IPBC Intergovernmental Personnel Benefit Cooperative

Advanced Utilization Management Advantage Plus

The Advanced Utilization Management – Advantage Plus program was designed by Express Scripts to reduce inappropriate use and costs though an additional layer of utilization management. While this new level of utilization management goes into effect on July 1, 2022, plan participants filling their prescription drugs through Express Scripts with IPBC may already be familiar with the Advanced Utilization Management – Advantage program that is already in place today.

So how is it that this enhanced program can save IPBC membership money but also limit disruption to plan participants and why is it such a beneficial program for employees and their dependents? The AUM – Advantage Plus program is designed to apply Step Therapy, Prior Authorization, or Drug Quantity Management by targeting comprehensive traditional and specialty medications that are traditionally under-managed, often leading to safer alternatives with significant savings.

The process of obtaining authorization to dispense a prescription that falls under one of the utilization management review processes is handled directly between the prescribing physician and the pharmacy. When a physician submits a prescription electronically they are immediately notified of the need to provide clinical notes, prescribe an alternative medication or disburse a lower quantity than initially prescribed.

Participants currently filling a prescription subject to this new program will receive a letter mailed from Express Scripts to their home outlining the impact providing an opportunity to have a conversation with their prescribing physician prior to their next refill.

If you have any questions about this program, ESI is here to help! Contact ESI via the customer service number on your ID card.

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PRIOR AUTHORIZATION

Making sure your medicine is right for you.

At Express Scripts, we make the use of prescription medicines safer and more affordable. That's why, when you're prescribed certain medicines, your pharmacist may tell you it requires prior authorization. That means we need more information to make sure the prescribed medicine will work well for you and your condition and that it's covered by your pharmacy benefit. Only your physician can provide this information and request a prior authorization for this medicine and we will work with them to do so.

Please see other side

What are my options if my doctor isn't available or prior authorization is denied?

1 **Here's the first option:**
If the pharmacist can't reach your doctor, and you need your prescription right away, you can ask your pharmacist about filling a small supply of your prescription until your doctor can be consulted. You may have to pay full price for this small supply.

2 **Here's the second option:**
If your plan doesn't cover the medicine that was originally prescribed, ask your doctor about getting another prescription for a medicine that is covered. You'll get that medicine for your plan's copayment or coinsurance.

3 **Here's the third option:**
You can fill the original prescription at full price.

Here's how prior authorization works

Express Scripts pharmacists regularly review the most current research on newly approved medicines and existing medicines and consult with independent licensed doctors and pharmacists to determine which medicines have been proven to be effective. The prior authorization program includes medicines with a variety of different uses. Your plan determines which medicines are covered.

The first time you try to fill a prescription that needs prior authorization (at a retail pharmacy or the Express Scripts Pharmacy℠), your pharmacist should explain that more information is needed from your doctor to determine whether the medicine is covered by your plan. The pharmacist will ask your doctor to call the Express Scripts Prior Authorization department to find out if the medicine is covered. Prior authorization phone lines are open 24/7 – so a determination can be made right away.

If you have questions about prior authorization, or about anything else in your prescription plan, we're here to help. Just call the number on your member ID card, log in at express-scripts.com, download the Express Scripts mobile app or speak with your IPBC Benefits Coordinator.

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The Process of Obtaining Prior Authorization

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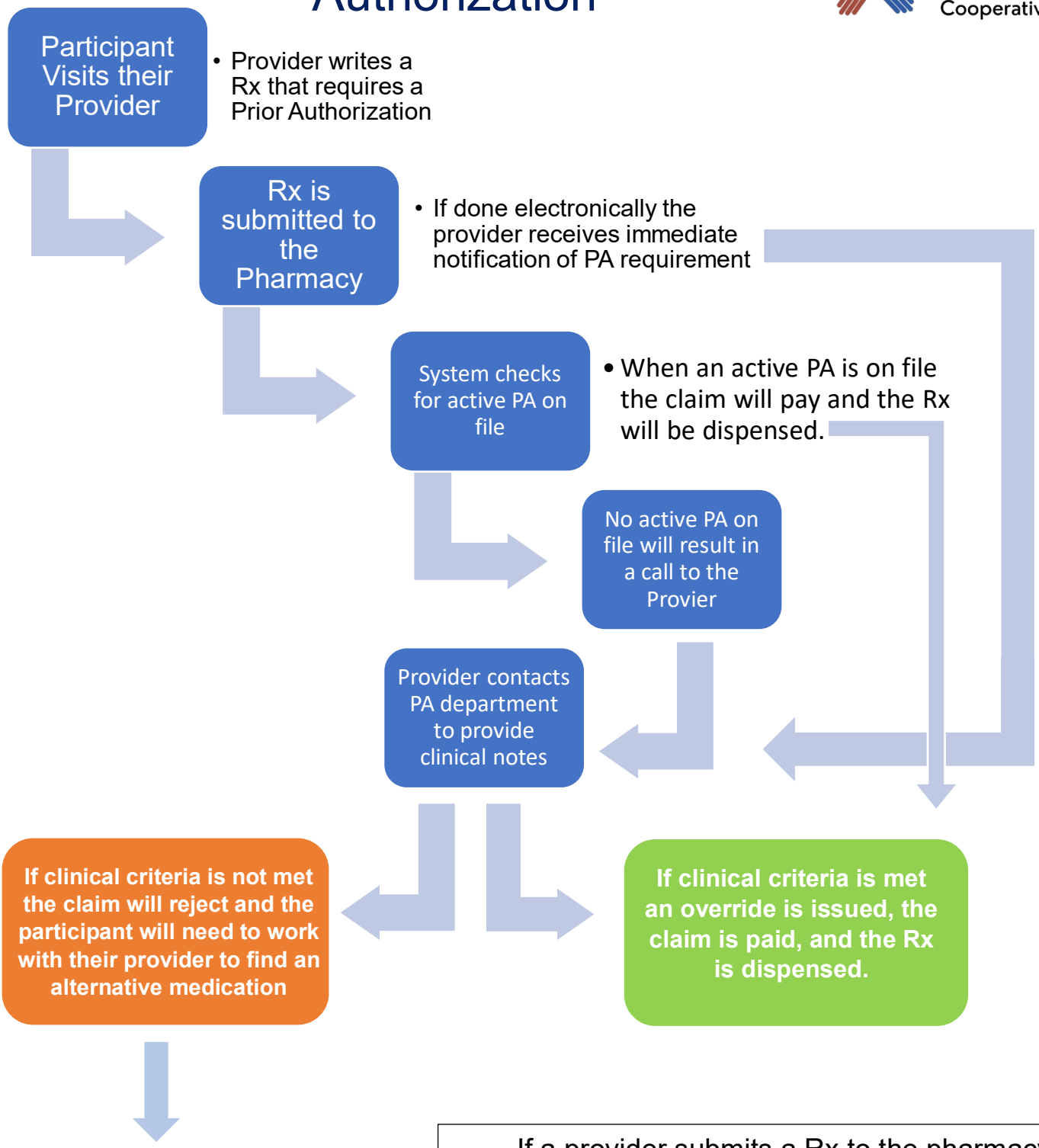

If a provider submits a Rx to the pharmacy electronically and a PA is required, the provider will receive immediate notice that clinical notes are required. Electronic submission will shorten the timeline between Rx submission, prior authorization review and claim payment and dispensing the Rx.

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DRUG QUANTITY MANAGEMENT

The right medicine in the right amount.

At Express Scripts, we make the use of prescription medicines safer and more affordable. That's why, when you're prescribed certain medicines that are a part of a drug quantity management (DQM) program, we make sure you get it in the amount – or quantity – considered safe and effective by the U.S. Food & Drug Administration (FDA). So you get the right medicine in the right amounts for good health and the health of your family.

Please see other side

DQM can save you money

Let's say your doctor decides to increase the dosage of your medicine from **one** to **two 10mg pills per day**. That means you'd need to buy two supplies of pills per month and pay two copayments*. Instead, with your doctor's approval, you could take just **one 20mg pill**, and you would only need to buy just one supply per month.

= 2 copayments

= 1 copayment

Here's how Drug Quantity Management works

The FDA, medical researchers and medicine manufacturers look at individual medicines to determine a recommended maximum quantity considered safe. This is especially important for medicines that are challenging to take in the proper dose such as inhalers or nose sprays. These medicines are then added to a DQM program. Your plan decides which of these medicines are covered.

My prescription is in a DQM program. Do I need to do anything differently?

No. When you submit a prescription for a medicine in a DQM program, you'll get the recommended amount – which should last until it's time for a refill.

NOTE: Sometimes, doctors may write a prescription for a quantity larger than your plan covers. In this case, your pharmacist can contact your doctor and discuss changing your prescription to a higher strength, if one is available. In the meantime your prescription will be filled to the quantity limit.

If you run out of medicine before your refill date, it could mean you're using too much and you should talk to your doctor.

If you have questions about drug quantity management, or about anything else in your prescription plan, we're here to help. Just call the number on your member ID card, log in at express-scripts.com download the Express Scripts mobile app or speak with your IPBC Benefits Consultant.

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*Some plans may have coinsurance

The Process of Obtaining Drug Quantity Management Approval

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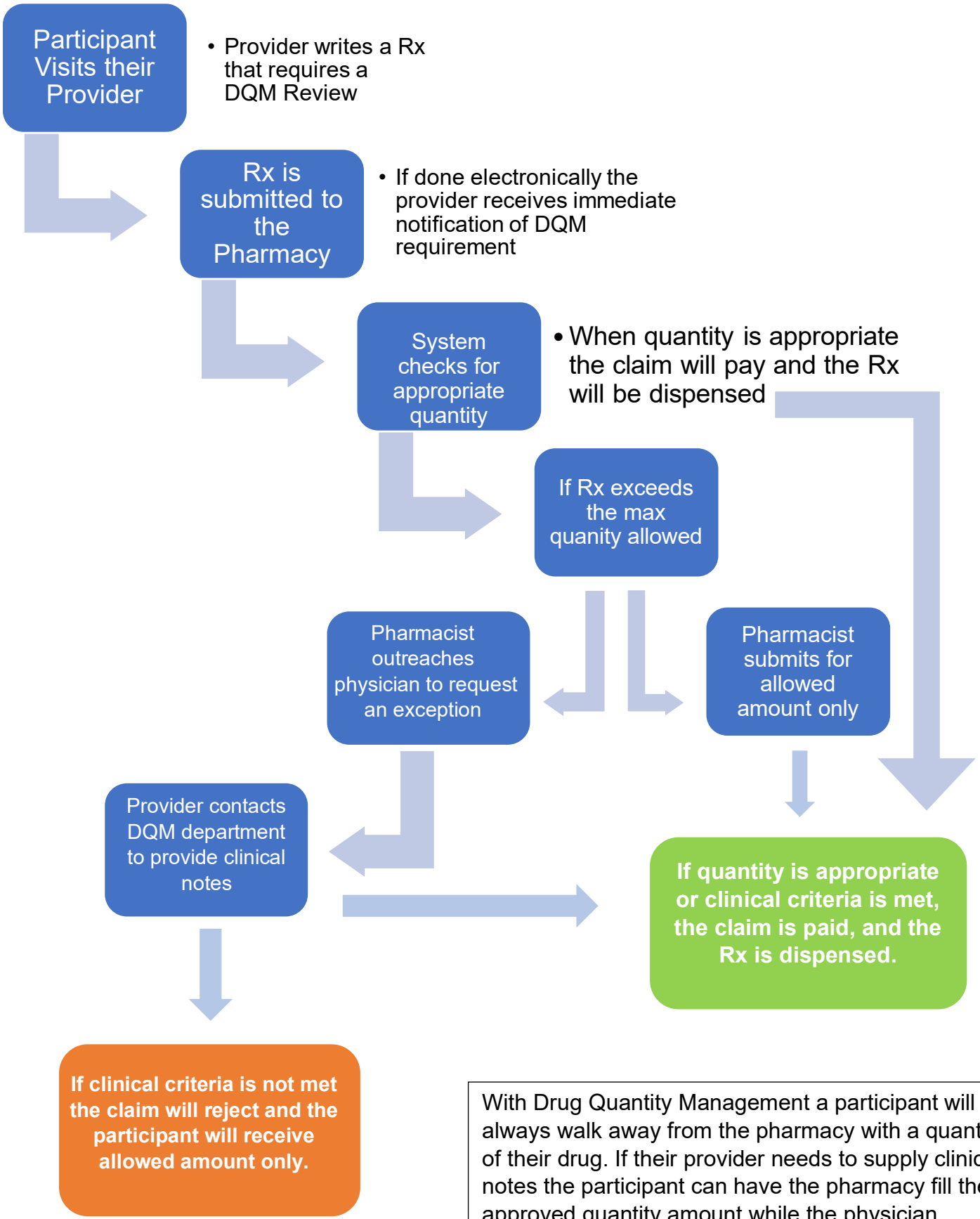

With Drug Quantity Management a participant will always walk away from the pharmacy with a quantity of their drug. If their provider needs to supply clinical notes the participant can have the pharmacy fill the approved quantity amount while the physician completes the process.

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STEP THERAPY

Finding the most effective medicine for your health and your money.

Step therapy simply means making sure you get safe and proven-effective medicine for your condition – at the lowest possible cost to you and your plan sponsor.

In other words, it's how you can avoid paying more for the medicine you need.

Here's how step therapy works

A panel of independent licensed physicians, pharmacists and other medical experts work with Express Scripts to recommend medicines for the step therapy program. Together, they review the most current research on thousands of prescription medicines tested and approved by the Food and Drug Administration (FDA). Then they determine the most appropriate medicines to include in the program. Medicines are then grouped in categories, or "steps."

First-line medicines – These are the first step and are typically generic and lower-cost brand-name medicines. They are proven to be safe and effective, as well as affordable. In most cases, they provide the same health benefit as more expensive medicines, but at a lower cost.

Second-line medicines – These are the second and third steps and are typically brand-name medicines. They are best suited for the few patients who don't respond to first-line medicines. They're also the most expensive options.

On average, the cost of a generic drug is

80-85%

lower than the brand-name product.[1]

Please see other side

Here's how to start step therapy

Step 1

The next time your doctor writes you a prescription, or if your current medicine qualifies, ask if a first-line generic medicine is right for you. Often, generic medicines have the same chemical makeup as their brand-name counterparts, and the same effect in the body, so the only real difference is cost.

Step 2

Plans often cover second-line (more expensive) medicines if:

- You've tried the first-line medicine covered by your step therapy program, and you and your doctor feel that the medicine doesn't treat your condition effectively, OR
- You can't take a first-line medicine (for example, because of an allergy), OR
- Your doctor decides that you need a second-line medicine for medical reasons

How do you find out if a first-line medicine is right for you?

Only your doctor can make that decision. Log in to your account at express-scripts.com or call Express Scripts at the number on your member ID card to find out if step therapy applies to the medicine your doctor prescribed. If it does, you can see a list of first-line alternatives. You can give that list to your doctor to choose the medicine your plan covers that best treats your condition.

What happens if your doctor gives you a prescription that's not on the first-line list for your plan?

The first time you try to fill the prescription, whether it's in person or submitted to the Express Scripts Pharmacy[SM] to be delivered, your pharmacist should explain that step therapy requires you to try a first-line medicine before a second-line medicine is covered. Since only your doctor can change your current prescription, either you or your pharmacist need to speak with your doctor to request a first-line medicine that's covered by your plan. If you need your prescription right away, you may ask your pharmacist to fill a small supply until you can consult your doctor. NOTE: You might have to pay full price for this small supply.

If you have questions about step therapy, or about anything else in your prescription plan, we're here to help. Just call the number on your member ID card, log in at express-scripts.com or download the Express Scripts mobile app.

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[1]U.S. Food and Drug Administration, 2016

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The Process of Step Therapy

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