

Consultants Report: 4th Quarter 2023

SJVIA- EmpiRx Health – 4th Quarter 2023 Highlights

- SJVIA's total plan cost increased in Q4-2023 by 5% to \$6,527,725
 - Tulare: \$2,736,165 in Plan Cost
 - Fresno: \$3,791,560 in Plan Cost
 - The increase in plan spend can be attributed to an increase in Rx count.
- Specialty claims plan cost decreased in Q4-2023
 - O Q4-2023 \$2,495,776 (Q4-2022 \$3,004,902)
 - 664 Scripts filled in Q4-2023 (Q4-2022 688)
 - Tulare: 234
 - Fresno: 430
- Variable Copay Assistance (VCAP) Savings (May December)
 - SJVIA Total Savings \$775,357
 - Tulare: \$310,737
 - Fresno: \$464,620
- Rebates:
 - Q1-2023 net rebate amount is \$1,154,820
 - Q2-2023 net rebate amount is \$1,212,184
 - O Q3-2023 estimated net rebate amount is \$1,186,675
- Clinical Savings:
 - SJVIA Tulare: Jan-Sept 2023, \$1,921,205.89
 - SJVIA Fresno: Jan-Sept 2023, \$2,656,870.69

KPS Audit

KPS conducts a yearly financial audit of EmpiRx clinical savings, Average Wholesale Price (AWP) discounts and rebate performance against the client's aggregate contractual guarantees.



Top Clinical Cost Drivers by Drug (Q1 – Q4 2023)

- OZEMPIC (ANTI-DIABETICS)
 - 2023 Q1-Q4 ingredient costs: \$1,926,539.77
 - 324 Utilizers
- HUMIRA PEN (ANALGESICS ANTI-INFLAMMATORY)
 - 2023 Q1-Q4 ingredient costs: \$1,396,123.48
 - 23 Utilizers
- WEGOVY (ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS)
 - 2023 Q1-Q4 ingredient costs: \$1,080,538.77
 - 235 Utilizers
- DUPIXENT (DERMATOLOGICALS)
 - 2023 Q1-Q4 ingredient costs: \$915,953.26
 - 36 Utilizers
- TRULICITY (ANTI-DIABETICS)
 - 2023 Q1-Q4 ingredient costs: \$830,325.09
 - 128 Utilizers
- JARDIANCE (ANTI-DIABETICS)
 - 2023 Q1-Q4 ingredient costs: \$590,996.57
 - 146 Utilizers
- EMPAVELI (HEMATOLOGICAL AGENTS MISC)
 - 2023 Q1-Q4 ingredient costs: \$492,496.16
 - 1 Utilizers
- FARXIGA (ANTI-DIABETICS)
 - 2023 Q1-Q4 ingredient costs: \$472,250.37
 - 108 Utilizers
- TREMFYA (DERMATOLOGICALS)
 - 2023 Q1-Q4 ingredient costs: \$452,800.84
 - 10 Utilizers
- RYBELSUS (ANTI-DIABETICS)
 - 2023 Q1-Q4 ingredient costs: \$451,446.42
 - 75 Utilizers
- Note: Specialty medications require a prior authorization before they can be filled.



New Medications Available in the Market

Update on Zepbound

- Zepbound is now available but is flagged as a New To Market medication
 - All New to Market medications are excluded until they undergo a review for placement onto formulary and clinical programs by the Pharmacy & Therapeutics (P&T) Committee. P&T Committee meets quarterly and is composed of independent Medical Doctors and Pharmacists
 - Zepbound will be presented at the EmpiRx P&T committee in February with potential Formulary placement in April
 - From 11/1/2023 1/20/2024 There were 37 members that attempted to fill a prescription for Zepbound
 - 18 members are on one of the formulary alternatives (Wegovy, Saxenda, Contrave)
 - 19 members either have clinical reviews open and pending, were denied clinically, or don't have a clinical review open yet.

Update on Biosimilars for Humira

- No current utilizers of Humira biosimilars for SJVIA yet
 - There are currently 18 members on Humira and EmpiRx has been continuing to make outreach to providers to educate them and recommend switching to one of the two preferred BioSimilars when clinically appropriate

New Gene Therapy Drug Approved

- Casgevy is the first gene therapy medication to be FDA Approve for the treatment of two diseases:
 - Sickle cell disease
 - There are 5 other medications approved for sickle cell disease that are not gene therapy and the Wholesale Acquisition Cost's (WAC) range between \$2,000-\$148,000
 - Transfusion-dependent beta thalassemia (TDT) for patients who are at least 12 years old and who need blood transfusions to manage the condition
 - There is one other gene therapy medication already approved, Zynteglo, that has a WAC of \$2.8 Million. In addition, there is a non-gene therapy medication, Reblozyl, that has a WAC of \$200,000
 - The estimated cost for Casgevy is \$2.2 million
 - Currently SJVIA excludes all gene therapy medications. These are all specialty medications and would require
 a clinical review, should the plan choose to cover this category in the future

