

PillarRx Consulting Copay Assistance Financial Reporting  
First Carolina Care Copay Assistance Drug Summary Report - Savings Month  
Range of Analysis: YTD 2024  
Report Date: September 15, 2024

Moore County - Savings Month		YTD 2024						
Drug Name	Therapeutic Class	Total Program Enrollments	Total Claims	Plan Paid	Reported Patient Copay*	Plan Design Patient Copay*	Plan Savings	Actual Patient Paid
AMJEVITA	Disease Modifying Anti-Rheumatoid Drugs (DMARD)	1	2	\$1,978.08	\$847.76	\$120.00	\$727.76	\$0.00
CIMZIA	Disease Modifying Anti-Rheumatoid Drugs (DMARD)	1	7	\$26,926.61	\$11,540.01	\$420.00	\$11,120.01	\$0.00
DUPIXENT	Dermatological - Dermatitis or Eczema Agents	3	21	\$52,536.74	\$22,515.68	\$1,260.00	\$21,255.68	\$0.00
HUMIRA	Disease Modifying Anti-Rheumatoid Drugs (DMARD)	1	7	\$36,310.95	\$6,138.52	\$420.00	\$5,718.52	\$35.00
INGREZZA	Movement Disorder Drug Therapy	1	2	\$14,334.38	\$2,529.60	\$120.00	\$2,469.60	\$0.00
KESIMPTA	Multiple Sclerosis Agents	1	1	\$5,838.76	\$2,502.32	\$60.00	\$2,442.32	\$0.00
OPZELURA	Dermatological - Dermatitis or Eczema Agents	1	1	\$1,391.98	\$596.56	\$60.00	\$536.56	\$0.00
SKYRIZI	Dermatological - Antipsoriatics	1	2	\$27,901.30	\$11,957.70	\$360.00	\$11,597.70	\$5.00
SPRYCEL	Antineoplastics	1	7	\$111,642.92	\$12,524.34	\$420.00	\$12,139.34	\$0.00
TALTZ	Dermatological - Antipsoriatics	1	10	\$60,849.88	\$8,921.92	\$600.00	\$8,321.92	\$50.00
Totals		12	60	\$339,711.60	\$80,074.41	\$3,840.00	\$76,329.41	\$90.00

Moore County - Savings Month	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	YTD 2024
Total Drug Count	7	6	5	5	5	5	4	6	10
Unique Patients	8	7	6	6	7	7	6	8	11
Total Program Enrollments	8	7	6	6	7	7	6	8	12
Total Claims	11	7	6	7	7	7	7	8	60
Total Cost	\$100,790.71	\$48,331.82	\$44,946.23	\$49,203.24	\$47,014.73	\$47,014.73	\$29,433.06	\$53,051.49	\$419,786.01
Plan Pay	\$78,379.56	\$35,151.55	\$37,638.98	\$42,649.35	\$41,097.99	\$41,097.99	\$24,574.47	\$39,121.71	\$339,711.60
Reported Patient Copay*	\$22,411.15	\$13,180.27	\$7,307.25	\$6,553.89	\$5,916.74	\$5,916.74	\$4,858.59	\$13,929.78	\$80,074.41
Plan Design Patient Copay*	\$780.00	\$420.00	\$360.00	\$420.00	\$420.00	\$420.00	\$420.00	\$600.00	\$3,840.00
Plan Savings	\$21,726.15	\$12,760.27	\$6,947.25	\$6,133.89	\$5,496.74	\$5,496.74	\$4,438.59	\$13,329.78	\$76,329.41
Plan Pay Difference	\$100,010.71	\$47,911.82	\$44,586.23	\$48,783.24	\$46,594.73	\$46,594.73	\$29,013.06	\$52,451.49	\$415,946.01
PillarRx Service Fee	\$4,345.24	\$2,552.06	\$1,389.46	\$1,226.78	\$1,099.35	\$1,099.35	\$887.73	\$2,665.96	\$15,265.93
Net Plan Savings	\$17,380.91	\$10,208.21	\$5,557.79	\$4,907.11	\$4,397.39	\$4,397.39	\$3,550.86	\$10,663.82	\$61,063.48

Key
Unique Patients = Individual patients/members utilizing a drug or multiple drugs. Member will be counted once regardless of number of enrollments.
Total Program Enrollments = Total number of unique member/drug enrollments. If one member has more than one drug, each drug will be counted individually.
Total Claims = Total claims for all patients for each drug
Plan Pay = Total amount plan paid for the drug, as reported on the claims file from PBM
Reported Patient Copay = Total patient share reported on the claims file from the PBM (will equal original Plan Design Copay plus Plan Savings)
Plan Design Copay = Patient copay prior to implementing the IPC Copay Assistance Program (defined by the plan documents in the copay structure)
Plan Savings = Amount paid by the manufacturer minus the Plan Design Copay
Plan Pay Difference = Plan Pay amount if PillarRx program was not in place
Actual Patient Paid = Amount required by manufacturer for patient to pay at the pharmacy
*Copay = Copay and/or Coinsurance amount