

BENEFITS ADVISORY COMMITTEE (BAC)

MINUTES OF MEETING

April 23, 2015

[These minutes reflect discussion and debate at a meeting of a committee of the University of Minnesota Senate; none of the comments, conclusions or actions reported in these minutes represent the views of, nor are they binding on, the Senate, the Administration or the Board of Regents.]

PRESENT: Tina Falkner (chair), Dale Swanson, (vice chair), Carl Anderson, Sophia Benrud, Karen Connaker, Jody Ebert, Pam Enrici, Ken Horstman, Susann Jackson, Joe Jameson, Theodor Litman, Rodney Loper, Amy Monahan, Fred Morrison, William Roberts, Karen Ross, Jennifer Schultz, Terri Wallace

GUESTS: Monica Nierengarten, Account Executive & John Hogge, Clinical Program Director, Prime Therapeutics; David Golden, director of public health and communications, & Julie Sanem, director of health promotion, Boynton Health Service

OTHERS ATTENDING: Linda Blake, Karen Chapin, Betty Gilchrist, Tamra Jackson, Hattie Lindahl, Kathy Pouliot, Ryan Reisdorfer, Kelly Ryan, Lori Stotesbery, Curt Swenson

REGRETS: Jean Abraham, Amos Deinard

ABSENT: Roger Feldman

[In these minutes: Prime Therapeutics Plan Review; BAC Review of Employee Comments regarding Prime Therapeutics; Boynton Health Service Update

1. WELCOME

Dr. Falkner, chair, convened the meeting and asked for introductions.

2. PRIME THERAPEUTICS PLAN REVIEW

Monica Nierengarten, account executive, and John Hogge, clinical program director, Prime Therapeutics, presented the following information using a PowerPoint:

- What's driving drug trends?
 - UPlan Impact: One major reason the UPlan was insulated from inflation is its formulary strategy with Nexium (11% increase) and Crestor (10.2% increase).
- Fewer Generic Entrants, Prices Increasing
 - UPlan Impact: Generic inflation affected the UPlan, however the Generic Fill Rate grew more than expected and exceeded Prime's book of business (BOB).
- More use magnified impact of higher costs
 - UPlan Impact: Utilization decreased in 2014, however more members were using higher costing drugs.

- There is a new Prior Authorization process for specialty compound drugs that will be used going forward.
- Three Year Comparison
 - Member share was 12.8% in 2012, 11.7% in 2013, and 10.4% in 2014. The decline is a result of having the same cost sharing, but with specialty drug costs showing significant increases.
- These key drivers will have an effect on spend in the future:
 - Hepatitis C – Those who are 65+ are now aging and seeking treatments for infections that were the result of blood transfusions from many years ago. There is also an increased focus on testing for Hepatitis C.
 - High Cost Categories
 - Biosimilars - In Europe they are saving 30% on specialty drugs as a result of biosimilars. The FDA has not yet determined all of the procedures related to biosimilars, but hopefully this category will result in cost savings in the future.
 - Inflation
- Clinical Review
 - Specialty drugs:
 - Generally prescribed for people with complex or ongoing medical conditions.
 - Most often have one or more of these characteristics:
 - Injected or infused
 - Specific storage or shipment needs
 - Need for extra education and support
- The impact of specialty drugs
 - Smaller volume, but larger cost
- UPlan top drugs by cost - 2014
 - 9 out of top 20 drugs were specialty drugs.
 - Specialty drugs will continue to increase in spend and trend.
- UPlan clinical committee accomplishments
 - Reviews nearly 400 drug classes each year
 - Reviewed 60 new drugs in 2014 – not all are new medications, some are reformulations
 - Reviewed and updated more than 40 utilization management programs
 - Implemented the FastPath Prior Authorization program for high-cost, new to market drugs (e.g., hepatitis C on 10/1/14. It previously took 60-90 days and now takes just a few weeks.
 - Implemented compound drug PA program on 2/1/15 for specific ingredients often used in compounds– Compounding is not bad in principle, so they did not want to lock out all compounds.
 - Implemented the oral oncology split-fill program on 2/1/15
 - Implemented preferred insulin program on 3/1/15
 - Anti-coupon program to be implemented on 6/1/15
- Executive Summary: Of 52,000 medications where a prior authorization applied, only 5.4% were initially rejected. 75% of that group then pursued the prior

authorization a second time and only .6% of members walked away from treatment and likely purchased another medication or an over the counter medication. Prime Therapeutics reviews each of these to assure that the member is receiving the pharmacy care that they need.

- Total net savings: \$680,000

Executive Summary

Population:	UOFMN	Current Period:	01/01/2014 - 12/31/2014
Line of Business:	COMMERCIAL		
Plan:	BoB		

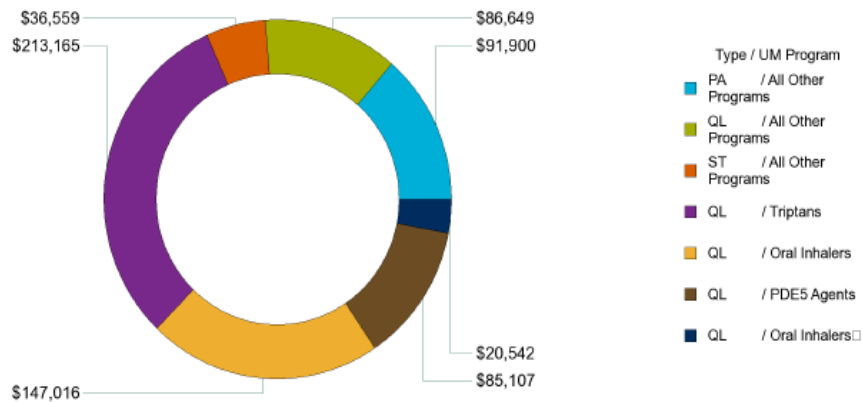
Member Experience

	Members Seeking	Members Rejected	% Rejected
Members Seeking Target Drugs:	51,948	2,820	5.4%
	PA's Requested	PA's Approved	% Approved
Members Pursuing PA:	499	374	74.9%
	Members Filling Target	Members Filling Alternative	Members Utilizing
Members Receiving Target and Alternative Drugs:	2,383	41	2,424

Utilization Management Program Savings

Total Members Rejected:	2,820
Cost Avoided through Rejects:	\$1,739,938
Rebates:*	-\$111,934
Cost of Target & Alternative Drugs:	-\$931,640
Admin Fees:	-\$15,427
Total Net Savings:	\$680,938

Savings by Program



* Rebates that would have been received had the claim not rejected.

- Combat the use and costs of compound drugs
 - Key focus areas
 - Credentialing of pharmacies and pharmacists
 - Benefit design
 - Established PA on all select ingredients that are often used in compound medications
 - Pharmacy audits
 - Pricing
 - There is no FDA oversight or quality control over compounds drugs. -
- Non-formulary drugs drive higher health care costs
- Driving plan savings with formulary drugs and generics
 - Anti-coupon program

- UPlan is implementing this strategy for brand medications in the several drug categories, effective August 1, 2015.
- Member Satisfaction Survey Results
 - 1,113 members participated in the survey as of 4/15/15
 - 72% of U of M respondents are either “very satisfied” or “satisfied” with the prescription drug benefits they receive from Prime Therapeutics.
- BAC Survey Results
 - There were a total of 77 survey comments, a mix of compliments and areas of opportunity. Twenty-five of the comments were related to the formulary or co-pay, which are categories determined by the U of M.
 - Overall Satisfaction received the most comments, 30 of them being compliments, 18 of them being areas of opportunity for Prime to improve.
- BAC Questions
 - What 5 questions should a member ask his/her provider about their medications, whether they are prescribed through the pharmacy or given within the clinic/hospital?
 - What is the name of the medication and what is it supposed to do?
 - When and how do I take the medications, and for how long?
 - Should I expect any side effects? If so, what might happen and how do I manage it?
 - Are there any drug interactions with other medications, herbal medications or foods that I should be aware of?
 - What should I do if I forget to take my medication or take an incorrect dose?
 - How effective are medical providers at using the E-Prescribing tools that are available to them, to be aware of the UPlan’s formulary requirements?
 - According to a national study, prescribers reported information on e- Prescribing. Namely:
 - 50% of medical providers report they have access to formulary tier information for their patients
 - 31% indicated they had access to whether a drug requires prior authorization
 - 30% had access to co-pay information
 - Prime is embarking on a pair of pilot programs this year meant to improve the timeliness of formulary and benefits information displayed through the electronic medical record and meant to provide decision support to prescribers.

The presentation was then opened for discussion and questions:

- In response to a question, Mr. Hogge responded: When new drugs are brought before the Clinical Committee, they look to see if there are cost effective prescriptions that if taken together achieve the benefits of a more expensive compound drug.

Dr. Falkner thanked the guests and the next item was introduced.

3. BAC REVIEW OF EMPLOYEE COMMENTS: Prime Therapeutics

Ms. Ross presented an analysis of the employee comments regarding Prime Therapeutics gathered in the BAC survey. She provided a handout of the following information:

89 Responses

		%
Positive	30	33.7
Positive and Negative	5	5.6
Negative	48	54
Not Prime	6	6.7
Total	89	

She then shared the following category breakdown of the comments:

Cost

- Don't understand fee structure
- Would like to review cost to choose cheaper option
- Be informed directly regarding cost and coverage changes
- Co-pays too high

Customer Service

- Multiple layers to get through to find understanding, recordings
- Slow response, forms not sent, reimbursements not sent

Prior Authorization

- Turned down
- Don't know about the appeal process

Formulary

- Drug not covered
- Brand name not covered
- Drug dropped with no equivalent replacement, no advance notice
- Compound drug not covered
- Would like an app for the formulary
- Mail Order
- Shipping time
- Cost of mail order
- Perception that mail order only is available through Prime
- Refills sent when not needed, should wait for patient to call for refill

Member Card

- Card not sent
- Not aware card is needed

- When customer called cards were not provided in a timely manner (7-10 days)
 - A member suggested adding the Pharmacy group number to the Medica card.

Prescription Fill/Refill

- Change of dose causes issues with refills
- Cancelled prescription
- Dosage not right for co-pay
- Sent too much medicine and can't return

Foreign

- Coverage of prescriptions in a foreign country
- US Drug identification # - Drugs not sold in the US
- Foreign exchange costs
- Credit card and receipts that show actual cost were ignored by Prime
 - Ms. Chapin explained that these claims need to be submitted using paper applications.

4. BOYNTON HEALTH SERVICE UPDATES

David Golden, director of public health and communications, and Julie Sanem, director of health promotion, Boynton Health Service, provided members with the Boynton Health Service update. Mr. Golden thanked the committee for their work and commented that the BAC was the first committee to vote in support of the smoke and tobacco-free policy. Mr. Golden and Ms. Sanem presented the following information using a PowerPoint presentation:

- Share the Air Implementation Team (that listed the members of the team)
- Share the Air
 - Effective July 1, 2014
 - Policy Awareness: 94.2% of students, staff, and faculty are aware of the policy
 - To what degree do you support the University's smoke-and tobacco-free campus policy? Strongly Agree: 66.4%
- Share the Air: Signage
 - The sign implementation did not go as well as they had hoped. Signage is helpful for reminding those that smoke, and also for those in the community that encourage adherence to the policy. They also need to ensure that the old signs are removed, so people are not misled. Committee member can email Facilities Management or email Boynton Health Service.
 - Mr. Golden explained that a request for more signage has to be sent through a committee, but they can take suggestions.
 - Dr. Falkner suggested the committee construct a resolution in support of increasing the signage.
 - The implementation team will have a communication plan as well, to ensure that new members of the University community are aware of the policy.

- Mass Flu Vaccination

- Full ambulatory care and public health function
- Free flu vaccinations available to students, staff, faculty, and dependents that are 18+ years of age. It is difficult to provide mass vaccinations for pediatrics. These clinics are focused on this process being as quick and efficient as possible.
- Overall vaccination rate for student population: 60%
- In 2000, the Nursing and Pharmacy schools proposed a partnership with BHS to give their students an opportunity to immunize the U of M.
- Flu Vaccine Totals
 - Continuing to increase
 - Convenient online registration system
 - Marketing Campaign: “Do it for the herd.”
 - The switch to quadrivalent vaccines will cause a slight cost increase.
- Biometric Screening
 - 78-86 clinics per year
 - They are extremely popular and they get very few no-shows. Appointments are increasing each year.
 - If members are not able to attend one of the clinics, the services are still available through healthcare providers.
- Health Coaching
 - 2014: 2,388 total scheduled
 - Medication management program previously offered by BHS was difficult to implement logistically, but Fairview and UMP both offer programs as part of the Wellness Program.

Hearing no further business, Dr. Falkner adjourned the meeting.

Jeannine Rich
University Senate