



Is your pharmacy benefit manager delivering value?

4 key questions you should ask



Key questions

Here are the four key questions you should ask to make sure your pharmacy benefit manager (PBM) is able to promote value, drive innovation, and improve health outcomes.



If your pharmacy benefit manager (PBM) is not actively adding value to your benefit plan, you're not getting your money's worth.

For decades, PBMs have been rated mainly on how well they control prescription drug costs.¹ This stance is still very prominent today among PBM industry groups and consultants.^{2,3}

Of course, controlling costs is important. But the truth is that PBMs should **add value**, not merely reduce costs.

Adding value can mean reducing waste, or finding the best care for patients with complex specialty needs. It can also mean digging deep into the details of how medications are paid for – and much more.

Correctly managing these and other issues can make a big difference in your plan costs. Is your PBM giving you the strategic guidance and tools to take advantage of every saving opportunity?

Make sure your PBM is able to:



Promote value



Drive innovation



Improve health outcomes

1 How can I be sure my prescription benefit dollars are not going to waste?

Waste prevention is part of how we go about our business.



One obvious source of waste is fraud. It's estimated that up to **10% of total annual health spending is lost** through fraudulent activity.

That's \$300 billion each year.⁴

Optum Rx Standard Audit Services can help you reduce losses from fraud, waste and abuse. Our highly automated audit process **evaluates every claim within three seconds**. These audits result in millions of dollars returned to our clients. And pharmacies that continue to violate their contracts can be removed from the network.

The best part? Standard Pharmacy Audit Services are available at no cost to you. [\(An advanced offering is also available.\)](#)

But Optum Rx and HealthTrust waste prevention doesn't just happen in specific programs. It's baked in to our whole approach.

Continued...



1 How can I be sure my prescription benefit dollars are not going to waste?

Another solution to help lower costs starts with the **Optum Rx Vigilant Drug Program**[®]. The Vigilant program uses advanced analytics and dedicated market surveillance to identify high-cost medications that offer little to no added clinical value. For example, muscle relaxants costing **over 5,000% more** than equivalent generics.⁵ Once identified, the Vigilant program excludes them from your formularies.

Best of all, the Vigilant Drug Program is optional and free of charge. Also, clients can choose different modules based on the unique needs of their members. On average, clients who select each component of the program saved **\$6.00 PMPM in the first year**.⁶

For those who want more control and stricter scrutiny, the **HealthTrust Emerging Trends Management Program (ETMP)** expands upon the proven Vigilant strategy.

ETMP is designed to exclude a broader list of medications based on the highest threshold for clinical value. This expanded list of specialty and non-specialty drugs includes a unique focus on high-cost specialty medications, giving you the ability to exclude medications with extremely high costs and low clinical benefit.



When taken in its entirety, the Vigilant Drug Program has shown average savings of

\$6.00

per member per month⁷
in the first year and \$2.50 PMPM for every year after

Adding ETMP on top of the Vigilant program can mean additional average savings of

\$2.60

per member per month.⁸



2 How can I find high quality, cost-effective care for my members who have the most complex needs?

Polypharmacy

Patients with complex conditions usually have other conditions. Together, they may take over 10 medications a year and see more than four different prescribers.⁹ But people's health needs aren't static. Once prescribed, a medication may become unnecessary or ineffective. Yet patients continue to take them, which can be costly and dangerous.

The [Polypharmacy Value Management](#) program identifies opportunities to stop, adjust or remove harmful medications. Our pharmacists work with members and their providers to identify ineffective or unsafe treatments.

Stopping unwarranted medications improves health outcomes and reduces member and plan sponsor costs. On average this program saves \$1,300 per successful intervention.¹⁰

Specialty Utilization Management

Specialty patients have complex needs and are among the highest-costing. The **HealthTrust Specialty Control Utilization Management** program offers a tighter level of control within selected specialty medication classes known to incur the highest cost and trends within your pharmacy benefit. You have potential to increase specialty utilization management saving by applying additional clinical rigor.

Continued...



2 How can I find high quality, cost-effective care for my members who have the most complex needs?

Diabetes

Type 2 diabetes may not seem like a complex condition, but it is. **The Optum Rx Diabetes Management program** helps people with diabetes live healthier lives, reduce complications and avoid progression to more complicated conditions.

We know that controlling blood sugar (A1c) can mean a higher quality of life and lower hospitalization rates. But many patients struggle to stay adherent to their medications. As many as **60% of patients with type 2 diabetes may not be taking their medications as prescribed.**¹¹

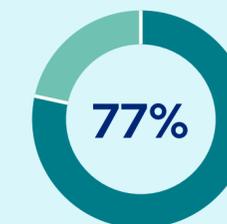
The Optum Rx Diabetes Management program employs machine learning to understand each member's risk. This helps us provide personalized care, education and counseling.

For example, **low-risk** members need education and tools that help these people stay adherent to their treatment.

Alternatively, **high-risk** members may need one-on-one conversations with a pharmacist and certified diabetes specialist. We can also arrange free blood glucose monitors, supplies and other support.*

*Complimentary supplies are an optional feature in the Diabetes Management program and align with the member's formulary. By opting into this feature, clients are responsible for the member copay on the member's behalf. Depending on plan design and benefit setup, a deductible may apply before \$0 copay applies on testing supplies.

This flexible support system delivers proven results:¹²



77% of program participants experienced improved A1c



75% success converting nonadherent diabetic members to adherent



\$1.40 PMPM average savings

3 Is my PBM thinking about all of health care, or just pharmacy?

We've mentioned a few of our management programs within the pharmacy benefit, such as Optum Rx Standard Audit Services and the HealthTrust Emerging Trends Management Program.

We also apply the same thinking and mechanisms used in pharmacy to manage specialty medications on the **medical benefit**.

Specialty Benefit Optimization offers a unique blend of both Optum and HealthTrust assets to help clients shift targeted specialty drugs from the medical benefit to the pharmacy benefit.

The Optum component is ideal for medications that are less expensive through the patient's pharmacy benefit. Medications are shipped from the Optum Specialty Pharmacy to the current provider.

The HealthTrust component focuses on medications that can be obtained by contracted medical providers at a lower price point and billed as a bundled service through Optum Rx. Contracted providers choose how to obtain the drug leveraging HealthTrust acquisition costs.



Estimated program savings range from \$6.00 - \$8.00 PMPM.¹³

Better decisions result in a better experience



9 out of 10 clients expressed their satisfaction with our clinical insights and recommendations.¹⁴



More than **98%** client retention annually.¹⁵

4 Is my PBM giving me strategic guidance?

There is no one silver bullet to meet the challenge of high-cost specialty therapies and the conditions they treat. Plan sponsors need a broad, flexible portfolio of strategies.

Trusted expertise

Your joint HealthTrust and Optum Rx account team will focus on identifying key insights that are relevant now, and into the future. These customized strategies are the foundation to managing your medication spending while ensuring high quality care.

Our clients consistently rate our service teams high on accessibility and accountability. Also, 9 out of 10 clients expressed their satisfaction with our clinical insights and recommendations, with more than 98% client retention annually.^{15,16}

More than just a good feeling

While great relationships make any partnership easier, results are what really matter. And we have found that when our clients trust us to guide them with these important programs, they see significant cost savings. On average, our new clients realized **10-15% in pharmacy savings** with the HealthTrust and Optum Rx program.¹⁶

HealthTrust and Optum Rx extends its focus far beyond utilization management and reducing the unit cost of medications to deliver increased value. Our approach provides integrated clinical support for both the providers who choose the medications and the patients who take them.



Explore more



[Reach out to us](#) and we'll connect you with a representative to discuss the full range of cost-saving solutions we offer.



Stay informed on [pharmacy trends, industry news and Optum Rx innovations](#).



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About HealthTrust

HealthTrust is a leading commercial sourcing agency delivering unparalleled cost savings for indirect supplies and services via the collective's multibillion-dollar purchasing power of commercial and health care industry leaders.

About Optum Rx

Optum Rx is a pharmacy care services company helping clients and more than 60 million members achieve better health outcomes and lower overall costs through innovative prescription drug benefits services.



References

1. The American Journal of Managed Care. [A Blueprint for Pharmacy Benefit Managers to Increase Value](#). Published February 14, 2009. Accessed April 29, 2022.
2. PCMA. [The Value of PBMs](#). Accessed April 29, 2022.
3. The Alliance. [Add Value to Pharmacy Benefit by Driving Out Waste](#). Published March 1, 2021. Accessed April 29, 2022.
4. National Health Care Anti-Fraud Association. [The Challenges of Health Care Fraud](#). Accessed May 13, 2022. [NPS survey] 2021 Optum Rx commissioned study. Competitive NPS Survey of 351 healthcare decision makers.
5. Optum. [Don't pay a 5000% premium for available generics](#). Accessed June 1, 2023.
6. OptumRx. Direct commercial book of business client data. January–December 2022.
7. Ibid.
8. 2024 average ETMP savings for HealthTrust clients.
9. Data from January 2021 - June 2021 Optum Rx pilot program.
10. Ibid.
11. [Frontiers of Public Health. Medication Adherence and Associated Factors in Patients with Type 2 Diabetes: A Structural Equation Model](#). Published November 4, 2021. Accessed May 18, 2022.
12. Optum Rx. Commercial direct client book of business analysis. Results may vary based on intervention opportunities and member engagement. January 2022–July 2022.
13. Optum Commercial Book of Business (sample data set of commercial client's medical claims at benchmark). 2021 HealthTrust Contract Rates used for savings opportunity.
14. Optum Rx. Clinical consulting NPS survey data. 2023.
15. Optum Rx book of business. 2023.
16. Optum Rx internal analysis of HealthTrust clients. 2024.



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