Spring is here, and everything that comes with it. It’s a season of growth and WellDyneRx is keeping pace with all of the positive changes we’ve implemented since publishing our Q1 edition of WellInformed. Not only did Jeff Park join the company as our new Chairman and CEO in April, we also released our annual Drug Trend Report, hosted a client-only webinar, and distributed a communication about upcoming formulary updates.

As you read this edition of WellInformed, you’ll learn more about these events as well as a new honor bestowed upon our wholly-owned specialty pharmacy, US Specialty Care (USSC). We’ve also included updates about our WellConnect Member Digital Engagement Solution, industry-leading adherence rates, orphan drugs, upcoming events, and new FDA-approved drugs.

We hope you find this information interesting and beneficial. As always, please let us know if you have any questions or concerns.

Sincerely,

Zach Johnson
President, WellDyneRx
WellDyneRx Names PBM Industry Leader Jeff Park Chairman and CEO

Jeff Park is the former Executive Vice President and Chief Operating Officer of Catamaran, now known as OptumRx. He helped build and grow Catamaran from $55 million in revenues to a Fortune 500 public company with over $21 billion in revenues before it was acquired by United Health Group in 2015.

"We are excited to have Jeff join WellDyneRx," said Zach Johnson, President. "Jeff’s strategic vision and operating expertise support our growth plans," added Eric Elliott, WellDyneRx Lead Director. "Our extensive search for the right executive produced a great result. Now, with a strong team in place, we expect our value proposition in the constantly changing PBM sector to resonate even more clearly, and growth will accelerate."

The WellDyneRx leadership team is committed to delivering complete transparency and guaranteed lowest net cost solutions. WellDyneRx’s clients gain absolute insight into pharmacy claims data, robust reporting, and true costs.

Jeff said he is eager to work with the rest of the leadership team to transform WellDyneRx into the leading middle market PBM. "With the changes in the marketplace, including disruption from large scale mergers, our goal is to continue delivering cost-effective innovative solutions and best-in-class service to lower pharmacy costs, improve health outcomes, and provide an excellent experience for our customers," he noted. “The PBM paradigm is shifting and WellDyneRx is leading the change.”

"The PBM paradigm is shifting and WellDyneRx is leading the change."  
– Jeff Park
Effective July 1, 2019: Formulary Updates

Effective July 1, 2019, WellDyneRx will update the Open Access and Clinical Focus formularies with several changes, summarized in the tables linked below:

- 2019 Open Access Formulary Updates
- 2019 Clinical Focus Formulary Updates

Since we are only adding drugs to the formulary lists, member disruption notifications will not be distributed.

Please contact your Account Executive if you have any questions.

2018 Drug Trend Report & Webinar Recording Now Available

Over the past year, we’ve seen several pharmacy benefit managers (PBMs) merge with large medical carriers. WellDyneRx, however, remains independent and focused on meeting our clients’ goals. By contracting directly with us, our clients gain absolute insight into pharmacy claims data, reporting metrics, and true costs.

Highlights from our 2018 Drug Trend Report include:

- WellDyneRx’s commercial plans experienced an overall 0.3% increase in prescription drug spend in 2018, despite substantial price inflation and increased utilization of specialty drugs. Over 50% of our clients experienced a negative overall trend in 2018
- Over 50% of our clients experienced negative overall trend
- The Generic dispensing rate increased from 84.9% in 2017 to 85.9% in 2018, which translated into approximately $4.80 PMPM in savings
- Our WellManaged – Opioids clients experienced a negative 16% overall trend in opioid spend
- Clients participating in the WellManaged – Diabetes program experienced an overall 2.5% trend in diabetes, compared to a 13% overall trend for clients that did not implement the program
- In 2018, we were able to reduce utilization of hyperinflationary drugs by almost 42%, resulting in approximately $1.07 PMPM savings from the previous year

In April, we hosted an exclusive, client-only 2018 Drug Trend Report webinar. To access a recording of the live event, click here.

To access a copy of our 2018 Drug Trend Report (PDF), please click here.

If you have questions after reviewing the 2018 Drug Trend Report or webinar, please contact your Account Executive or send your inquiries to marketing@WellDyneRx.com.
US Specialty Care Reaches the Finalist Round of the Patient Choice Awards for the Third Year in a Row

US Specialty Care, WellDyneRx’s wholly-owned specialty pharmacy, was named a finalist in the Annual Patient Choice Awards for a third year in a row. This award recognizes U.S. specialty pharmacies that provide best-in-class customer satisfaction and overall patient care, measured by the patient satisfaction ratings in the ZHI Specialty Pharmacy Patient Satisfaction Survey.

In 2017, US Specialty Care won the inaugural Patient Choice Award in the PBM/Payer Specialty Pharmacy category. The pharmacy subsequently achieved finalist status in both 2018 and 2019. Nick Page, Chief Pharmacy Officer of WellDyneRx, said, “We’re honored to be named a finalist for the Patient Choice Awards again this year. Patient satisfaction is at the heart of everything we do because we know that it translates into increased engagement, higher adherence rates, and improved clinical outcomes. This, in turn, reduces costs for our clients.”

The Patient Choice Awards™ encompass 2 categories: the pharmacy benefit manager (PBM)/payer award and the non-PBM/payer award, both based on the average net promoter score from quarterly surveys conducted each calendar year. Unlike previous years where the awards ceremony was hosted during the Specialty Pharmacy Summit in Las Vegas, this year’s winner will be announced in the fall.
WellDyneRx is leveraging customer engagement platform, called WellConnect, to help our plan participants navigate their pharmacy benefits and take ownership of their health. From medication refill reminders to information about their medical condition, this technology enhances our relationship with members and enables us to influence their behaviors. We use WellConnect on a daily basis to distribute personalized communications, including drug and disease information, using a HIPAA-compliant platform accessible through mobile phones.

- **Improved Clinical Outcomes and Cost-Effective Prescribing** - Poor drug adherence diminishes clinical outcomes, increases hospital admissions, and thwarts cost containment efforts. WellConnect helps combat this problem with routine refill reminders and ongoing patient education about the importance of taking medications as they are prescribed.

- **Real-Time Member Communications** - From flu shot reminders to patient education, we’re able to get important notices directly into our patient’s hands and urge them to take action quickly and easily in real time, without the need to download anything.

WellConnect Digital Engagement Solution simplifies and improves the patient experience with:

- Refill reminders
- Cost saving notifications

---

**Help your members save money while increasing adherence rates!**

The WellConnect system integrates with Sempre Health to reward your members for refilling their prescriptions on time. **Sempre Health designs point-of-sale dynamic discounts and SMS-based engagement to incentivize healthy behaviors.** Members are incented to refill their prescriptions by a certain date to receive lower copay amounts. Your members are happy because they’re paying less out of pocket costs, and your plans benefit from increased adherence rates and improved clinical outcomes.

**For more information, please contact your Account Executive.**
The costs associated with treating chronic diseases account for approximately 75% of total healthcare dollars, and almost 50% of people with chronic diseases do not take their medications as prescribed. In the United States, the estimated total sum of direct and indirect costs associated with medication non-adherence is around $337 billion. Poor adherence is responsible for 33% to 69% of all medication-related hospital admissions, at a cost of about $100 billion per year. In addition, about 125,000 Americans die annually due to poor adherence.

Specialty medications are typically very expensive, have special storage and handling requirements, and require a high-touch level of care. Medication adherence is important as these drugs often treat complex or rare chronic conditions like multiple sclerosis, rheumatoid arthritis, psoriasis, and oncology. Patients who are non-adherent may experience serious consequences, such as adverse health outcomes, decreased quality of life, relapses or disability, and increased risk of disease progression over the lifespan.

US Specialty Care (USSC), WellDyneRx’s wholly-owned specialty pharmacy, drives industry-leading medication adherence rates through exceptional patient and provider support. Our clinical programs focus on improving patient education, facilitating provider communication, and enabling more robust reporting of patients’ responses to treatment. Our clinical pharmacists perform initial screenings, gauge each patient’s understanding of their diagnosis and treatment plan(s), and share important disease information and management techniques.

Because many of USSC’s patients have chronic conditions, our specialized pharmacists and technicians continually assess their progress throughout the year. USSC’s patients can also elect to receive communications via WellConnect (our digital member engagement tool) as a means of exploring methods for overcoming treatment barriers. Finally, as part of the integrated care team, USSC provides notifications and reports to providers when patients fall below a minimum level of 80% adherence or have seemingly discontinued treatment.

Winner of the 2017 Specialty Pharmacy Patient Choice Award™ and a finalist in 2018 and 2019, over 90% of all USSC patients are adherent to their medication regimens, with overall adherence rates higher than 90% for the most expensive and utilized categories. Our proven approach to drive medication adherence, identify and intervene on treatment issues, and improve provider care coordination through multiple touchpoints bolsters the percentage of patients who are adherent with their complex treatment regimens.
An orphan drug is a medication developed to treat rare diseases. In the United States, a rare disease is defined as a condition that affects fewer than 200,000 individuals. Because of the limited number of patients with rare diseases, drug manufacturers used to spend very little time researching potential therapies. Although more research is done today for the treatment of rare diseases, drug manufacturers still do not dedicate many resources to the development of orphan drugs.

About 35 years ago, the U.S. Congress passed a law, called The Orphan Drug Act of 1983, to encourage increased development of drugs for rare diseases. It was further amended in 1984 to define rare diseases as those that affect less than 200,000 patients in the United States, but it also included drugs for diseases affecting more than 200,000 patients, provided that there was no commercial viability (the cost of developing and making a drug product available for a specific disease in the U.S. would exceed revenue from domestic sales).

Since passage of the Orphan Drug Act of 1983, the number of orphan designations increased from 1 in 1983 to 40 in 1984, to 503 in August of 2018. Of the 503 orphan drugs, 394 (78%) had only orphan indications and 109 (22%) had both orphan and non-orphan indications. Total drug spend in the United States in 2017 was $451 billion, with 9.6% of that spent on orphan drugs. While spending on orphan drugs has increased moderately, these drug still represent only a small part of the overall drug spend budget.¹

Orphan drugs can be expensive for both payers and patients. In 2017, the median annual cost for an orphan drug was over $46,800, and prices are expected to increase with the development and approval of more orphan medications. There are currently eighteen orphan drugs with applications pending FDA approval, and there are 178 more in the pipeline that are currently undergoing clinical trials.

As drug costs continue to rise, cost containment measures will play an increasing important role for smaller, self-funded health plans. WellDyneRx leverages traditional utilization management strategies and novel clinical programs to target specific patient populations and reduce costs for our clients. We ensure our clients have all of the information they need about all medications, including orphan drugs and their associated costs, prior to approval. This partnership between WellDyneRx and our clients allows us to provide better service and proactive strategies to address the rising cost of medications.

<table>
<thead>
<tr>
<th>Number of Orphan Drugs Available</th>
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<tbody>
<tr>
<td>1983</td>
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<tr>
<td>1</td>
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</tbody>
</table>

Representatives from WellDyneRx will be attending the following conferences, trade shows, and speaking engagements in the near future. If you are attending any of these events and would like to schedule an onsite meeting, please contact us.

▶ **United Food and Commercial Workers (UFCW) Local 1996 Leadership Conference**
  June 2-5, 2019
  Myrtle Beach, SC

▶ **Greater Philadelphia Business Coalition on Health (GPBCH) Annual Conference**
  June 6, 2019
  Philadelphia, PA

▶ **Society for Human Resource Management (SHRM) Annual Conference**
  June 23 – 26, 2019
  Las Vegas, NV
  Booth #1674

▶ **Webinar with Managed Healthcare Executive**
  Enhancing Clinical Solutions: Influencing Patient Behaviors Through Mobile Technology
  June 26, 2019 at 12:00 PM ET
  Presented by:
  Nick Page
  PharmD, Chief Pharmacy Officer, WellDyneRx
  Patty Taddei-Allen
  PharmD, MBA, BCACP, BCGP, Director, Outcomes Research, WellDyneRx

▶ **Fraud Prevention Institute for Employee Benefit Plans**
  July 15 – 16, 2019
  Chicago, IL

▶ **Health Care Administrators Association (HCAA) TPA Summit**
  July 15-19, 2019
  Dallas, TX
Throughout the year, many non-profit organizations hold awareness events to draw attention to various health conditions that may affect your members. We encourage you to share information about these observance events with your plan participants so they can take proactive measures to educate themselves and their family members about health conditions that may affect their quality of life.

▶ Blood Donor Day (World) - June 14, 2019
World Blood Donor Day is celebrated annually on June 14 with the aim of thanking blood donors and encouraging individuals to pledge to donate blood regularly. Additionally, World Blood Donor Day raises awareness of the need for blood and improving the safety and adequacy of the blood supply globally.

For more information, contact: World Health Organization at 202.974.3000 or visit https://www.who.int/campaigns/world-blood-donor-day

▶ National HIV Testing Day – June 27, 2019
Encourage people to get tested for HIV, know their status, and get linked to care and treatment. For more information, visit: https://www.cdc.gov/hiv/library/awareness/testingday.html
Formulary management is one way to bring down drug costs, and deciding which medications to include on a formulary is part of this process. New drug releases are generally associated with higher costs, and being aware of new medications coming to market assists with cost containment. Market impact (adoption and use of a new medication) can cause drug costs to increase, but WellDyneRx helps you take proactive measures to manage your plan’s drug spend. The Q2 2019 FDA Approval list is shown below.

<table>
<thead>
<tr>
<th>Brand Name (manufacturer)</th>
<th>Generic Name(s)</th>
<th>Therapeutic Use</th>
<th>Brief Description</th>
<th>Potential Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cablivi® (Ablynx NV)</td>
<td>caplacizumab-yhdp</td>
<td>Acquired Thrombotic Thrombocytopenic Purpura (aTTP)</td>
<td>A von Willebrand factor (vWF)-directed antibody fragment indicated for the treatment of adult patients with acquired thrombotic thrombocytopenic purpura (aTTP), in combination with plasma exchange and immunosuppressive therapy. Cablivi should be administered upon initiation of plasma exchange therapy. The first dose should be administered by a healthcare provider as a bolus intravenous injection. Administer subsequent doses subcutaneously in the abdomen.</td>
<td>Moderate</td>
</tr>
<tr>
<td>Egaten® (Novartis)</td>
<td>triclabendazole</td>
<td>Fascioliasis</td>
<td>An anthelmintic indicated for the treatment of fascioliasis in patients 6 years of age and older. The recommended dose of Egaten is two doses of 10 mg/kg orally, given 12 hours apart. The 250 mg tablets are scored to allow 125 mg dosing if necessary.</td>
<td>Low</td>
</tr>
<tr>
<td>Zulresso™ (Sage Therapeutics)</td>
<td>brexanolone</td>
<td>Postpartum Depression</td>
<td>A neuroactive steroid gamma-aminobutyric acid (GABA) A receptor positive modulator indicated for the treatment of postpartum depression (PPD) in adults. Zulresso is administered as a continuous intravenous infusion under supervision of a healthcare provider over 60 hours (2.5 days).</td>
<td>High</td>
</tr>
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<td>Sunosi™ (Jazz Pharma Ireland LTD)</td>
<td>solriamfetol</td>
<td>Excessive Daytime Sleepiness</td>
<td>A dopamine and norepinephrine reuptake inhibitor (DNRI) indicated to improve wakefulness in adult patients with excessive daytime sleepiness associated with narcolepsy or obstructive sleep apnea (OSA). The recommended dose for narcolepsy is 75 mg orally daily and for OSA the recommended dose is 37.5 mg orally daily. Dose may be increased at intervals of at least three days and the maximum dose is 150 mg once daily.</td>
<td>Moderate</td>
</tr>
<tr>
<td>Mayzent® (Novartis Pharmas Corp)</td>
<td>siponimod</td>
<td>Multiple Sclerosis</td>
<td>A sphingosine 1-phosphate receptor modulator indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease in adults. The recommended maintenance dosage is 2 mg orally daily. First-dose monitoring is recommended for patients with sinus bradycardia, first- or second-degree [Mobitz type I] atrioventricular (AV) block, or a history of myocardial infarction or heart failure.</td>
<td>High</td>
</tr>
<tr>
<td>Spravato™ (Janssen Pharmas)</td>
<td>esketamine</td>
<td>Treatment Resistant Depression</td>
<td>A non-competitive N-methyl D-aspartate (NMDA) receptor antagonist indicated, in conjunction with an oral antidepressant, for the treatment of treatment-resistant depression (TRD) in adults. Dosing is based on an induction phase and maintenance phase with titration to 56 mg or 84 mg intranasally every two weeks or once weekly. Administer Spravato under the supervision of a healthcare provider and monitor patients for at least two hours after administration. Assess blood pressure prior to and after administration. Evidence of therapeutic benefit should be evaluated at the end of the induction phase to determine need for continued treatment.</td>
<td>Moderate</td>
</tr>
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<tr>
<td>Mavenclad® (EMD Serono)</td>
<td>cladribine</td>
<td>Multiple Sclerosis</td>
<td>A purine antimetabolite indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include relapsing-remitting disease and active secondary progressive disease in adults. Because of its safety profile, use of Mavenclad is generally recommended for patients who have had an inadequate response to, or are unable to tolerate, an alternative drug indicated for the treatment of MS. It is not recommended for use in patients with clinically isolated syndrome (CIS) because of its safety profile. Recommended dosing is a cumulative dosage of 3.5 mg/kg administered orally and divided into 2 treatment courses (1.75 mg/kg per treatment course). Each treatment course is divided into 2 treatment cycles.</td>
<td>Low</td>
</tr>
<tr>
<td>Evenity™ (Amgen)</td>
<td>romosozumab-aqqg</td>
<td>Osteoporosis</td>
<td>A sclerostin inhibitor indicated for the treatment of osteoporosis in postmenopausal women at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy. The recommended dose is 210 mg subcutaneously (SC) once every month for 12 doses in the abdomen, thigh, or upper arm. Duration of use is limited to 12 monthly doses.</td>
<td>Moderate</td>
</tr>
<tr>
<td>Skyrizi™ (AbbVie)</td>
<td>risankizumab-rzaa</td>
<td>Plaque Psoriasis</td>
<td>An interleukin-23 antagonist indicated for the treatment of moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy. The recommended loading is 150 mg (two 75 mg injections) administered by subcutaneous injection at Week 0, Week 4 with 150 mg maintenance dosing every 12 weeks thereafter.</td>
<td>Moderate</td>
</tr>
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<tr>
<td>Balversa™ (Janssen Biotech)</td>
<td>erdafitinib</td>
<td>Oncology</td>
<td>A kinase inhibitor indicated for the treatment of adult patients with locally advanced or metastatic urothelial carcinoma that has susceptible FGFR3 or FGFR2 genetic alterations; and progressed during or following at least one line of prior platinum-containing chemotherapy including within 12 months of neoadjuvant or adjuvant platinum-containing chemotherapy. Recommended initial dosage is 8 mg orally once daily with a dose increase to 9 mg daily based on serum phosphate (PO₄) levels and tolerability at 14 to 21 days.</td>
<td>Moderate</td>
</tr>
<tr>
<td>Vyndaqel® (FoldRx Pharmaceuticals Inc.)</td>
<td>tafamidis meglumine</td>
<td>cardiomypathy</td>
<td>A transthyretin stabilizer indicated for the treatment of the cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis in adults; to reduce cardiovascular mortality and cardiovascular-related hospitalization. The recommended dose is 80 mg orally once daily.</td>
<td>Low</td>
</tr>
<tr>
<td>Vyndamax™ (FoldRx Pharmaceuticals Inc.)</td>
<td>tafamidis</td>
<td>cardiomypathy</td>
<td>A transthyretin stabilizer indicated for the treatment of the cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis in adults to reduce cardiovascular mortality and cardiovascular-related hospitalization. The recommended dose is 61 mg orally once daily.</td>
<td>Low</td>
</tr>
<tr>
<td>Ruzurgi (Jacobus Pharmaceutical Co, Inc.)</td>
<td>amifampridine</td>
<td>Lambert-Eaton myasthenic syndrome (LEMS)</td>
<td>A potassium channel blocker indicated for the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in patients 6 to less than 17 years of age. For patients 6 to less than 17 years of age weighing 45 kg or more: Initial dosage is 15 mg to 30 mg daily, in divided doses. Increase daily in 5 mg to 10 mg increments, divided in up to 5 doses daily. Maximum single dose is 30 mg; maximum daily dosage is 100 mg. For patients 6 to less than 17 years of age weighing less than 45 kg: Initial dosage is 7.5 mg to 15 mg daily, in divided doses. Increase daily in 2.5 mg to 5 mg increments, divided in up to 5 doses daily. Maximum single dose is 15 mg; maximum daily dosage is 50 mg. When patients require a dosage in less than 5 mg increments, have difficulty swallowing, or require feeding tubes, a 1 mg/mL suspension can be prepared.</td>
<td>Low</td>
</tr>
</tbody>
</table>
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By connecting with WellDyneRx, you can expect useful information, rich company content and industry facts that are beneficial to you, your partners and your members.

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Facebook – https://www.facebook.com/PBMWellDyneRx

Your input is valuable. Please let us know what you think about this issue of WellInformed and let us know if there are any topics/issues you’d like us to address in the Q3 2019 edition.

Thank you for reading the Q2 2019 edition of WellInformed!
Please contact your Account Executive if you have any questions.