



MarshMcLennan  
Agency

# Rx Solutions

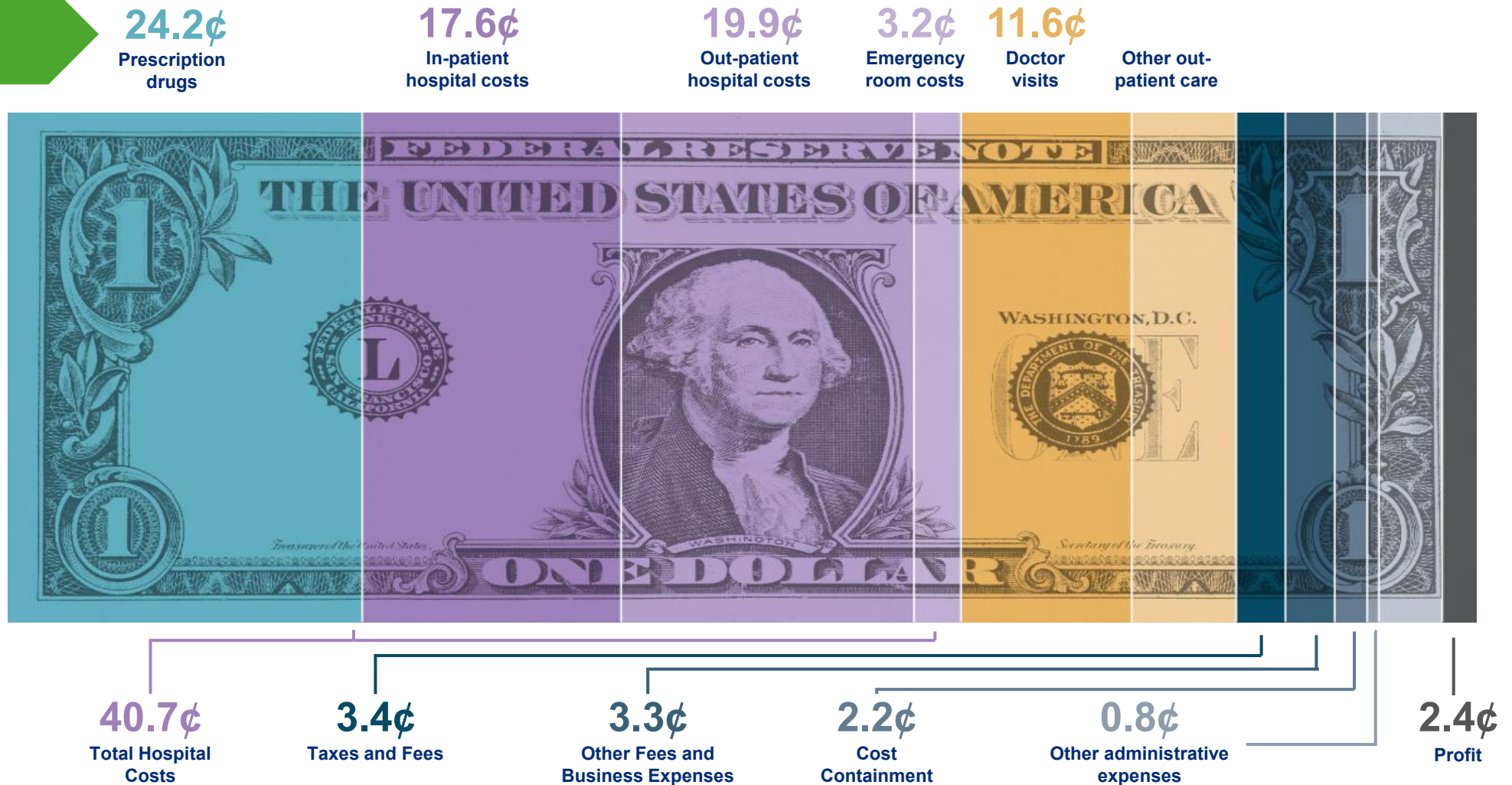
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Regional Director | National Pharmacy Practice | MMA Rx Solutions



**Your future is limitless.<sup>SM</sup>**

# Rx is a significant part of the healthcare dollar

Biggest portion of  
health care dollar



# 2025 Pharmacy Trends

## Biosimilars

- Humira's market share will continue to drop as each of the Big 3 PBMs will have removed Humira from major commercial formularies by mid-2025
- PBM partnerships with drug manufacturers to bring private label biosimilar products to the market has emerged as a primary tactic to align market demand with financial interests
- The release of Stelara biosimilars in 2025 should result in more accelerated adoption as the market is more accustomed to the concept and PBMs have their private label approaches established.
- Employers must play an active role in biosimilar adoption and should engage experts to understand their PBM's biosimilar approach and ensure it is driving maximum savings for the employers and members

## GLP-1 Drugs

- The GLP-1 market is projected to reach \$18.2 billion by 2027, leading to significant expenditures for employers in the antidiabetic sector.
- While some employers currently limit GLP-1 medication coverage to diabetes treatment, an increasing number are reevaluating this stance.
- There is a strong and innovative pipeline for drug development in the GLP-1 category, including an oral GLP-1 expected to be available by 2027.
- Implementing gold standard prior authorization criteria will assist employers in managing costs as more products enter the market.
- Inflation Reduction Act driven price negotiations by CMS for GLP-1 medications may drive changes in commercial pricing for this class.

## PBM Transparency

- The pharmacy supply chain faces scrutiny from legislators due to longstanding practices.
- Legislative focus areas include anti-steering, spread pricing, copay accumulator bans, minimum dispensing fees, and point of sale rebates.
- PBM business practices have been the subject of many recent inquiries, including congressional hearings, an FTC investigation, and a series of articles published by the New York Times throughout 2024.
- PBMs and employers must navigate new regulatory implications as they arise. Short-term state regulations may increase employer costs despite good intentions.

# Specialty Drug Management

The cost impact of specialty medications to the employer plan are too big to disregard.

By using creative solutions, employers are able to find savings opportunities to reduce costs associated with their pharmacy spend.

## Potential solutions include the following:

- Rebate Protection
- Biosimilars
- Variable Copay
- Coverage Restrictions
- Outsourced Prior Authorizations
- Prescription Assistance Programs (PAP)
- Site of Care
- Formulary Optimization
- Importation
- Gene Therapy and Orphan Drug Protection
- Medical Rebates



# Biosimilar Trends



# What is a Biosimilar?

## *Biologics*

- As opposed to conventional drugs that are made from chemicals, biologics are made from living organisms
- Developing biologics can be more complicated than the manufacture of conventional drugs
- The FDA has a specific process for approving biologic drugs
- Examples:
  - Lantus (insulin glargine)
  - Humira
  - Ozempic
  - Skyrizi



## Biosimilars

- Biologic product that has no “clinically meaningful” difference from another FDA-approved biologic (the “reference drug”)
  - Same route of administration, strength and dosage form, potential side effects
- Closely regulated – equivalent in safety, purity, and potency
- Go through a rigorous FDA approval process
- Can achieve **interchangeable** designation, meaning the product can be substituted for the reference drug without health care professional intervention
- Biosimilars may cost less than their reference drug

Source: [https://www.fda.gov/consumers/consumer-updates/biosimilar-and-interchangeable-biologics-more-treatment-choices#:~:text=A%20biosimilar%20is%20a%20biologic,\(same%20route%20of%20administration\).](https://www.fda.gov/consumers/consumer-updates/biosimilar-and-interchangeable-biologics-more-treatment-choices#:~:text=A%20biosimilar%20is%20a%20biologic,(same%20route%20of%20administration).)

# Biosimilars have disrupted pricing in cancer and specialty pharma—leading to billions in savings for members and employers.

On average, **biosimilars cost 50% less than reference products.**

Biosimilars have realized over **\$56 billion** in savings over the last ten years and are projected to deliver **\$181 billion in savings** over the next five years. Biosimilars also increase competition, which drives down the price of name-brand pharmaceuticals by an average of **25%**.



**Since the introduction of biosimilars in the oncology space, spending growth has slowed by 50%.**

Cancer treatments and specialty drugs are among the principal drivers of employer health care spending; **biosimilars show incredible promise to help employers curb spending in these key categories.**<sup>1,2,3</sup>

Humira, which has a list price of **\$7,000 per month**, is a prime example of how biosimilars can offer substantial savings for high-cost specialty drugs. Since 2022, nine biosimilars have entered the market. The most recent Humira biosimilar by Boehringer Ingelheim will be available at **\$550 per month.**

Sources: 1. **Kaiser Permanente**. *Biosimilars Can Significantly Reduce Employer Pharmacy Costs. Are You Missing Out?* Kaiser Permanente, 2023. 2. **PWC**. *Medical Cost Trend: Behind the Numbers 2025*. PWC, 2024. 3. **Axios**. *GoodRx Teams with Boehringer on Humira Biosimilar*. Axios, 2024.

# Employers must play an active role in biosimilar adoption.

Coverage of biosimilars is lacking in many health plans, partly because PBMs are financially incentivized to pursue discount or rebate agreements with drug manufacturers for the original specialty medications. This is evidenced by the fact that **plans are more likely to restrict or limit coverage of biosimilars that treat the most common conditions.**

**Employers must take an active role in expanding biosimilar coverage. This entails identifying how many employees are candidates for biosimilars and working with PBMs and benefits consultants to adopt biosimilars as the preferred formulary.**

Expanding biosimilar coverage will, in turn, help employers move away from a rebate-driven drug coverage model.<sup>1,2,3</sup>

Sources: 1. **Kaiser Permanente**. *Biosimilars Can Significantly Reduce Employer Pharmacy Costs. Are You Missing Out?* Kaiser Permanente, 2023. 2. **Axios**. *GoodRx Teams with Boehringer on Humira Biosimilar*. Axios, 2024. 3. **PWC**. *Medical Cost Trend: Behind the Numbers 2025*. PWC, 2024.

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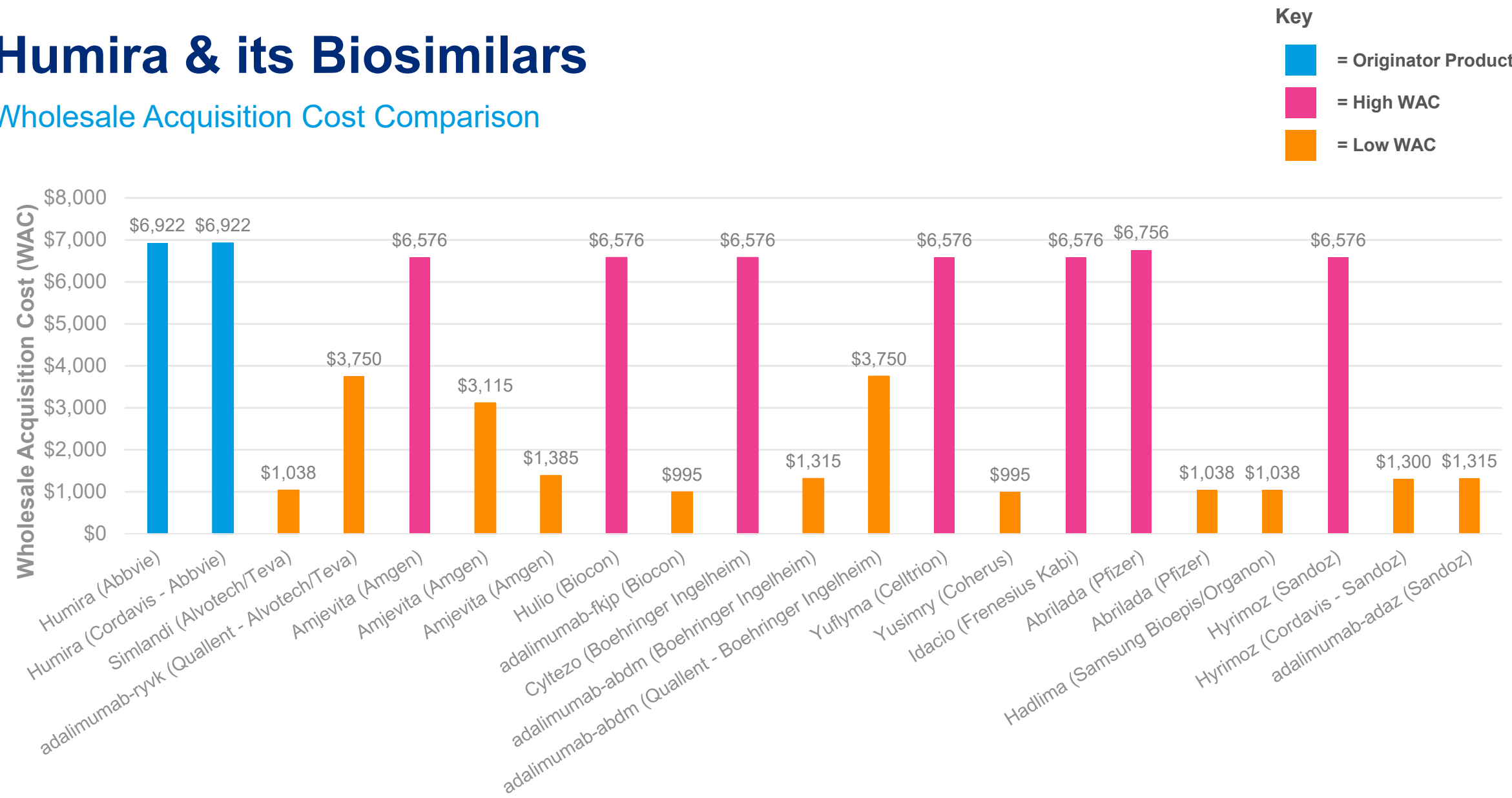


# 2025 Biosimilar Pipeline

Brand Drug (Manufacturer)	Indication(s)	Approved Biosimilars	Biosimilars in Pipeline (Estimated Approval)	Potential Launch
Prolia/Xgeva (Amgen)	Postmenopausal osteoporosis/bone metastases	6	9 (3/2025+)	6/30/2025
Soliris (Alexion)	Paroxysmal nocturnal hemoglobinuria	2	0	1H 2025
NovoLog (Novo Nordisk)	Glycemic control in Type 1/Type 2 Diabetes	1	6 (2025+)	2025+
Humalog (Eli Lilly)	Glycemic control in Type 1/Type 2 Diabetes	0	4 (TBD)	TBD
Tysabri	Relapsing-remitting multiple sclerosis	1	0	2025+
Simponi/Simponi Aria (Janssen)	Psoriatic arthritis	0	2 (4Q 2025)	2025+
Xolair (Novartis)	Chronic idiopathic urticaria	1	3 (2025+)	2026
Orencia	Rheumatoid arthritis	0	1 (2026)	2026+
Perjeta	HER2-positive breast cancer	0	2 (4Q 2025)	2026+
Entyvio IV/SC (Takeda)	Ulcerative Colitis	0	2 (2026+)	2027 – 2032

# Humira & its Biosimilars

## Wholesale Acquisition Cost Comparison



Source: <https://www.drugchannels.net/2024/09/humira-biosimilar-price-war-update.html>  
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# Stelara Biosimilars

Biosimilar	Manufacturer	Indication(s) Studied	Approval Status	Interchangeable	FDA Approval or Estimated Approval	Estimated Launch	Discount off Brand WAC
<b>Wezlana*</b> (ABP 654)	Amgen	PsO	IV/SC approved	Yes	Approved 10/31/2023	Launched 1/1/2025	SC high WAC: 5.4% SC low WAC: 81% IV: 33%
<b>Selarsdi*</b> Ustekinumad-aekn (unbranded) (AVT04)	Altovetch, Teva	PsO	IV/SC approved	Seeking <sup>b</sup>	Approved 4/16/2024	Selarsdi SC Launched 2/21/2025 Selarsdi IV launch TBD Unbranded anticipated by 7/1/2025	SC: 86% IV: 34% Unbranded: TBD
<b>Steqeyma*</b> (CT-P43)	Celltrion	PsO	IV/SC approved	Seeking	Approved 12/17/2024	Launched 3/12/2025	SC: 86% IV: 86%
<b>Pyzchiva*</b> (SB17)	Sandoz; Samsung Bioepis	PsO	IV/SC approved	Seeking <sup>c</sup>	Approved 6/28/2024	Launched 2/24/2025	SC:86% IV: 48%
<b>Yesintek*</b> (Bmab1200)	Biocon	PsO	IV/SC approved	Seeking	Approved 11/29/2024	Launched 2/24/2025	SC:90% IV: 81%

# GLP-1 Trends





# A closer look at GLP-1 utilization trends

**3x**

more often GLP-1s are prescribed for diabetes than for obesity, despite their rising popularity for weight loss.

**2x**

more likely are women to take GLP-1s than men. While the vast majority of GLP-1 patients are over 40 years old, Millennial and Gen Z employees are more likely than older generations to say that employer GLP-1 coverage is an “appealing” or “very appealing” benefit.

**68%**

of all members taking a GLP-1 are moderately high-risk patients that are the largest individual risk stratum.<sup>1,2</sup>

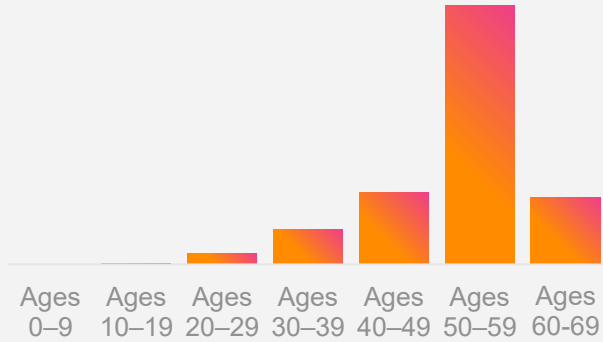
Sources: 1. **Research Fielded by MMA in December 2024.** “How appealing is GLP-1 (Ozempic, etc.) coverage-within your insurance-to you?” 2. **MMA.** 2025 MMA Planning and Analytics for Total Health. MMA, 2024.

# A closer look at GLP-1 utilization trends

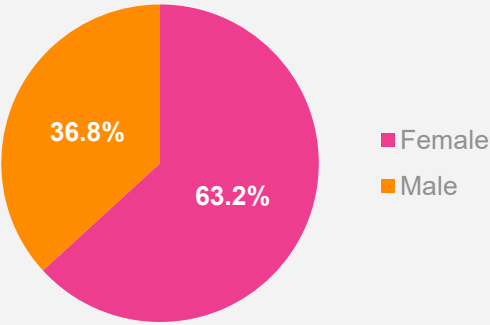
## Members taking a GLP-1

Measure	Prior	Current	Trend
Per 1k members with Rx claims	40.0	56.0	39.9% ↑
Avg by member member age	50.8	51.3	0.9% ↑
Avg by member concurrent risk - unscaled	2.84	2.77	-2.5% ↓

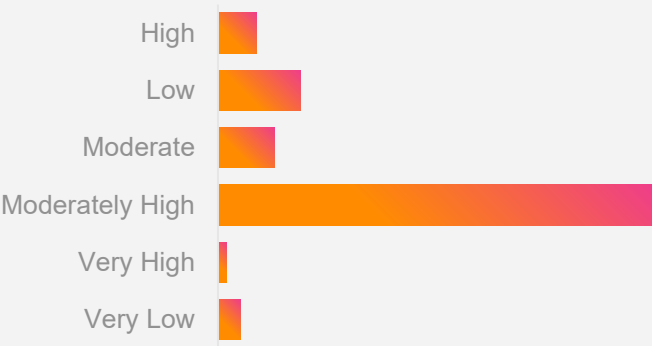
## Members taking a GLP-1 by age bins



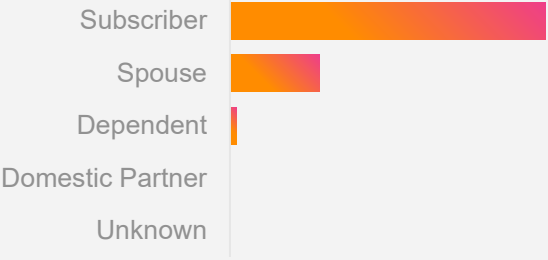
## Members taking a GLP-1 by gender



## Members taking a GLP-1 by risk strata



## Members taking a GLP-1 by relationship (members with Rx claims)



# Looking ahead: treatments and trends on the horizon

The GLP-1 market, valued at **\$11.3 billion in 2019**, is projected to reach **\$18.2 billion by 2027**, driven by a strong pipeline and ongoing innovation.

Upcoming peer-reviewed research may expand GLP-1 use into cardiovascular care, **potentially increasing employer costs**.

Both **Novo Nordisk** (manufacturer of Ozempic and Wegovy) and **Eli Lilly** are in the process of **developing oral versions of GLP-1s to improve accessibility and market reach**.

**Pfizer, Amgen, Structure Therapeutics, and Viking Therapeutics** are racing to enter the market with their own weight loss drugs. These companies are **developing drugs that target additional receptors to increase weight loss**. Some of these new treatments are designed to target additional receptors beyond GLP-1, such as GIP and glucagon, increasing their potential effectiveness for weight loss.<sup>54</sup>

# Key Considerations for Weight Loss Drug Coverage

## Cost

- Average yearly cost per patient is around \$6,000.
- Up to 42% of the U.S. population is obese
- Groups who cover will experience steep year-over-year trend in the category.

## Weight Loss Sustainability

- A recent study showed that patients re-gained 66% of weight back within a year of discontinuing a GLP-1.
- Would need to be taken indefinitely to sustain results and associated benefits.

## Discontinuation Rate

- A recent study found that 68% of patients prescribed a GLP-1 for weight loss discontinued therapy within a year
- Reasons for discontinuing include side effects, costs, weight loss plateau, shortages

## Employee Turnover

- Employers in industries with high employee turnover may be less likely to realize long-term financial benefits associated with members who lose weight

## Utilization Management

- There are a wide range of utilization management criteria on the market, which can drive plan spend.
- Weak criteria can enable off-label utilization of diabetic GLP-1s for weight loss.

## Clinical Outcomes

- Studies show positive clinical outcomes associated with GLP-1 driven weight loss, but difficult to quantify cost avoidance
- Cardiovascular benefits, improvement in other chronic conditions

## Employee Satisfaction

- About 30% of employers currently cover weight loss drugs
- A recent survey found that 52% of employees desire weight loss drugs to be included in health benefits

## Benefit Package Strength

- Plans that added weight loss coverage experienced increased enrollment
- Weight loss coverage may help organizations attract and retain talent

Sources: <https://www.primetherapeutics.com/wp-content/uploads/2023/07/GLP-1a-obesity-treatment-1st-year-cost-effectiveness-study-abstract-FINAL-7-11.pdf>; <https://dom-pubs.onlinelibrary.wiley.com/doi/10.1111/dom.14725>



# How can employers control GLP-1 spending?

Employers are increasing the scope of their **obesity care programs**, including lifestyle interventions, disease management strategies, and stop therapy protocols.

Specific measures employers are taking to control GLP-1 expenses include **restricting coverage to employees with higher BMIs**, requiring participation in **obesity management programs** before authorization, **requiring members to try more affordable weight-loss medications** before using GLP-1s, and setting **lifetime maximums on payments**.<sup>2</sup>

Sources: 1. **Mercer**. *Survey on Health & Benefit Strategies for 2025 and Tables of Survey Results*. Mercer, 2025.  
2. **HR Executive**. *Amid a Changing Landscape for GLP-1 Drugs, 8 Employer Considerations*. HR Executive, 2024.

## Obesity management programs<sup>1</sup>

Will implement a program in 2024 or 2025



Will likely implement a program in 2026



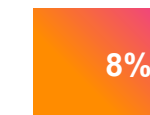
No plans yet, but interested in participating in this type of program



Not interested in this type of program



N/A – we already have a robust obesity management program in place



# GLP-1 Agonists: FDA Pipeline

**Robust GLP-1 Pipeline:** Focused on expanding treatment for Type 2 diabetes and obesity, with additional indications including heart failure, peripheral artery disease, and Alzheimer's disease.

**Diverse Indications:** The pipeline also addresses conditions like MASH, NASH, and osteoarthritis of the knee, reflecting a commitment to comprehensive patient care.

**Significant Cost Implications:** While these advancements promise life-changing benefits, they are expected to result in substantial cost impacts for healthcare systems in the coming years

Drug Name	Pending Indications	FDA Status
Wegovy (Semaglutide): SQ	Heart failure with obesity; OA of knee with obesity; Non-alcoholic steatohepatitis (NASH)	2H2025; 2026+
Zepbound (Tirzepatide): SQ	Heart failure with obesity	3Q2025
Ozempic (Semaglutide): SQ	Peripheral arterial disease (PAD)	Pending (10/2025+)
Rybelsus (Semaglutide): oral (higher doses)	Type 2 diabetes; Alzheimer's	Phase III; 2027+
Mounjaro (Tirzepatide): SQ	Reduce cardiovascular mortality in patients with type 2 diabetes	Phase III
LY3502970 (Orforglipron): Oral	Type 2 diabetes, OSA with obesity	Phase III (2026+)
LY3437943 (Retatrutide): SQ	Type 2 diabetes; Obesity, CVD, OA of knee with obesity	Phase III (2026+)
CagriSema (Cagrilintide; Semaglutide): SQ	Type 2 diabetes; Obesity	Phase III (2026)
NN1535 (Insulin Icodec; Semaglutide): SQ	Type 2 diabetes	Phase III
NN9931 (semaglutide): SQ	MASH	2026
BI 456906 (Survodutide) SQ	NASH; MASH	Phase III

# Exploring FDA Approved Indications: Current and Future Perspectives

For employer groups that exclude weight loss benefits, the exclusion of drugs like Wegovy and Zepbound can impact the coverage of expanded indications, such as cardiovascular risk reduction and obstructive sleep apnea.

In other instances, PBMs may determine coverage and utilization management based on the specific FDA-approved indications requested.

**The coverage and medical necessity criteria for the expanded FDA indications of GLP-1’s will vary among PBMs.** It is essential to consult with each PBM to understand their unique coverage and utilization management strategies.

Drug Name	Current FDA Indications	Pending Indications
Ozempic	Type 2 Diabetes, Chronic Kidney Disease (CKD)	Metabolic-Dysfunction Associated Steatohepatitis (MASH)
Rybelsus	Type 2 Diabetes	
Wegovy	Obesity, Cardiovascular Risk Reduction	Heart Failure
Mounjaro	Type 2 Diabetes	
Zepbound	Obesity, Obstructive Sleep Apnea (OSA)	
Trulicity	Type 2 Diabetes	
Victoza	Type 2 Diabetes	
Saxenda	Obesity	

# GLP-1's and Compounding

## Key Considerations

PBM Management	Availability
<ul style="list-style-type: none"><li>• Pharmacy Benefit Managers typically do not include compounded GLP-1 products to be processed under on the plan.</li><li>• Employees must pay out-of-pocket for compounded products.</li><li>• Leading to underestimation of GLP-1 utilization among employees.</li></ul>	<ul style="list-style-type: none"><li>•Pharmacies may compound drugs only when commercially available versions are on the FDA's drug shortages list.</li><li>•Once out of shortage, pharmacies must stop compounding that product.</li></ul>
Concerns for Safety	Clinical Outcomes
<ul style="list-style-type: none"><li>• Dosing: Dosing errors can lead to hospitalizations.</li><li>• Product issues: Product concentrations may vary.</li><li>• Illegally marketed version: Counterfeit versions are still sold online.</li></ul>	<ul style="list-style-type: none"><li>• Studies show positive clinical outcomes associated with GLP-1 driven weight loss, but difficult to quantify cost avoidance.</li><li>• Cardiovascular benefits, improvement in other chronic conditions.</li></ul>

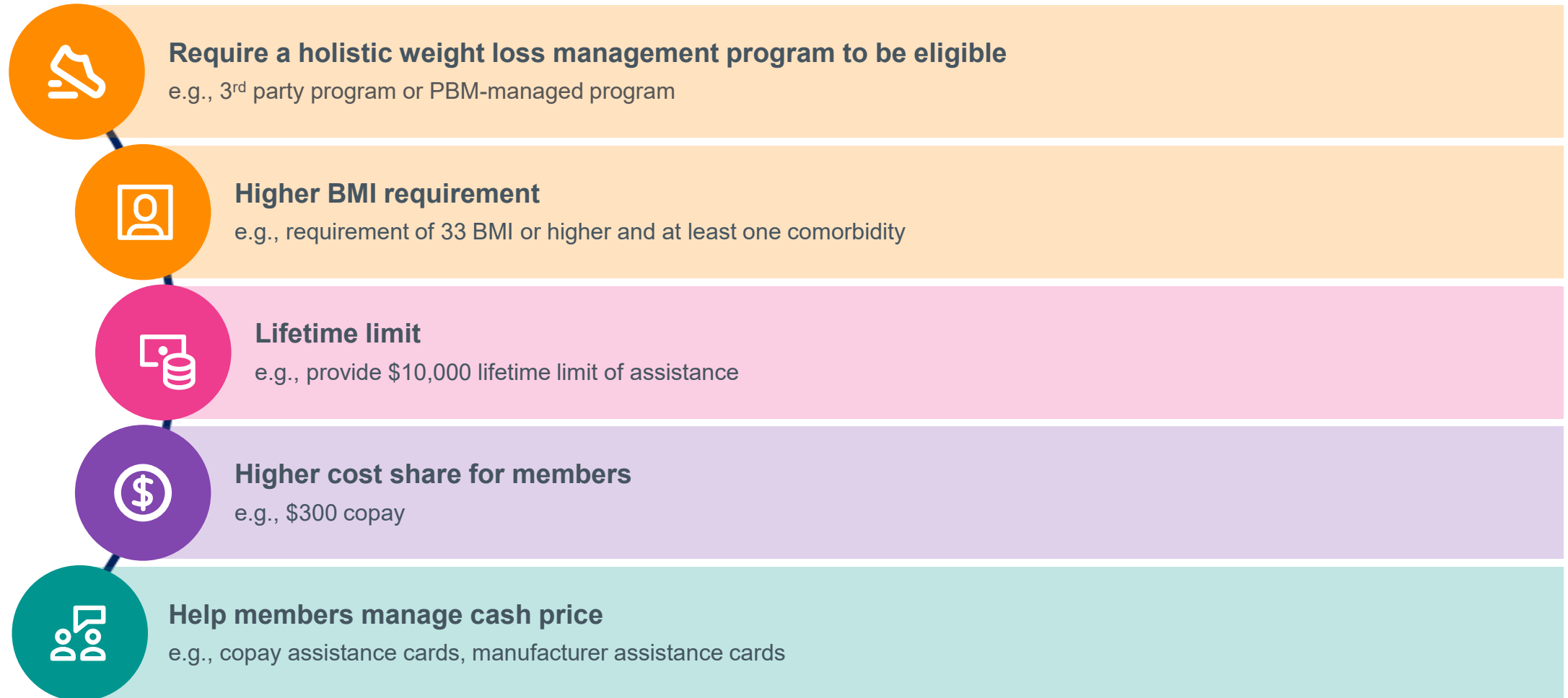
The appeal of lower-cost compounded GLP-1 medications is clear for consumers and plan sponsors. However, due to regulatory and safety issues, plan sponsors should be cautious when considering coverage for these medications through telehealth or other providers. While there may be cost savings, the associated risks and uncertainties likely outweigh the benefits.

Employers are expanding their obesity care programs to include lifestyle interventions, disease management strategies, and therapy cessation protocols.

**MMA Rx Solutions advocates for cash payment options offered by manufacturers as a safer alternative to compounded drugs from non-FDA approved sources.**



# Strategies for Managing Weight Loss GLP-1 Coverage



*Viability of these strategies may vary by PBM.*

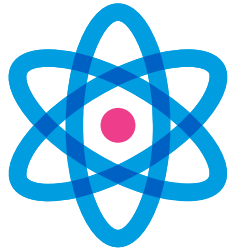
# Weight Loss GLP-1 Copay Card Considerations

Drug	Manufacturer	Approx. Cash Pay Price	Savings Offer – Not Covered	Savings Offer – Covered
Wegovy	Novo Nordisk	~\$1,388 per 28-day supply	Save up to: \$500 per 28-day supply \$1,000 per 56-day supply \$1,500 per 84-day supply	Save up to: \$225 per 28-day supply \$450 per 56-day supply \$675 per 84-day supply
Zepbound	Eli Lilly	~1,083 per 28-day supply	Save up to: \$563 per month  <i>Max annual savings up to \$7,319 per calendar year</i>	Save up to: \$150 per 1-month supply \$300 per 2-month supply \$450 per 3-month supply <i>Max annual savings \$1,800 per calendar year</i>

Source: <https://www.novocare.com/eligibility/obesity-savings-card.html>, <https://zepbound.lilly.com/coverage-savings>.

# Gene therapies and the price tag of progress





## Cell Therapy

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**Transfer of live cells  
into the body**

Uses cells from patient: autologous  
Uses cells from donor: allogeneic

**VS**



## Gene Therapy

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**Add new genes (gene addition)  
Edit or remove existing genes**

Genetically alter outside the body: ex vivo  
Direct administration of genetic material: in vivo

# Sky-high research and development costs are an upward driver of gene therapy prices.

A recent report in *Nature* using gene therapies approved as of December 2020 and those in late-stage clinical trials concluded that the annual cost of cell and gene therapies averaged \$20.4 billion per year. The report projected that annual spending would increase to \$25.3 billion in 2026, before declining to \$21.0 billion in 2034.

**\$20.4 billion**

**per year is the average annual cost of cell and gene therapies.**

**\$25.3 billion**

**is the projected annual spending on cell and gene therapies in 2026.**

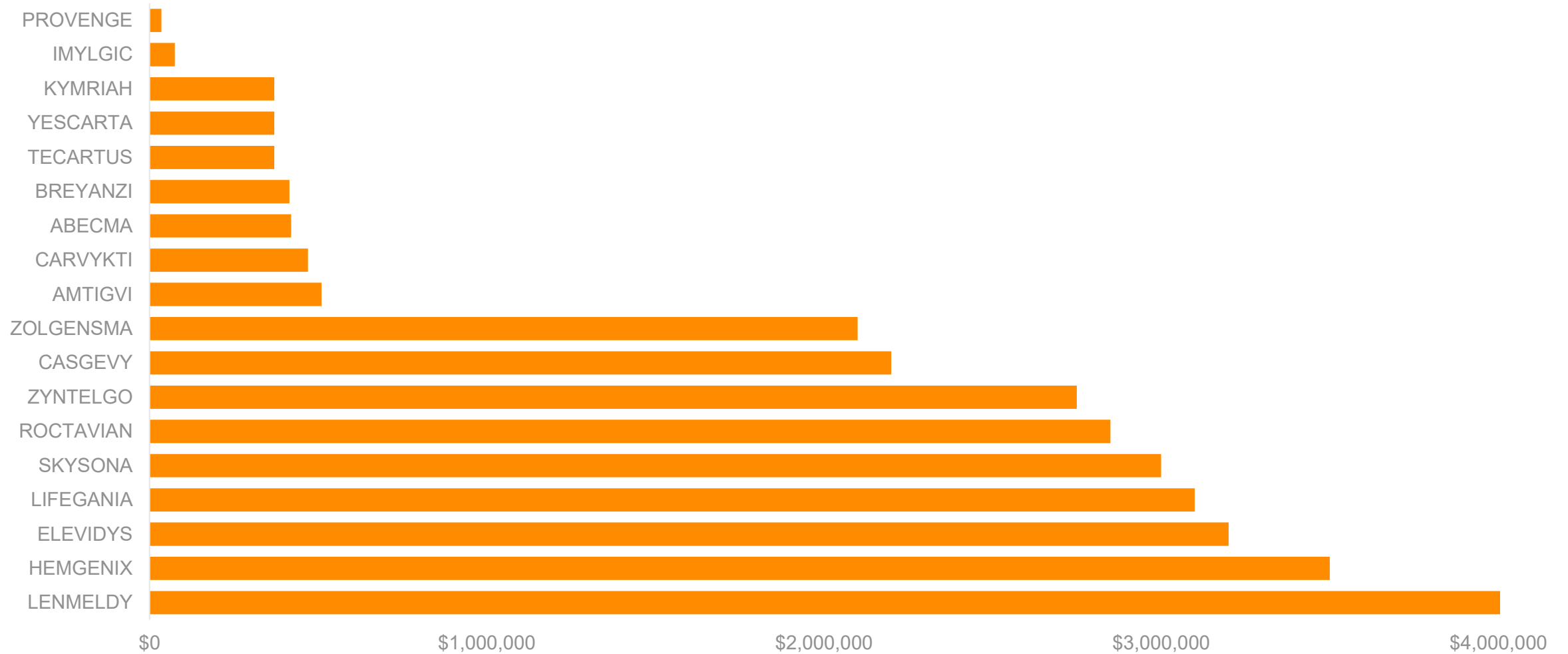
**Cell and gene therapy costs vary, but nearly all carry high price tags.**

Cell and gene therapies are revolutionizing the treatment of rare, often life-threatening diseases, offering hope to patients battling conditions like blood cancers, muscular dystrophy, and sickle cell disease. These groundbreaking therapies are transforming the landscape of healthcare, but with their immense potential comes a significant challenge: the high cost of treatment.

For many patients and their families, the question isn't whether to pursue these therapies but how to afford them. Employers, recognizing the life-changing impact of these treatments, are actively exploring ways to make them more accessible. Strategies like stop-loss protections and alternative funding solutions are being implemented to help employees and their families get the care they need without the financial burden.

Sources: 1. **Drug Discovery and Development**. *With Prices Topping \$4 Million, High Stakes Define Cell and Gene Therapy Landscape*. Drug Discovery and Development, 2023.

# List prices of select FDA-approved cell and gene therapies





# 2025 Gene Therapy Pipeline

If approved, would be the first to treat a rare disease

Drug	Disease State	Estimated WAC	Estimated Potential U.S. Candidates	Estimated Approval Date
<b>Mozafancogene autotemcel (RP-L102)</b>	Fanconi anemia	\$2M - \$3M one time	<1,000 pediatric patients	1H 2025
<b>Pariglasgene brecaaparvovec (DTX401)</b>	Glycogen storage disease type IA	\$1.5M - \$2.5M one time	3,000 adult and pediatric patients	2H 2025
<b>UX111</b>	Mucopolysaccharidoses type IIIA (Sanfilippo syndrome type A)	\$3M+ one time	1,500 – 4,000 adult and pediatric patients	8/18/2025
<b>Bidridistrogene xeboparvovec (SRP-9003)</b>	Limb-girdle muscular dystrophy	\$2M - \$3M one time	TBD	Late 2025
<b>Botaretigene sparoparvovec (AAV-RPGR)</b>	Retinitis pigmentosa	\$750k - \$1M one time (both eyes)	5,500 – 13,000 adult and pediatric patients	Late 2025
<b>RGX-121</b>	Mucopolysaccharidosis II (MPS II; Hunter syndrome)	\$3M+ one time	<25 pediatric patients	Late 2025
<b>Sonpiretigue isteparvovec (MCO-010)</b>	Retinitis pigmentosa	\$750k - \$1M one time (both eyes)	63,000 – 72,000 adult patients	Late 2025

Source: <https://www.carelonrx.com/perspectives/2025-q1-carelon-rx-drug-biologic-pipeline-update.pdf> [https://business.caremark.com/content/dam/enterprise/business-caremark/insights/pdfs/2024/gene\\_therapy\\_pipeline\\_report\\_november\\_2024.pdf](https://business.caremark.com/content/dam/enterprise/business-caremark/insights/pdfs/2024/gene_therapy_pipeline_report_november_2024.pdf) ; IPD Analytics Drug Pipeline and Trend Impact Report 1H 2025

# MMA Rx Solutions' Approach is Different

## Industry Experts

Collective **100+ years** direct pharmacy benefit management and pharmacy industry experience

## Clinical and Actuarial Mindset

Led by dedicated actuaries and PharmDs.

## 1-Year Pharmacy Contracts

Maintain competitive pricing and flexibility year over year vs. multi-year contracts.

## Unbiased Approach

Since we are not tied to a single solution or preferred arrangement, we're not steering you anywhere but to the right place for you.

## We have scale in a scale driven business

We have a balanced combination of the overall client volume needed to keep the PBM's attention and the expertise to leverage that attention to the client's advantage.

## How we define success

- *Saving the Client Money*
- Meeting deliverable timelines
- Finding the right solution for the client
- Establishing competitive contracts for our clients
- Holding the PBMs accountable via annual auditing for every client

# Pharmacy Benefit Considerations

RX Options	Employee Disruption
Formulary Options	High
Biosimilar First Strategy	Low
Mandatory 90 Day Home Delivery	Moderate
Network Options	Moderate

# Home delivery and 90-day retail

- CarelonRx offers:
- Convenience paired with savings.
- Voluntary and mandatory options.
- Additional cost savings if paired with optimized retail network.
- Prescription drug cost savings compared to refills at a retail pharmacy.<sup>1</sup>
- Convenience for members, avoiding monthly visits to the pharmacy and helping them stay on track with their medicines.<sup>2</sup>

## Plan impact

\$114K in projected savings

- 3,497 members using maintenance drugs

	Mandatory Home Delivery	Opt-Out Home Delivery	Rx Maintenance 90*	Retail 90 or Voluntary Home Delivery
Participation	Mandatory 90-day	Mandatory with opt out	Mandatory 90-day	Voluntary
Savings	\$\$\$	\$\$	\$\$	\$
Member pay	90-day mail order cost share	90-day mail order cost share	90-day mail order cost share	3 times 30-day cost share
Communication	Messaging at the retail pharmacy counter and follow-up letter letting members know they must switch to CarelonRx Pharmacy	Messaging at the retail pharmacy counter and follow-up letter letting members know they need to switch to or opt out of CarelonRx Pharmacy	Letter mailed to members with courtesy fill information and where to fill their future maintenance medications	Open enrollment/client communications
Added features	<ul style="list-style-type: none"> <li>• Up to two courtesy retail fills</li> <li>• Members can also fill 90-day supply at select maintenance network contracted pharmacies at mail order cost shares</li> </ul>	<ul style="list-style-type: none"> <li>• Up to two courtesy retail fills</li> <li>• Members can choose to stay at their retail pharmacy</li> <li>• Members can also fill 90-day supply at select maintenance network contracted pharmacies at mail order cost shares</li> </ul>	<ul style="list-style-type: none"> <li>• Members can choose a Rx Maintenance 90 pharmacy or CarelonRx Pharmacy</li> <li>• More than 25,000 Rx Maintenance 90 pharmacies nationwide</li> </ul>	<ul style="list-style-type: none"> <li>• Retail 90: More than 99% of network pharmacies</li> </ul>

<sup>1</sup> Actual cost savings will vary.

<sup>2</sup> Schwab P, Racska P, Rascati K, Mourer M, Meah Y, Worley K: *A Retrospective Database Study Comparing Diabetes-Related Medication and Health Outcomes for Mail-Order Versus Community Pharmacy*. *Journal of Managed Care & Specialty Pharmacy* (March 2019): pubmed.ncbi.nlm.nih.gov/30816817/.

\*Exclusions may apply.

# Retail pharmacy networks

- We offer a range of pharmacy network solutions to align with client priorities and to help manage pharmacy costs.

## Plan impact

\$121K in projected savings

- 1,936 total members impacted – of which 1,667 members are using maintenance meds

2025 pharmacy network offerings	Base Network	Rx Choice Network	Advantage Network	Performance Network
Value	Most open network	Broad national network with two levels of coverage	Network that excludes most high-cost pharmacies	Network that excludes most high-cost pharmacies
Network savings <sup>1</sup>	No incremental savings	Up to \$1.95 PMPM	Up to \$0.93 PMPM	Up to \$1.10 PMPM
Plan design savings	To be determined by benefit plan design	Cost share deferential \$10/10% co-insurance or \$15/15% co-insurance	To be determined by benefit plan design	To be determined by benefit plan design
98% of members live within 3.5 miles of a participating pharmacy <sup>2</sup>	Yes	Yes	Yes	96% of members live within three miles of a participating pharmacy
Number of network pharmacies <sup>3</sup>	About 62,000	About 20,000 level 1 About 47,000 level 2	About 57,000	About 42,000
Pharmacies included	CVS, Walgreens, RiteAid, Walmart, Kroger, Strategic Health Alliance, Costco, Albertson's, and Giant Eagle	Level 1: CVS, Walmart, Kroger, Albertson's/Safeway, Hannaford/Ahold, and Giant Eagle  Level 2: +Walgreens, Rite Aid	CVS, Walmart, Kroger, Health Mart Atlas, Costco, Albertson's/Safeway	CVS, Walmart, Kroger, Strategic Health Alliance, Costco, Albertson's, and Giant Eagle

1 CarelonRx internal data, 2024. Actual savings may vary.

2 CarelonRx internal data, book of business data, March 2021.

3 CarelonRx internal data, 2024.

# Your future is limitless.<sup>SM</sup>

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