 2 provide the member impact and savings estimates. The highest impacted products for both the Active and Retiree population include topical corticosteroids and polyethylene glycol solutions used for laxative purposes. Both have alternative generic formulations available that are clinically appropriate and cost less.

Exhibit 1: Actives Hyperinflation Member Impact and Cost Projection

Annual Gross Savings	Annual Net Savings	Annual Member Savings	Annual Gross Savings as % Gross Cost	Annual Net Savings as % Net Cost	Annual Member Savings as % Member Cost
██████	██████ ⁴	██████	██████	██████	██████
Total Unique Members Affected		Percent Affected Utilizing Members		Percent Total Affected Members	
██████	██████	██████	██████	██████	██████
Total Affected Scripts		Percent Affected Scripts		Percent Affected Days Supply	
██████	██████	██████	██████	██████	██████

Exhibit 2: NMD Retirees Hyperinflation Member Impact and Cost Projection*

Annual Gross Savings	Annual Net Savings	Annual Member Savings	Annual Gross Savings as % Gross Cost	Annual Net Savings as % Net Cost	Annual Member Savings as % Member Cost
██████	██████	██████	██████	██████	██████
Total Unique Members Affected		Percent Affected Utilizing Members		Percent Total Affected Members	
██████	██████	██████	██████	██████	██████
Total Affected Scripts		Percent Affected Scripts		Percent Affected Days Supply	
██████	██████	██████	██████	██████	██████

Basic Control Formulary

The Basic Control Formulary is the CVS open formulary option which utilizes the same formulary list as SOO, but there are 10 classes that have mandatory Utilization Management (UM) that require trial and failure of preferred agents (i.e., step-therapy). The savings generated are calculated based on employing UM to promote increased utilization of preferred drugs which have lower net cost, typically due to higher rebates. Half of the 10 classes are therapies for diabetes.

Per CVS, the typical number of required preferred agents to be tried is 3. Other classes targeted include anticoagulants, steroid inhalers for asthma, and drugs for irritable bowel. Clients must take all UM on all classes.

- The formulary list is the same as the SOO, an open formulary with no required exclusions.
- Members have options for medical necessity and appeals.
- Changes can occur quarterly.
- Least impactful formulary option for members.
- Grandfathering is not allowed.
- For CVS nationally, the Basic Control Formulary is their most prevalent formulary option. Currently there are no CVS State clients utilizing this formulary.

* CVS e-mail dated 2/21/24.

Exhibit 3: Actives Basic Control Formulary Member Impact and Potential Cost Projection*

	Potential Gross Savings	Potential Net Savings	Potential Member Savings	Members Impacted	Rxs Impacted
Non-Specialty					
Total					
Percent					

Projected Client Metrics	Gross Cost	Net Cost	Member Cost	Total Rxs

Notes

Every effort is made by CVS/Caremark and its advisors to maintain the highest level of accuracy in its projections; however, because of the numerous factors/attributes that vary significantly on a client-by-client basis, we cannot guarantee the estimated results. Results may not necessarily be reflective of the overall book of business trends or projections for CVS/Caremark.

Savings estimates are based on current enrollment and utilization, thus any changes in these will impact the estimated savings. Changing a formulary strategy may require a rebate guarantee adjustment.

Analysis does not incorporate any potential operational costs, including PA fees.

Estimated savings and member impact are based on products to which a UM edit will apply only and do not reflect any tier changes, or new to market products blocked from the formulary during review. The report does not include Tier 1 strategy drugs. Rxs Impacted metric assumes a shift to generic as a result of expected generic launches in the projection period. Members Impacted metric does not incorporate this shift.

Exhibit 4: NMD Retirees Basic Control Formulary Member Impact and Cost Projection*

Projected Client Metrics	Gross Cost	Net Cost	Member Cost	Total Rxs

	Potential Gross Savings	Potential Net Savings	Potential Member Savings	Members Impacted	Rxs Impacted
Non-Specialty					
Total					
Percent					

Notes

Every effort is made by CVS/Caremark and its advisors to maintain the highest level of accuracy in its projections; however, because of the numerous factors/attributes that vary significantly on a client-by-client basis, we cannot guarantee the estimated results. Results may not necessarily be reflective of the overall book of business trends or projections for CVS/Caremark.

Savings estimates are based on current enrollment and utilization, thus any changes in these will impact the estimated savings. Changing a formulary strategy may require a rebate guarantee adjustment.

Analysis does not incorporate any potential operational costs, including PA fees.

Estimated savings and member impact are based on products to which a UM edit will apply only and do not reflect any tier changes, or new to market products blocked from the formulary during review. The report does not include Tier 1 strategy drugs. Rxs Impacted metric assumes a shift to generic as a result of expected generic launches in the projection period. Members Impacted metric does not incorporate this shift.

Standard Control Formulary (SCF)

The CVS SCF is their template exclusionary formulary which is their least restrictive closed formulary option. The top 5 disrupted classes for both Actives and Retirees are in the asthma and diabetes classes.

- Quarterly changes/exclusions with no ability to opt-out.
- More disruptive compared to the Basic Formulary; however, results in greater savings for both the plan and the member.

* CVS e-mail dated 2/21/24.

- Typically, initial disruption is higher, however once established, CVS estimates disruption to be at 2% or less.
- Grandfathering is not allowed.
- [REDACTED]
- There is an SCF w/PA option, which allows members to access excluded drugs via PA rather than a medical exception or appeals process. If there is interest in this option, CVS can model the financial impact further.

Exhibit 5: Actives Standard Control Formulary Member Impact and Cost Projection*

Projected Client Metrics	Gross Cost	Net Cost	Member Cost	Total Rx's
	\$186,473,900	\$178,246,300	\$8,227,500	550,353

	Potential Gross Savings	Potential Net Savings	Potential Member Savings	Members Impacted	Rx's Impacted
Non-Specialty	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Total	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Percent	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Notes

Every effort is made by CVS/Caremark and its advisors to maintain the highest level of accuracy in its projections; however, because of the numerous factors/attributes that vary significantly on a client-by-client basis, we cannot guarantee the estimated results. Results may not necessarily be reflective of the overall book of business trends or projections for CVS/Caremark.
 Savings estimates are based on current enrollment and utilization, thus any changes in these will impact the estimated savings. Changing a formulary strategy may require a rebate guarantee adjustment.
 Analysis does not incorporate any potential operational costs, including PA fees.
 Estimated savings and member impact are based on excluded products only and do not reflect any tier changes, UM edits, or new to market products blocked from the formulary during review. The report does not include Tier 1 strategy drugs. Rx's Impacted metric assumes a shift to generic as a result of expected generic launches in the projection period. Members Impacted metric does not incorporate this shift.

Exhibit 6: NMD Retirees Standard Control Formulary Member Impact and Cost Projection

Projected Client Metrics	Gross Cost	Net Cost	Member Cost	Total Rx's
	\$65,510,900	\$62,848,000	\$2,662,900	184,380

	Potential Gross Savings	Potential Net Savings	Potential Member Savings	Members Impacted	Rx's Impacted
Non-Specialty	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Total	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Percent	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Notes

Every effort is made by CVS/Caremark and its advisors to maintain the highest level of accuracy in its projections; however, because of the numerous factors/attributes that vary significantly on a client-by-client basis, we cannot guarantee the estimated results. Results may not necessarily be reflective of the overall book of business trends or projections for CVS/Caremark.
 Savings estimates are based on current enrollment and utilization, thus any changes in these will impact the estimated savings. Changing a formulary strategy may require a rebate guarantee adjustment.
 Analysis does not incorporate any potential operational costs, including PA fees.
 Estimated savings and member impact are based on excluded products only and do not reflect any tier changes, UM edits, or new to market products blocked from the formulary during review. The report does not include Tier 1 strategy drugs. Rx's Impacted metric assumes a shift to generic as a result of expected generic launches in the

* CVS e-mail dated 2/21/24.

projection period. Members Impacted metric does not incorporate this shift.
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Summary/Recommendations

Highly managed formularies typically require high disruption to achieve high savings (i.e., Kaiser Permanente model). The current self-insured model directly with CVS uses the least managed formulary with minimal disruption and minimal savings. The proposed approach with CVS is to incorporate a more managed formulary that still achieves savings but with minimal disruption.



Managed formularies are a powerful tool provided by the PBMs to help maintain lower trend for Plan Sponsors like EUTF as they help guide members to the lowest net cost product offered by the PBM. This stewardship can lead to greater pharmacy trend control for future years. However, the potential savings will need to be weighed against the disruption to members by the EUTF.

The EUTF may benefit from a stepwise approach to formulary management and therefore Segal recommends at a minimum implementing the Hyperinflation Management Program. The EUTF could consider adopting the Basic Control Formulary next or at the same time as implementing Hyperinflation Management, which could achieve additional incremental savings with relatively minimal disruption. Segal would caution a move to a closed formulary option at this time. The EUTF did adopt the DEPD previously, so moving to a closed formulary could be a future consideration after implementing these less disruptive management options first.

We look forward to discussing these approaches with you and answering any questions your team may have.

cc: Derek Mizuno
Lara Nitta

Rank	Drug Class	Top Target Contributors (% of Total Projected Rx's)	Alternative Drugs	Members Impacted	% Members Impacted	Rx's Impacted	% Rx's Impacted
1							
2							
3							
4							
5							
6							
7							
8							
9							
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MEMORANDUM

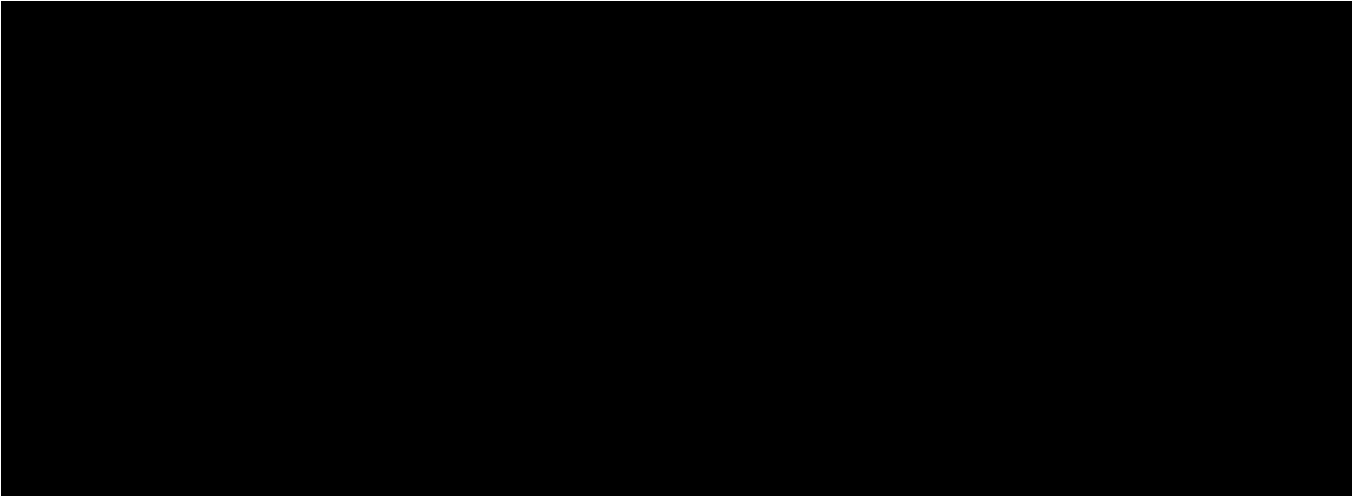
TO: Board of Trustees- Hawaii Employer-Union Health Benefits Trust Fund (EUTF)

FROM: Sandra Benevides - CVS Caremark

RE: Auvi-Q – Formulary Update

DATE: April 9, 2024

- Auvi-Q is an epinephrine autoinjector used for the emergency treatment of allergic reactions. The preferred alternate product is generic epinephrine.
- In May 2017, EUTF Board of Trustees approved CVS Caremark’s proposal to exclude Auvi-Q for EUTF Actives and Non-Medicare Retirees effective 7/1/2017, due to the high cost of Auvi-Q at ~\$4,500 per claim.

- 
- A large black rectangular redaction box covering the majority of the page's content.
- **Utilization:** In the last 12 months, 925 EUTF members filled a prescription for generic epinephrine, 6 members filled for the Epi-Pen. Since 1/1/2022, 44 members attempted to fill Auvi-Q but received a claim reject. Four of those members were later approved on a medical exception and the member was able to fill for Auvi-Q.
 - **Recommendation:** Add Auvi-Q back to the current Standard Opt Out formulary under the EUTF Active and Non-Medicare Retiree plans effective 7/1/2024.

MEMORANDUM**TO: Board of Trustees- Hawaii Employer-Union Health Benefits Trust Fund (EUTF)****FROM: Sandra Benevides & Kurt Neuenfeld - CVS Caremark****RE: GLP-1 and GIP/GLP-1 Agonist Prior Authorization Update eff. 5/1/2024****DATE: April 9, 2024**

- EUTF implemented a Prior Authorization (PA) effective 7/1/2023. The current PA uses a smart logic feature to minimize disruption for patients with diabetes that use GLP-1 and GIP/GLP-1 medications. Examples of these medications are: Ozempic, Rybelsus,

requirements will go through the PA process and their physician must validate a diagnosis of diabetes for coverage of the medication. This ensures that the medications are prescribed in accordance with FDA guidelines for the treatment of diabetes.

- To address the growing concerns and evidence of antidiabetic GLP-1, GIP/GLP-1 for off-label use of weight loss, the PA clinical criteria will be updated as follows effective 5/1/2024:

- This clinical update will impact 75 EUTF Active members and 22 EUTF Non-Medicare members. In the last 4 months, the claim cost for these drugs was \$151K for Actives and \$47K for Non-Medicare Retirees.
- Impacted members and their prescribers will be notified through letters and faxes no later than the first week in April 2024.
- This update will apply to the EUTF Active and Non-Medicare Retiree plans only and does not impact Medicare retirees.

This update will automatically go into effect 5/1/2024 and no action is needed.

Thank you,

Sandra Benevides
CVS Health

PUBLIC

EUTF Retirees

**2025 Medicare Redesign
and Spending Cap**

**Non-Medicare and
Medicare Retiree Options**

April 9, 2024

REDACTED VERSION

SilverScript®



2025 IRA Medicare Part D Redesign

The IRA restructured the Part D benefit to include a \$2,000 out-of-pocket spending cap, a new manufacturer discount program across coverage phases, and an increase in plan liability.

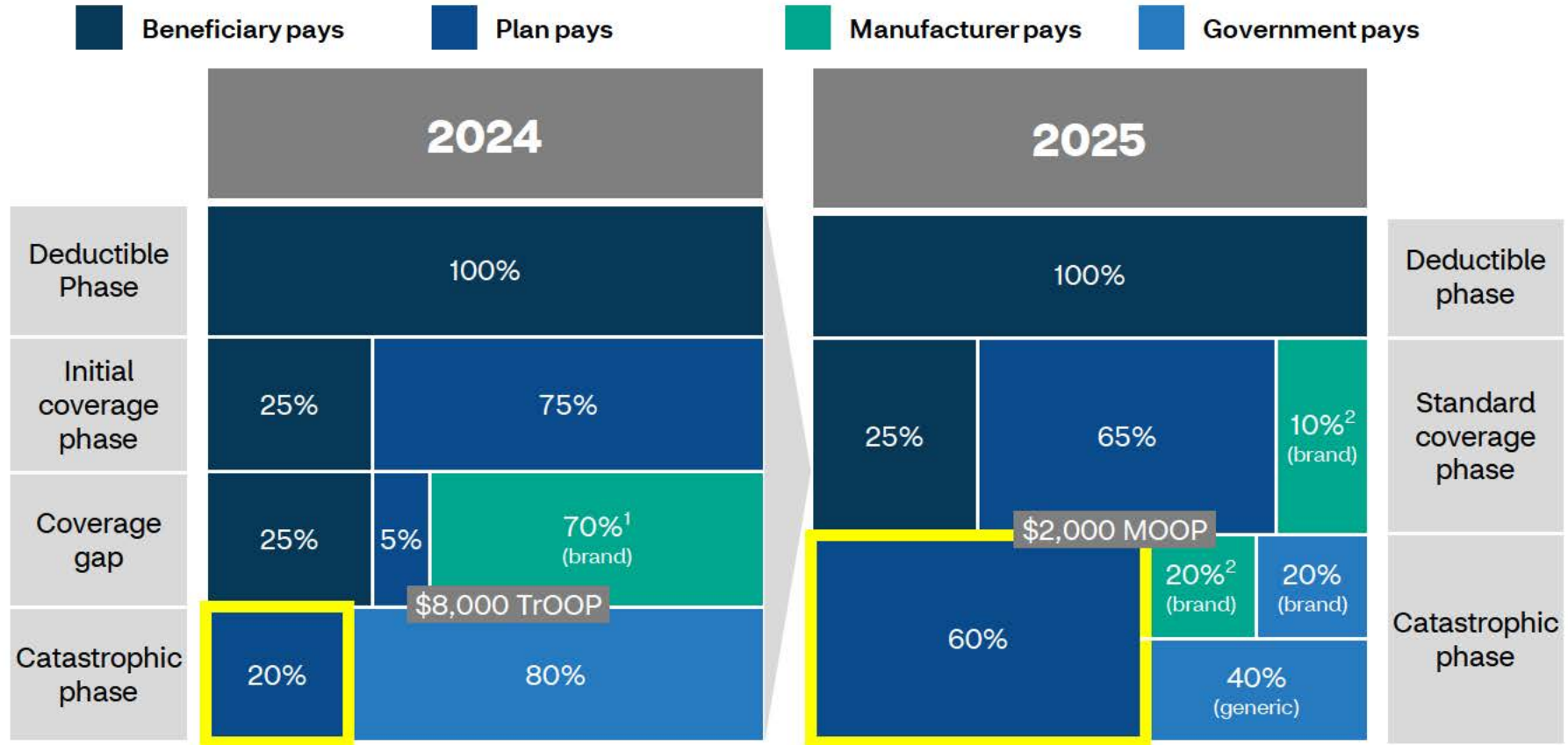
Effective January 1, 2025:

- Coverage Gap Discount Program eliminated
- 10% manufacturer discount program (MDP) on Part D covered brand drugs that applies after the deductible is met until Catastrophic phase
- \$2000-member out-of-pocket spending cap for Part D eligible drugs only
- 20% MDP discount on Part D covered brand drugs that applies in the Catastrophic phase

- However, the impact of these changes to creditable coverage and the Medicare prescription payment plan (also eff. 1/1/25) may result in added cost for the EUTF. Final CMS guidance is expected to be issued in April 2024.

Part D benefit redesign

Under the Inflation Reduction Act, defined standard gets richer and catastrophic phase liability shifts to the plan



The defined standard includes **\$35 monthly cap on insulins & \$0 copays for Part D vaccines**

TrOOP: True Out-Of-Pocket; MOOP: Maximum Out-Of-Pocket

¹Coverage gap discounts applicable to Non-Low-Income (NLI) beneficiaries only; coverage gap discounts accumulate towards the member's TrOOP.

²Manufacturer Discount Program replaces Coverage Gap Discount Program & extends to both LI & NLI; manufacturer discounts do not accumulate towards the member's MOOP.

2025 IRA Medicare Part D Redesign Cost Impacts – EUTF

All figures PMPM

	2024 Estimates	2025 Estimates - LOW Direct Subsidy	2025 Estimates - HIGH Direct Subsidy
Gross Drug Cost (GDC)*	[REDACTED]	[REDACTED]	[REDACTED]
Member Share	[REDACTED]	[REDACTED]	[REDACTED]
Coverage Gap Discount Program (CGDP)/ Manufacturer Discount Program (MDP)	[REDACTED]	[REDACTED]	[REDACTED]
CMS Catastrophic Reinsurance	[REDACTED]	[REDACTED]	[REDACTED]
Est. Claims Cost	[REDACTED]	[REDACTED]	[REDACTED]
Direct Subsidy	[REDACTED]	[REDACTED]	[REDACTED]
Est. Total Cost	[REDACTED]	[REDACTED]	[REDACTED]

Estimates reflect a reduction in costs that range between [REDACTED] PMPM for 2025.

This does include pricing changes associated to renewal for 2025

2025 IRA Medicare Part D Redesign Cost Impacts – HSTA VB

All figures PMPM

	2024 Estimates	2025 Estimates - LOW Direct Subsidy	2025 Estimates - HIGH Direct Subsidy
Gross Drug Cost (GDC)*	[REDACTED]	[REDACTED]	[REDACTED]
Member Share	[REDACTED]	[REDACTED]	[REDACTED]
Coverage Gap Discount Program (CGDP)/ Manufacturer Discount Program (MDP)	[REDACTED]	[REDACTED]	[REDACTED]
CMS Catastrophic Reinsurance	[REDACTED]	[REDACTED]	[REDACTED]
Est. Claims Cost	[REDACTED]	[REDACTED]	[REDACTED]
Direct Subsidy	[REDACTED]	[REDACTED]	[REDACTED]
Est. Total Cost	[REDACTED]	[REDACTED]	[REDACTED]

Estimates range between a slight increase of [REDACTED] PMPM to a reduction of [REDACTED] PMPM for 2025.

This does include pricing changes associated to renewal for 2025

2025 IRA Medicare Part D Redesign Cost Impacts – EGWP

- The \$2,000 out-of-pocket spending cap will be required of all Part D plans as part of the Medicare redesign for 2025.
- This spending cap will only apply to Part D eligible drugs, additional coverage for Non-Part D eligible drugs offered to EUTF members via the Wrap coverage may still incur a member cost share.
- The \$2,000 spending cap will replace the current \$2,000 Specialty Only MOOP.
- CMS confirmed supplemental (Wrap) Part D coverage provided by EGWPs will accumulate towards the \$2,000 Maximum Out-Of-Pocket (MOOP) or out-of-pocket threshold.
 - This means the greater of the Part D defined standard and the actual member cost sharing will accumulate towards the MOOP. As a result, many members will pay far less than the \$2,000 maximum.
- CMS has still not provided several key factors, but we anticipate they will be included as part of the Final Rule, which should be released in late April.

2025 IRA Medicare Part D Redesign Cost Impacts – Wrap Coverage

- Since the \$2,000 out-of-pocket spending cap will only apply to Part D eligible drugs, additional coverage for Non-Part D eligible drugs offered to EUTF members via the Wrap coverage may still incur a member cost share.
- EUTF can elect to have the \$2,000 out-of-pocket spending cap apply to the Wrap, which will allow for member cost share to mirror the CMS required \$0 after the spending cap is reached.
- Proposal 1 will remove the \$2,000 Specialty MOOP.

\$2000 Spending Cap on Wrap	Members Impacted	Annual Cost
EUTF	213	\$255,000
HSTA VB	22	\$17,000

Non-Medicare Retiree Coverage- MOOP

- While the \$2,000 out-of-pocket spending cap is targeted at Medicare plans, EUTF can elect to have a \$2,000 Maximum Out of Pocket (MOOP) apply to the non-Medicare Retirees, which will allow for member experience to be consistent when non-Medicare retirees become Medicare eligible.
- Adding a \$2,000 MOOP will replace the \$2,000 Specialty MOOP.
- MOOP accumulations would be based upon all drug utilization, since Medicare rules would not apply to this population.

\$2000 MOOP on NMD	Members Impacted	Annual Cost
EUTF	174	\$46,000
HSTA VB	0	\$0

EUTF Non-Medicare and Medicare Retiree Coverage- Non-Preferred Copay Changes

- With the addition of a \$2,000 out-of-pocket spending and in an effort to maintain the current member contribution levels, the EUTF can elect to make an increase on the Non-Preferred Copay Tier 3 to help offset some of the shifting costs and encourage the use of generics or preferred brands. A minimal increase of \$5 to \$10 per script can result in the following estimated savings.

Option 3a: \$5 Increase for EUTF Retirees	Members Impacted	Impacted RX	Annual Savings
NMD	1,754	2,211	\$20,400
Medicare	4,175	11,316	\$101,000

Option 3b: \$10 Increase for EUTF Retirees	Members Impacted	Impacted RX	Annual Savings
NMD	1,754	2,211	\$41,400
Medicare	4,175	11,316	\$202,000

Non-Medicare and Medicare Retiree Coverage- 2025 Summary - EUTF

CMS Required Changes	Annual Estimated Savings	Annual Estimated Cost
Requirement 1: Medicare Redesign and 2025 Pricing Changes	████████████████████	
EUTF Electives	Annual Estimated Savings	Annual Estimated Cost
Option 1: Addition of \$2000 Spending Cap- Wrap		\$255,000
Option 2: Addition of \$2000 Spending Cap- NMD		\$46,000
Option 3a: \$5 Tier 3 Copay increase- Retirees	NMD-\$20,400 EGWP- \$101,000	
Option 3b: \$10 Tier 3 Copay increase- Retirees	NMD-\$41,400 EGWP- \$202,000	

Non-Medicare and Medicare Retiree Coverage- 2025 Summary - HSTA VB

CMS Required Changes	Annual Estimated Savings	Annual Estimated Cost
Requirement 1: Medicare Redesign and 2025 Pricing Changes (Range between two)	██████████	██████████
HSTA VB Electives	Annual Estimated Savings	Annual Estimated Cost
Option 1: Addition of \$2000 Spending Cap- Wrap		\$17,000
Option 2: Addition of \$2000 Spending Cap- NMD		\$0

Non-Medicare and Medicare Retiree Plan Design- EUTF

Benefit Tier	Network Retail Pharmacy (30-day supply)/ Proposed	Network Retail Pharmacy or CVS Caremark Mail Service Pharmacy (90-day supply)/ Proposed
Generic Drugs	\$5/ \$5	\$10/ \$10
Preferred Brand Drugs	\$15/ \$15	\$30/ \$30
Non-Preferred Brand Drugs	\$30/ \$40	\$60/ \$80
Specialty Drugs*	20% Coinsurance with a \$250 maximum.	N/A
MOOP	\$2,000 Specialty Only/ \$2,000 All drugs	\$2,000 Specialty Only/ \$2,000 All drugs

Non-Medicare Retiree Plan Design- HSTA VB

Benefit Tier	Network Retail Pharmacy (30-day supply)	Network Retail Pharmacy or CVS Caremark Mail Service Pharmacy (90-day supply)
Generic Drugs	\$5	\$9
Brand Drugs	\$15	\$27
Specialty Drugs	Follow applicable generic/brand copayment	N/A
Proposed MOOP	\$2,000 All drugs	\$2,000 All drugs

Medicare Retiree Plan Design- HSTA VB

Benefit Tier	Network Retail Pharmacy (30-day supply)	Network Retail Pharmacy or CVS Caremark Mail Service Pharmacy (90-day supply)
Generic Drugs	\$3	\$9
Brand Drugs	\$9	\$27
Specialty Drugs	Follow applicable generic/brand copayment	N/A
Proposed Wrap MOOP	\$2,000 All drugs	\$2,000 All drugs

EUTF Non-Medicare and Medicare Retiree Specialty MOOP 2021 - 2023

	2021	2022	2023
Specialty MOOP	\$2,000	\$2,000	\$2,000
Number of Medicare retirees who hit the specialty MOOP	163	10	214
Number of specialty utilizers	2,860	3,019	3,152
% of specialty utilizers that met the specialty MOOP.	5.7%	0.3%	6.8%

	2021	2022	2023
Specialty MOOP	\$2,000	\$2,000	\$2,000
Number of NMD retirees who hit the specialty MOOP	113	6	144
Number of specialty utilizers	539	5	684
% of specialty utilizers that met the specialty MOOP.	20.96%	1.05%	21.05%

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