2025 Product Guide

HealthTrust PBM Program

HEALTHTRUST Performance Group℠ | Optum Rx®

Optum Rx®

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Product/Solution	Description
Pharmacy Network Management	
Broad Network	The Broad Network provides convenient access to over 67,000 retail chain and independent pharmacies throughout the United States (including Puerto Rico, Guam and the Virgin Islands). All major and local chains are included in this network.
Standard Select Network	An alternative to a Broad Network, the Standard Select Network includes approximately 50,000 retail pharmacies. The Standard Select Network includes one national retail chain as the network anchor (either Walgreens or CVS Pharmacy®), and includes many grocers, regional chains, and independent pharmacies.
Value Network	The Value Network offers greater savings while still providing access to more than 35,000 retail pharmacies, including two of the top three national chains present in the Broad Network. The Value Network includes one national retail chain as the network anchor (either Walgreens or CVS Pharmacy), and includes many grocers, regional chains, PSAOs and independent pharmacies.
Retail 90 Network (add-on)	The Retail 90 network is an add-on retail network that is not available to clients as a stand-alone network option. Through the Retail 90 Network, consumers can fill 90-day supplies of their maintenance medications at a subset of participating retail pharmacies. A client's benefit design needs to allow for 90-day retail fills if the Retail 90 Network add-on is selected. Approximately 57,000 retail pharmacies are in the Retail 90 Network. No additional cost.
CVS90 (add-on) (CVS Saver and CVS Saver Plus)	CVS90 is a 90-day maintenance program developed collaboratively by Optum Rx and CVS Pharmacy. The CVS90 Program offers consumers greater flexibility and value by allowing them to fill their maintenance medications at more than 9,000 CVS retail locations or at Optum Rx Home Delivery. The CVS90 Program is available in two product configurations: CVS90 Saver (incentivized) and CVS90 Saver Plus (mandatory). After two grace fills of maintenance medications at retail pharmacies, copay drivers are used with CVS90 Saver to steer consumers to CVS Pharmacy or Optum Rx Home Delivery for their 90-day maintenance medications. After two grace fills of maintenance medications at retail pharmacies, CVS90 Saver Plus requires consumers to transition to CVS Pharmacy or Optum Rx Home Delivery for their 90-day maintenance medications or consumers will be responsible for the full retail cash price. No additional cost.
Walgreens90 (add–on) (Walgreens Saver and Walgreens Saver Plus)	Walgreens90 is a 90-day maintenance program developed collaboratively by Optum Rx and Walgreens. The Walgreens90 Program offers consumers greater flexibility and value by allowing them to fill their maintenance medications at nearly 9,000 Walgreens retail locations or at Optum Rx Home Delivery. The Walgreens90 Program is available in two product configurations: Walgreens90 Saver (incentivized) and Walgreens90 Saver Plus (mandatory). After two grace fills of maintenance medications at retail pharmacies, copay drivers are used with Walgreens90 Saver to steer consumers to Walgreens or Optum Rx Home Delivery for their 90-day maintenance medications. After two grace fills of maintenance medications at retail pharmacies, Walgreens90 Saver Plus requires consumers to transition to Walgreens or Optum Rx Home Delivery for their 90-day maintenance medications or consumers will be responsible for the full retail cash price. No additional cost.
Automatic Refill Program	The Automatic Refill Program is a service that consumers can enroll in to receive automatic refills from Optum Rx Home Delivery using their credit card on file. Consumers can opt-into this service at the medication level. Consumers can opt-out of the program at any time. No additional cost.

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Retail to Mail Order	Retail to Mail Order (RMO) shows Customer Service Advocates (CSAs) how much money members can save by switching from retail pharmacies to Optum Rx Home Delivery Pharmacy. RMO provides a pop-up on the CSA's screen when a member calls in for savings opportunities. No additional cost.
Mail Service Saver	Mail Service Saver is a preferred home delivery program where consumers are incented to use Optum Rx Home Delivery for maintenance medications. After two grace fills at a participating retail pharmacy, consumers must move their maintenance prescriptions to Optum Rx Home Delivery or pay a higher cost as designated by the client. No additional cost.
Mail Service Saver Plus	Mail Service Saver Plus is a mandatory home delivery program where consumers are incented to use Optum Rx Home Delivery for maintenance medications. After two grace fills at a participating retail pharmacy, consumers must move their maintenance prescriptions to Optum Rx Home Delivery or pay the full cash price of the drug. No additional cost.
Mail Service Member Select	Mail Service Member Select requires consumers filling maintenance prescriptions at retail to use Optum Rx Home Delivery as a cost saving measure. Consumers have the option to dis-enroll from Optum Rx Home Delivery and continue filling at retail without penalty. No additional cost.
Standard Pharmacy Audit Services	This is a standard PBM service that includes: • Real-time Audit: 100% of claims are risk scored within seconds of adjudication. High risk-scored, aberrant non-fraud claims are reviewed and corrected post-adjudication, pre-payment. • Desktop Audit: Analytics and procedures are applied to historical paid pharmacy claims within the past 6–12 months. Claims are selected based on aberrant billing patterns or referrals and audits performed primarily via faxes and email. • On-site Audit: Auditors visit pharmacies to validate paid pharmacy claims, verify contractual compliance and observe operations. Audits are selected based on multiple risk factors applied at the claims level and rolled up to the pharmacy level. • Investigative Audit: An in-depth audit is performed due to a tip, referral or internal data analytics including member and prescriber outreach and invoice reconciliation. Findings indicating potential fraud are reported to affected clients. No additional cost
Advanced Pharmacy Audit Services	Advanced Pharmacy Audit Services offer clients a suite of additional detailed options for preventing and identifying fraud, waste and abuse. Working in conjunction with the Optum Rx standard pharmacy audit services, advanced pharmacy audit services provide clients a greater degree of insight and analytics which have been shown to increase recoveries while reducing drug spend. Pricing: $0.06 Per Net Paid Claim (PNPC)
Price and Transparency	
Copay Card Solutions: Accumulator Adjustment	Accumulator Adjustment provides a real-time solution to not include copay card dollar amounts for specialty medications to the consumers' accumulators (consumer deductible and out-of-pocket maximum). The appropriate amount a consumer should owe for a given prescription is calculated in real-time when the claim is submitted. This solution helps maintain the integrity and intention of the pharmacy benefit plan. No additional cost.

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Copay Card Solutions: Variable Copay	Variable Copay aids customers in reducing plan costs by leveraging and maximizing the available pharmaceutical manufacturer-sponsored funds within the manufacturer copayment assistance program on certain specialty drugs filled at Optum Specialty Pharmacy. This solution varies the member cost-share amount to take full advantage of copayment card funds for the customer, thereby decreasing the customer's cost-share on specialty drug spend. Must have Accumulator Adjustment. Pricing: $95.00 per case rate for specialty when bundled with home delivery ($125.00 per case rate for specialty as a standalone program). $50.00 per case rate for home delivery. Optum Rx offers a minimum savings of 2:1 for Variable Copay. This guarantee is measured at the transaction level as client savings compared to program fees when manufacturer copayment assistance is applied to a drug filled at Optum Specialty or Home Delivery Pharmacies.
PreCheck MyScript®	PreCheck MyScript is a tool that allows providers to see real-time, patient-specific cost, coverage and prior authorization information when prescribing medications. The technology uses real-time trial claims to display, within the physician's electronic medical record system, the same cost and coverage information that would be available at a retail pharmacy for each member. Additionally, access is continually increasing based on electronic medical record integration within numerous provider clinics and health systems. Physicians must be able to e-prescribe to use PreCheck MyScript. No additional cost.
Price Edge (HealthTrust modified offering)	Price Edge is a market leading solution that ensures members are getting a competitive rate for their on-benefit generic drugs. It does this by gauging cash discount card pricing, comparing it against the expected patient pay, and seamlessly presenting that price at the point-of-sale. All this results in members being less inclined to price shop and reinforcing the value of their drug benefit. Price Edge is an optional program available at no additional cost and with no impact to contract and terms. No additional cost.
Formulary Management	
Select Base Formulary	Select Formulary is a three-tier open formulary. Tier 1 includes all Generic Drugs. Tier 2 consists of mid-range, commonly used Brand Drugs, also known as preferred Brand Drugs. Tier 3 consists of higher cost Brand Drugs, also known as non-preferred Brand Drugs. Client's must maintain a ten dollar ($10.00) copayment differential between preferred and non-preferred tiers or a ten point zero percentage point (10.0%) coinsurance differential; or if there is a coinsurance with no differential between preferred and non-preferred tiers (e.g., both tiers 10.0%), Client must have a ten dollar ($10.00) differential between the minimum charges for those tiers (e.g., $20 minimum for tier 2 and $30 minimum for tier 3). Plan designs that meet the foregoing criteria shall be defined as qualifying plan designs ("Qualifying"). Plan designs not meeting the foregoing minimal criteria shall be defined as non-qualifying plan designs ("Non-Qualifying").
Select Focused Formulary	The Select Focused Formulary is a strategy designed to guide Plan Participants to preferred products through a defined set of utilization management programs.
Select Comprehensive Formulary	The Select Comprehensive Formulary is a lowest net cost strategy designed to guide plan participants to preferred products through a comprehensive suite of utilization management programs.

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Premium Formulary	Premium Formulary is our lead national formulary with approximately 200 drug exclusions, layered with step therapies, quantity limits and prior authorizations that drive stronger rebates and the lowest cost. Premium Formulary requires prior authorization programs for the following three specialty therapeutic classes: (i) Hepatitis C; (ii) Immunomodulators; and (iii) Multiple Sclerosis. Plan participants continue to have access to clinically appropriate treatments through the use of lower-cost brand-name, generic and over-the-counter alternatives.
Clinical Management	
Emerging Trends Management Program (HealthTrust exclusive offering)	The Emerging Trends Management Program is a unique strategy expanding upon the Optum Rx Vigilant Drug Program to exclude a more expansive list of medications based on the highest threshold for clinical value. This expanded list of drugs includes a focus on both high-cost traditional and specialty medications. This strategy provides the ability to exclude additional medications with extremely high costs and low clinical benefit. No additional cost
GLP-1 Management Solutions: 30-Day Limit (HealthTrust exclusive offering)	The GLP-1 30-Day Limit helps to eliminate waste on GLP-1 medications caused by high discontinuation rates and titration requirements. The 30-day limit is applicable to both diabetic and obesity GLP-1 medications. Members will be limited to filling a 30-day supply of GLP-1s at all channels and pharmacies, with their 30-day retail copay applied. Any utilization management that is currently in place for the plan, such as prior authorization or quantity limits, will still apply. Members will not be required to obtain a new prescription. If written for 90 days, the pharmacist will simply dispense a 30-day supply, and any remaining quantity on the prescription will be retained as a refill. Optional member lettering to inform of the change in dispensing limit is available upon client request. No additional cost.
GLP-1 Management Solutions: 90-Day Delay Program (HealthTrust exclusive offering)	The 90-Day Delay program requires new to therapy utilizers to fill three 30-day fills ***at retail*** before a 90-day fill is allowed, due to high discontinuation rates early in therapy for the GLP-1 class. No additional cost.
HealthTrust Non-Specialty Drug Utilization Management Portfolio (HealthTrust exclusive offering)	The HealthTrust Non-Specialty Drug Utilization Management Portfolio helps promote clinically appropriate utilization of certain high-cost drugs and drug classes, while also helping to drive members to lower cost alternative therapies through an exclusive and custom utilization management strategy. You can build an offering that is right for your organization by choosing from several available utilization management options: **Anti-Obesity (Saxenda/Wegovy/Zepbound) Prior Authorization** Saxenda and Wegovy are GLP-1 agonists that have been driving significant spend and trend for clients who cover weight loss. For clients who do not cover weight loss, this utilization management may also be used for more stringent Formulary Override Exception (FOE) reviews. Key criteria updates include shortened duration of approval, added requirements for submission of documentation of lifestyle modification program, body mass index, and any weight related comorbidities. **Dry Eye Disease (Restasis/Xiidra/Cequa) Prior Authorization** Dry eye disease (DED) medications are costly, and there are many cost-effective treatments available over the counter. Key criteria updates include shortened duration of approval, added requirements for documentation of diagnosis and trial/failure of an over-the-counter artificial tears product.

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HealthTrust Non-Specialty Drug Utilization Management Portfolio continued…	**Anti-Infective (Xifaxan) Prior Authorization** Xifaxan is a high-cost antibacterial drug that has several clinically appropriate uses but is also often used off-label for indications in which its use lacks clinical data and efficacy. Key criteria updates include requirement for documentation of diagnosis and trial/failure of alternatives, and removal of two off-label indications from initial authorization criteria. **Oral Contraceptive (Lo Loestrin FE) Step Therapy** Lo Loestrin FE contains the lowest available dose of estrogen of any oral contraceptive on the market, and there are currently no comparable alternatives or generics available. This step therapy is recommended for all clients to help minimize new utilization. Key criteria update adds a requirement for documentation on trial/failure, contraindication, or intolerance to at least two other generic oral contraceptives. **Insulin Pump Prior Authorization** Available for clients wanting to cover insulin pumps under the pharmacy benefit, but with some controls in place. Key criteria updates include verification of diagnosis of type I or type II diabetes, requirement to be prescribed by an endocrinologist, and verification that patient checks blood sugar at least three times a day. **Anti-Infective (Nuzyra) Quantity Limit** Nuzyra is a costly antibacterial used to treat certain types of severe bacterial infections. Key criteria updates include an initial quantity limit of 14 tablets per 365 days with PA required for requests exceeding initial quantity of 14, and submission of documentation of diagnosis. **Testosterone Prior Authorization** Testosterone products can be misused or abused. This prior authorization ensures these products are being used within FDA approved labeling. There is also a step through the lower cost products in this class, targeting the higher cost products. **Vtama Prior Authorization** Vtama is a steroid-free topical approved to treat plaque psoriasis in adults and atopic dermatitis in adults and children aged 2 and older. Key criteria update adds a requirement for documentation to confirm diagnosis, and trial and failure, contraindication, or intolerance to at least one generic topical alternative. **Zoryve Prior Authorization** Zoryve is a steroid-free topical approved to treat plaque psoriasis and mild to moderate atopic dermatitis in adults and pediatric patients aged 6 and older. Key criteria update adds a requirement to confirm diagnosis, and trial and failure, contraindication, or intolerance to at least three specified alternatives. No additional cost.
Compound Management Strategy	The Optum Rx Compound Management Strategy helps clients address the safety and rising costs of compound medications by delivering a thoughtful and comprehensive approach to compound drug management. No additional cost.
Optum Rx® Critical Drug Affordability	The Optum Rx® Critical Drug Affordability initiative identifies drug categories considered to be critical, life-sustaining therapies — where a short interruption in therapy has a significant clinical impact. This initiative lets clients choose a maximum out-of-pocket member cost share of $35 per monthly supply of critical drugs within 15 medication classes. Clients can request a cost-impact analysis to gauge results. No additional cost.

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Opioid Risk Management	Opioid Risk Management is a comprehensive solution that uses advanced analytics and evidence-based clinical rules to decrease overprescribing, prevent opioid misuse, identify and intervene with high-risk members and support those with dependency through successful recovery. No additional cost. **Base Program (included at no additional cost)**: This program applies clinical edits to encourage chronic users to consider safer alternatives, ensures short-acting and long-acting opioids are in alignment with tighter CDC guidelines and confirms appropriate use of opioid-based cough and cold medications. This program screens for drug-drug and drug-age interaction, pregnancy, opioid use secondary to medication assisted treatment (MAT) related prescriptions, excessive use, early refills, and stockpiling of controlled substances. This program will ensure the refill window on opioids is set at 75% reducing the potential for stockpiling, diversion and abuse of the medications. Applying the "Enhanced DEA Edit by Scope of Practice" point-of-service prescriber monitoring restrictions ensures that prescribers are licensed and authorized to prescribe controlled drugs within the scope of their practice. Flagging prescribers with sanctions or limitations for prescribing controlled substances, claims are rejected for additional pharmacist review at the point of service. This program also ensures first-fill maximum duration limit of a three-day supply are in place for children 19 years old and younger. **Plan Participation Education: $0.01 PMPM** Robust member outreach with a strong focus on prevention educates members about dependency risks associated with opioid use and provides information on chronic pain management. Members who are first time fillers of any short-acting or long-acting opioids will receive a letter indicating the risks of taking opioid medications and educate the member on what is appropriate when taking these types of medications. Members are also provided information about safe disposal locations to make disposal of opioids simple and help prevent easy access to these medications. **Intensive Case Management Consults: $0.03 PMPM** A dedicated Optum Rx pharmacist evaluates cases and conducts prescriber interventions to evaluate unusual utilization patterns. Additional interventions at the prescriber level may be conducted, focusing on members with high-dose opioids, multiple physicians and pharmacies, and repeated early refills. Members are case managed based on the following inclusion criteria: 90MME with 4 or more providers and 4 or more pharmacies OR 90MME and 6 or more providers (regardless of pharmacy count). Additional consideration is applied for patients associated with cancer, hospice or palliative care. For members identified as over-utilizers, their provider will be contacted to see if a lock-in or quantity limits should be placed on their medication. **Retrospective Intervention to Prescribers: $0.05 PMPM** Retrospective Drug Utilization Review (RDUR) Prescriber Intervention conducts a daily review and informs the prescriber of overutilization, dangerous drug-drug interaction, duplicate therapy, therapeutic appropriateness, poly pharmacy and poly prescriber. Notifying the prescriber helps safeguard against inappropriate or over-prescribing.

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Orphan Drug Program	The Orphan Drug Program targets members utilizing specific ultra-high cost medications. The program provides a robust clinical support system led by specially trained Optum Rx clinical pharmacists. Through advanced analytics and data driven clinical protocols, members are given the support they need to optimize therapy and manage their complex conditions. Savings is calculated when a member discontinues an ineffective medication and remains off that therapy for 4 months. Pricing: $300 per counseled member per year
Oversupply Limit	The oversupply edit limits patient stockpiling and helps reduce medication waste for high-cost medications. This limit can apply to traditional and specialty medications. The system looks at the full claim history of this medication from the beginning of the year to the current day to determine if refills are occurring too soon due to having extra medication based on day supply. If a claim rejects for Refill Too Soon (RTS), the patient will be advised that the medication supply that they have on hand is greater than the surplus limit allowed by the plan. Patients will be provided with the next refillable date and will be advised that they can call back their Pharmacy and place the order on that date. A member can request an override if there was a change in their dosage or they state they do not have more on hand than the system is recognizing. At that time the member is allowed a one-time override. No additional cost.
Personalized Rx Counselor	Through analytics and high-touch engagement, the Personalized Rx Counselor program helps consumers improve outcomes and clients reduce health care costs. By evaluating medication therapies and intervening as needed, Optum Rx can optimize drug therapy, improve adherence, reduce risk for interactions and close gaps in care. The program targets high-risk consumers based on annual predicted drug spend, drug count and number of disease states, engaging them in a variety of ways to better understand their medications and conditions. The MedMonitor pharmacy portal helps network pharmacists provide a more personalized consumer experience, while the clinical call center connects consumers to pharmacists at home using live and automated calls. Pricing: $0.25 PMPM Optum Rx offers a minimum performance guarantee (ROI) for the Personalized Rx Counselor program of 1.5:1. This performance guarantee is for total healthcare savings based on a combination of prescription and literature-based healthcare savings, for the first year only.
Optum Rx® Polypharmacy Value Management Program	The Optum Rx Polypharmacy Value Management program helps reduce the health risk and cost burden by 1) identifying opportunities to stop, adjust or change medications within the polypharmacy population, and 2) enabling pharmacists, members and physicians to discuss options and take action. These conversations can help avoid and address concerns about a medication's uncertain benefits or potential for adverse events. The program focuses on members who take at least five chronic medications, including three that are in categories known to present polypharmacy-related intervention opportunities, such as sleeping pills (hypnotics), nerve-pain medications, anabolic steroids, and skeletal muscle relaxants. In addition, pharmacists can request physician evaluation for any medication a member is using. Pricing: $0.25 PMPM. For the first year of the program, OptumRx offers a performance guarantee for the Polypharmacy Value Management program of 3:1.

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Optum Rx® Polypharmacy Value Management Program Continued...	For subsequent years of the program, OptumRx offers a performance guarantee for the Polypharmacy Value Management program of 2:1. This guarantee is based upon direct prescription cost savings. ROI is contingent upon having 95% accurate phone numbers for Polypharmacy Value Management program qualified members.
Optum Rx® Vigilant Drug Program®	The Optum Rx Vigilant Drug Program helps promote utilization of clinically appropriate medications and minimize drug spend through targeted exclusion and utilization management strategies that remove certain medications from coverage. You can build an offering that is right for your organization by choosing from several options within the programs: **New Drugs to Market strategy** — Temporarily excludes newly launched products until they can be formally reviewed by the Optum Rx National Pharmacy & Therapeutics (P&T) Committee. This program is a standard component of our Premium Formulary. This helps minimize member disruption and decrease financial risk until P&T review is completed on new drugs with unproven benefits. **Clinical Duplicates strategy** — Excludes newer, more costly medications that offer no clinical advantage over existing medications with similar chemical composition and possible generic options. Examples include unique dosage forms, combinations of two or more available medications, unique strengths, certain delivery devices and multiple product kits/packages. **Non-Essential strategy** — Excludes select high-cost, non-FDA-approved products or those deemed unnecessary. Encourages use of lower-cost, FDA-approved options with established safety and effectiveness for the same condition(s). **High-Cost Brands with Generics** — Excludes select high-cost brand products when a lower-cost, therapeutically interchangeable generic product is available. **High-Cost Generics**— Assesses generic options and excludes high-cost generic products when lower-cost alternatives are available with the same active ingredients or belong to the same drug class. **Medical Benefit Specialty** — Excludes high-cost specialty medications primarily managed on medical benefit versus pharmacy benefit as determined by an Optum Rx committee of cross disciplinary clinicians and professionals. This is offered only as an exclusion product to drive coverage of these drugs through the medical benefit. **P&T Out of Scope** — Excludes products that the Optum Rx P&T Committee (Pharmacy & Therapeutics) does not review. These products are either marketing red-flags or products that should be used/billed under the medical benefit. Formulary Override Exceptions can be turned OFF for this list. No additional cost
Optum Rx Weight Engage	The Optum Rx Weight Engage program is an innovative solution that integrates managed formulary access for GLP-1 anti-obesity medications with rigorous weight loss goals for members including lifestyle and behavior change strategies. The program ensures appropriate medication utilization through support programs designed to facilitate change in behaviors contributing to obesity. Our approach starts the process within a plan sponsor's benefit design. HealthTrust clients can choose to cover anti-obesity medications with or without enhanced clinical requirements for coverage (effectively choosing to limit coverage to only the highest-risk population) and can also choose whether to require a member to participate in a lifestyle change program.

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Optum Rx Weight Engage Continued…	The result is a support system personalized for the needs of each member with a focus on helping members make and sustain lasting, healthy behavior change. **Virta Health: Sustained Weight Loss** $162 PMPM per engaged member 100% of Virta fees at risk subject to Virta's Performance Guarantees **Virta Health: Diabetes Reversal** $242 (Year 1) / $205 (Year 2) PMPM per engaged member 100% of Virta fees at risk subject to Virta's Performance Guarantees Real Appeal Rx: $670*/case rate (pharmacy activity fee) per enrollee *$70 discounted rate for first 6 months, no fees at risk but a PG may be possible **Calibrate Health:** $135 PPPM (enrollee) + $540 tapering performance fee (if 1 of 3 criteria met) - Max. total cost for 2 years is $4,200; avg./enrollee is $2,750. - Up to 25% fees placed at risk. Billed upon successful maintenance of weight loss following program completion, avoidance of oGLP-1 medication with a certain weight loss target maintained, or a reduction of HgB A1c level.
Care Management	
Clinical Bundles (HealthTrust exclusive offering)	Optum Rx and HealthTrust have collaborated to combine commonly implemented solutions, at a discounted fee, which are designed to improve healthcare outcomes. Guiding prescribing and medication changes through timely identification and targeted interventions focuses on safety, quality of care and lowering costs. There are four Clinical Bundle options as listed below. Each program is still available as a standalone offering. Refer to the standalone clinical product within this Product Guide for a description of each program included in a bundle. **Clinical Bundle 1:** Medication Safety Management/Care Gap Management + Meds on Track (Premium) Pricing: $0.28 PMPM **Clinical Bundle 2:** Medication Safety Management/Care Gap Management + Meds on Track (Premium) + Diabetes Management Program Pricing: $0.28 PMPM + $195 PCMPY **Clinical Bundle 3:** Medication Safety Management/Care Gap Management + Meds on Track (Premium) + HIV Personalized Rx Counselor Program Pricing: $0.32 PMPM + $100 per member consultation **Clinical Bundle 4:** Medication Safety Management/Care Gap Management + Meds on Track (Premium) + Personalized Rx Counselor Pricing: $0.49 PMPM **Clinical Bundle 5:** Medication Safety Management/Care Gap Management + Meds on Track (Premium) + Polypharmacy Pricing: $0.48 PMPM PCMPY=Per Counseled Member Per Year ROI based on individual program as noted in this Product Guide.

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HIV Personalized Rx Counselor (HealthTrust exclusive offering)	The HIV Personalized Rx Counselor program helps consumers improve outcomes and clients reduce health care costs. By evaluating medication therapies and intervening as needed, Optum Rx can optimize drug therapy, improve adherence, reduce risk for interactions and close gaps in care. The MedMonitor pharmacy portal helps network pharmacists provide a more personalized consumer experience, while the clinical call center connects consumers to pharmacists at home using live and automated calls. Pricing: $0.05 PMPM + $100 per member consultation. Member can receive 2-4 consultations per year. Optum Rx offers a minimum performance guarantee (ROI) for the Personalized Rx Counselor program of 1:1. This performance guarantee is for total healthcare savings based on a combination of prescription and literature-based healthcare savings, for the first year only.
Care Gap Management	The Care Gap Management program helps close medication gaps for consumers with chronic diseases, including Asthma, Cardiovascular, Diabetes, Rheumatoid Arthritis, Migraine, HIV, Osteoporosis, COPD and Behavioral Health. This program consists of Optum Rx performing a retrospective review of prescription claims and, if available and agreed to by the parties, medical data to evaluate the appropriateness of each consumer's therapy based upon generally accepted current clinical pharmacy practices and clinical rules that focus on gaps in medication therapy for certain chronic diseases. In the event Optum Rx identifies clinical concerns regarding a consumer's drug regimen, Optum Rx will communicate its findings to the prescribing physician. Pricing: $0.05 PMPM Optum Rx offers a minimum performance guarantee (ROI) for the Care Gap Management program of 1.5:1. This performance guarantee is for total healthcare savings based on literature-based healthcare savings, for the first year only.
Diabetes Management Program	The Diabetes Management Program is designed to help members control blood sugar, A1c levels, disease progression and comorbidities. By keeping members motivated to improve their health, we can reduce complications and progression, as well as curb medical visits and hospitalizations. Through this program, we can intervene sooner to help members who need it most. Members with diabetes are monitored and engaged in the following areas: • Medication adherence monitoring including new to therapy education, primary non-adherence alerts to prescribers, late to refill reminders with dispensing support and low adherence engagement with members and providers. • Prescriber alerts to close gaps in care and safety issues. • High touch 1-1 counseling services to high-risk members provided by registered pharmacists, who are also Certified Diabetes Educators (CDE). Members are provided a cloud- technology device which enables impactful interaction when paired with real-time access to glucose test results. • Telephonic consultations include medication education and guidance for lifestyle coaching and critical preventative health measures. • Zero-cost cloud technology meter. • Mobile App option to connect with glucose device for enhanced coaching and engagement.

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Diabetes Management Program Continued…	Pricing: $0.08 PMPM + $195 per counseled member per year (members will receive four consultations) Optum Rx offers a 2:1 performance guarantee (ROI) on PMPM portion of fees. Guarantee is for the first year only.
Free Diabetic Meter Program	Consumers who have their pharmacy benefit through Optum Rx are eligible for multiple types of free blood sugar meters when they accept compatible test strips. No additional cost.
Medication Safety Management	The Medication Safety Management program targets potentially inappropriate medication patterns across a broad range of drug classes. Focus areas include drug-drug interactions, therapeutic duplication, drug-age interactions, dose per day, drug-disease interactions and non-controlled overutilization. This program also targets unsafe and clinically inappropriate therapy specific to behavioral health conditions such as anxiety, depression, psychosis, ADHD, insomnia and select narcotics. The intervention strategy consists of Optum Rx performing a retrospective review of prescription claims (and medical data as available) to evaluate the appropriateness of each consumer's therapy based upon generally accepted current clinical pharmacy practices and clinical rules that focus on unsafe and clinically inappropriate therapy across widely utilized therapy classes. In the event Optum Rx identifies clinical concerns regarding a consumer's drug regimen, Optum Rx will communicate its findings to the prescribing physician. Pricing: $0.11 PMPM Optum Rx offers a minimum performance guarantee (ROI) for the Medication Safety Management of 1.5:1. This performance guarantee is for prescription savings, for the first year only.
Meds on Track	The Meds on Track program uses a data-driven approach to identify consumers who need help taking medications as prescribed across multiple drug classes – including those to treat diabetes, hypertension and high-cholesterol. By identifying non-adherent consumers, engaging early and staying connected, Optum Rx can help consumers stay on track with their health and medications. This can lead to better outcomes and lower overall health care costs. **Essential:** Lowers health care costs and improves outcomes by alerting providers when members are non-adherent to medications via provider faxes. Pricing: $0.02 PMPM **Premium:** Primary medication non-adherence provider faxes, new to therapy letters, early and late to refill IVR reminders, low adherence member letters and IVR outreaches. The Premium Module also includes all components of the Essential Program. Pricing: $0.17 PMPM Optum Rx offers a minimum performance guarantee (ROI) for the Meds on Track program of 1.5:1. This performance guarantee is for inferred medical savings based on literature-based healthcare savings, for the first year only, and requires implementation of all adherence modules.

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Optum Specialty Pharmacy and Pharmacy Services	
Specialty Benefit Optimization (HealthTrust exclusive offering)	Optum Rx works with clients to shift select specialty drugs from the medical benefit to the pharmacy benefit, enabling Optum Rx to leverage its clinical and cost management strategies to better control specialty drug trend. There are two parts to the program: • Part A: All eligible drugs, whether self-administered by the patient or clinically administered in a provider's office, must be procured through Optum Specialty Pharmacy – either sent to the patient's home or through "white bagging" to the provider's office. • Part B: Optum Rx has developed a focused network for professionally administered drugs now managed on the pharmacy benefit – designed to take more control of the processes, formulary, and network, benefiting both network providers and plan sponsors. We work with plan sponsors who have decided to block coverage of select drugs and shift coverage to the pharmacy benefit, under the HealthTrust formulary, clinical criteria, and network. This improves drug management for the plan sponsor, while streamlining billing for providers and maintaining choice in how they procure specialty drugs – with deeply discounted HealthTrust direct contracted acquisition cost. No additional cost.
Specialty Control Utilization Management (HealthTrust exclusive offering)	The Specialty Control Utilization Management Program is an enhanced utilization management offering designed to produce a higher level of clinical review for specialty medications known to incur the highest costs and trends within the pharmacy benefit. The enhanced criteria has been evaluated and approved by Optum's P&T committee and consists of diagnostic documentation requirements, indication-based dosing questions, and drug-specific safety criteria, where applicable. This program promotes patient safety and helps plan sponsors control spend by ensuring clinically appropriate utilization of specialty medications. The specialty medication classes targeted by this program includes Inflammatory conditions (i.e., Rheumatoid Arthritis, Psoriasis), Multiple Sclerosis, Cystic Fibrosis, Growth Hormone and related, Pulmonary Arterial Hypertension, Hepatitis C, Hereditary Angioedema, and Osteoporosis. No additional cost.
Split Fill (HealthTrust modified offering)	The Split Fill program (which includes a select list of oral oncology, cardiovascular, gastrointestinal, enzyme therapy, and pulmonary fibrosis medications) is designed to avoid waste and to provide increased clinical oversight for patients who are new to therapy. Patients in the Split Fill program will have their 30-day supply prescriptions adjusted to a 15-day supply at a partial copay for their first six fills of the medication. After the initial six 15-day supply fills, the patient will begin to receive a standard supply fill if adherence and tolerance guidelines are met. No additional cost
Gene Therapy Risk Protection	Gene Therapy Risk Protection is a risk-bearing stop-loss product that helps self-insured plan sponsors provide clinically appropriate access to ultra-high-cost gene therapies while also ensuring financial protection. Plan sponsors pay a fixed per member per month (PMPM) fee in exchange for claim protection above a preset deductible, essentially spreading the cost of an unexpected, potentially $3 million claim into a manageable and predictable PMPM fee. It also includes cost and quality management services (e.g., clinical policy, delegated utilization management/prior authorization, outcomes-based rebates) that work to fundamentally lower the price paid.

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Gene Therapy Risk Protection Continued…	Pricing: 14 therapy option is $1.47 PMPM 16 therapy option is $2.49 PMPM (includes Casgevy and Lyfgenia for sickle cell disease)
Optum Infusion Pharmacy Services	Optum Infusion Pharmacy provides medications, treatment management, nursing resources, insurance support and advocacy services to people requiring infusion treatment—either in the home or at an infusion suite as clinically appropriate.
Patient-First Care Management & Centers of Excellence	Our end-to-end patient management model for more than 200 conditions is supported by clinical expertise and engagement. We use disease-specific clinical assessments and interventions to increase adherence, optimize prescriptions, maximize efficacy of treatment regimens and drive cost savings for patients and payers. Optum Specialty Pharmacy provides: • Expert care teams who understand the nuances of each person's condition • Condition-specific assessments that identify opportunities for prescription optimization, clinical interventions and better therapy adherence • Engagement tools to support the patient when and where they need it • Proactive financial assistance to help patients pay for their medications • Connections to health resources that go beyond a person's condition and prescription • Partnering with providers to optimize care and get people started on their treatment as soon as possible Centers of excellence: An added layer of support Using data insights and clinical experience, we've created a centralized model of care that delivers targeted, therapeutic expertise for certain high-cost, highly complex specialty conditions. Optum Specialty Pharmacy has developed Centers of Excellence, beginning with neurology and oncology. This model adds another layer of specialists to patient management including designated, certified pharmacists as well as patient concierge, provider support and prior authorization teams.
Clinical Analytics	

Targeted Clinical Analytics (TCA)	Targeted Clinical Analytics offers flexibility in how Optum Rx delivers clinical insights and value to improve member outcomes through supplemental RDUR, Medication Adherence, Diabetes Management and Opioid Risk Management for Abused Meds program. Providing individualized data and analytics expertise, Optum Rx empowers client to manage their own clinical outreach program.
	
	Pricing:
	$1,500 initial set up fee + individual program fees
	• Opioid Risk Management for Abused Meds: $0.02 PMPM
	• Medication Safety Management + Care Gap Management: $0.05 PMPM
	• Adherence: Essential and Premium: $0.10 PMPM
	  ○ Late to Fill
	  ○ New to Therapy
	  ○ Primary Medication Non-Adherence
	  ○ Low Adherence
	• Diabetes Management Program: $0.08 PMPM (Full Program); $0.04 PMPM (High Risk member identification only)
	  ○ Hi Risk Member Identification
	  ○ Diabetes Focused Adherence
	  ○ Diabetes Focused Gaps in Care
	
	ROIs do not apply to TCA.

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Appendix:

I. Optum Rx Clinical Program Reports

Report Name	Reports Parameters	Report Frequency
Diabetes Management High Risk Members Activity and Outcomes Report	Program Activity Report on quarterly basis. Activities shown on report: number of high-risk members identified, total number of initial and follow up consultations completed, provider outreaches. High risk program outcomes will be provided starting year two of the program showing year over year comparison of member reported A1c* results along with observed improvements in members at A1c goals. *Member reported A1c values or inferred A1c from blood glucose data required to achieve outcomes and savings data.	Quarterly
Diabetes Management High Risk Member Detail Report	Member detail report includes individual member identification data, number of consultations completed, and member opt out information.	Quarterly
Diabetes Care Gap Management Activity and Outcomes Report (Reporting for Diabetes Care Gaps Management)	Listed below are components that are included in this report: 1. Activity tab provides completed prescriber interventions during reporting period 2. Outcomes tab provides outcomes data calculated during the reporting period	Quarterly
Medication Adherence Activity Report (Reporting for Meds on Track)	Activity Report includes all program components: New to therapy, Low Adherence, Primary Medication Non-Adherence, Refill Reminder and Predictive Non-Adherence. Unique members identified and successful interventions are displayed. For the refill reminder program % of refill rate for members reached through IVR will be displayed if medication was refilled within 7 days of a successful call.	Quarterly
Medication Adherence Low Adherence Activity and Outcomes Report (Reporting for Meds on Track)	180 days after a successful intervention, member is evaluated for outcomes. If PDC (proportion of days covered) for the medication targeted has been elevated to 80% or higher, a successful conversion is determined which will be displayed on the quarterly outcomes report. PDC levels pre-interventions, PDC levels post intervention, average of all pharmacy expenditure and inferred medical savings are displayed in this report. Inferred savings are based on prevention of ER visits and hospitalizations.	Quarterly
Medication Adherence Member Detail Report (Reporting for Meds on Track)	Report with member detail, program that member was identified for, different intervention types completed, provider data and detail medication information.	Monthly
Medication Safety Management & Care Gap Management Intervention Activity and Outcomes Report	Listed below are components that are included in this report: 1. Activity tab: completed prescriber interventions during reporting period 2. Outcomes tab: Outcomes data calculated during the reporting period	Quarterly
Medication Safety Management & Care Gap Management Intervention Programs Member Detail Report to Provider	Listed below is information included in completed RDUR prescriber interventions: 1. Member information including name, CAG, DOB 2. Targeted prescriber information including provider ID, provider name 3. Identified clinical concern 4. Outcomes data includes outcomes status and date	Monthly

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Opioid Risk Management Activity and Outcomes Report	Activity and outcomes report includes an activity page that details the number of members identified, total interventions, interventions by rule type for RDUR component and average interventions per member. The Outcomes pages are only for the RDUR component and provide total provider outreaches and unique provider outreaches. Outcomes are calculated 120 days from the intervention date and uses the positive outcomes to calculate the clinical impact and savings.	Quarterly
Opioid Risk Management RDUR Prescriber Intervention Member Level Report	Report with member detail, program rule that member was identified for, different intervention types, provider data, medications and outcome information after 120 days. Report is provided in a 12-month rolling period to include intervention outcomes.	Monthly
Opioid Risk Management Intensive Case Management Member Level Report	Member level report that details members that were identified under the ICM criteria: - Exceed 90 MME and 4 or more prescribers and pharmacies - Exceed 90 MME and 6 or more prescribers This report will then provide short details on what occurred per case for the member and if a POS Edit (Lock-In) was placed on a specific opioid or all opioids.	Monthly
Orphan Drug Activity and Outcomes Report	Activities shown on report: members enrolled, members consulted, unique members identified per individual drug, members consulted on follow up consults, total members who declined consults. Includes unique providers outreached, number of total interventions and unique interventions based on type of interventions. A Program Outcomes report is available on a biannual basis due to tracking of discontinuation of medication 180 days from original consult date. Outcomes displayed are drug therapy change (dose change) and drug therapy discontinued. Monetary savings are calculated based on discontinuation of medication and claim savings reflect the decrease in drug spend by client.	Quarterly
Orphan Drug Member Level Report	Reports on individual member identification data, the drug that member was identified for, number of times the member was outreached and the number of times that the provider was outreached for each specific member.	Monthly
Personalized Rx Counselor Activity Report	Membership Summary: members qualified, members opted out, members enrolled Comprehensive Medication Review (CMR) summary: number of CMR offers, number of completed CMR, number of invalid member phone numbers CMR rate: completion rate calculation Targeted Medication Review (TMR) Summary: number of faxes sent to prescribers, Drug Therapy Problem (DTP) Summary: number of faxes sent to prescribers during CMR with member	Quarterly
Personalized Rx Counselor Member Detail Report	Member details, eligibility date for Personalized Rx Counselor program, long term care and confidence interval indicators, opt out status with date, CMR offer date, CMR completion date, method of delivery, and recipient of CMR	Quarterly
Polypharmacy Value Management Program Report	Listed below are the components included in this report: 1. Program Activity tab provides an overview of the number of enrolled members, consultations completed, interventions sent to prescriber, and successfully deprescribed dugs 2. Program Savings tab provides details on the types of deprescribing interventions that were successful, and the savings associated with those interventions	Quarterly

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Standard Pharmacy Audit Services	Report summarizes claim counts and recovered dollar amounts of claims audited by Audit Type, Violation Reason, and Carrier.	Quarterly upon request
Weight Engage Outcomes Report	Reports from each vendor can be provided upon request.	Upon request
Advanced Pharmacy Audit Services	**Audit Results Report:** Monthly and quarterly report summarizing claim counts and recovered dollar amounts of claims audited by Audit Type, Violation Reason, and Carrier **Audit Recovery Report:** Quarterly report summarizing claim counts and reclaimed dollar amounts by Carrier **Claims-level Detail Report:** Quarterly claims-level detail report of claims audited **Member Fill Patterns Report:** shows potential anomalies in member fill patterns that may indicate fraud, diversion or abuse	Monthly and quarterly

II. Optum Rx Clinical Program ROI Methodology

Medication Safety Management & Care Gap Management Intervention Programs	Components include: Plan paid prescription savings, plan paid prescription costs and risk reduction inferred medical savings associated to eligible interventions which have resulted in a positive clinical impact. -Positive Clinical Impact= eligible interventions that result in recommended changes to drug therapy/usage and gap closures based on pharmacy claims analysis 120 to 180 days post intervention outreach -Rx Savings (Cost) based on plan paid amounts and risk reduction methodology based inferred medical savings if applicable are calculated during the initial evaluation based on the date of success (e.g., gap closed) up to the date of evaluation (120/180 days post intervention) -Following the initial evaluation, the intervention is reassessed on a monthly basis to validate the continuation of positive clinical impact up to 1 year. Continuous therapy change is not assumed. -Rx Savings (Cost) & Risk Reduction Savings are accrued on a monthly basis as long as the desired clinical outcome is sustained. Savings are not annualized. -Contracted ROI guarantee is for Year 1 of RDUR program enrollment (i.e., Program Effective Date + 365 days) for clients. -Reporting period required is 18 months post program effective date to allow for full evaluation period required for outcomes analysis. -If the client terms the program before the end of the reporting year the ROI is no longer guaranteed. -If the Guaranteed ROI is not achieved, the PBM will refund/credit a prorated portion of Client's total payment to PBM for intervention services to ensure that the achieved ROI is equal to the Guaranteed ROI based upon actual savings realized. RDUR Gaps in Care ROI: Total Healthcare Savings divided by total program fees for year 1 of program enrollment. Retrospective Intervention Programs Safety Management ROI: Total Rx Savings divided by total program fees for year 1 of program enrollment.

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Meds on Track Former Name: Medication Adherence	Members are considered eligible for outcomes evaluation at 180 days after their low adherence intervention. -Proportion of Days Covered (PDC) is calculated for each member-therapy class at the time of intervention and at 180 days post-intervention. -PDC measures the percent of unique days with medication supply available within a defined measurement window. Early refills of the same medication and strength are adjusted in order to avoid overestimating adherence. -The same member can be intervened for multiple therapy classes. -Members with <80% PDC are classified as having suboptimal adherence and members with ≥80% PDC are classified as having optimal adherence. Some therapy classes have different PDC thresholds for adherence (e.g., 70% for PAH and 90% for HIV.) -Rates of member conversion from suboptimal to optimal adherence are calculated for each therapy class and presented as the proportion of members converted. -If the Guaranteed ROI is not achieved, the PBM will refund/credit a prorated portion of Client's total payment to PBM for intervention services to ensure that the achieved ROI is equal to the Guaranteed ROI based upon actual savings realized. -Medical Cost Savings = Daily Medical Savings X Total Days of Conversion; -Pharmacy Spend Increase = Prescription Costs in 180 days from Intervention to Outcomes Evaluation minus Prescription Costs in the 180 days Prior to Intervention; -Total Healthcare Savings = Medical Cost Savings – Pharmacy Spend Increase; -ROI = Total Healthcare Savings divided by total program fees for year 1 of program enrollment.
Diabetes Management	Savings are calculated by combining all four sets of savings from the three program components to determine the final amount. -If the Guaranteed ROI is not achieved, the PBM will refund/credit a prorated portion of Client's total payment to PBM for intervention services to ensure that the achieved ROI is equal to the Guaranteed ROI based upon actual savings realized. -Diabetes Management Savings = A1c Reduction + CMR Recognized Savings + Adherence Total Healthcare Savings + Gaps in Care Total Healthcare Savings. -ROI = A1c Reduction + CMR Recognized Savings + Adherence Total Healthcare Savings + Gaps in Care Total Healthcare Savings divided by total program fees for 1 year of program enrollment.
Personalized Rx Counselor	Components include: Plan paid prescription savings, plan paid prescription costs & risk reduction inferred medical savings associated to eligible interventions which have resulted in a positive clinical impact. -Positive Clinical Impact = eligible interventions that result in recommended changes to drug therapy/usage and gap closures based on pharmacy claims analysis 120 to 180 days post intervention outreach. -Rx Savings (Cost) based on plan paid amounts and risk reduction methodology based inferred medical savings if applicable are calculated during the initial evaluation based on the date of success (e.g., gap closed) up to the date of evaluation (120 to 180 days post intervention). -Following the initial evaluation, the intervention is reassessed on a monthly basis to validate the continuation of positive clinical impact up to 1 year. Continuous therapy change is not assumed. -Rx Savings (Cost) & Risk Reduction Savings are accrued on a monthly basis as long as the desired clinical outcome is sustained. Savings are not annualized. -If the Guaranteed ROI is not achieved, the PBM will refund/credit a prorated portion of Client's total payment to PBM for intervention services to ensure that the achieved ROI is equal to the Guaranteed ROI based upon actual savings realized. -ROI = Total program savings (Rx Savings and Inferred medical savings from the targeted medication reviews and the Rx savings from the comprehensive medication review [initial and accrued] and divide it by the total program fees for year 1 of program enrollment.)

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Optum Rx Polypharmacy Value Management Program	Polypharmacy Value Management Program Methodology: Components include: Plan paid prescription savings from consultation-based deprescribing + Plan paid prescription savings, plan paid prescription costs and risk reduction inferred medical savings associated to eligible automated interventions which have resulted in a positive clinical impact. -Consultation-based deprescribing includes pharmacist-led drug interventions with prescriber outreach based on a comprehensive medication review with the member. -Results are evaluated in pharmacy claims data 120 days after provider outreach for successful outcomes including drug discontinuation, dose change, or therapy switch. -Consultation-based savings include the plan paid drug cost for discontinuation outcomes, or are calculated as the difference in plan paid drug cost before and after the successful intervention for dose change or therapy switch outcomes, from the date of successful outcome to the date of evaluation. -For automated interventions, Positive Clinical Impact= eligible interventions that result in recommended changes to drug therapy/usage and gap closures based on pharmacy claims analysis 120 (180) days post intervention outreach -Rx Savings (Cost) based on plan paid amounts and risk reduction methodology based inferred medical savings if applicable are calculated during the initial evaluation based on the date of success (e.g., gap closed) up to the date of evaluation (120/180 days post intervention) -For all outcomes, the intervention is reassessed on a monthly basis following the initial evaluation to validate the continuation of outcome success for up to 1 year. Continuous therapy change is not assumed. -Rx Savings (Cost) & Risk Reduction Savings are accrued on a monthly basis as long as the desired clinical outcome is sustained. Savings are not annualized. -Contracted ROI guarantee is for Year 1 of Polypharmacy Value Management program enrollment (i.e., Program Effective Date + 365 days) for clients. -ROI = Total program savings (Rx Savings and Inferred medical savings from the automated interventions and the Rx savings from the consultation-based deprescribing (initial and accrued), divided by the total program fees for Year 1 of program enrollment. -Reporting period required is 18 months post program effective date to allow for full evaluation period required for outcomes analysis. -If the client terms the program before the end of the reporting year the ROI is no longer guaranteed. -If the Guaranteed ROI is not achieved, the PBM will refund/credit a prorated portion of Client's total payment to PBM for intervention services to ensure that the achieved ROI is equal to the Guaranteed ROI based upon actual savings realized.

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