North Carolina State Health Plan: Pharmacy Benefit Update

Presentation to NCSHP Board of Trustees

Brian Hermreck and Renèe Jarnigan July 27, 2023

CVS caremark[®]





Agenda

Introducing CVS Caremark

North Carolina State Health Plan: Pharmacy benefit cost analysis

Q&A

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Introducing CVS Caremark



Why we're here today

- Provide update on NCSHP pharmacy spend/notable trends across Rx supply chain
- Share how we are collaborating with NCSHP to serve 750K members and fulfill NCSHP's mission to improve member health in a financially sustainable manner

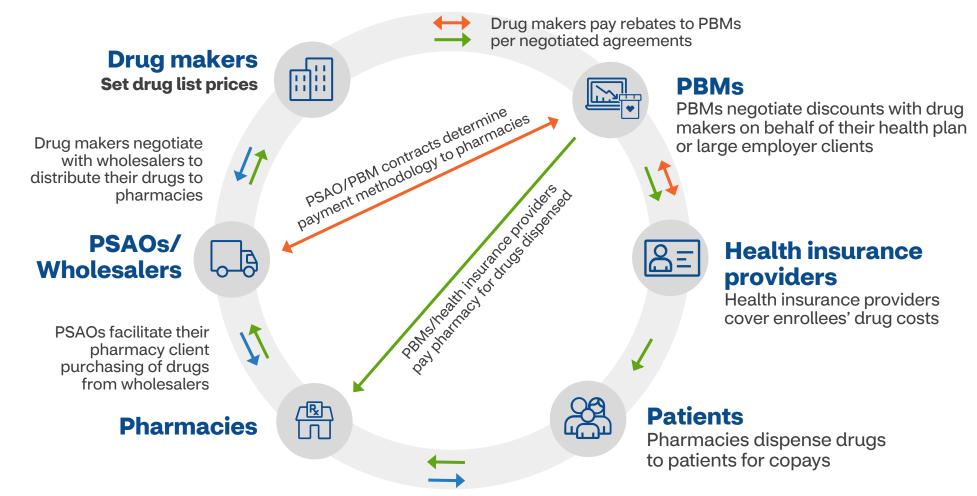
TRANSPARENCY:

- Top priority for NCSHP and CVS Caremark
- Specific requirements reflected in NCSHP's PBM RFP and contract
- Today's meeting is part of our commitment to transparency with NCSHP and its Board of Trustees

CVS Caremark has served as NCSHP's PBM partner for more than six years



The Role of the PBM in the Market



PSAO (Pharmacy services administrative organization).



Our clients have a menu of PBM services to choose from



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North Carolina State Health Plan: Pharmacy benefit cost analysis

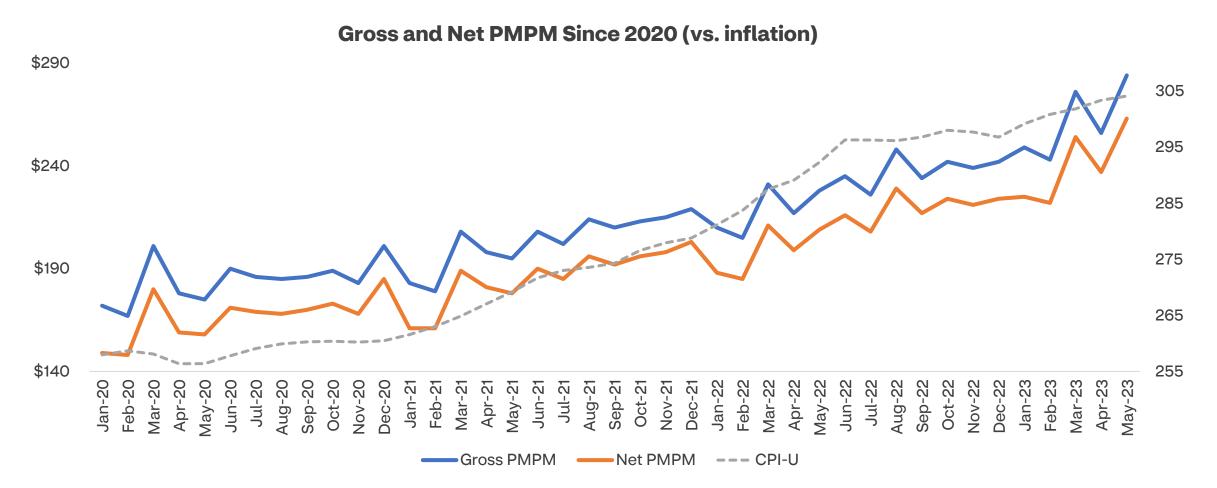
Key takeaways

- Steadily increasing drug spend, driven by manufacturer price increases (inflation) and increased utilization
 - Gross PMPM: \$175 (May 2020) → \$284 (May 2023)
 - Net PMPM: \$158 (May 2020) → \$261 (May 2023)
- Innovative new weight management/diabetes treatments (GLP-1s) driving increasing drug spend
- Member premiums and copays have remained flat, even with increasing costs to the Plan
 - NC employers' contribution to employee health insurance grew at the fourthhighest rate in the country (2013-2021); it has accelerated in recent years, ranking third highest from 2018-2021
 - Rebate performance has allowed NCSHP to maintain current premiums, bucking the statewide trend

GLP-1s (Glucagon-like peptide 1 agonists).



Overall drug spend



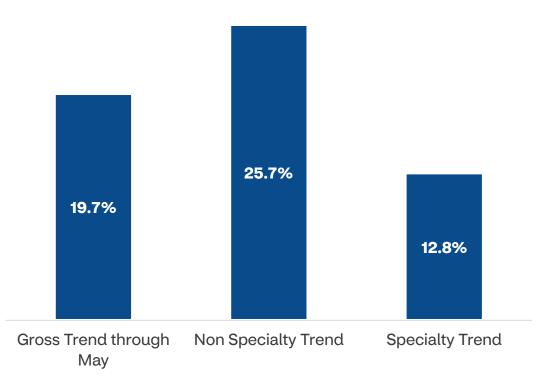
The Consumer Price Index for All Urban Consumers (CPI-U) is a measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services. Source: CVS Caremark RxInsights; U.S. Bureau of Labor Statistics.

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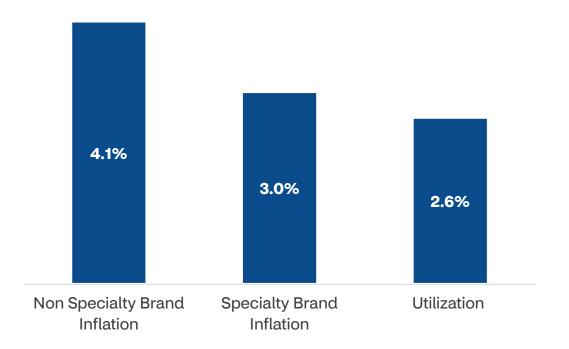


Drug trend and drivers

2023 Gross Trend



Trend Drivers 2023 YTD



Source: CVS Caremark RxInsights.



Weight management drugs are dominating the headlines

Semaglutide: The First New FDA-Approved Weight Loss Medication Since 2014







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KAISER HEALTH NEWS

Social Media Is Boosting a Billion-Dollar Market for Weight Loss Drugs



The Washington Post

BUSINESS

New Weight-Loss Drugs Work, But Who's Paying?

Analysis by Lisa Jarvis | Bloomberg November 10, 2022 at 5:32 a.m. EST

As weight loss drugs soar in popularity, many who could benefit can't get them

Most health insurance companies won't cover the cost of Ozempic and Wegovy, leaving groups with the highest rates of obesity without access.





The rise of GLP-1s

- Obesity is common, serious and costly: 1 in 2 adults will be obese by 2030¹
- GLP-1s increasing in popularity, while placing additional strain on pharmacy spending
- No competition in this product category
- \$2.1 billion in U.S. weight management spending at net manufacturer prices in 2022, up from just \$0.5 billion in 2018, driven by the uptake of novel treatments²

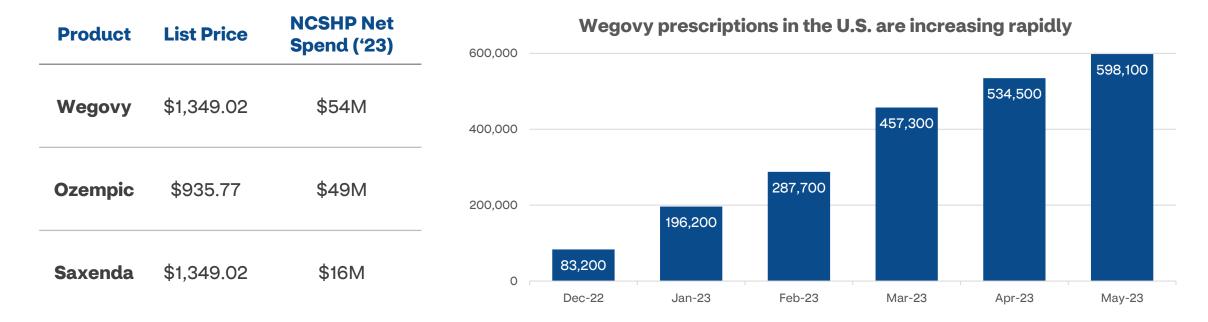
GLP-1s: Breakthrough treatments that are beyond reasonable price; competition and PBM-driven discounts needed to lower costs for clients and members

1. Harvard T.H. Chan School of Public Health, harvard.edu. 2. IQVIA Institute, www.mmitnetwork.com.



GLP-1s are driving increased drug spend for NCSHP

- Wegovy/Ozempic/Saxenda: 34.5K combined utilizers among NCSHP members
- Wegovy costs to NCSHP rose 250% from December to May 2023; this aligns with the increases we are seeing at the national level



Source: CVS Caremark RxInsights; Novo Nordisk; Barclays Research.



Getting to low net cost is the foundation of our biosimilars approach



Dynamic Biosimilar Market

41 biosimilars approved to date; and 37 have launched

About 106 biosimilars in clinical development

Dual price strategy in some cases, by Pharmaceutical Manufacturer

Formulary Considerations and Optionality

Clinical appropriateness and efficacy

Product attributes and availability

Achieve low net cost



Maximizing value for clients and members

Leverage competition, negotiation experience to achieve low net cost for clients

Innovative plan design options including copay assistance to lower member costs

Personalized member and prescriber outreach

Autoimmune (AI) treatments accounted for almost half of all specialty utilization trend



Competition in the marketplace enables us to achieve low net costs for our clients and make drugs more affordable for members.





Data: Gross/net PMPM vs. inflation

| | Gross PMPM | Net PMPM | CPI-U |
|--------|------------|----------|---------|
| Jan-20 | \$172 | \$149 | 257.971 |
| Feb-20 | \$167 | \$148 | 258.678 |
| Mar-20 | \$201 | \$180 | 258.115 |
| Apr-20 | \$178 | \$159 | 256.389 |
| May-20 | \$175 | \$158 | 256.394 |
| Jun-20 | \$190 | \$171 | 257.797 |
| Jul-20 | \$186 | \$169 | 259.101 |
| Aug-20 | \$185 | \$168 | 259.918 |
| Sep-20 | \$186 | \$170 | 260.280 |
| Oct-20 | \$189 | \$173 | 260.388 |
| Nov-20 | \$183 | \$168 | 260.229 |
| Dec-20 | \$201 | \$185 | 260.474 |
| Jan-21 | 183 | \$161 | 261.582 |
| Feb-21 | \$179 | \$161 | 263.014 |
| Mar-21 | \$208 | \$189 | 264.877 |
| Apr-21 | \$198 | \$181 | 267.054 |
| May-21 | \$195 | \$178 | 269.195 |
| Jun-21 | \$208 | \$190 | 271.696 |
| Jul-21 | \$202 | \$185 | 273.003 |
| Aug-21 | \$214 | \$196 | 273.567 |

| | Gross PMPM | Net PMPM | CPI-U |
|--------|------------|----------|---------|
| Sep-21 | \$210 | \$192 | 274.310 |
| Oct-21 | \$213 | \$196 | 276.589 |
| Nov-21 | \$215 | \$198 | 277.948 |
| Dec-21 | \$219 | \$203 | 278.802 |
| Jan-22 | \$210 | \$188 | 281.148 |
| Feb-22 | \$205 | \$185 | 283.716 |
| Mar-22 | \$231 | \$211 | 287.504 |
| Apr-22 | \$217 | \$199 | 289.109 |
| May-22 | \$228 | \$209 | 292.296 |
| Jun-22 | \$235 | \$216 | 296.311 |
| Jul-22 | \$226 | \$208 | 296.276 |
| Aug-22 | \$248 | \$229 | 296.171 |
| Sep-22 | \$234 | \$217 | 296.808 |
| Oct-22 | \$242 | \$224 | 298.012 |
| Nov-22 | \$239 | \$221 | 297.711 |
| Dec-22 | \$242 | \$224 | 296.797 |
| Jan-23 | \$249 | \$225 | 299.170 |
| Feb-23 | \$243 | \$222 | 300.840 |
| Mar-23 | \$276 | \$254 | 301.836 |
| Apr-23 | \$256 | \$237 | 303.363 |
| May-23 | \$284 | \$263 | 304.127 |





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All data sharing complies with applicable law, our information firewall and any applicable contractual limitations.

Adherence and health outcome results, savings projections and performance ratings are based on CVS Caremark data. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan and other factors. Client-specific modeling available upon request.

The Maintenance Choice program is available to self-funded employer clients that are subject to ERISA. Non-ERISA plans such as fully insured health plans, plans for city, state or government employees and church plans need CVS Caremark legal approval prior to adopting the Maintenance Choice program. Prices may vary between mail service and CVS Pharmacy due to dispensing factors, such as applicable local or use taxes.

Specialty Expedite is available exclusively for providers who use compatible electronic health record (EHR) systems, including others that participate in the Carequality Interoperability Framework.

Specialty delivery options are available where allowed by law. In-store pick up is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations.

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