Message

From: Coyle, Justin [justin.coyle@walgreens.com]
Sent: 6/7/2016 11:31:07 AM
To: Bradshaw, Christopher [chris.bradshaw@wba.com]; Gates, Rick [rick.gates@walgreens.com]
CC: Abushaaban, Dima [dima.abushaaban@walgreens.com]; Alcala-Bressler, Claudia [claudia.alcala-bressler@walgreens.com]; Coyle, Justin [justin.coyle@walgreens.com]
Subject: RE: Your part of the Request List Prime
Attachments: dur_overview_with_notes.pdf; BalanceRewardsWhitePaper_Digital_20150605.pdf; BR 2015_vf.pptx; epcs_job_aid.pdf; eRx - tech overview.pptx; erx_overview.pdf; Walgreens Digital Health Story_cg mh 4.29.16.pptx; Accreditation Slides Presentation EOC 05122016.pptx; Generic Utilization Executive Summary.docx; patient_registration_intercom_plus_final.pdf; dur_sop_final.pdf

7 delivered/ 8pending within the next 2 business days

Pt registration: SOP for registration, comments sent to Dima yesterday on additional best practices used for member experience
Generics : One page attached
Prior Auth: One Pager will send in Wed AM
Dose Management: DUR x 2 info attached
Patient Education: These are mostly MFG driven outside of medication counseling : Greg Pankow providing Wed for overview one to two slide
Loyalty: BR and BRHC attached
24/7 Counseling: Info available on Walgreens.com, we have pharmacist chat available 24/7 . Greg Orr contacted for deck
Adverse Events/ Controlled Medications: Ask is with Tasha, she is available to speak on a call as well
Drug therapy: Ask is with Greg Orr sent comm to Claudia, we have info like this available across all the channels, in the store we have a full medication leaflet dispensed with every prescription.
SOPS for grievances: We are contractually required to respond, our SOP is to respond to these grievances so no SOP exists today. Team is putting together a one pager I can send Wed .
E-RX info: attached
Wearables/Digital Health Story: Dimple has this info, we connect on almost all wearables not just Walgreens fitness Tracker, attached external client deck from Meredith Hein
Accumulators and Copays: We don't have presentations on this, not currently accumulating other than what is coming back from PBM/Processor. Will include in prior auth one pager if applicable
Accreditation: timeline provided in a slide for URAC /VIPPS/ ACHC , Walgreens Learning Services manages accreditations. They facilitate, work directly with the accreditation agencies for inspection/requirements while pulling in the subject matter experts from Walgreens to develop content and compliance plans as needed. Contacted Chris Tiglas for overview, request made urgent Wed/Thur

Thank you,

Justin Coyle Pharm D
Senior Director, Pharmacy Operations

Walgreen Co. | 200 Wilmot Rd Deerfield, IL 60015
Telephone 847-315-8907 | Mobile 412-498-5047

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From: Bradshaw, Christopher
Sent: Saturday, June 04, 2016 2:45 PM
To: Gates, Rick; Coyle, Justin
Cc: Abushaaban, Dima; Alcala-Bressler, Claudia
Subject: FW: Your part of the Request List Prime

Hi Rick/ Justin

This is your piece so you don't need to read through the entire email

Can you please send any presentation background information to Dima/ Claudia

Rick/ Justin

Clinical Programs / Services	For **prior authorization support**, please provide the following information: **A. Overview**	Rick
Clinical Programs / Services	For **dose management / utilization**, please provide the following information: **A. Overview**	Rick
Clinical Programs / Services	For your **patient education programs**, please provide the following information: **A. Overview**	Rick
Clinical Programs / Services	For your **controlled substance services**, please provide the following information: **A. Overview**	Rick
Clinical Programs / Services	Describe your capability to provide drug therapy information to members via Web, text, email, and app	Rick
Customer Experience	Provide SOPs for appeals and grievances and describe any pain points	Rick
Customer Experience	How are you electronically communicating with doctors (e.g., prior authorization, e-prescribing, EMR, etc.)	Rick
Customer Experience	Do you have on demand pharmacist consulting (24/7)? If so, describe this capability for:	Rick
Customer Experience	What wearable devices does your organization interact with / support? Please describe	Rick
Customer Experience	Describe the member experience around prior authorizations and indicate any pain points or planned improvements	Rick
Customer Experience	Information on **Retail / Pharmacy Balanced Rewards or other loyalty programs:**	Rick
Customer Experience	Describe how you assist members with their accumulators / co-pays	Rick
Regulatory	Describe your process for reviewing and adhering to the NCQA and URAC requirements	Rick
Operations	"For your **adverse event management programs**, please provide the following information: **A. Overview**	Rick

Best regards

Best regards

Christopher Bradshaw B.Pharm, MBA, CFA
Senior Director, US Healthcare Strategy
Walgreens Boots Alliance | 106 Wilmot Road #1615, Deerfield, IL 60015
Telephone (847) 315-4481 | Mobile (224) 343 6272
chris.bradshaw@wba.com

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tion.

Prospective Drug Utilization Review (DUR) at the Retail Setting

September 10, 2013

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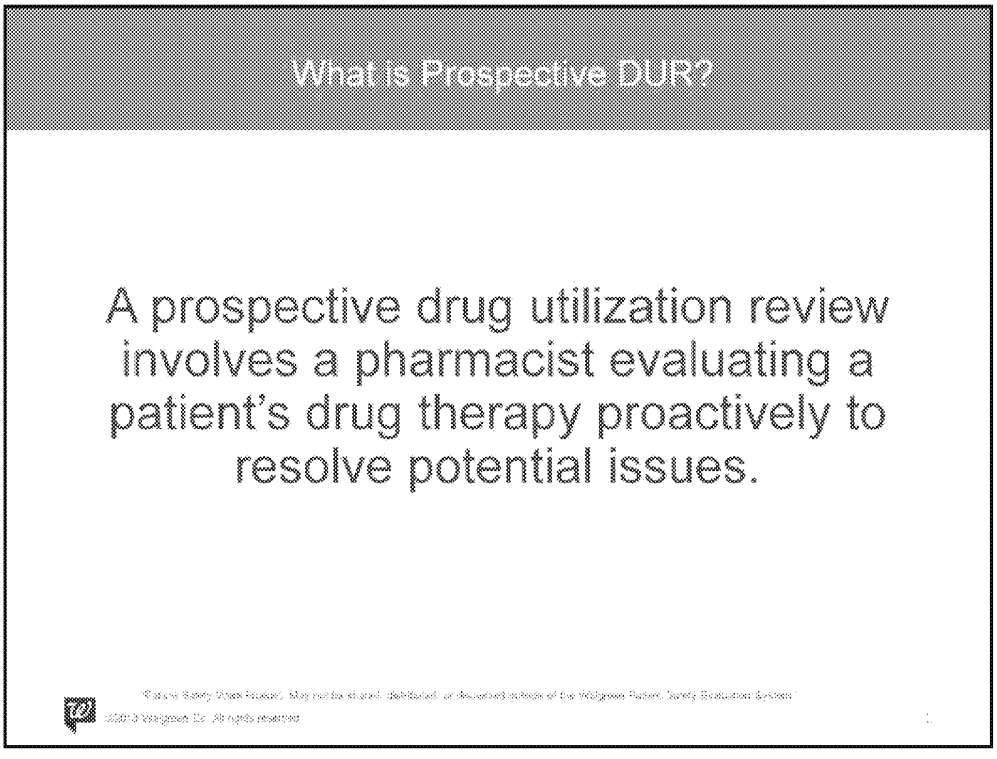
Walgreens

AT THE CORNER OF HAPPY & HEALTHY™



Talking Points:

- You can assess the prescription order at the time of dispensing by using the information from the patient's record and drug history to determine the appropriateness of the drug therapy prescribed in order to promote patient safety.
- If you identify opportunities for improved patient care, you can contact the prescriber to discuss treatment alternatives.

Issues that are Commonly Addressed

Professional judgment must be used when performing review on new prescriptions with the patient's history and record. The review should include the following:

- Age-Dosage Range
- Age Appropriateness
- Therapeutic duplication
- Drug-Health Condition Contraindication
- Drug-Drug interaction
- Incorrect dosage or duration
- Frequency of refills, refill compliance
- Drug allergy
- Clinical misuse or abuse
- Any other drug review criteria established by unbiased independent experts
- Any other drug reference information

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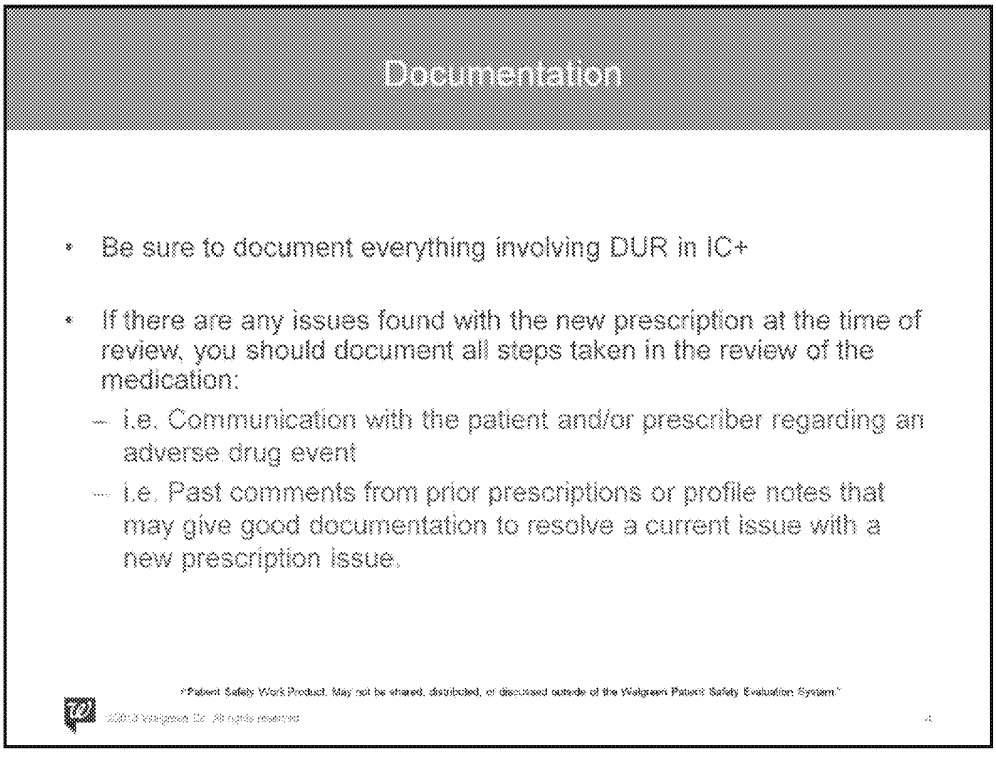
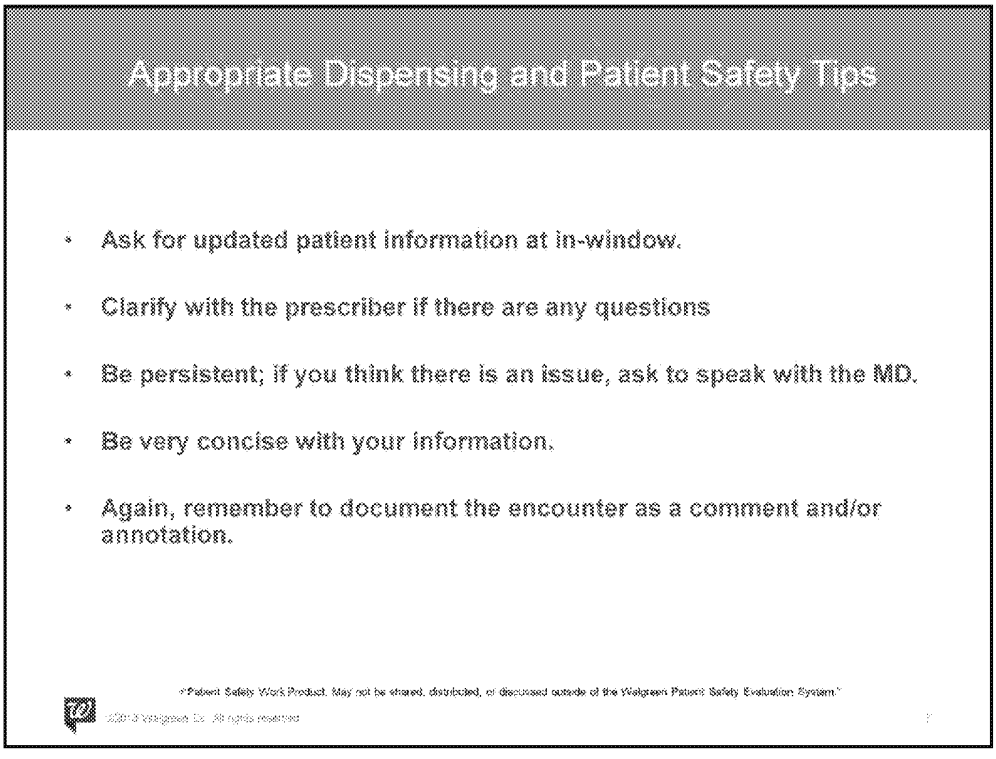


Talking Point:

- First Bullet: Documentation allows anyone to know what you, the pharmacist, was thinking of at the time of fill – regardless of when they review; be it tomorrow, in a month or a year.



Talking Points:

- Ask for updated patient information at in-window:
    - Ensure that the in-window employee that receives the prescription always asks for updated patient information in order for you, the pharmacist, to be able to do an accurate review (i.e. Allergy and Health Conditions)

- Clarify with the prescriber if there are any questions:
    - Be professional and respectful. Remember that everyone makes mistakes, including prescribers. If there is something that does not seem correct, please question the prescriber. It is better to put in your due diligence and trust your instincts rather than putting the patient at risk for something that could be prevented. Remember this is about the patient's safety

- Be persistent; if you think there is an issue, ask to speak with the MD:
    - If there is clarification that was confirmed by a prescriber's agent even though there is a clear discrepancy, request to speak with the prescriber. Reading the prescription from a chart for confirmation does not indicate that the prescriber was correct. Explain the urgency of the matter and insist on speaking with the prescriber if a resolution cannot be made with the agent.

- Be very concise with your information:
    - Avoid back and forth in communication. If the issue is not explained well, an error may still occur.

Examples of Drug Utilization Review (DUR)

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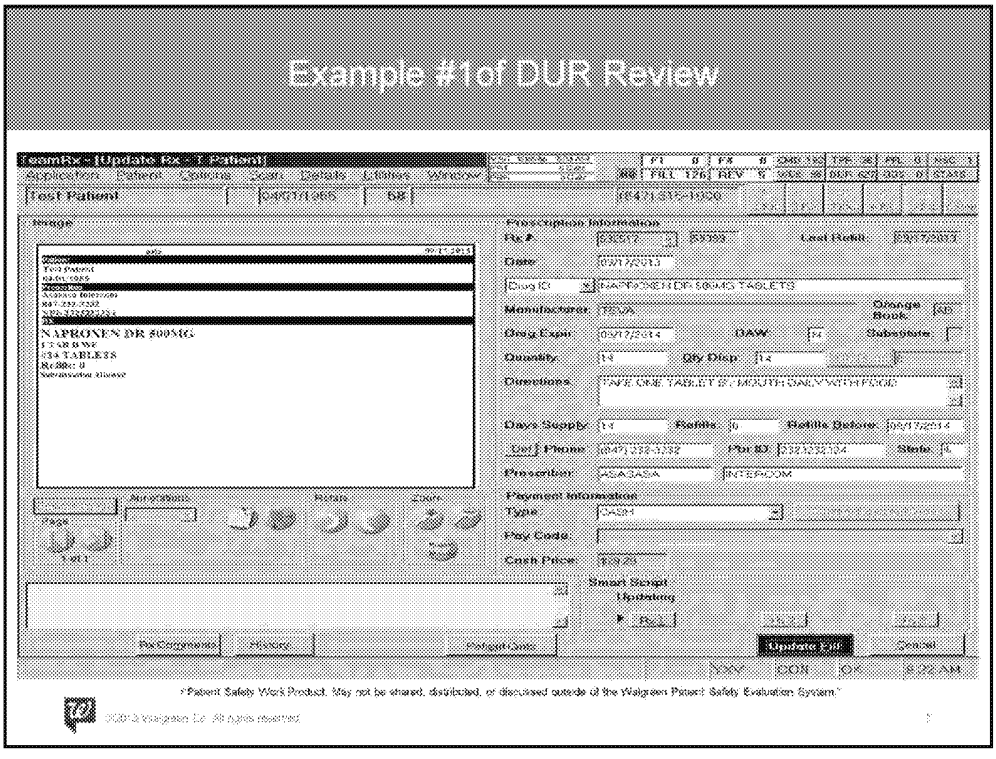
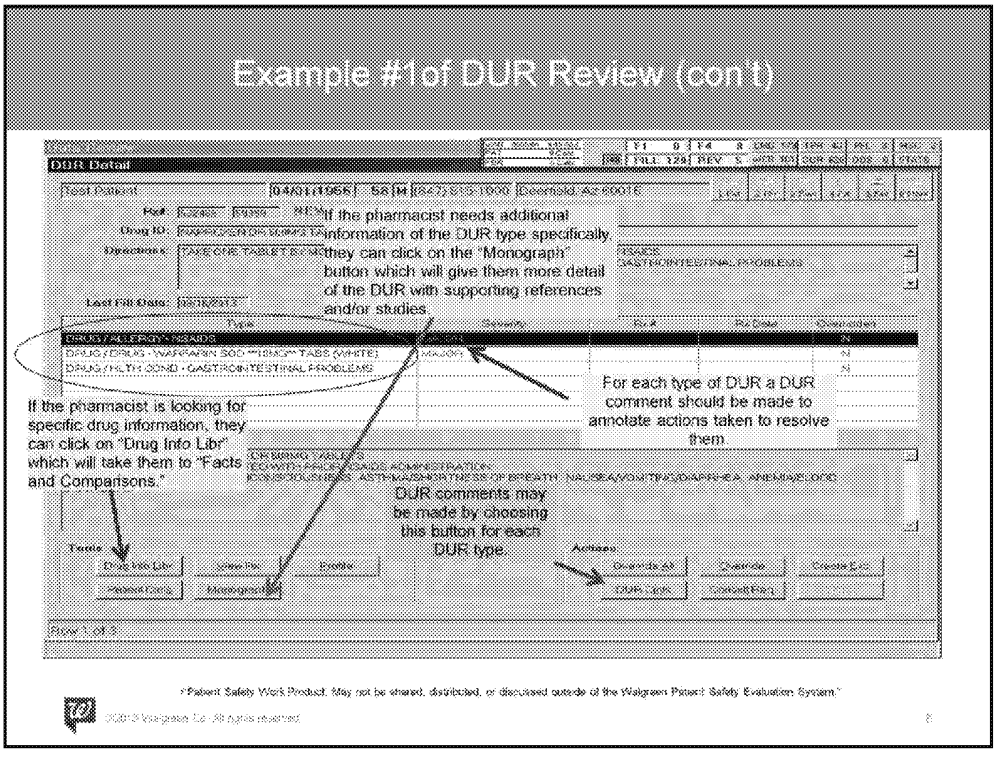


Talking Point:

- A prescription was brought in for naproxen 500mg DR. The patient has a documented NSAID allergy and GI problems as a health condition on his profile and is also taking warfarin 10mg. After verification of the prescription was completed, the DUR detail screen pops up with the different issues (next slide).



There is animation in place to hide the charts and arrows at first. Please populate them only after discussing #1 below.

Talking Point:

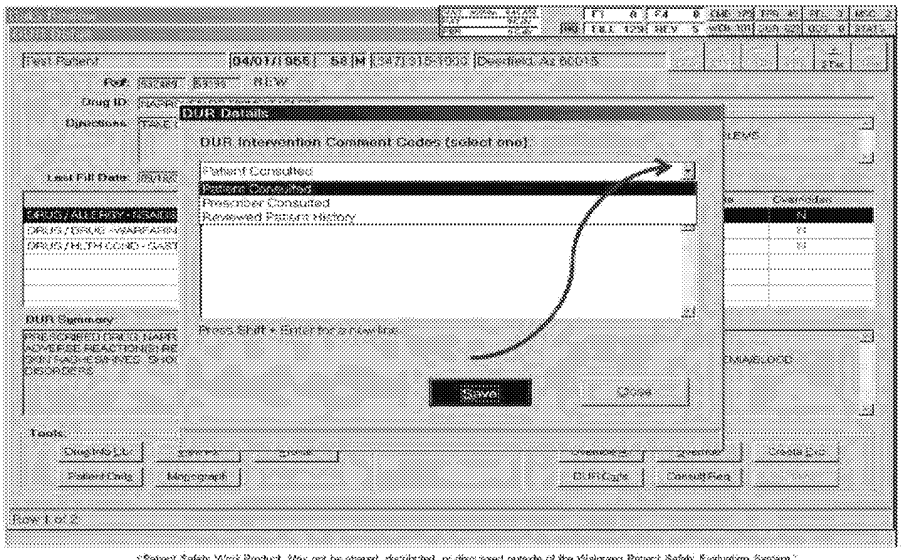
1. This is your standard DUR screen. In this scenario, there are 3 DUR messages (will appear circled) that need your attention.

Bring in animation

Note: Talk through charts in the following order:

1. Yellow
2. Green
3. Purple
4. Orange

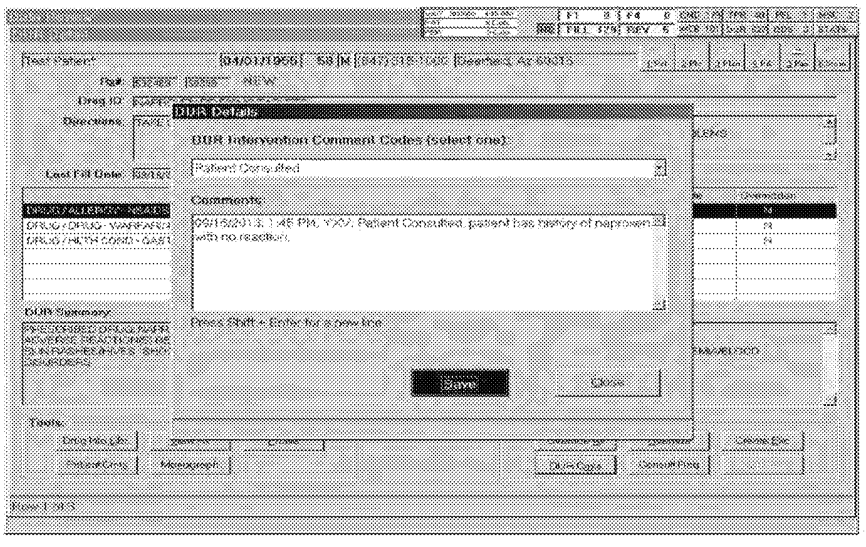
Example #1of DUR Review (cont)



Talking Point:

- Please note that any DURs that have a severity of Major will automatically pop up a documentation screen where the pharmacist will need to choose an option on the drop down menu of "Patient Consulted," Prescriber Consulted," or "Reviewed Patient History" and may make a comment regarding that specific DUR.

Example #1of DUR Review (con't)

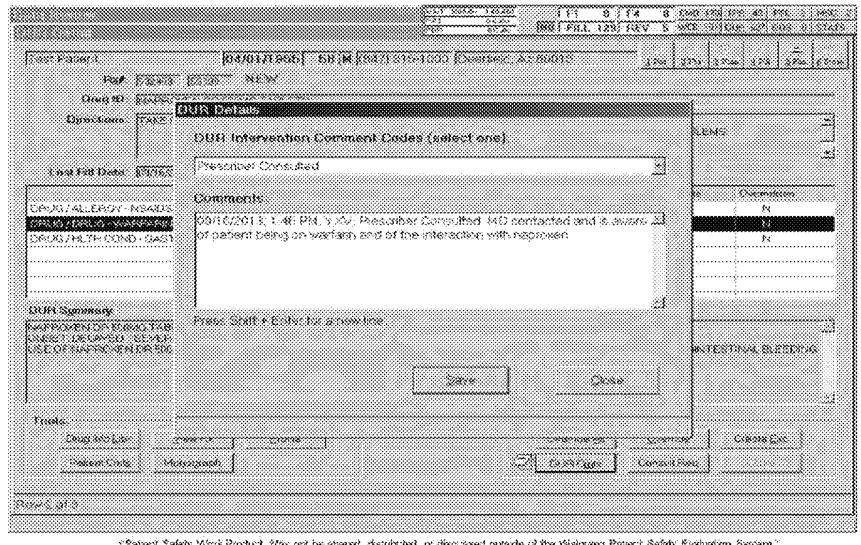


Talking Points:

- For the first DUR, the patient has a documented NSAID allergy. You reached out to the patient to verify if this drug was ever taken and if the MD needs to be called to change the prescription. The patient stated they have taken this in the past with no issues.

- As the pharmacist, you now should document under the "DUR Cmts" button, select "Patient Consulted" from the drop down and provide the information relayed by the patient in the comments field.
    - Remember, you want your peers to be able to understand what occurred should they need to revisit.

Example #1of DUR Review (con't)

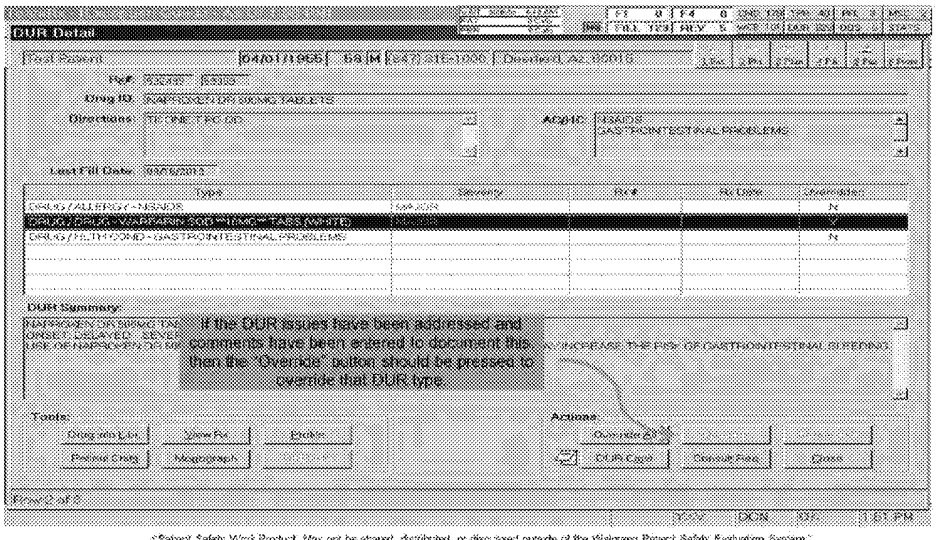


Talking Points:

- For the second DUR, the patient is currently on a prescription for warfarin. You reached out to the prescribing MD for both warfarin and naproxen to alert of the interaction between both medications. The warfarin MD was aware of the interaction and stated that the therapy for naproxen is short term and they are monitoring the patient's INR levels.

- As the pharmacist, you now should document under the "DUR Cmts" button, select "Prescriber Consulted" from the drop down and provide the information relayed by the MD in the comments field.
    - Remember, you want your peers to be able to understand what occurred should they need to revisit.

Example #1of DUR Review (con t)

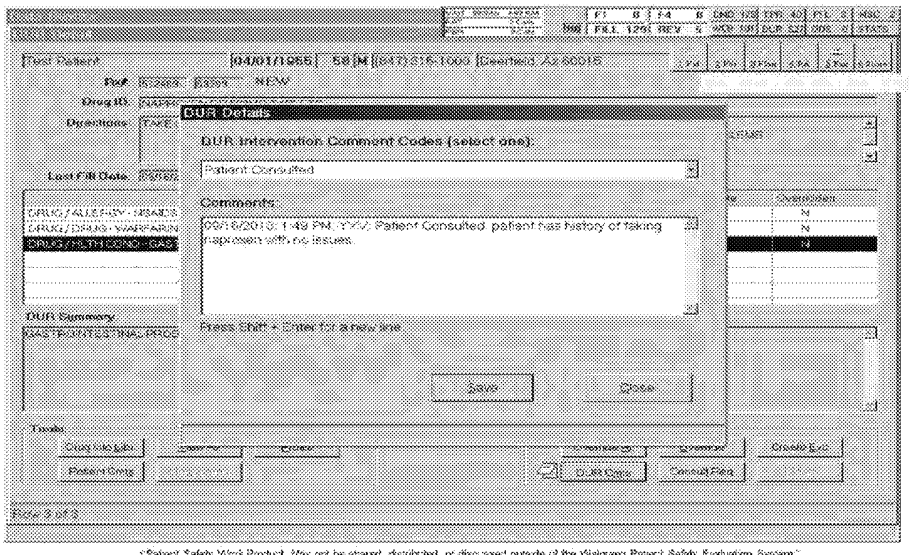


Talking Point:

- All DURs should be overridden one at a time to ensure that each DUR type is addressed.

- If you lose your place, you can see which DURs have been overridden by looking at the "Overridden" column on the far right.

Example #1of DUR Review (con t)



Talking Points:

- For the third DUR, the patient has a documented GI problem. You reached out to the patient to verify if this drug was ever taken and if the MD needs to be called to change the prescription. Patient confirmed to have taken without issue in the past.

- As the pharmacist, you now should document under the "DUR Cmts" button, select "Patient Consulted" from the drop down and provide the information relayed by the patient in the comments field.
    - Remember, you want your peers to be able to understand what occurred should they need to revisit.

Example #1 of DUR Review (con't)

The next slides will show what would need to be done if a message had to be left at the MD's office and we are waiting for them to call back.

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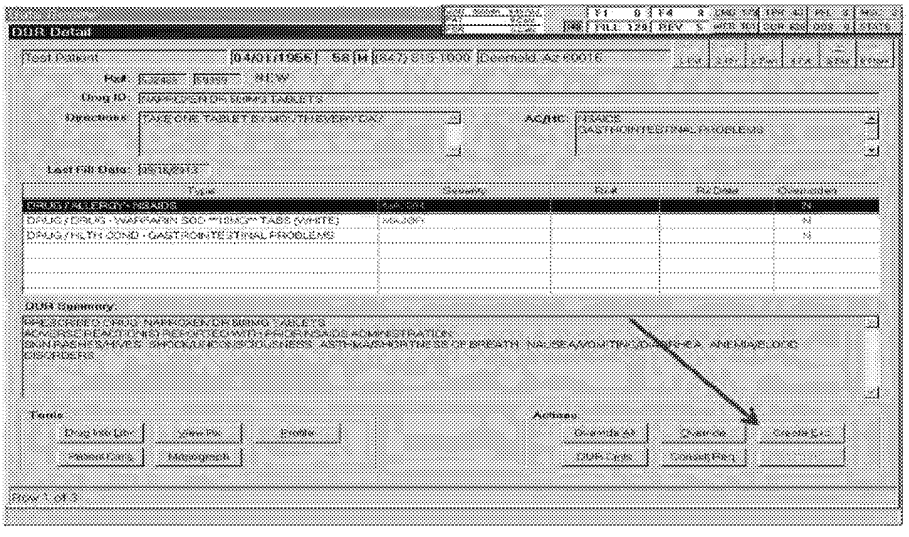
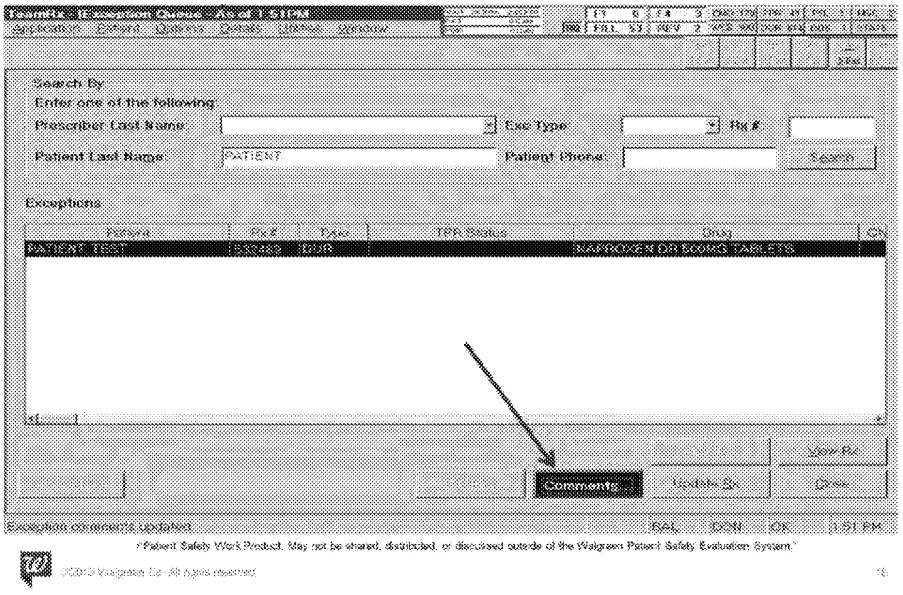
Example #1of DUR Review (con't)



Talking Point:

- When a message needs to be left at the MD's office for a specific DUR, the "Create Exc" button can be clicked to have this create an exception. This will place the prescription in the Exception Queue with the DUR exception.

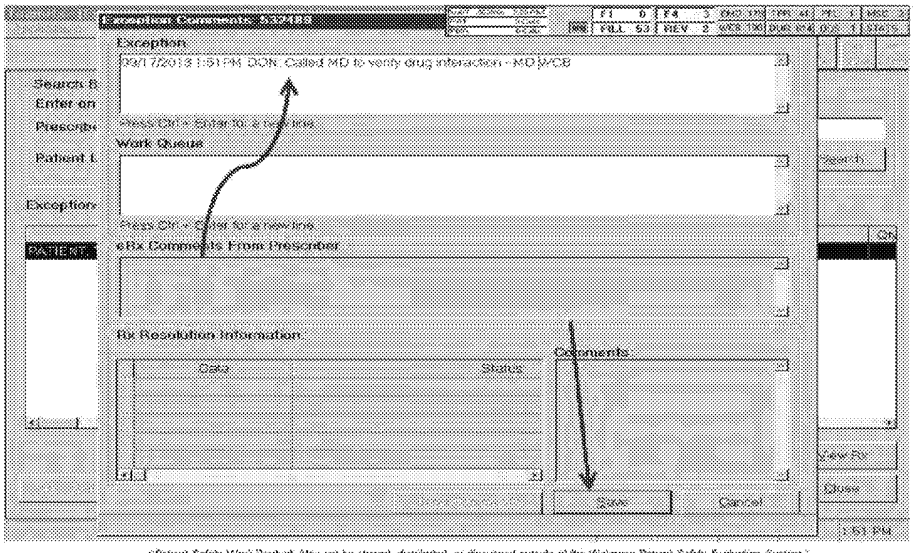
Example #1of DUR Review (con t)



Talking Point:

- The patient then can be brought up in the Exception Queue and a comment can be made by clicking on the “Comments” button.

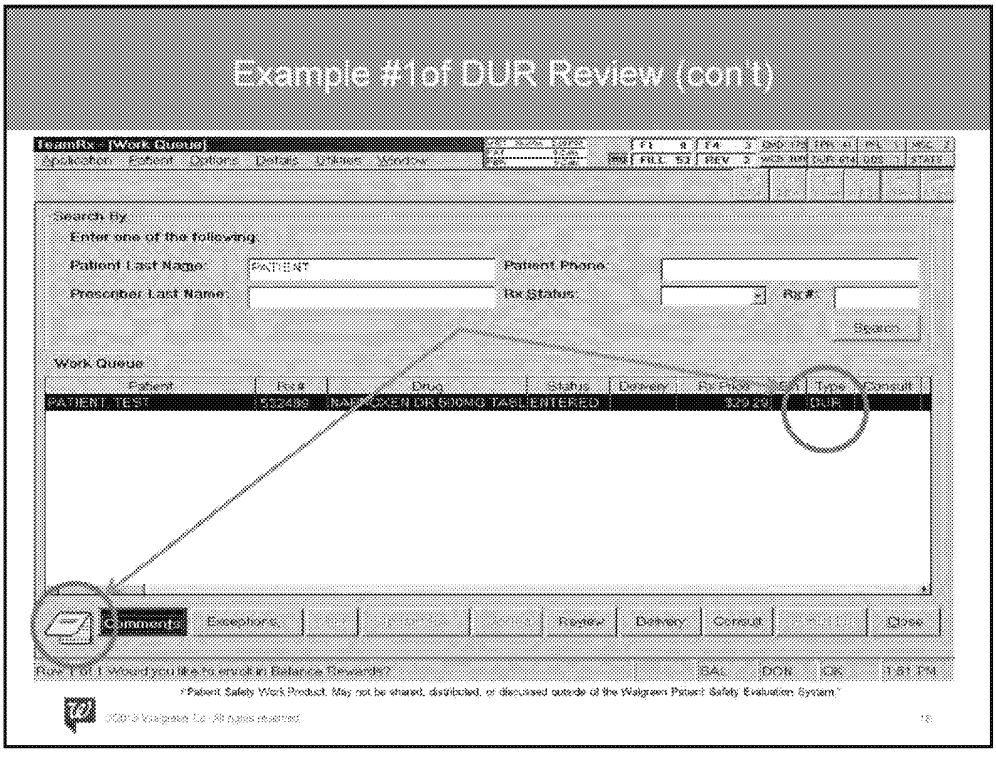
Example #1of DUR Review (con t)



Talking Points:

- The comment can be entered in the exception box (not work queue box below) by the pharmacist stating that we are waiting for the MD to call back to alert them of the interaction.
- Once the comments have been made, the “Save” button may be pressed to save the comment.

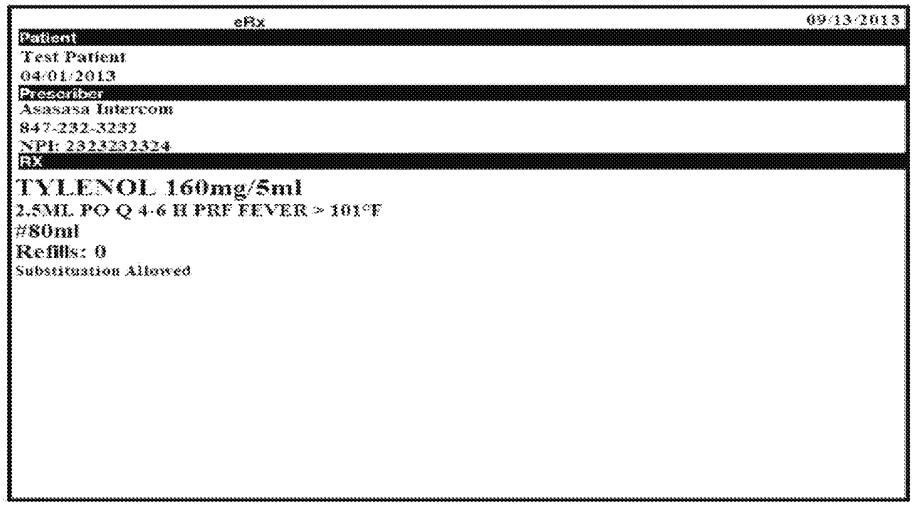
Example #1of DUR Review (con t)



Talking Point:

- Now when an employee in the pharmacy looks up this prescription, they will see that there is a DUR exception along with a comment (the yellow notepad) and can read the status of the prescription.

Example #2 of DUR Review



eRx 09/13/2013

Patient
Test Patient
04/01/2013

Prescriber
Asasasa Intercom
847-232-3232
NPI: 2323232324

RX
TYLENOL 160mg/5ml
2.5ML PO Q 4-6 H PRF FEVER > 101°F
#80ml
Refills: 0
Substitution Allowed

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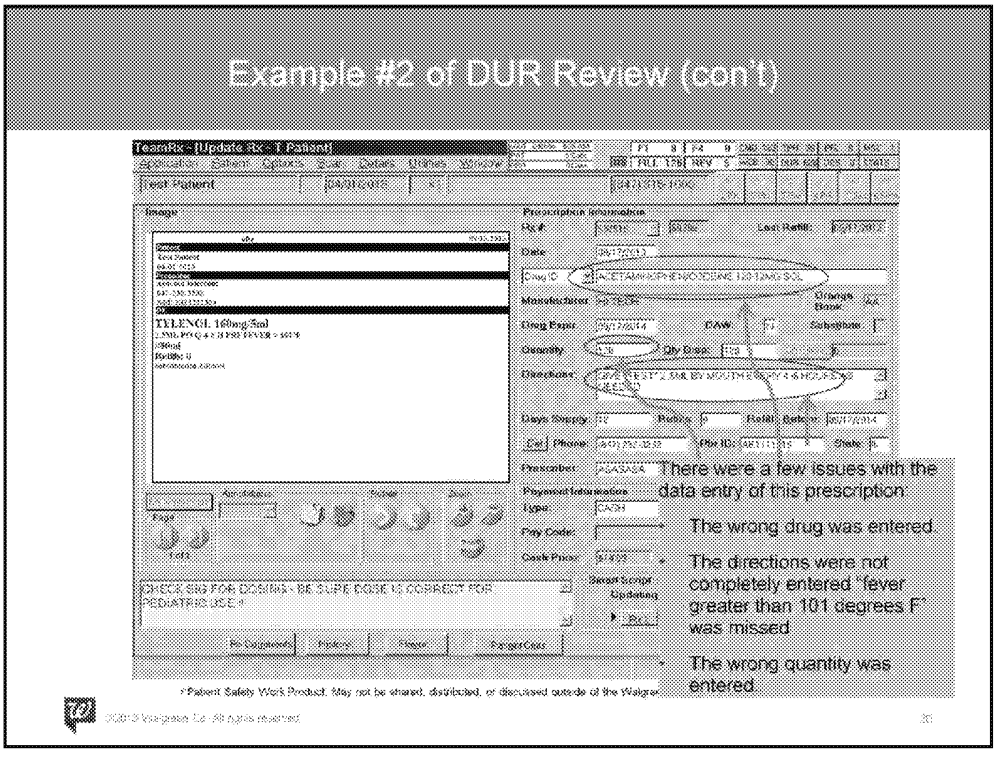
Talking Point:

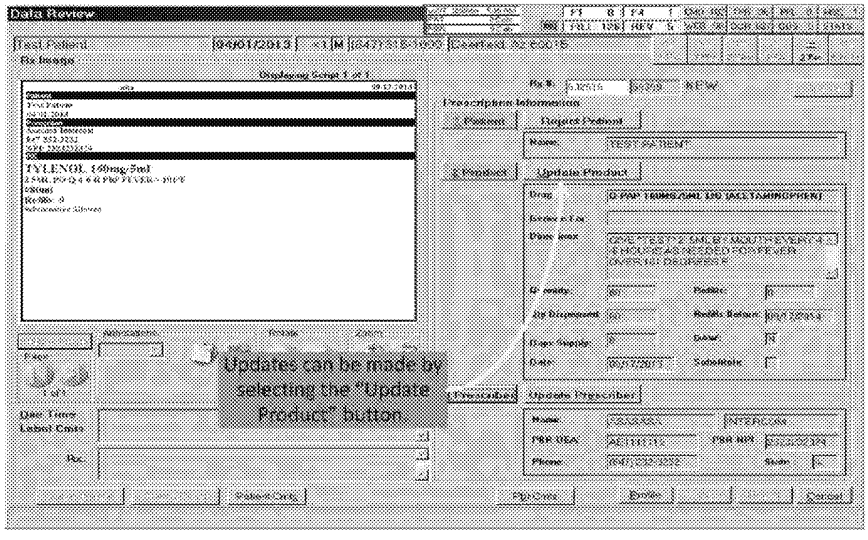
- A prescription has come in for an infant for Tylenol 160mg/5ml.
- The patient has no known allergies or health conditions.



Talking Points:

These data entry errors will be caught by the pharmacist at Data Review as shown on the next slide.

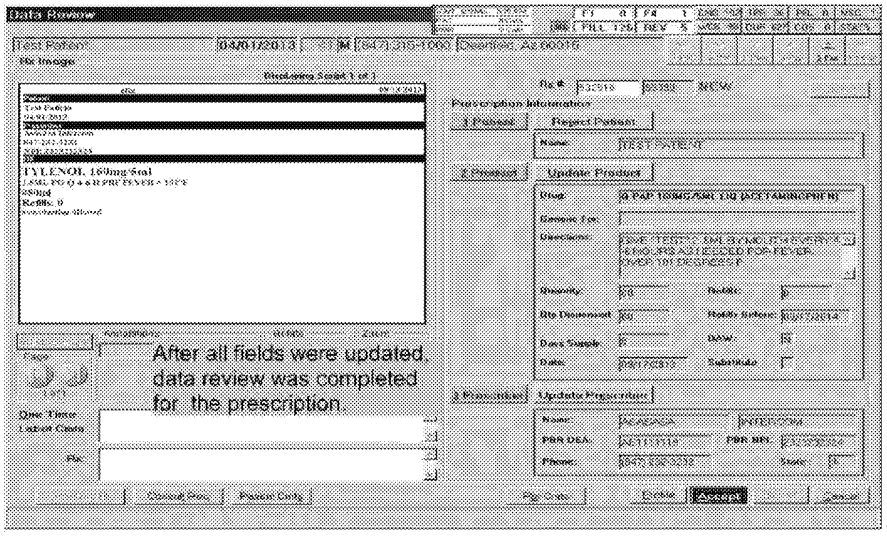
Example #2 of DUR Review (con't)



Talking Point:

- During Data Review, the following was corrected:
  - Drug: Corrected to Tylenol 160mg/5ml
  - Directions: Updated to include "for fever over 101 degrees F"
  - Quantity: Changed to 80ml.

Example #2 of DUR Review (con't)



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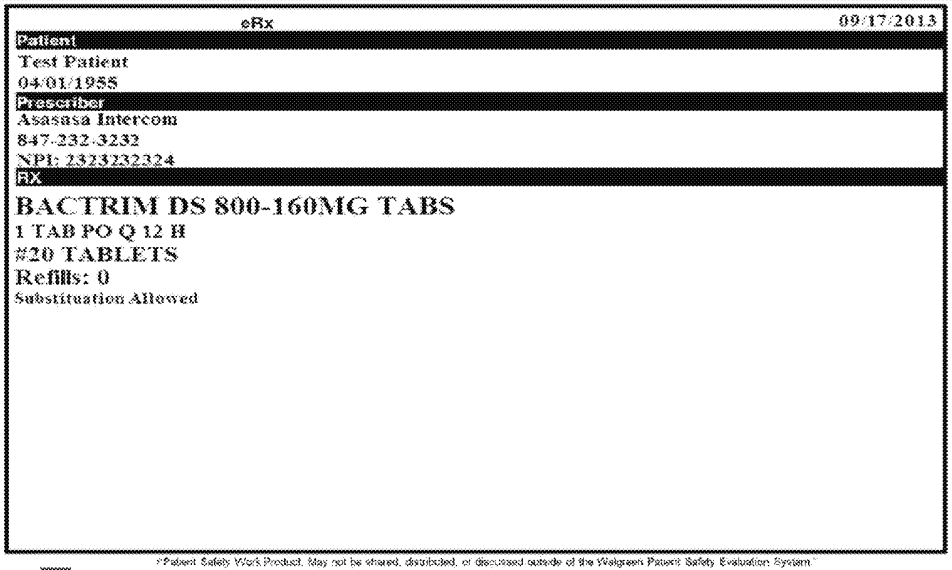
Example #3 of DUR Review


eRx 09/17/2013
Patient
Test Patient
04/01/1955
Prescriber
Asasasa Intercom
847-232-3232
NPI: 2323232324
RX
BACTRIM DS 800-160MG TABS
1 TAB PO Q 12 H
#20 TABLETS
Refills: 0
Substitution Allowed
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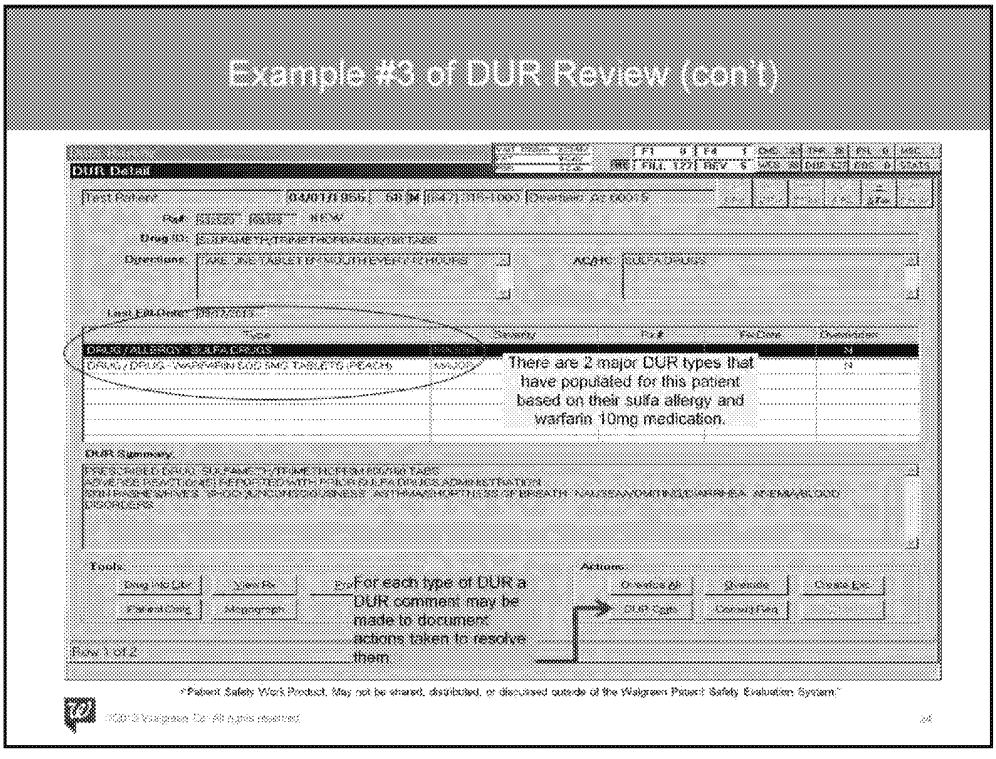
Talking Points:

- Patient brought in a prescription for Bactrim DS.
- The patient has a sulfa allergy per the profile and is on warfarin 10mg.
- Script was entered and sent to pharmacist for Data Review



There is animation in place to hide the charts and arrows at first. Please populate them only after discussing #1 below.

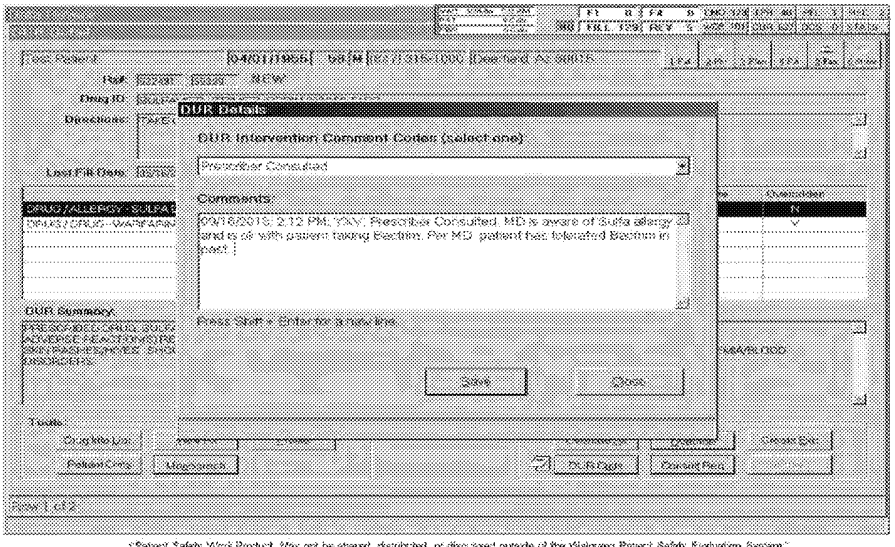
Talking Point:

1. Again, this is your standard DUR screen and like before, there are 2 DUR messages (circled) that need your attention. **Bring in animation**

Note: Talk through charts in the following order:

1. Yellow
2. Green

Example #3 of DUR Review (con't)

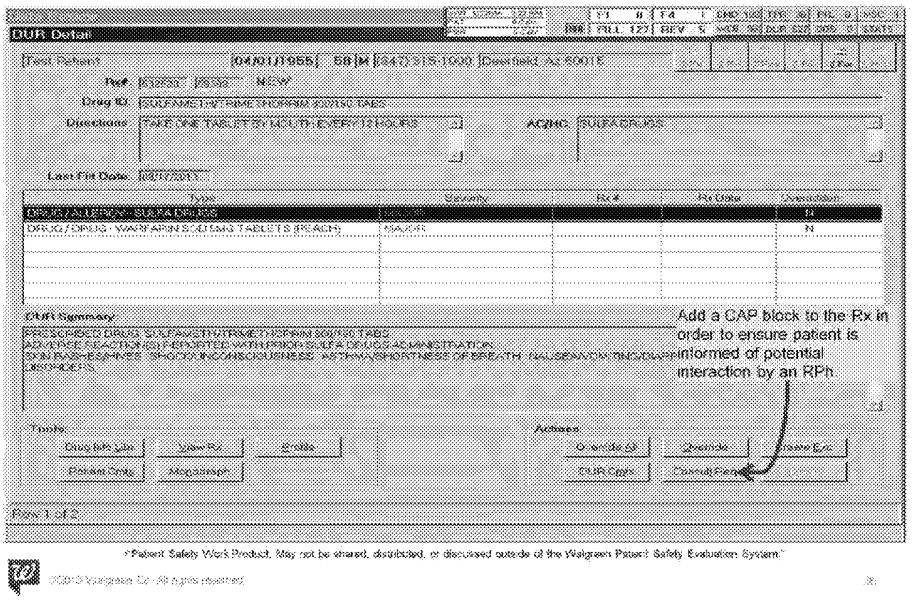


Talking Point:

- In this case, the patient was not available so the MD was contacted regarding the patient's documented sulfa allergy. The MD stated that the patient has tolerated this in the past.

- As the pharmacist, you now should document under the "DUR Cmts" button, select "Prescriber Consulted" from the drop down and provide the information relayed by the MD in the comments field.
    - Remember, you want your peers to be able to understand what occurred should they need to revisit.

Example #3 of DUR Review (con't)

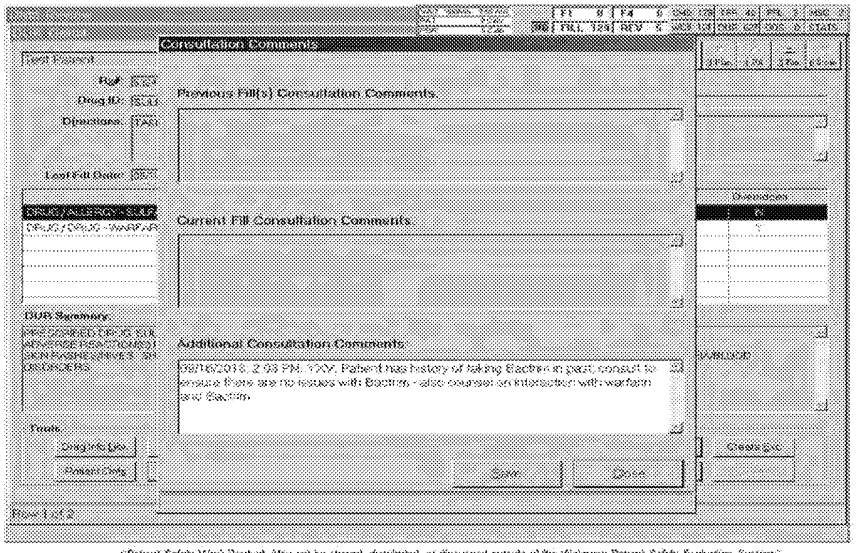


Talking Point:

- Despite the prescriber being contacted regarding the documented sulfa allergy. You should also counsel the patient to make sure the patient is aware this contains sulfa and the signs/symptoms to look out for in case they were to have a reaction. You should also counsel the patient on the interaction between warfarin and Bactrim.

- Comments should be placed under the "Consult Req" button under the "Actions" section.

Example #3 of DUR Review (con't)

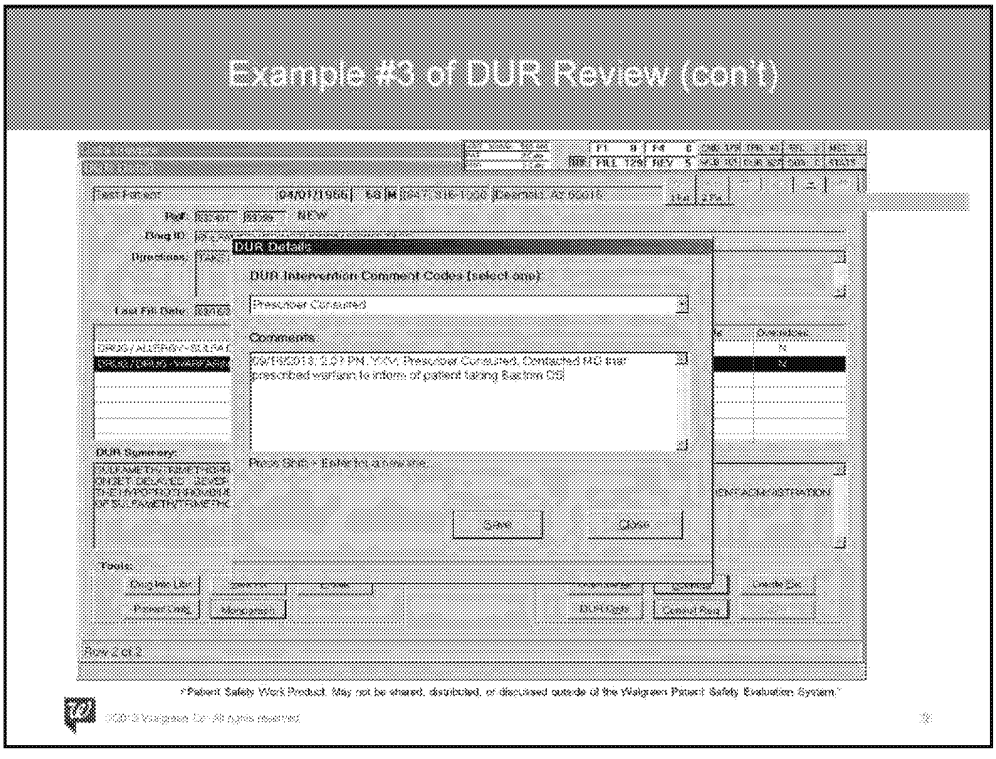


Talking Points:

- Comments should be placed under the "Additional Consultation Comments" section.

- Once this is saved, this will trigger a CAP block at the register to ensure mandatory counseling by a pharmacist prior to selling the medication.

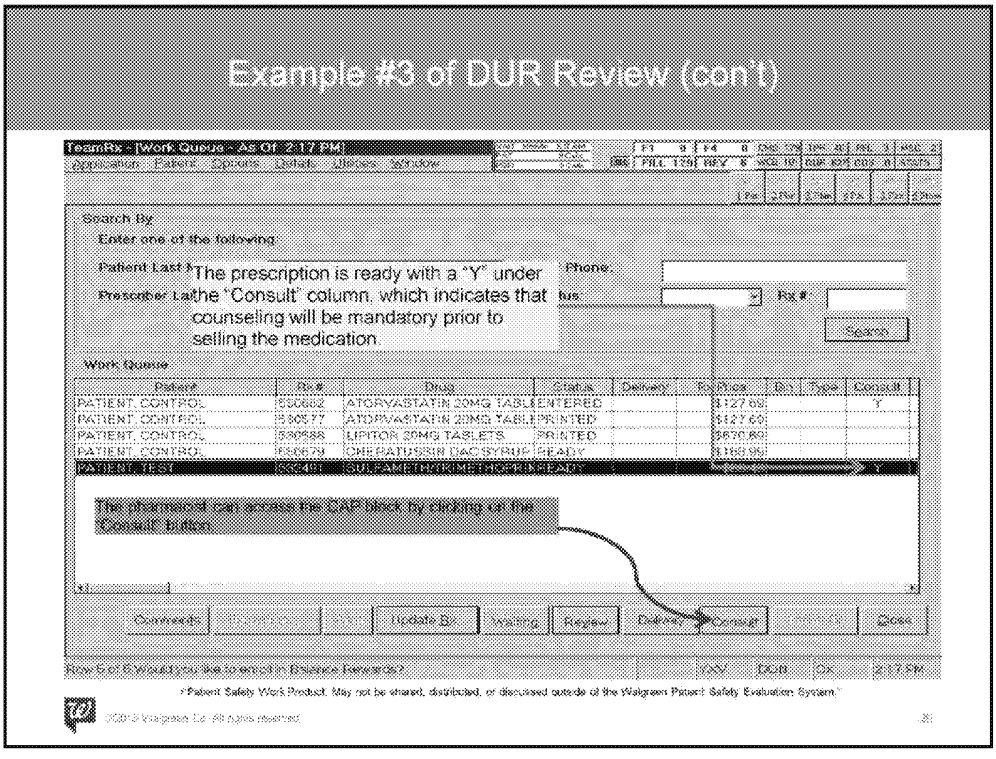
Example #3 of DUR Review (con't)



Talking Points:

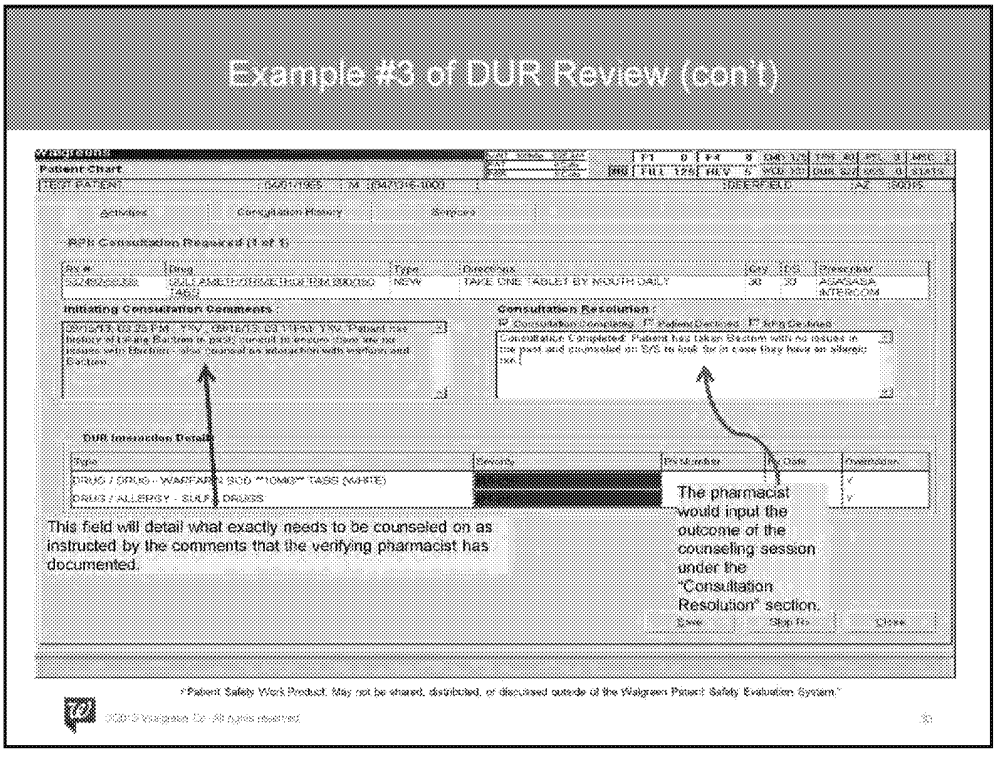
- For the second DUR, the patient is currently on a prescription for warfarin. You reached out to the prescribing MD for warfarin to alert them that the patient was prescribed Bactrim DS. The MD was aware and is ok with the patient receiving.

- As the pharmacist, you now should document under the "DUR Cmts" button, select "Prescriber Consulted" from the drop down and provide the information relayed by the MD in the comments field.
    - Remember, you want your peers to be able to understand what occurred should they need to revisit.



Talking Point:

Blue Box: When the prescription is scanned at the register a CAP block will pop up to alert the employee that a mandatory consult must be done by the pharmacist for the prescription to be sold.



There is animation in place to hide the charts and arrows at first. Please populate them only after discussing #1 below.

Talking Point:

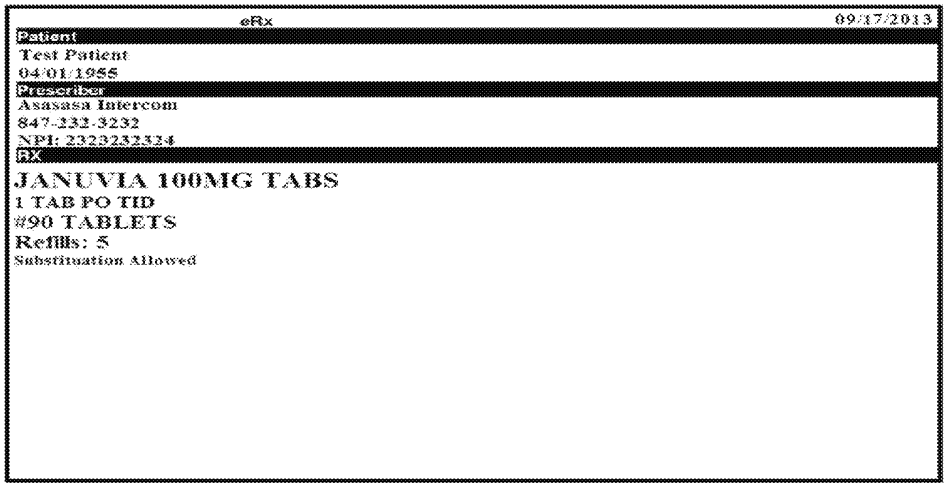
1. This is your standard CAP screen that populates after selecting the "Consult" button. Patient and specific prescription information can be found above. The actual interaction(s) can be found towards the bottom.

Bring in animation

Note: Talk through charts in the following order:

1. Blue
2. Orange

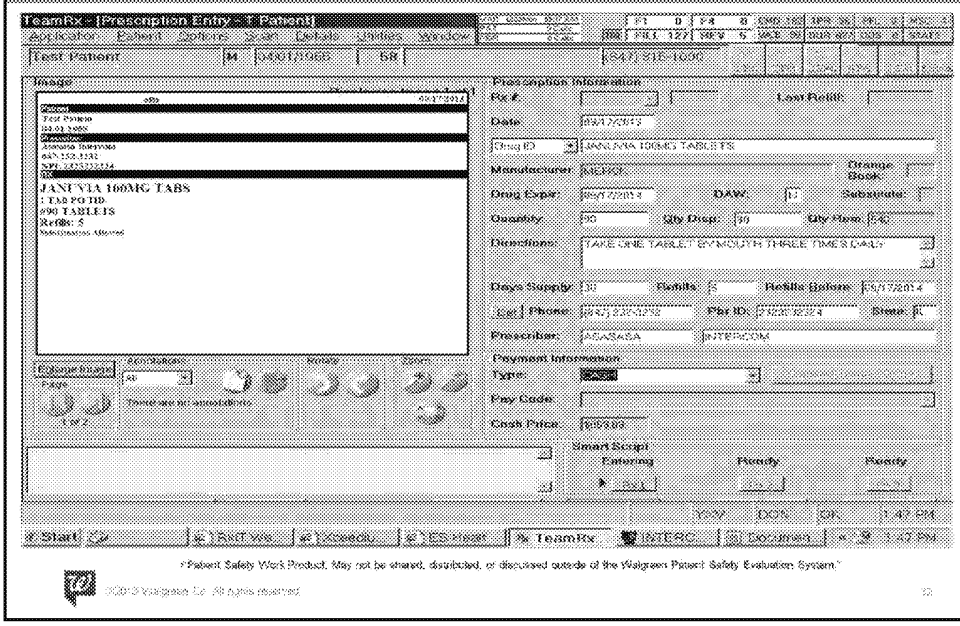
Example #4 of DUR Review



Talking Points:

- This patient was prescribed Januvia 100mg TID #90 with 5 refills.
- The patient has no history of allergies or health conditions, they are on other medications, but they do not interact with this drug.

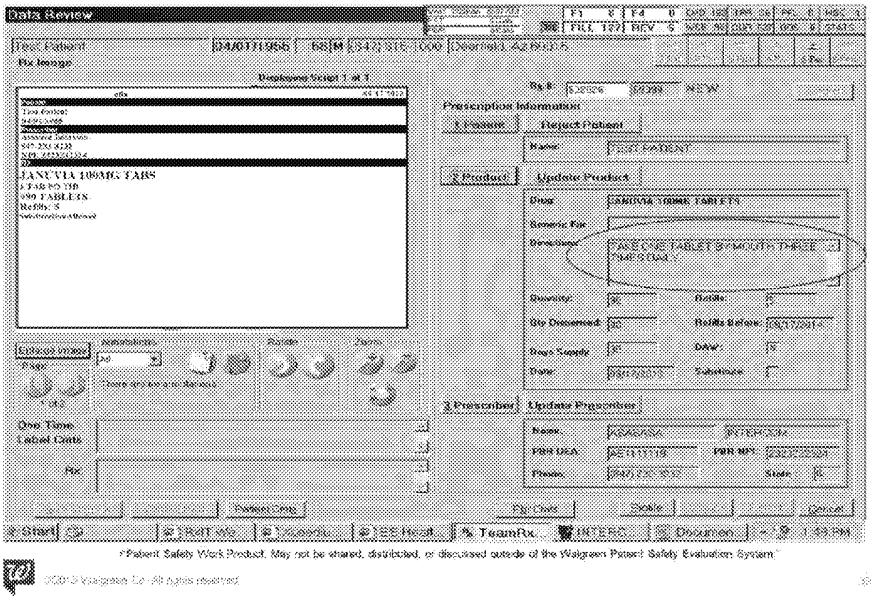
Example #4 of DUR Review (con't)



Talking Point:

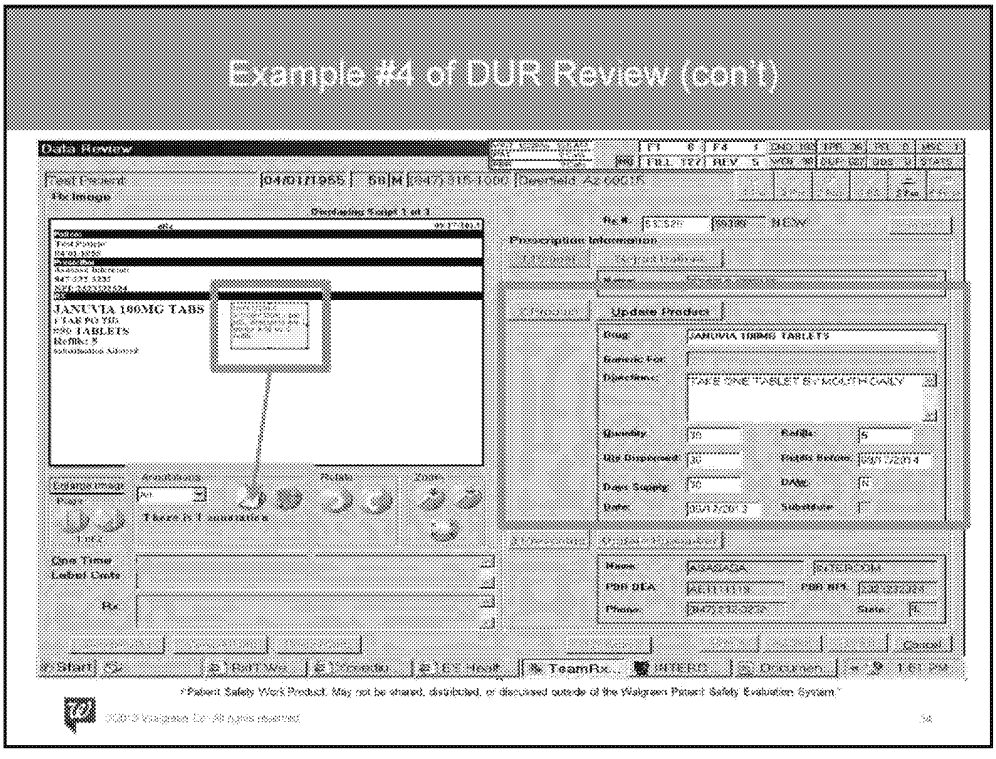
- The prescription has been entered into IC+ as instructed by the MD

Example #4 of DUR Review (con't)



Talking Points:

- During Data Review of this prescription, you identified that the directions are not consistent with the recommend dosing for Januvia
- The next few slides will show what you, the pharmacist, should do if they were able to contact the MD right away.



There is animation in place to hide the charts and arrows at first. Please populate them only after discussing #1 below.

Talking Point:

You were able to get a hold of the MD's office and they stated that the directions should actually be 1 po QD #30 with 5 refills. The following was then performed by the pharmacist:

click once to initiate 1st animation

- Purple Box – Annotate the prescription by clicking on the annotation button (see arrow). This will pop up a yellow text field which will allow for note entry.
    - As mentioned earlier, provide enough detail for others to understand your thought process if revisiting in the future.

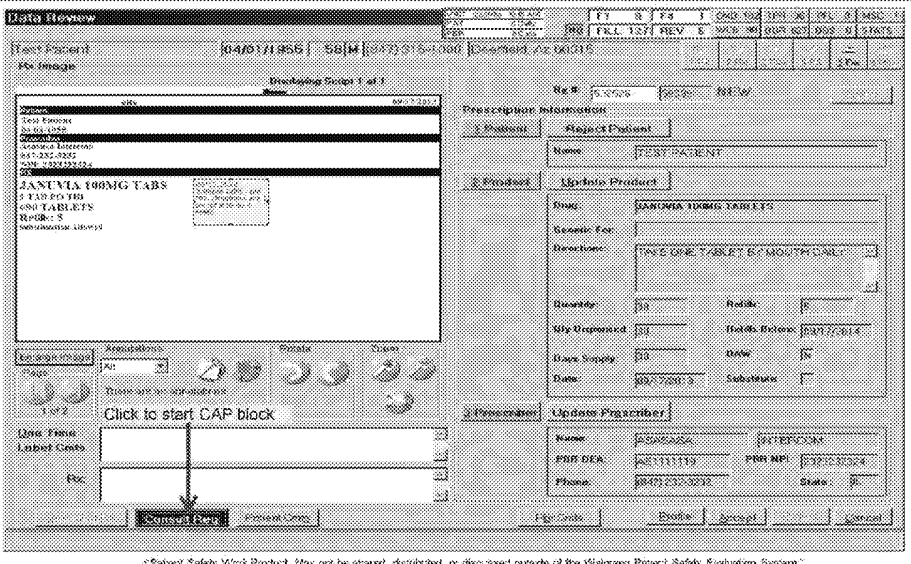
click once to initiate 2nd animation

- Blue Box – Using the "Update Product" button, update the directions and quantity to "1 po QD and #30."

click once to initiate 3rd animation

- Orange Box - If there is more than 1 annotation that has to be made, they can be created by clicking the same button again. Multiple annotations can be sorted by the drop down field (default setting: All) to view each individually.

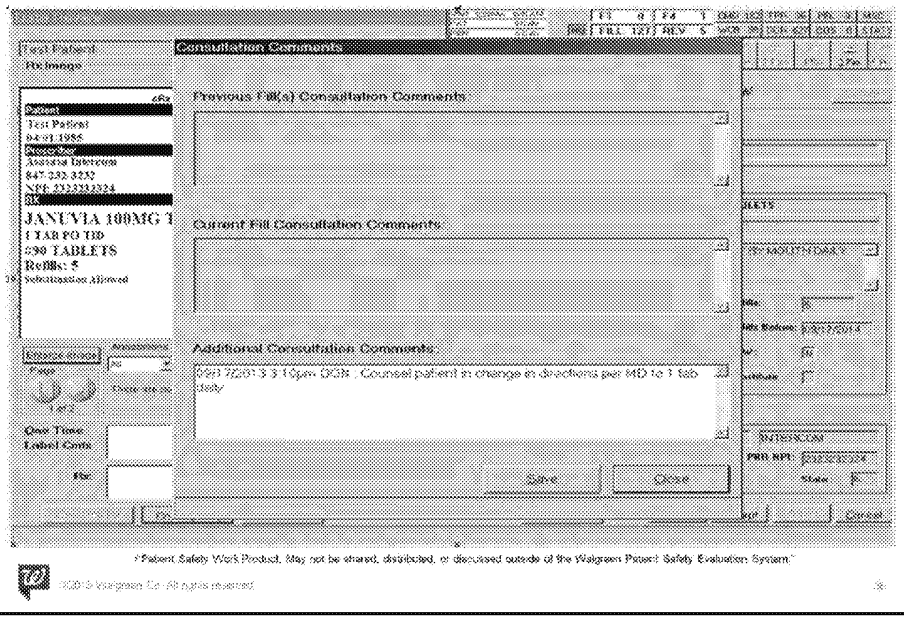
Example #4 of DUR Review (con't)



Talking Points:

- After Patient, Product and Prescriber information (highlighted in green) is reviewed, chose the "Consult Req" button to block the sale of the prescription until the patient can be counseled by a pharmacist.

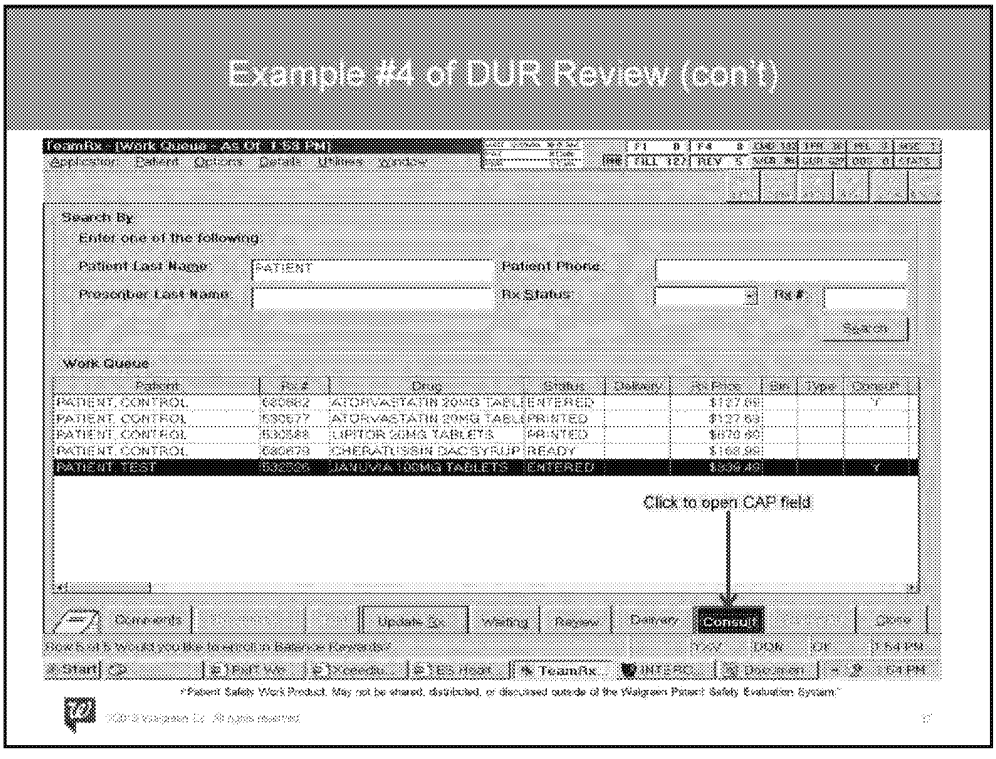
Example #4 of DUR Review (con't)



Talking Point:

- Enter comments regarding what the patient should be counseled for.
- This will pop up as a CAP lock at point of sale (POS).
- Select "Save" to complete and exit

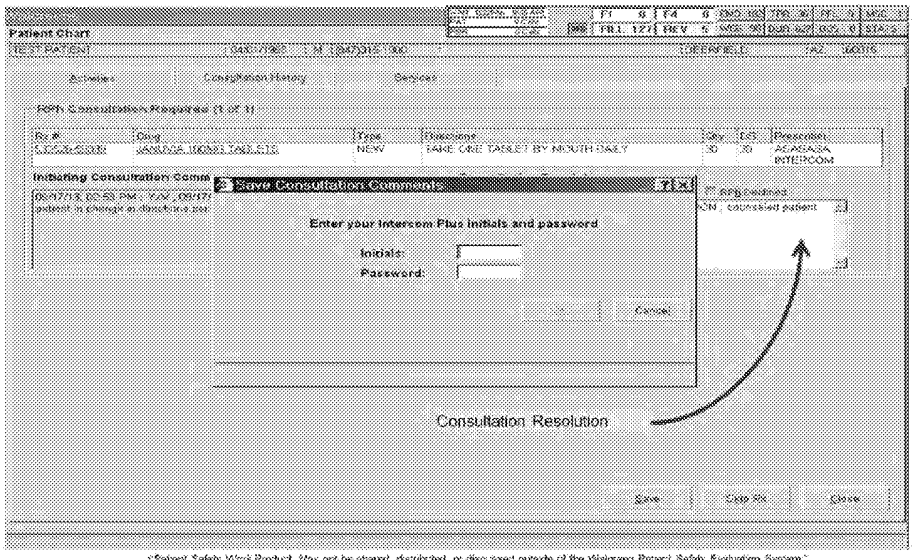
Example #4 of DUR Review (con't)



Talking Points:

- When it comes time to counsel the patient, you should be able to pull up the CAP by going into the work queue and looking up the patient then clicking on the "Consult" button.

Example #4 of DUR Review (con't)



Talking Points:

- Consultation Resolution Box: From here, you can input the outcome of the counseling session and save the comments.

- Once saved, a prompt will require the pharmacists initials and password in order to complete.

Example #4 of DUR Review (con't)

The next slides will show what would need to be done if a message had to be left at the MD's office and we are waiting for them to call back.

"Patient Safety Work Product. May not be shared, distributed, or discussed outside of the Walgreen Patient Safety Evaluation System."
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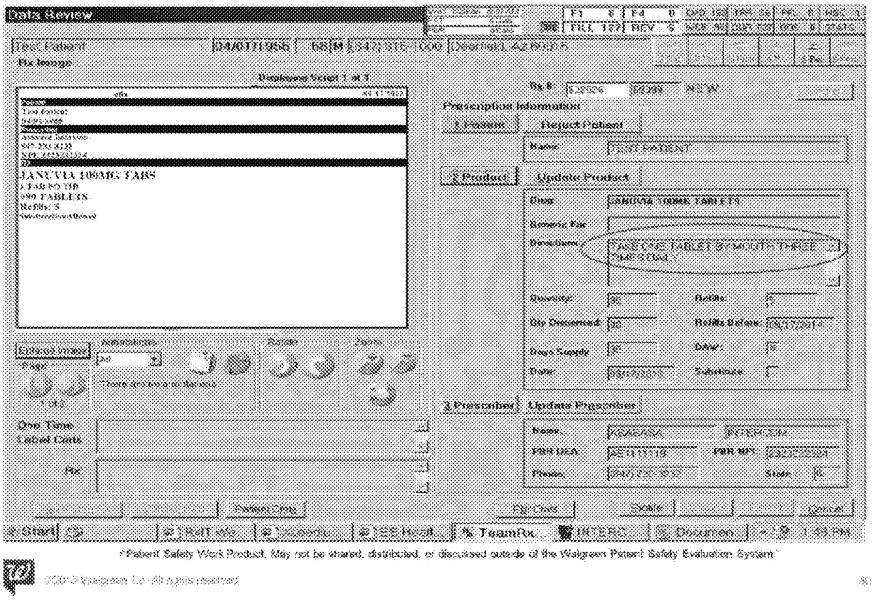
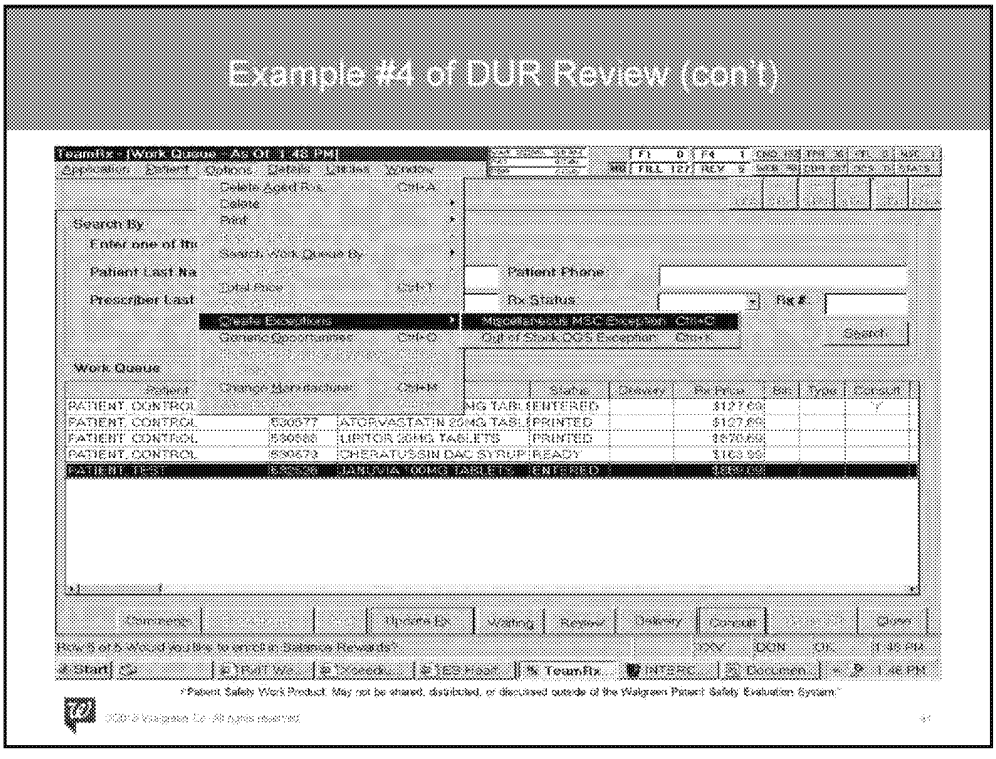
Example #4 of DUR Review (con't)



Talking Points:

- Same as before, during the Data Review of this prescription, you identified that the directions are not consistent with the recommend dosing for Januvia.

- You tried to get a hold of the MD to verify this, but had to leave a message and is waiting for the call back.

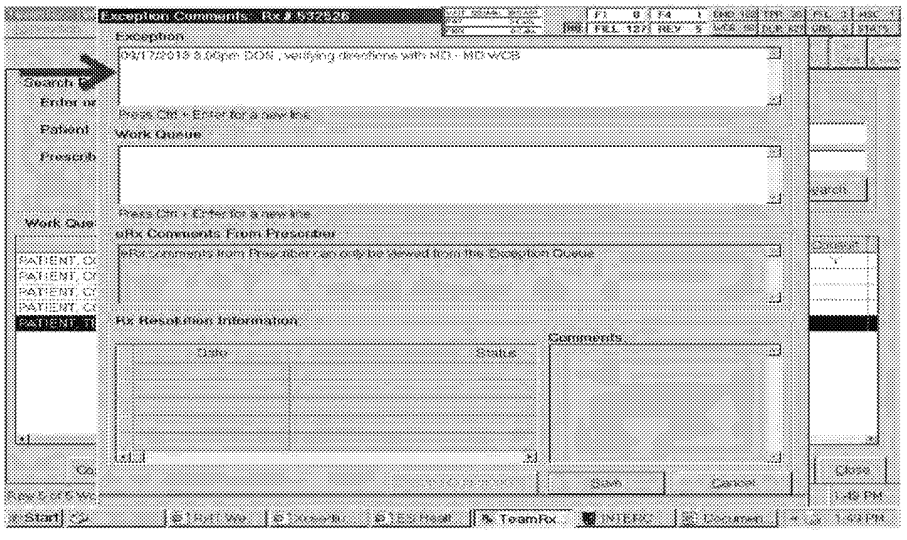


Talking Points:

An exception needs to be created in order to prevent this from being filled so that the directions can be verified with the MD. This can be done by the performing the following:

1. Look up the patient in the work queue.
2. Highlight the prescription in question
3. Under Options, go down to "Create Exceptions"
4. Then hit the right arrow and choose "Miscellaneous MSC Exception."

Example #4 of DUR Review (con't)



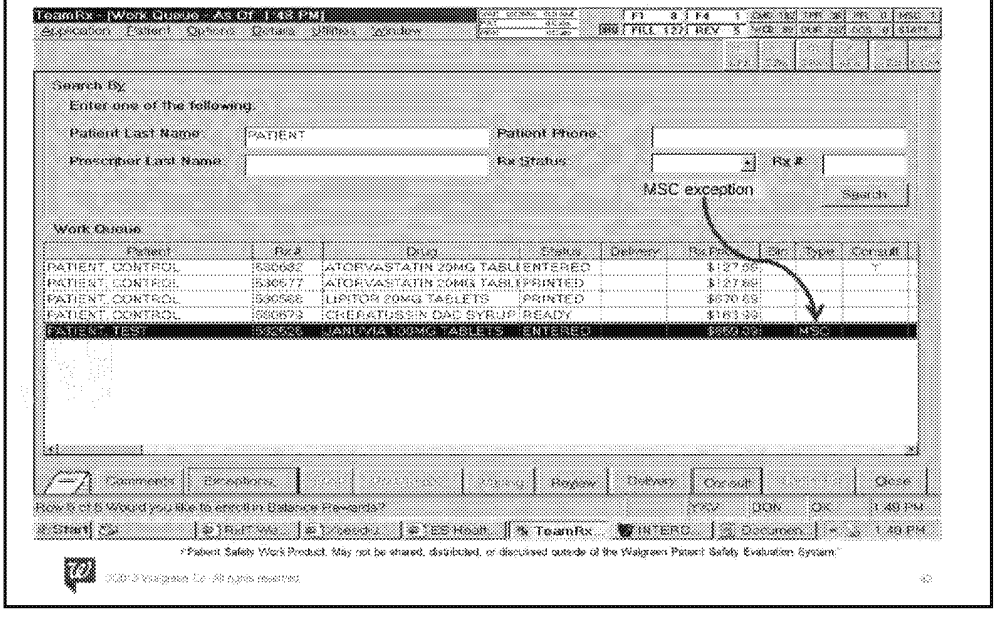
Talking Points:

- This screen will pop up and the comments can be entered in the exception box (not work queue) by the pharmacist stating that we are waiting for the MD to call back to verify the directions with the date, time and initials.

- Remember, be thorough enough so everyone else can understand what you are trying to accomplish.

- Once finished, hit save to complete your entry.

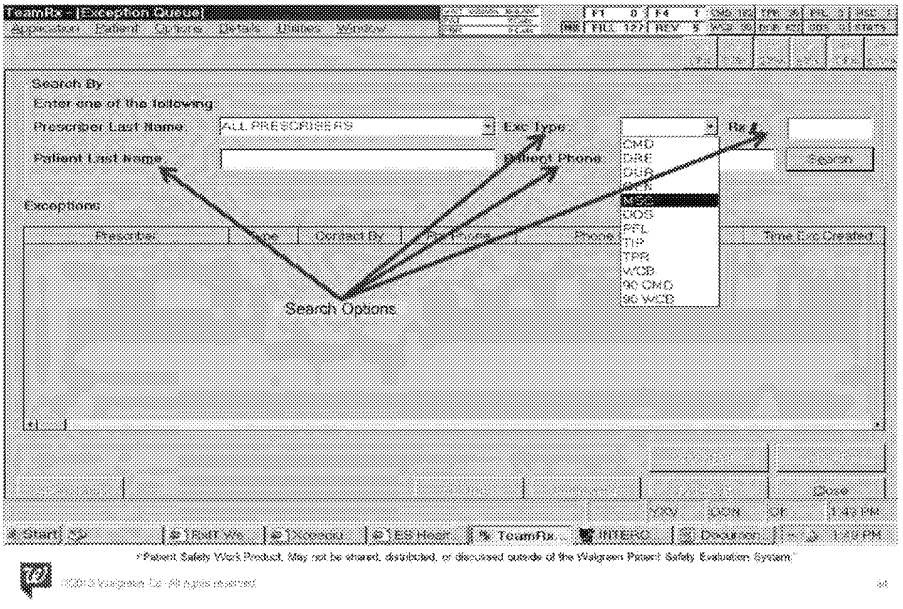
Example #4 of DUR Review (con't)



Talking Points:

Now when the prescription is pulled up in the work queue, this will have a MSC exception that will prevent this from being printed and filled.

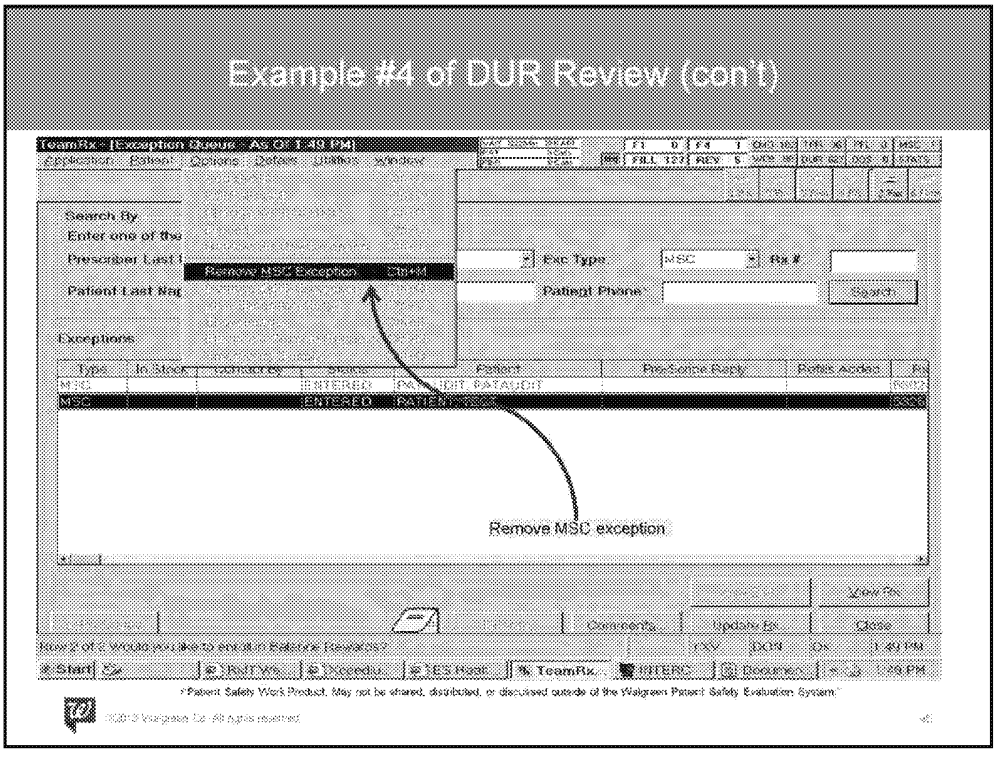
Example #4 of DUR Review (con't)



Talking Point:

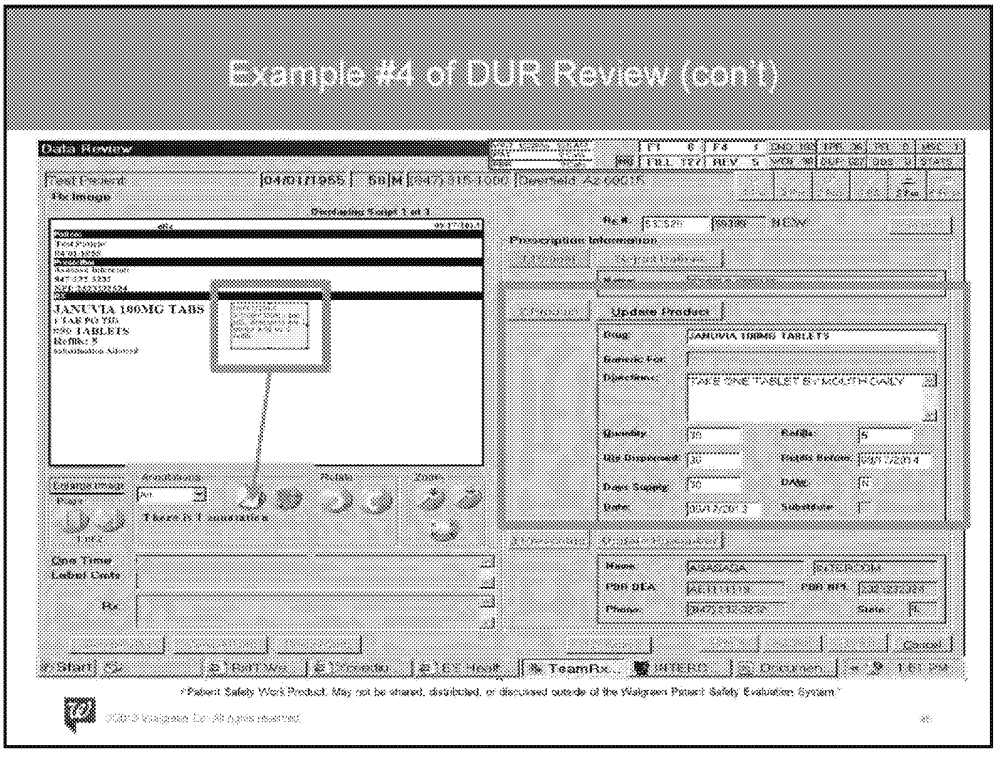
When the MD calls back regarding the prescription, you can access this by going into the "Exception Queue" and searching by either the patient's last name, phone number, RX # or choosing the exception type of "MSC."

Example #4 of DUR Review (con't)



Talking Points:

- This example shows patient(s) filtered by "MSC" under the "Exc Type" and the patient in question has been highlighted.
- To remove this exception, select "Options" and chose the "Remove MSC Exception."



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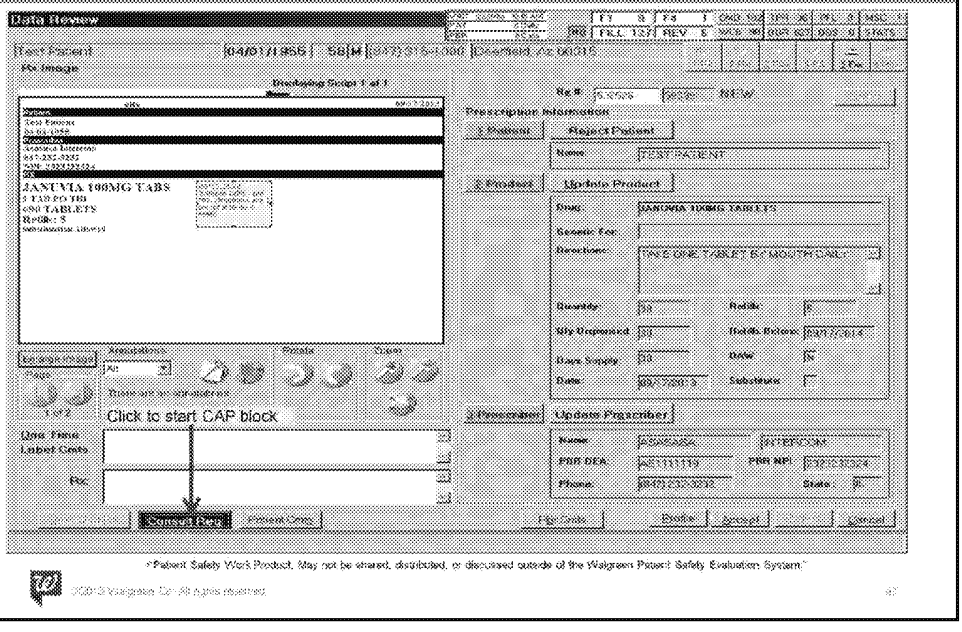
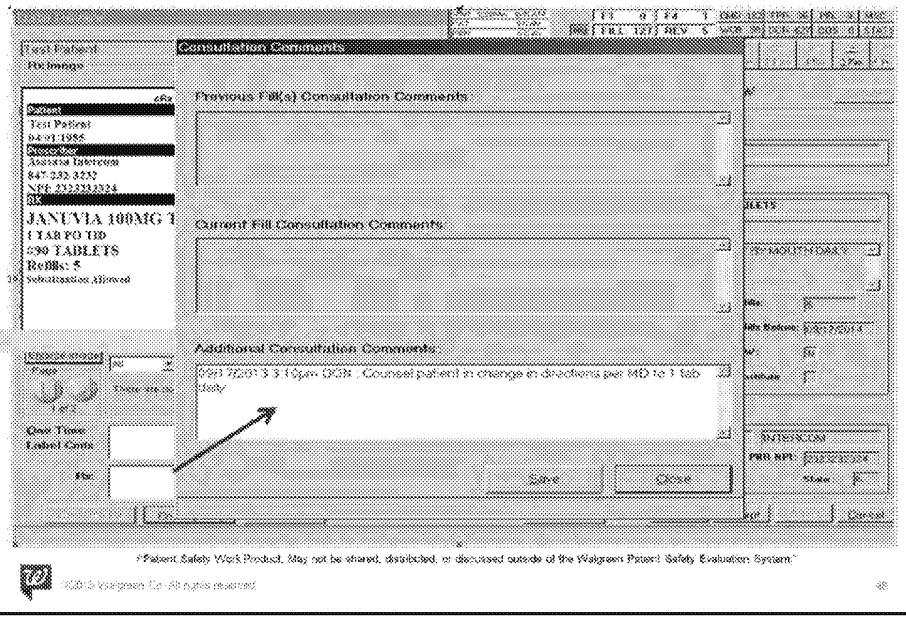


Talking Points:

- After Patient, Product and Prescriber information (highlighted in green) is reviewed, chose the "Consult Req" button to block the sale of the prescription until the patient can be counseled by a pharmacist.

Example #4 of DUR Review (con't)



Talking Point:

- Enter comments regarding what the patient should be counseled for.
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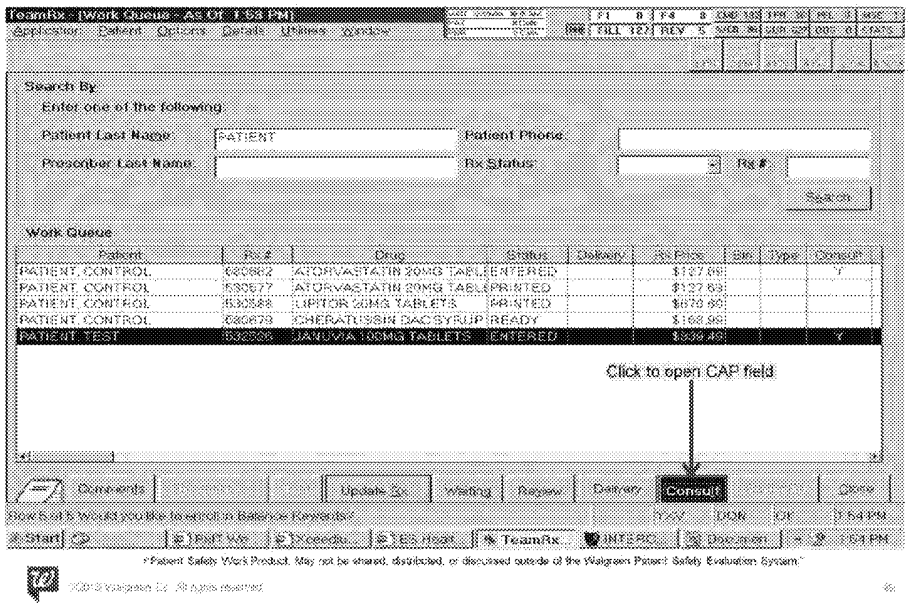
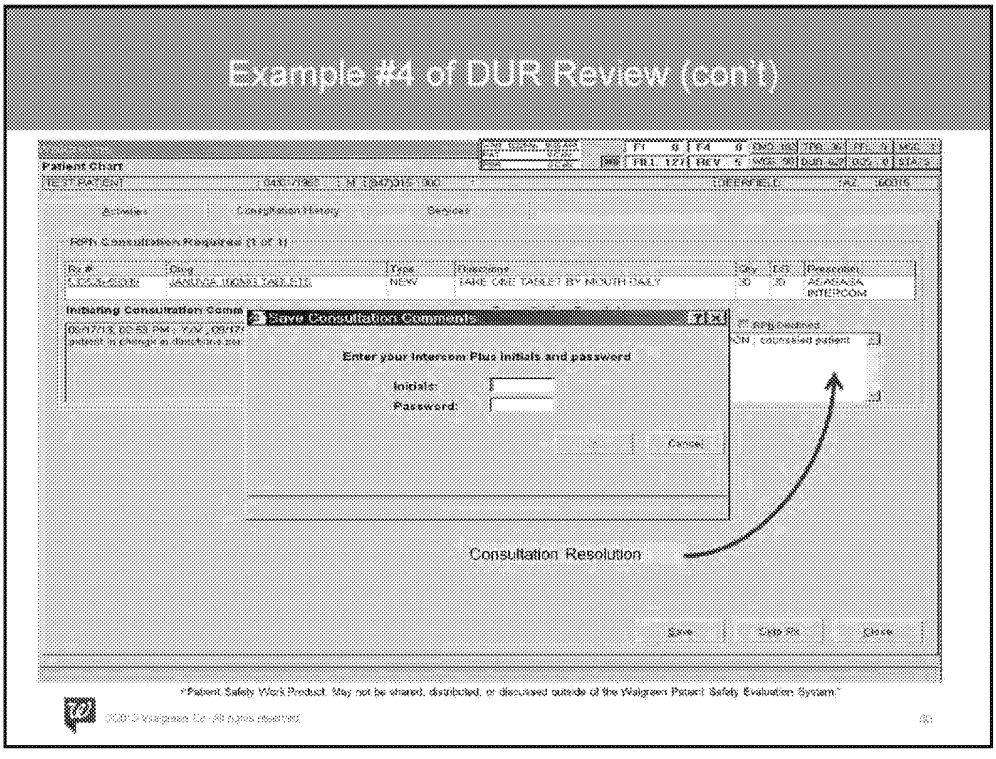
Example #4 of DUR Review (con't)



Talking Points:

- When it comes time to counsel the patient, you should be able to pull up the CAP by going into the work queue and looking up the patient then clicking on the "Consult" button.

Example #4 of DUR Review (con't)



Talking Points:

- Consultation Resolution Box: From here, you can input the outcome of the counseling session and save the comments.

- Once saved, a prompt will require the pharmacists initials and password in order to complete.

Thank You

Small Steps
Big Benefits

Improve population health and reduce costs by incentivizing members to make healthy choices

Walgreens

"An ounce of prevention *is* worth a pound of cure."

– Ben Franklin

Researchers have noted that preventable illness makes up

of total healthcare costs.[1]

Preventable illnesses can result when people ignore personal risk factors such as nutrition, weight control, exercise, blood pressure and smoking. By promoting healthy lifestyle choices, health plans, employers and payers can take a positive step toward reducing healthcare costs.

Employers take note

Improving workforce health and lifestyle behaviors may:[2]

- Lower medical and disability claims
- Decrease unplanned sickness
- Reduce absence
- Increase productivity

Employers with highly effective programs that contribute to improved workforce health report

34% higher revenue per employee

and market premiums that are

20 percentage points higher than ineffective companies.[2]

Unfortunately, lifestyle behaviors related to health risk factors, such as eating, exercising and smoking, are among the most challenging to modify. However, incentives can help motivate members to initiate and participate in healthy activities.[3]

Goal setting and regular self-monitoring have also been found to be effective strategies for changing health behaviors.[4] Researchers have found that greater engagement in the health process can lead to better outcomes.[5]

WAGMDL00987084

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P-25751_00059

Walgreens Balance Rewards for healthy choices® can help motivate participants to live healthier lives

Walgreens Balance Rewards for healthy choices® utilizes incentives, goal setting and regular self-monitoring to inspire and motivate participants. The program is built on evidence-based methodology that incorporates small, easy-to-achieve steps—such as taking one walk, monitoring blood pressure one time, or eating one healthy meal—that, when added together over a week, a year or a lifetime, can lead to major lifestyle changes.

The program is built on the evidence-based methodology of taking **small steps** to **drive** real **behavior change.**

Rewarding in many ways

Walgreens Balance Rewards for healthy choices program rewards participants frequently with points for setting and achieving a variety of health goals.*

Participants can connect a favorite health or fitness device online or through the Walgreens App. They are then able to track their progress and points earned on their desktops, tablets or mobile devices.

Set First Healthy Goal	**250** POINTS/first goal
Link a Device or App	**250** POINTS/device or app
Walking, Running and Cycling	**20** POINTS/mile
Frequent Activities	**20** POINTS/log
Weight Tracking	**20** POINTS/log
Blood Pressure Tracking	**20** POINTS/reading
Blood Glucose Tracking	**20** POINTS/test
Quit Smoking/ Tobacco	**250** POINTS/pledge
Prescriptions	**100** POINTS/each
Immunizations	**100** POINTS/each

WAGMDL00987085

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P-25751_00060

Earned points

Points can be redeemed like cash at more than 8,000 Walgreens locations, Duane Reade stores and at Walgreens.com.† Every visit to Walgreens, Duane Reade or Walgreens.com gives participants access to experienced pharmacists and thousands of product offerings that support healthier lifestyle choices.

Participants also have access to Your Digital Health Advisor, an online resource that provides a digital coaching experience similar to one-on-one health coaching.

As of April 2015,

Balance Rewards for healthy choices® has reached the following milestones:

800,000 users

250,000 connected devices

1.5 million goals set

73 million miles logged

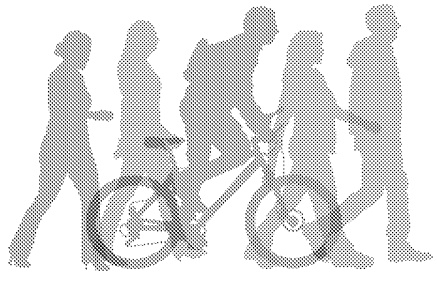
1.9 billion points awarded

Health plans, employers and payers also benefit from the program

Walgreens makes it easy to add the Balance Rewards for healthy choices program to a current incentives portfolio. There are no administrative fees and the program can work with existing wellness and incentive programs that are already in place. Organizations fund only the points awarded to members.

Balance Rewards for healthy choices provides a unique and proven way to engage a member population, which may lead to:

- Improved health outcomes
- Reduced healthcare costs
- Increased member satisfaction and retention



WAGMDL00987086

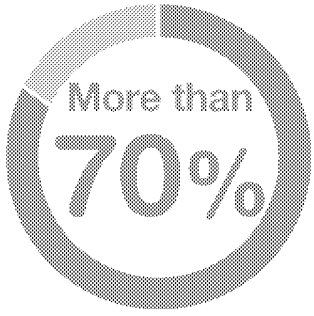
HIGHLY CONFIDENTIAL

P-25751_00061

The program has produced significant results

High, long-term engagement

Walgreens tracked the retention of active Balance Rewards for healthy choices® participants for a year.



of participants with a connected device were still active 12 months after joining the program.[6]

Significant weight loss

In 2014, a study was conducted with 100,069 participants during a 180-day period. Of those participants, 45,839 (45.8 percent) tracked activities and 6,198 (6.2 percent) logged weight measurements.[7]

Participants who logged at least **1 mile** a day **lost** an average of **3.7 pounds**

These results show positive associations between tracking physical activity in the Balance Rewards for healthy choices program and weight loss.

WAGMDL00987087

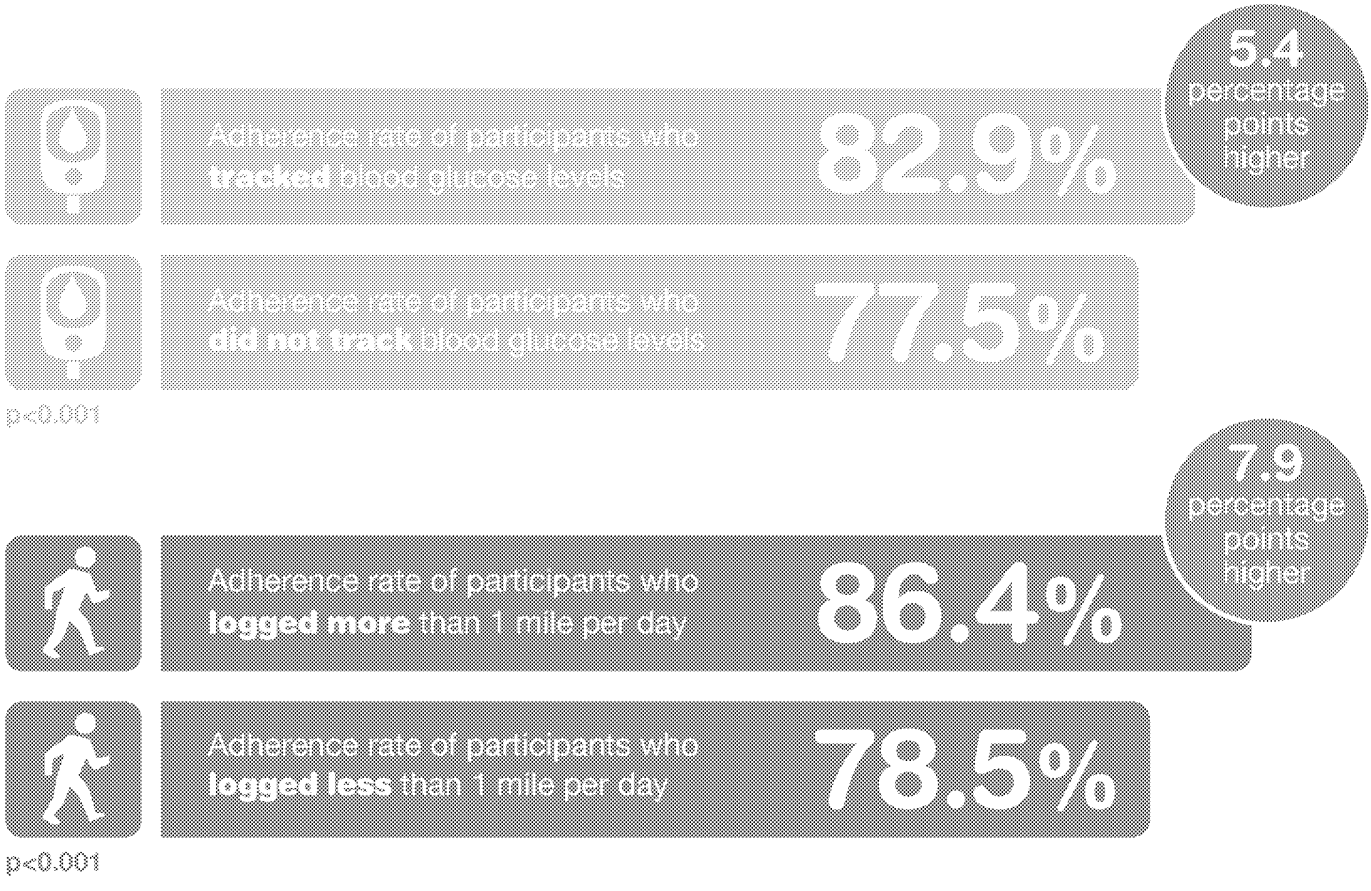
HIGHLY CONFIDENTIAL

P-25751_00062

Better adherence to oral diabetes medications

In 2014, a study was conducted with 1,855 new participants of the Balance Rewards for healthy choices® program, enrolled between May 1 and June 30, 2014, who tracked activities such as steps (walking and running) and biometrics (body weight and blood glucose) within six months of enrollment and filled at least one medication in 2014.[8]

Adherence was measured using proportion of days covered (PDC) which equals the total days covered by medication divided by the total days in the observation period.[9] PDC was calculated from each participant's first prescription fill date in 2014 to December 31, 2014.



This study demonstrates a significant relationship between higher levels of participant engagement in healthy activities and biometric tracking through Balance Rewards for healthy choices and greater adherence to prescribed oral diabetes medications.

WAGMDL00987088

HIGHLY CONFIDENTIAL

P-25751_00063

Better medication adherence to antihypertension medications

In 2014, a study was conducted with 4,943 new participants of the Balance Rewards for healthy choices® program, enrolled between May 1 and June 30, 2014, who tracked activities such as steps (walking and running) and biometrics (body weight and blood pressure) within six months of enrollment and filled at least one antihypertensive medication in 2014.[10]

Adherence was measured using PDC and was calculated from each participant's first prescription fill date in 2014 to December 31, 2014.

This study demonstrates a significant relationship between higher levels of participant engagement through Balance Rewards for healthy choices and greater adherence to prescribed antihypertension medications. In addition, analysis of a larger group of participants confirmed improved adherence across both populations (those who tracked their blood pressure and those who tracked their blood glucose).[11,12]

WAGMDL00987089

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P-25751_00064

"Walgreens Balance Rewards for healthy choices® program promotes and supports healthy behaviors, which should translate into reduced healthcare costs for participants, their employers and payers."

— Harry Leider, Chief Medical Officer, Walgreen Co.

Walgreens continues to measure the outcomes data generated by Balance Rewards for healthy choices and is constantly evolving the program based on the results.

For more information, visit Walgreens.com/HealthSolutions.

For Balance® Rewards terms and conditions, visit Walgreens.com/HealthyChoices.

*One-time reward for first goal set. One-time reward per linked device, maximum two devices per month. Limit 20 points per mile, 1,000 points per month. Limit 20 points per daily weigh-in logged. Limit 20 points per blood glucose test, two logs per day. Limit 20 points per blood pressure test, one log per day. Information provided to Walgreens online is covered by the terms of our Online Privacy and Security Policy found at www.Walgreens.com/topic/generalhelp/privacyandsecurity.jsp and the terms and conditions of Balance Rewards. Personally identifiable information is not covered under HIPAA or the Walgreens Notice of Privacy Practices. For full program terms and conditions, visit Walgreens.com/healthychoices. Points on pharmacy transactions limited to 50,000 per calendar year, and cannot be earned in AR, NJ or NY or on prescriptions transferred to a Participating Store located in AL, MS, OR or PR. See full terms and details at Walgreens.com/Balance.

†Due to state and federal laws, points cannot be redeemed on some items, including alcohol, tobacco, dairy and prescription items. For details, visit Walgreens.com/Balance.

1. Fries JF, Koop CE, Beadle CE, et al. Reducing health care costs by reducing the need and demand for medical services. The Health Project Consortium. *N Engl J Med*. 1993;329(5):321-325. **2.** Caver K, Davenport TO, Nyce S. Capturing the value of health and productivity programs. *People & Strategy*. 2015;38(1):30-35. **3.** Hall B. Health incentives: the science and art of motivating healthy behaviors. *Benefits Q*. 2008;24(2):12-22. **4.** Spahn JM, Reeves RS, Keim KS, et al: State of the evidence regarding behavior change theories and strategies in nutrition counseling to facilitate health and food behavior change. *J Am Diet Assoc*. 2010; 110(6):879-891. **5.** Hibbard JH, Greene J. What the evidence shows about patient activation: better health outcomes and care experiences; fewer data on costs. *Health Aff (Millwood)*. 2013;32(2):207-214. **6.** Walgreen Co. Data on file; 2015. **7.** Walgreen Co. Data on file; 2014. **8.** Taitel M, Jiang J, Akinbosoye O, Orr G. The relationship between online activity and biometric tracking and medication adherence among members with diabetes. Poster presented at: 75th Scientific Sessions (2015) of the American Diabetes Association; June 5-9, 2015; Boston, MA. **9.** Nau DP. Proportion of days covered (PDC) as a preferred method of measuring medication adherence. *URAC & AMCP: Quality Management News and Information for Pharmacy*. 2011;4(4):1;7-9. **10.** Taitel M, Jiang J, Akinbosoye O, Orr G. The relationship between online activity and biometric tracking and medication adherence among members with hypertension. Poster presented at: 36th Annual Meeting & Scientific Sessions of the Society for Behavioral Medicine; April 22-25, 2015; San Antonio, TX. **11.** Gourlay AW. Keynote presentation. Presented at: HIMSS15 (Healthcare Information and Management Systems Society); April 13, 2015; Chicago, IL. **12.** Taitel, M. Actuarial issues in digital health-taming the new frontier: digital health at Walgreens. Presented at: 2015 Health Meeting of the Society of Actuaries; June 16, 2015; Atlanta, GA.

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Walgreens

Evolution, Revolution and Innovation within Balance Rewards

October 16, 2015

Walgreens
AT THE CORNER OF HAPPY & HEALTHY™

A history of innovation at Walgreens

1901 First store is opened

1950 Self-service stores

1968 First with child-resistant containers

1991 Point-of-sale scanning

1992 Stand-alone stores with drive-thru pharmacies

1999 Prescription history online

2002 Multiple language Rx labels

2005 Online digital photo

2006 Opened first Healthcare Clinic

2010 Duane Reade acquisition is finished

1950 1960 1970 1980 1990 2000 2010

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HIGHLY CONFIDENTIAL

Balance Rewards delivers customer value through points, personalization, and customer knowledge

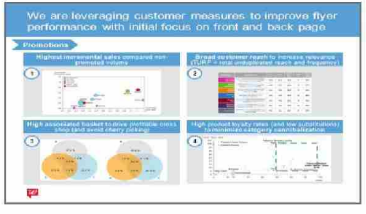
Deliver differentiated customer value

Reward and **retain our customers** via points earn and redeem

Increase value among existing customers via personalized deals

Build best customer knowledge

Capture **customer data** to optimize shopper experience



Build knowledge to inform **differentiated experiences**

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P-25751_00068

Balance Rewards engages customers across three key pillars

Rewarding best customers for choosing Walgreens

Retail rewards

Pharmacy rewards

Balance Rewards for healthy choices

More Points. More Rewards.

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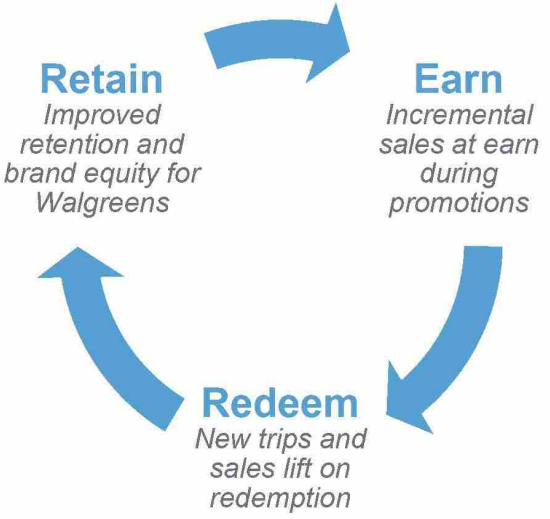
Points are an effective currency with a long-term value cycle and differential appeal to best customers

Points Cycle



Points vs. Dollar Response Rate

Average response

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We launched the largest loyalty program in the country with over 85M members* and continue to evolve

FY13 | **FY14** | **FY15**

Balance Rewards launches
September

Vendor Insight Sharing
December

Personalized Quarterly Thank You mailer
May

Everyday points events launch
January

Paperless coupons
April

Everyday points, Multipliers
June '15

*defined as any member with a Balance Rewards transaction in the last six months

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P-25751_00071

Customers were delighted with core elements of Balance Rewards but wanted more ways to earn points

Program Satisfaction Scores

"It feels like a scavenger hunt [to earn points] …I want to earn more points for all of my purchases."

- Loyal Customer Atlanta

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WAGMDL00987097

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P-25751_00072

Based on customer feedback, we re-launched Balance Rewards on May 31 to enable consistent points earning

100 points per script

or immunization, including Medicare

Now available for all prescription plans

+

10 points per dollar

on almost every item in retail

Members opt in to this new benefit

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Everyday points enable multiplier promotions, aligning with goal to simplify customer offer

Today

- Complex and labor intensive for store

Tomorrow

- Simple, effective, easy to execute

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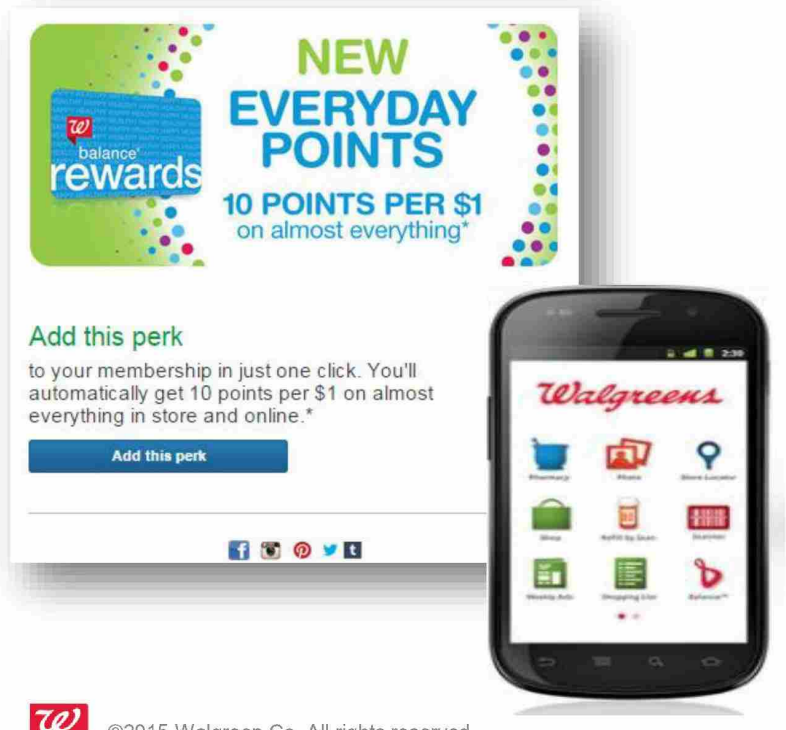
We marketed digital channels as primary way to add the new 'Everyday Points' program perk

Digital Opt In



- ✓ Available to all members
- ✓ Mass marketed with 360 support
- ✓ Three ways to opt in:
  1. Walgreens.com dashboard
  2. Mobile App
  3. 'One Click' email

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Select members were prompted to add the new perk at check out, and encouraged to provide email

Pin Pad Opt In

- ✓ Only **select members prompted to opt in** at checkout

Email Collection

- ✓ Members earned **1,000 bonus points for providing email** at check out

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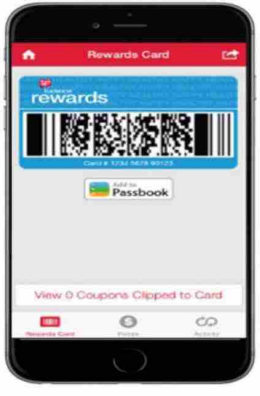
Re-launch was supported with 360 marketing with emphasis on digital, radio, ROTO and in-store

balance® rewards



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Balance Rewards re-launch successfully increased member and operational engagement

Relaunch Success	
Active Members	✓ Increase vs. FY14
Sales on Card	✓ Increase vs. FY14
Member Engagement	✓ Majority of best earning & redeeming more
Customer Delight	✓ Significant increase among EDP earners
Multiplier Events	✓ First events exceeded expectations
Field Feedback	✓ Positive, increased team member engagement

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Video:
The New Balance Rewards

Our program retains the benefits of a discount program while increasing long-term customer engagement

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Five key takeaways:

1. Put the customer first
2. Regularly analyze member engagement
3. Monitor the market
4. Commit to continuous improvement
5. Expect an evolution

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Questions?

Electronic Prescribing of Controlled Substances Job Aid

Intercom Plus is certified to receive and dispense electronic prescriptions for controlled substances (*EPCS*).

Which states allow Electronic Prescribing of Controlled Substances?

All states allow EPCS for C2 – C5 medications.

Additional state-specific information may be found at: ***IC Plus > E-Rx (Pre-Scribe) User Guide > State Specific eRx and EPCS Information> Your State > Electronic Prescribing Regulation***

What certifications are required for EPCS?

DEA regulations require that both the pharmacy and prescriber are certified for EPCS in order to send and receive controlled prescriptions.

Pharmacy:

- *Intercom Plus* has been *EPCS* certified since September 2011, and undergoes recertification by an auditor every 2 years.
- If a *DEA* or *Board of Pharmacy* inspector requests to see the *IC+* certification report, go to StoreNet: **Intercom Plus > E-Rx (Pre-Scribe) User Guide > IC+ EPCS Certification Report (KPMG)**

Prescribers:

- The EHR software used by the prescriber must also be certified by an auditor before sending controlled substances electronically.

The prescriber or clinic must also perform additional enrollment steps before becoming certified *for EPCS*:

- Refer existing eRx prescribers to their eRx/EHR software vendor.
- For prescribers who do not currently have eRx capabilities, refer to *Surescripts* at: 1-866-RXREADY or www.surescripts.com

How do I know an EPCS prescription is valid?

IC+ automatically validates incoming *EPCS* prescriptions.

- An annotation will indicate *Digital Signature Received* with the date and time.
- Similar to tamper-resistant features on paper prescriptions, the *Digital Signature* demonstrates the prescription is from a certified prescriber and received by a certified pharmacy.

Intercom Plus will not allow dispensing of controlled medication when a *Digital Signature* is not present.

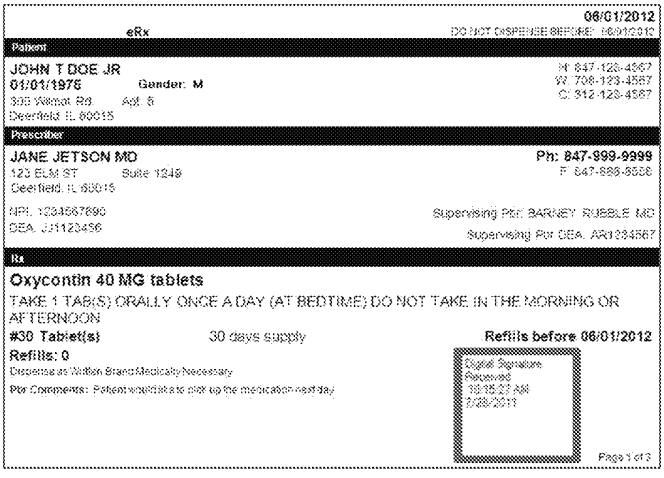
- A pop-up will appear after selecting *Accept* on the *Data Review* window.
- Select *Print & Delete*.
- Contact the prescriber to obtain a valid prescription.

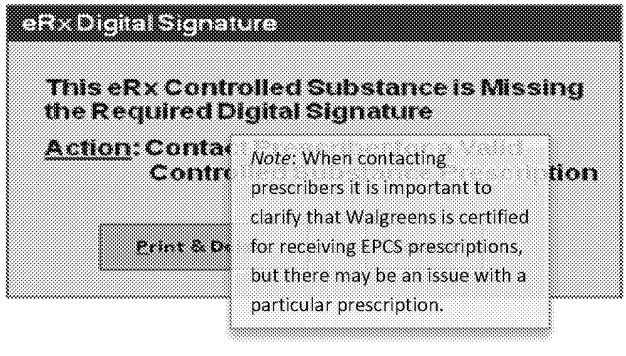
If the prescriber has sent other prescriptions that contain digital signatures:

- Re-sending the prescription may resolve the issue.

If the prescriber is not certified for EPCS prescriptions:

- Obtain the prescription in an alternate manner: fax, telephone or hardcopy, where allowed.





Note: When contacting prescribers it is important to clarify that Walgreens is certified for receiving EPCS prescriptions, but there may be an issue with a particular prescription.

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P-25751_00083

Additional Important Regulatory and Compliance Information:

Good Faith Dispensing and TD-GFD procedures must still be performed on EPCS prescriptions.

Electronic prescriptions may not be printed and then scanned as a hardcopy.

- Once printed, the *prescription is no longer valid* for dispensing and *must not be scanned* as a hardcopy due to *DEA* regulations.

EPCS prescriptions may display a *Do Not Dispense Before* date on the mockup.

- Pharmacy team members must ensure prescriptions are not provided to patients prior to this date.

All prescriptions, including C2, may be *Stored* then reopened at a later date.

- Prescriptions should be stored if a prescriber sends multiple C2 prescriptions for a 3 month supply. Or, if the *Do Not Fill Before* date is more than 7 days in the future.

Transferring EPCS prescriptions follows the same state-specific guidelines as handwritten prescriptions.

- When transferring new eRx prescriptions that have not yet been dispensed, *Store* the prescription on the *Patient Profile*, then follow transfer procedures. This will ensure *eRx* information is correctly documented and retained in *IC+*.
- If the prescription cannot be transferred, and the patient needs the medication sooner, contact the prescriber to send the prescription to an alternate location.

***EPCS* Prescriptions may be placed in the *Exception* queue.**

- If needed, all prescriptions, including C2, may be placed in *OOS* exception.

DEA regulations require EPCS prescriptions are reviewed for suspected security incidents or diversion.

- Ensure any changes to *EPCS* prescriptions are properly annotated. You may be contacted for clarifying information about the prescription.
- Confirmed security incidents must be reported to the *DEA*.

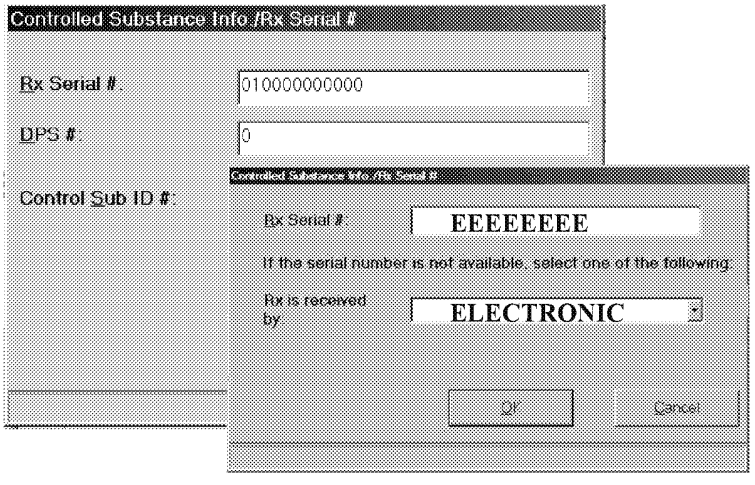
State Specific Information:

New York:

- The Serial# **EEEEEEEE** may be used for every EPCS prescription.
- Select *Electronic* from the "*Rx is received by*" dropdown menu.

Texas:

- Ctrl# **010000000000** may be used for every *EPCS C2* prescription.
- Pharmacists are not required to annotate or print and sign the prescriptions as with handwritten C2 prescriptions.



Electronic Prescribing:
A Pharmacist's Point of View

Jon Arends, PharmD
Director, Electronic Prescribing
February 2015

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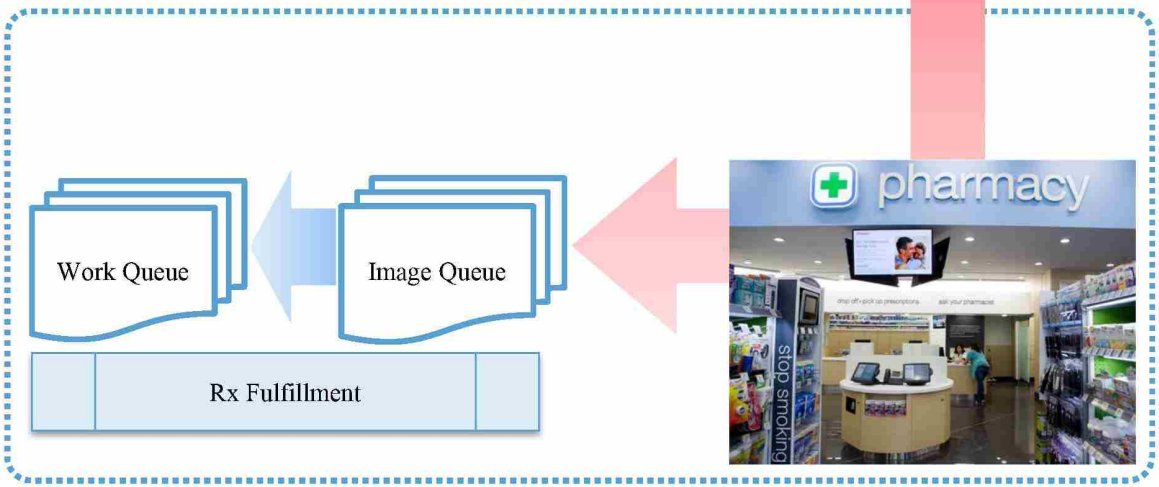
Walgreens
AT THE CORNER OF HAPPY & HEALTHY™

High Level NEWRX



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P-25751_00086

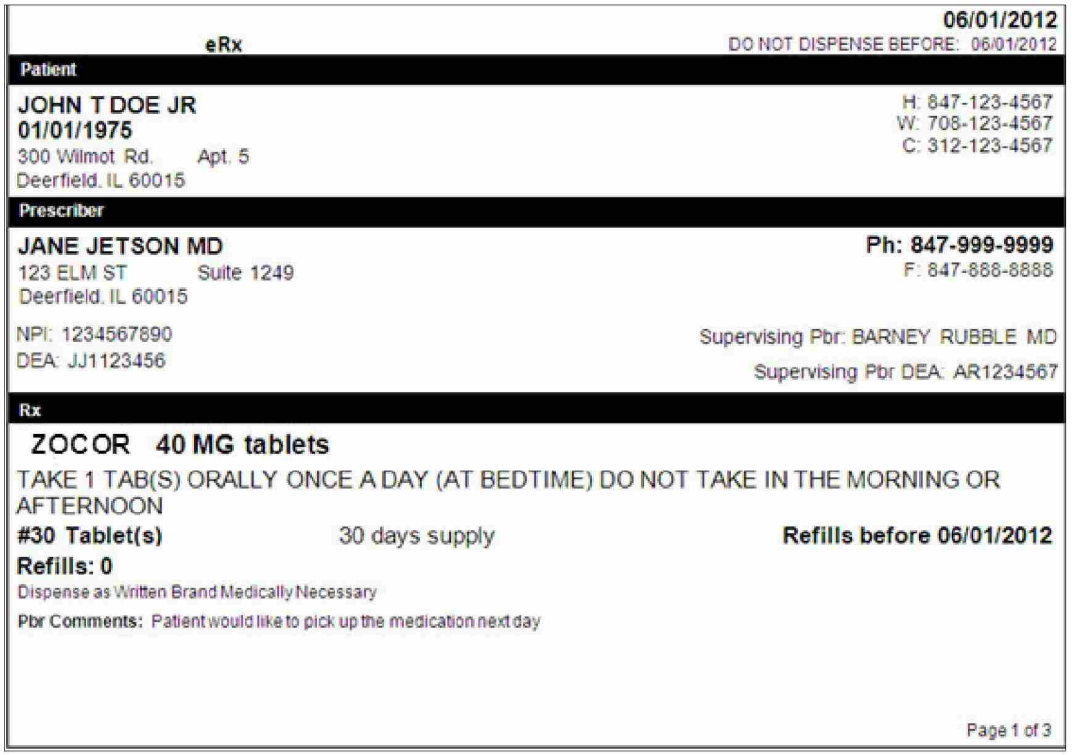
10.6 Mockup

Page 1 — **Key Information to process the prescription**

Patient:
- Name and Demographic Information
- Contact Information

Prescriber:
- Name and Demographic Information
- NPI and DEA Identifiers
- Supervising Prescriber Name and DEA

Prescription:
- Drug Description, Directions
- Quantity and Potency Code
- Days Supply Value
- Last Fill Date
- Substitution
- Notes



eRx — 06/01/2012
DO NOT DISPENSE BEFORE: 06/01/2012

Patient

JOHN T DOE JR
01/01/1975
300 Wilmot Rd. Apt. 5
Deerfield, IL 60015

H: 847-123-4567
W: 708-123-4567
C: 312-123-4567

Prescriber

JANE JETSON MD
123 ELM ST Suite 1249
Deerfield, IL 60015

Ph: 847-999-9999
F: 847-888-8888

NPI: 1234567890
DEA: JJ1123456

Supervising Pbr: BARNEY RUBBLE MD
Supervising Pbr DEA: AR1234567

Rx

ZOCOR 40 MG tablets

TAKE 1 TAB(S) ORALLY ONCE A DAY (AT BEDTIME) DO NOT TAKE IN THE MORNING OR AFTERNOON

#30 Tablet(s) 30 days supply **Refills before 06/01/2012**

Refills: 0

Dispense as Written Brand Medically Necessary

Pbr Comments: Patient would like to pick up the medication next day

Page 1 of 3

10.6 Mockup

<WrittenDate>

eRx

Do Not Dispense Before <EffectiveDate>

Patient

<Patient> < First Name> <Middle Name> <Last Name>

<DateOfBirth>

<AdressLine1> < AddressLine2>

<City>, <State>, <Zip Code>

H: <TE> <Number>

W: <WP><Number>

C: <CP> <Number>

Prescriber

<Prescriber> <First Name> <Middle Name> <Last Name>

<AddressLine1>, <AddressLine2>

<City>, <State>, <Zip Code>

Ph: <TE><Number>

F: <FX><Number>

NPI: <Prescriber><NPI>

DEA: <Prescriber><DEA>

Supervisng Pbr: <Supervisor> <First Name> <Last Name><Suffix>

Supervising Pbr DEA: <Supervisor><DEA>

Rx

<DrugDescription>

<Directions>

<Quantity> <PotencyUnitCode>

<Value> <Days Supply>

Refills Before <LastFillDate>

Refills: <Value>

<Substitutions>

<Note>

10.6 Mockup

Page 2 — Additional Information about the prescriber(s)

Prescriber:
- Additional Prescriber IDs, Clinic and Specialty
- Agent
- Additional Phone Numbers

Supervising Prescriber:
- Address, Phone Number,
- 3 prescriber IDs max
- Phone

Primary and Secondary Diagnosis Codes

Message Routing Information

Prescriber Info Cont'd – JANE JETSON

Medicaid 09876
Medicare 1294534
Specialty: Allopathic & Osteopathic Physician
Clinic: Jetson Family Medical Center
Pbr Agent: FRED FLINTSTONE

Cell: 847-888-8888
Pager: 847-888-8888

Supervising Pbr Info Cont'd – BARNEY RUBBLE

222 Main St
Deerfield, IL 60015

Phone: 847-888-8888

NPI 1234567890
Medicare 1234567
Medicaid 123456789

Diagnosis Codes

Primary: ICD9 687.2
Secondary: ICD10 999.9

eRx sent to: Store 59401 NABP 5000001
Duane Reade
60 Colver Ave Groton, NY 63402
SureScripts Message ID# 3c0d70327a244a1aa3b625873b731639
Prescriber Order# AAD-888517K52272135WYK4L44455YFF5SK

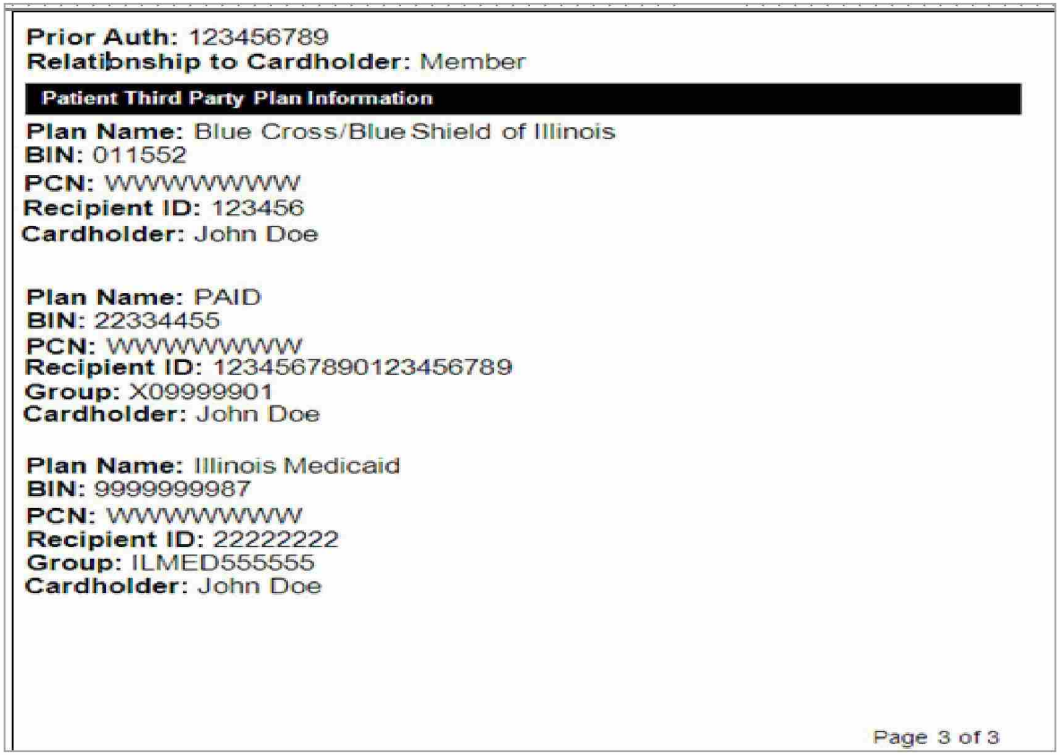
Page 2 of 3

10.6 Mockup

Page 3 — Patient Insurance Information

COO Segment
- Automated Entry

Manual Display
- Prior Authorization Number
- Relationship to Cardholder
- Plan Information



Prior Auth: 123456789
Relationship to Cardholder: Member

Patient Third Party Plan Information

Plan Name: Blue Cross/Blue Shield of Illinois
BIN: 011552
PCN: WWWWWWWW
Recipient ID: 123456
Cardholder: John Doe

Plan Name: PAID
BIN: 22334455
PCN: WWWWWWWW
Recipient ID: 1234567890123456789
Group: X09999901
Cardholder: John Doe

Plan Name: Illinois Medicaid
BIN: 9999999987
PCN: WWWWWWWW
Recipient ID: 22222222
Group: ILMED555555
Cardholder: John Doe

Page 3 of 3

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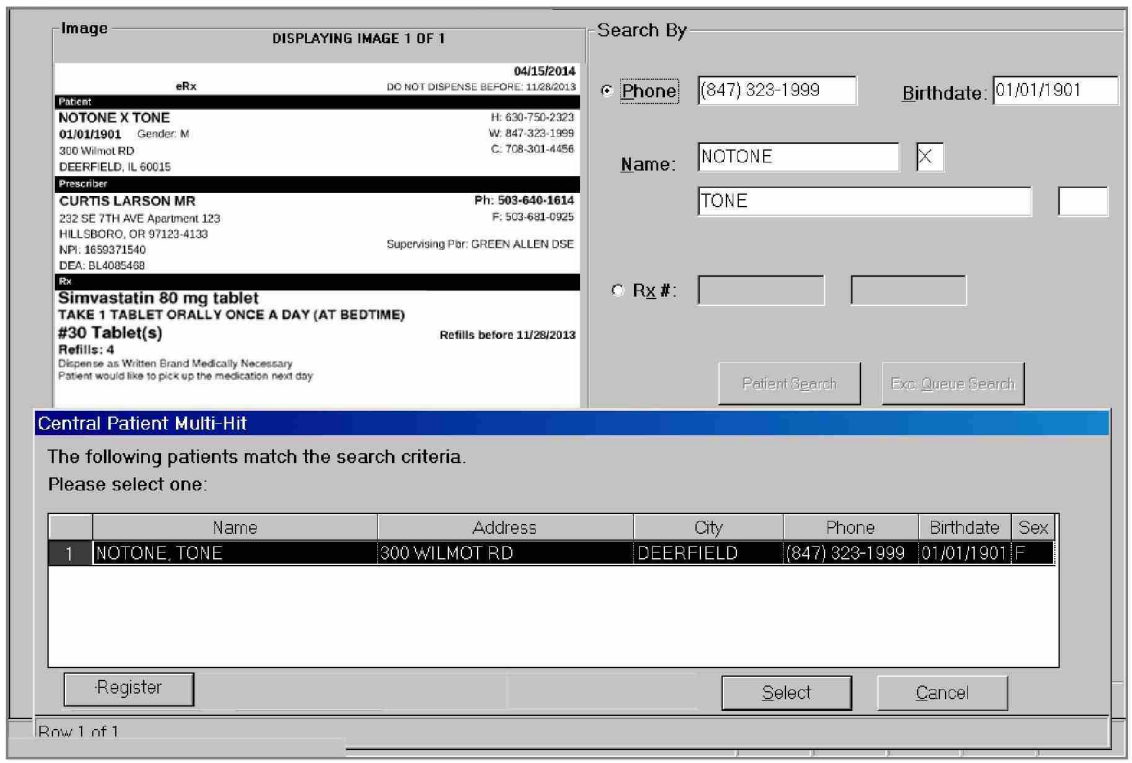
Patient and Prescription Matching

Dashboard indicates when a new eRx is in the image queue.

- Common workflow step for eRx and all other prescriptions
- When an eRx is the highest priority item:
  - Patient and prescription matching window is displayed to user.



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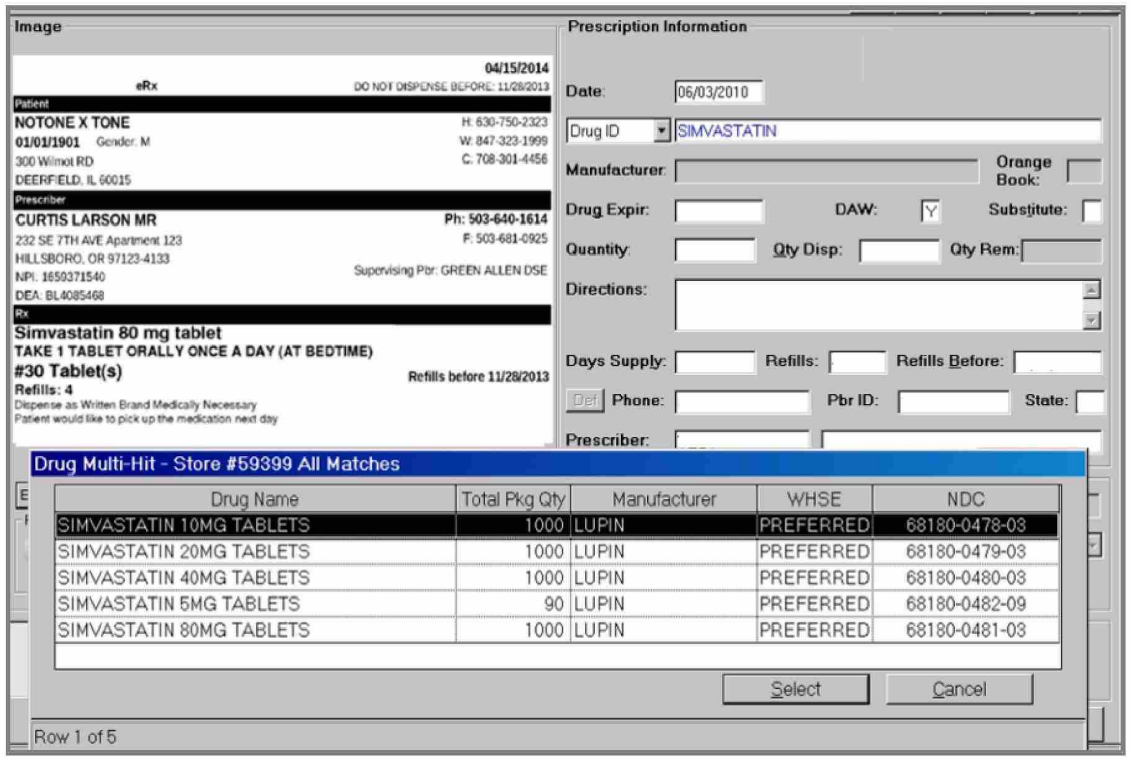
Order Entry – Drug

User is taken to Order Entry Window

Drug Selection occurs first step in transcription process

- Using information from the mockup, user enters search criteria to generate multi-hit window



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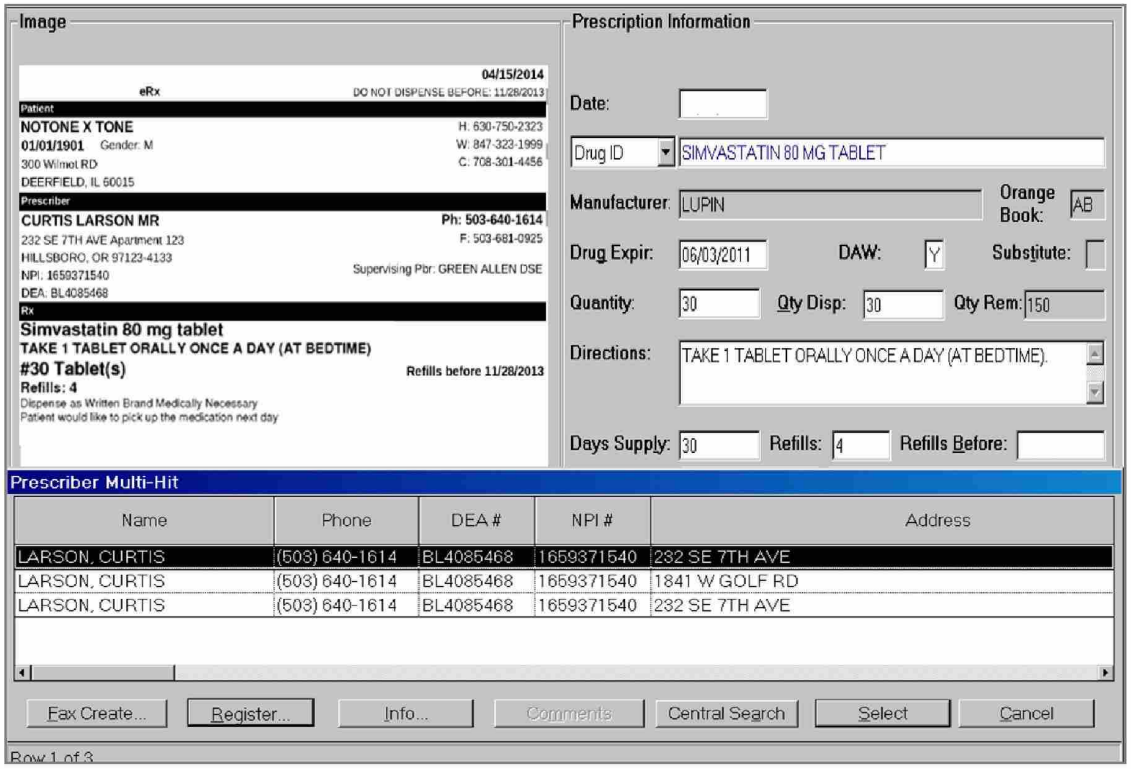
Order Entry – Prescriber Selection

Next Workflow Step:

- Pbr search automatically initiated using SPI.



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Questions?

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eRx Overview

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General eRx Background

- E-Prescribing or eRx is the ability for a prescriber to electronically submit prescriptions to a pharmacy on behalf of the patient and for the pharmacy to request refills electronically.
- Surescripts is the data intermediary that both prescribers and pharmacies use to send eRxs and electronic refill (pre-scribe) requests and responses to each other.
- Walgreens eRx platform transmits inbound eRx traffic to our stores, and transmits outbound Refill requests to Surescripts.
- Electronic traffic is transmitted within 1-2 seconds typically.

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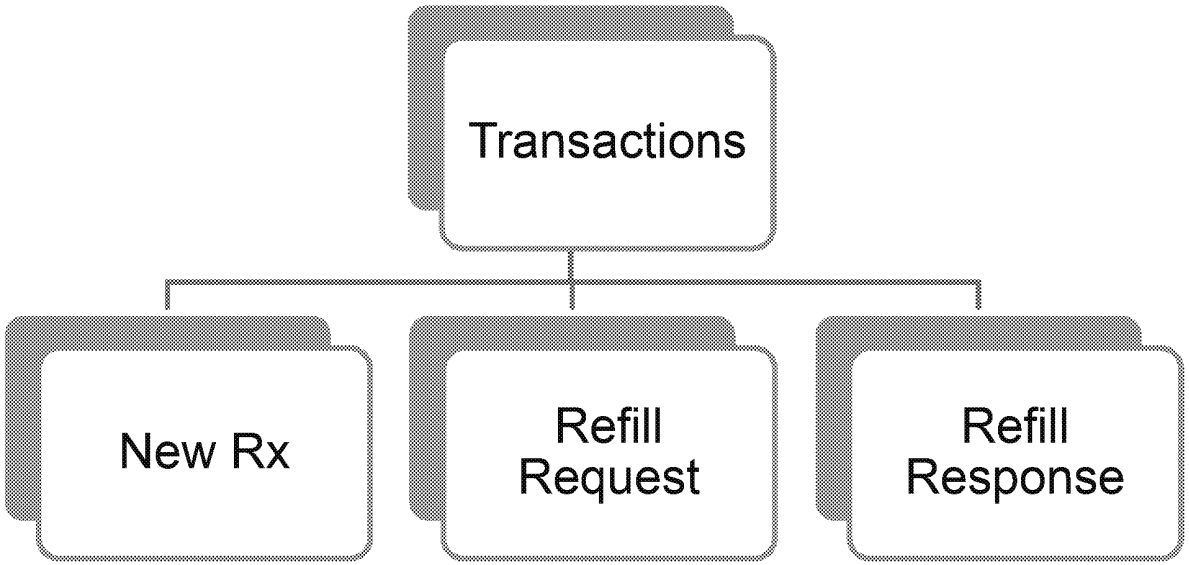
Supported Transactions



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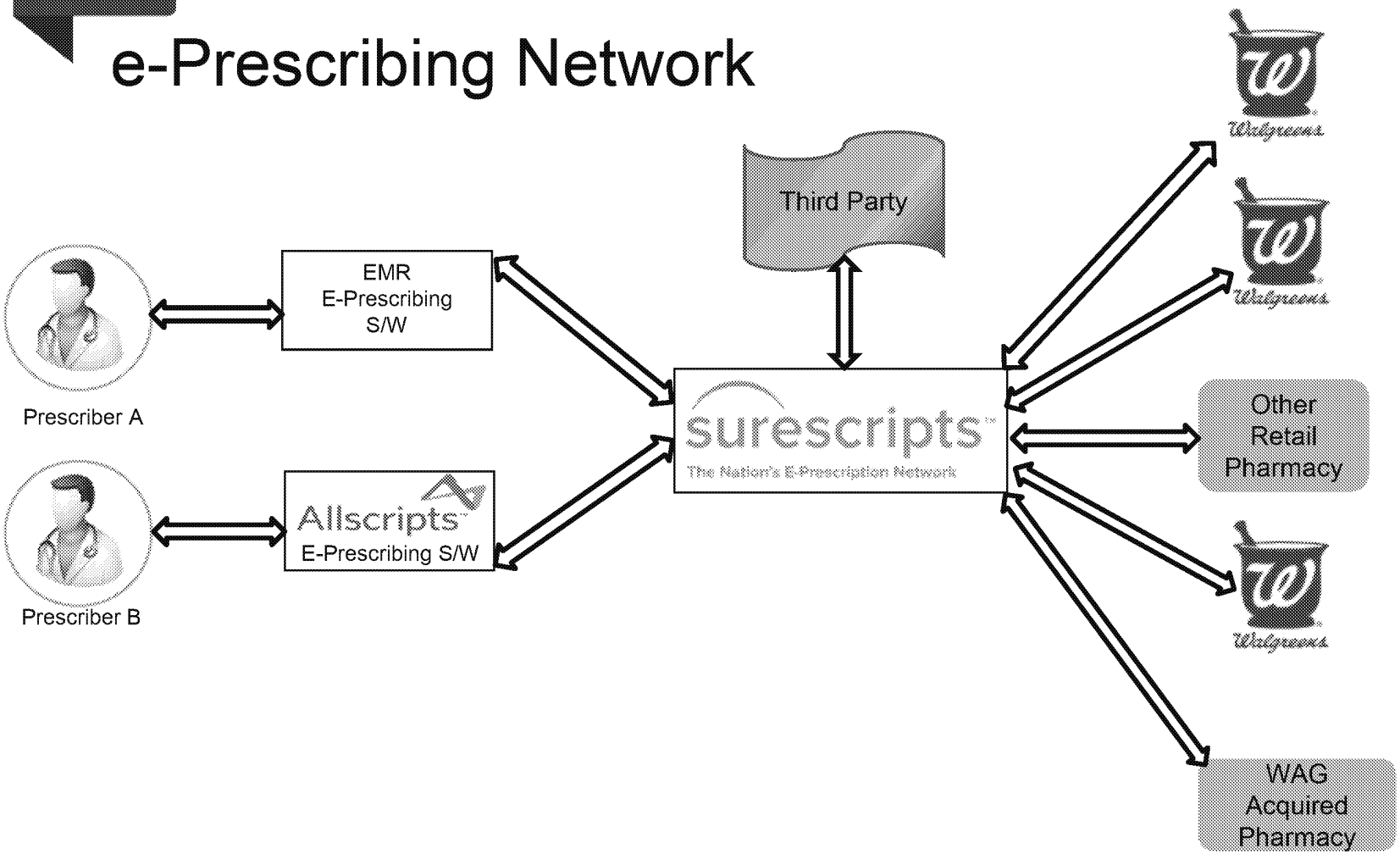
e-Prescribing Network



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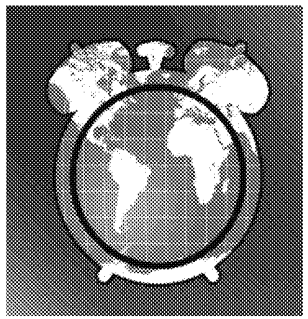
eRx Promise Times

Health Care Clinic eRx	• 15 minutes
All Other eRx	• 90 minutes



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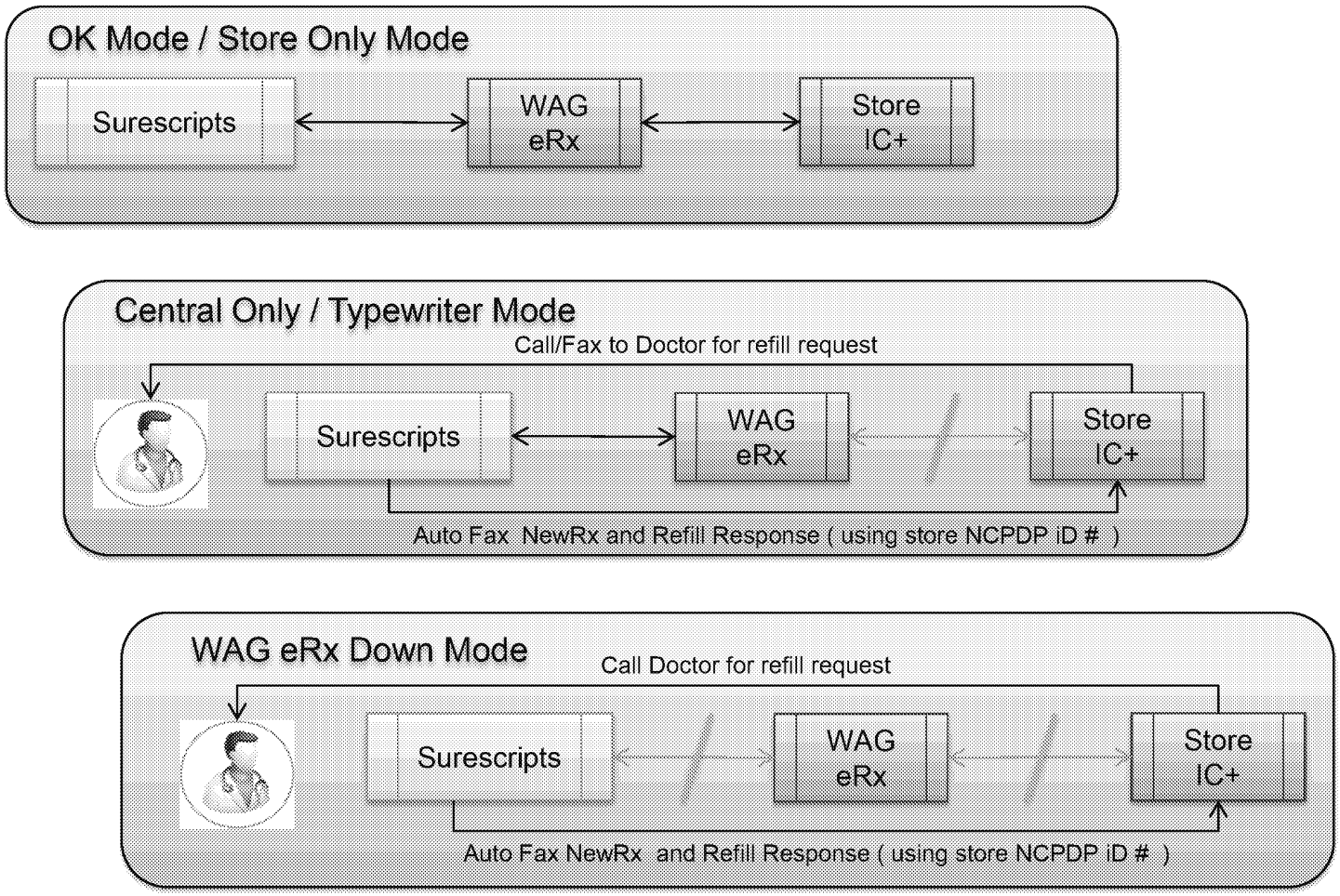
eRx system flows



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Processing eRx (Pre-scribe) New Rx

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Where can I find the eRx in IC+?

All eRxs reside in the same location in IC+ but there are several ways to access the transaction for processing.

- F1 Queue: most common way to access a new eRx.
- EIV Window: The Electronic Image Viewer window (Shift-F1).
- EIPI Window: The Electronic Image Patient Inquiry window.
- Message Queue: The new eRx is there only when a patient was not associated with the transaction.

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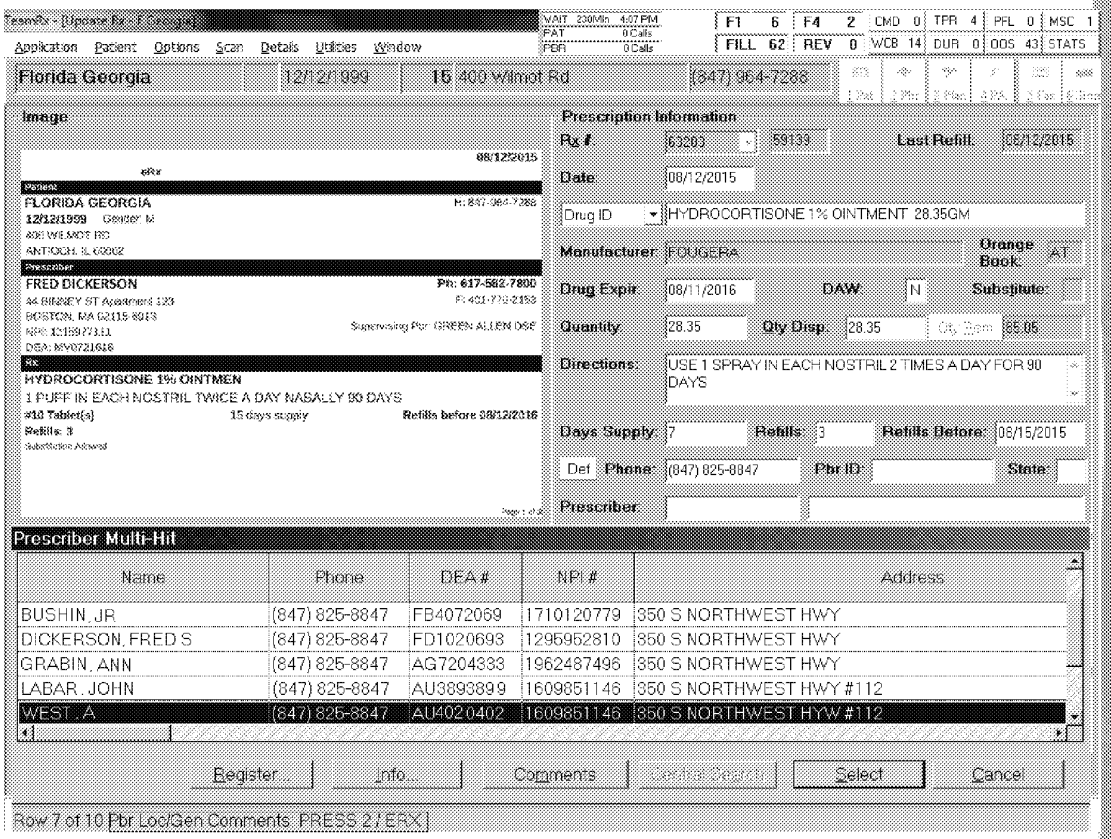
P-25751_00102

Processing a New eRx

- In order to make sure we send eRx refill requests, it is imperative that during data entry for a new eRx the prescriber profile selected is an eRx profile
- Upon data entry of the original prescription, the prescriber multi-hit allows insight into which prescriber profiles contain the eRx information



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P-25751_00103

eRx Prescriber Profile Information

- A prescriber is defined as eRx enabled in IC+ when their profile contains all the information necessary to send a refill request electronically to Surescripts.
- When prescribers have multiple profiles in IC+, you may notice that some of the profiles have the eRx information and some do not.
- Sometimes prescribers have multiple locations and not all locations use an eRx system.
- Sometimes prescribers may have multiple profiles in IC+ for the same location - some of which may contain the eRx information and some may not.
  - When this occurs prescribers often complain to pharmacies that they are faxing when they should be sending via eRx.

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Processing eRx (Pre-scribe) Refill Requests

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Walgreens

Prescriber Profile – Refill Enabled

- In order for a refill request to be sent electronically through Surescripts to the prescriber, the prescriber profile originally selected must be an eRx prescriber profile.
- Prescriber profiles that contain all the necessary eRx information will have the refill request sent electronically (Pre-scribe):
  1. eRx Indicator is set to Y
  2. “eRx” is listed in the comments field
  3. “Pre-Scribe” is listed in the Contact By column
  4. When the refill is sent, “Awaiting Reply” is listed in the Pre-Scribe Reply column of the Exception Queue

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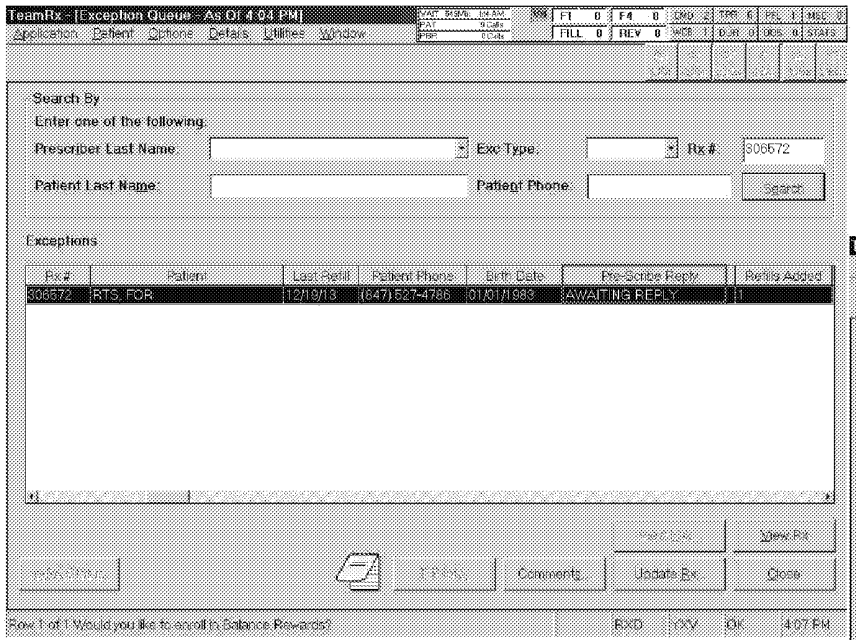
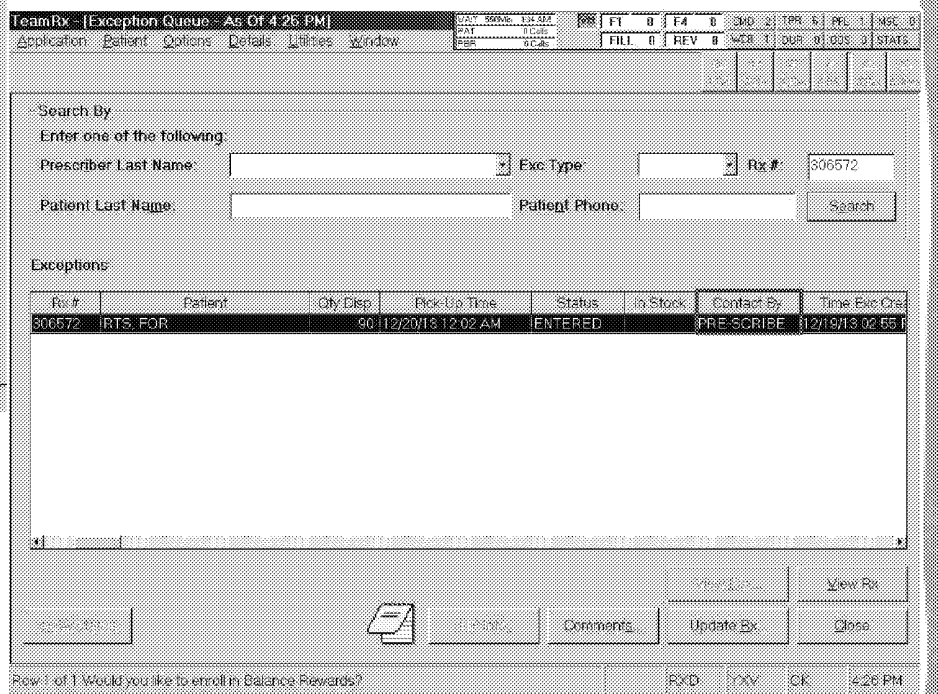
P-25751_00106

Exception Queue – Refill sent electronically





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P-25751_00107

eRx Refill Processing

- For prescriptions that have zero refills: the refill request will automatically go out via eRx when the prescriber profile associated with the prescription has eRx refill capability.
- When processing a prescription with zero refills, if the prescriber profile associated with the prescription is not eRx refill enabled, you cannot update the WCB to send a refill request out electronically.
- The only way to reprocess a transaction already in the exception queue, listed as contact by fax or phone, is to delete the WCB and reprocess by doing a copy/create and transmit electronically by selecting a eRx refill enabled prescriber.

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P-25751_00108

eRx Refill Processing Cont.

- For each prescription, an eRx Refill Request can be sent ONE TIME ONLY!
- If prescriber does not respond within **48 BUSINESS HOURS,** the pharmacy should follow up with the prescriber by phone or fax.

  ***Please use extreme discretion if having to call or fax before this 48 hour window, it is very disruptive to eRx prescriber workflows
- In R69 Faxed second refill requests will be blocked for 48 hours after the initial refill was submitted electronically.

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P-25751_00109

Prescriber Complaints of not sending refills via eRx

- If a prescriber is complaining that they did not receive a refill request via eRx, double check the WCB contact by column. If the contact by column does not say prescribe, try to delete the rx and reprocess using copy/create to reselect using an eRx refill enabled prescriber.
- To prevent the issue from continuing please open a ticket to the Help Center/Service Desk to get all the prescriber profiles for that location corrected to contain the eRx information.
  - StoreNet > Fix > Service Desk > Pharmacy > E-RX (Prescribe) -> General E-Rx Issues/Concerns -> Doctor's Electronic Rx Prescribe Number Needs Updating

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P-25751_00110

Electronic Prescribing of Controlled Substances (EPCS)

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Walgreens

Controlled Substances Can Be Prescribed Electronically

Where can I find additional information on EPCS?

StoreNet >> Intercom Plus >> E-Rx (Pre-Scribe) User Guide >> Electronic Prescribing of Controlled Substances (EPCS) in left navigation menu

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P-25751_00112

Questions ?

For additional questions or concerns regarding the processing of eRxs

Please contact

erxoperations@walgreens.com

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P-25751_00113

Transforming the Digital Health Experience to Drive Engagement

Presenter Name and Subtopic
Date

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A digital health ecosystem that enhances and builds upon a solid foundation of face-to-face customer care

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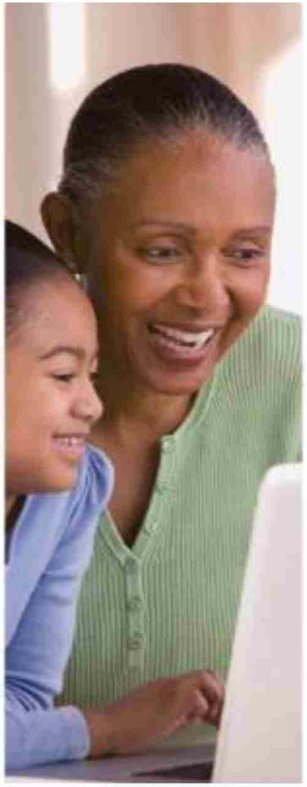
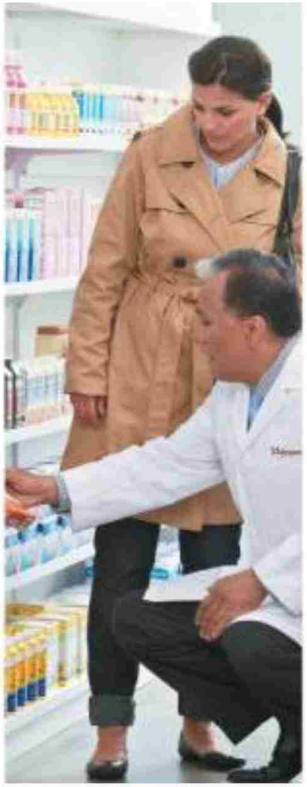
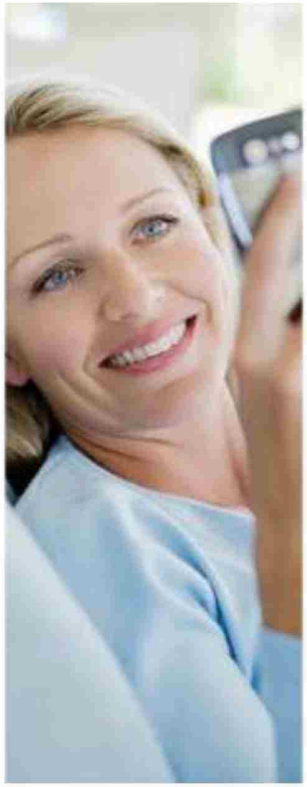
Home and virtual reach enables hundreds of interactions per customer, per year







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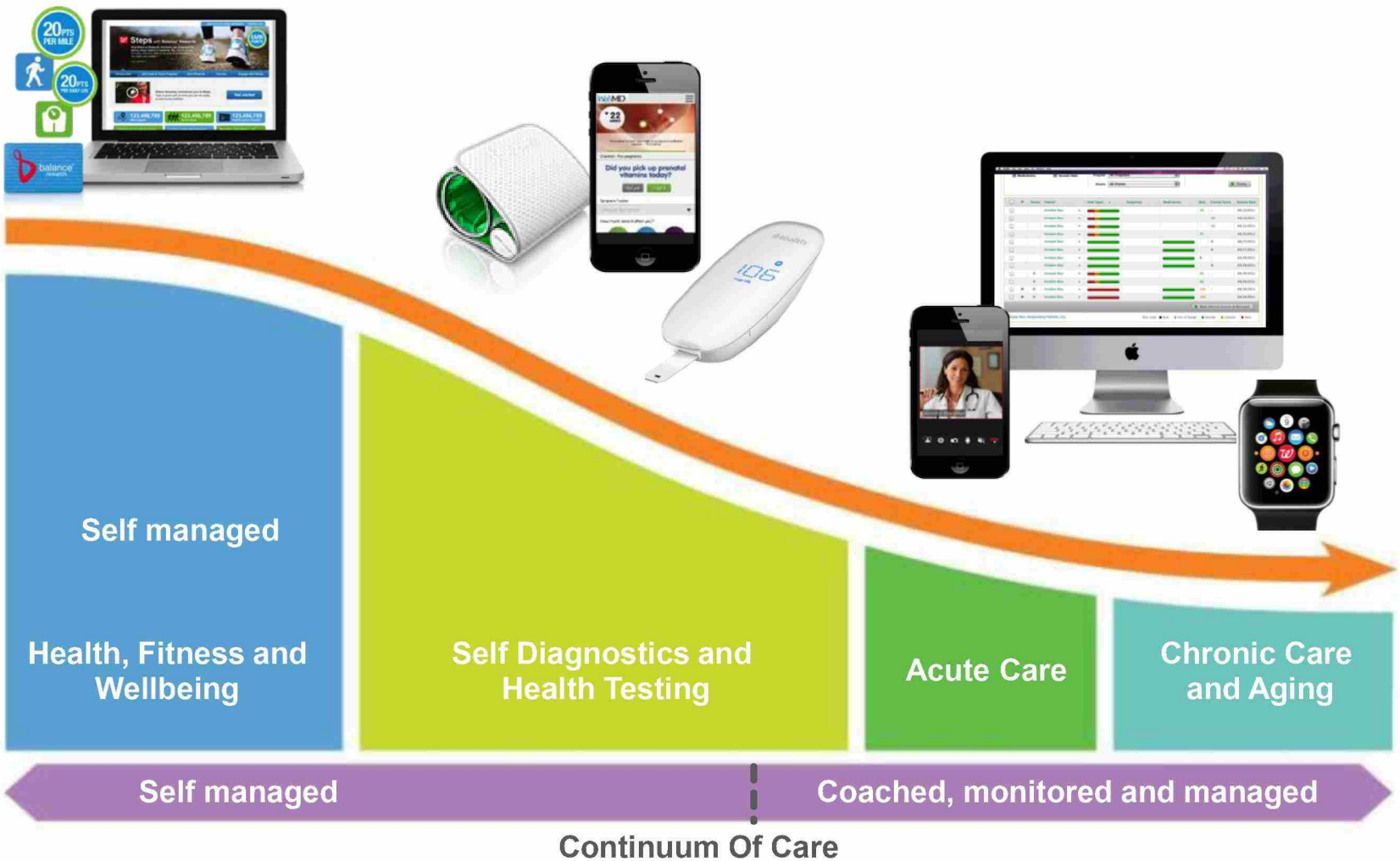
P-25751_00116

Aligning digital health connections with the continuum of healthcare



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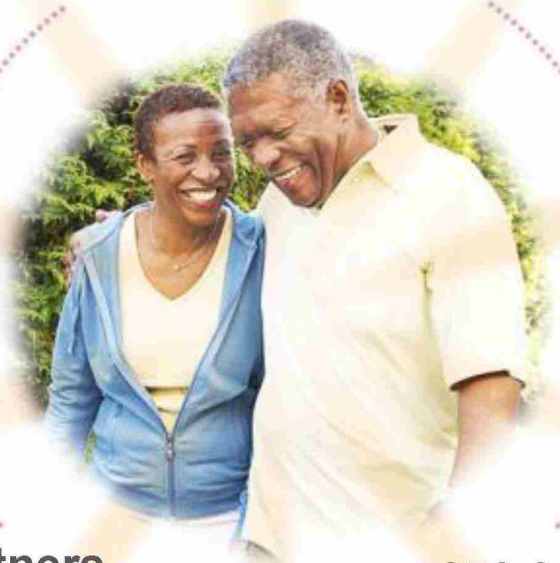
P-25751_00117

A digital ecosystem built on connectivity and convenience

81 million active Balance® Rewards members

8,000+ connected retail locations



Largest pharmacy EHR connects 27,000+ pharmacists

200+ API partners

250,000+ connected devices

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P-25751_00118

Industry-leading access and connectivity to help you achieve your population health management goals

Improving adherence

Engaging members

Rewarding healthy choices

Integrating with your programs

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Improving adherence with digital tools and easy access

State-of-the-art digital tools help make it easy to stay on medication therapy

Refill by Scan
The fastest way to refill

Transfer by Scan
No-hassle Rx switch

Pill Reminder
Quick and easy

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Refill reminders keep medication adherence top of mind

- Delivered via text or email
- A simple reply starts the refill process
- Make it easy to select pickup location and time

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P-25751_00122

Email refill reminders improve adherence and persistence

Group	Patients who received refill reminders	Patients who did not receive refill reminders	Difference	P-value
Adherence (PDC)	51.15%	48.56%	2.59%	<.001
Persistence (Days)	236.01	228.11	7.90	<.001

Source: Taitel M, Mu Y, Lou Y, Cannon A. Impact of Email Refill Reminders on Medication Adherence Among Patients with Chronic Diseases in a Retail Community Pharmacy. Poster presentation at Ispor 20th Annual International Meeting. May 20, 2015. Philadelphia, PA

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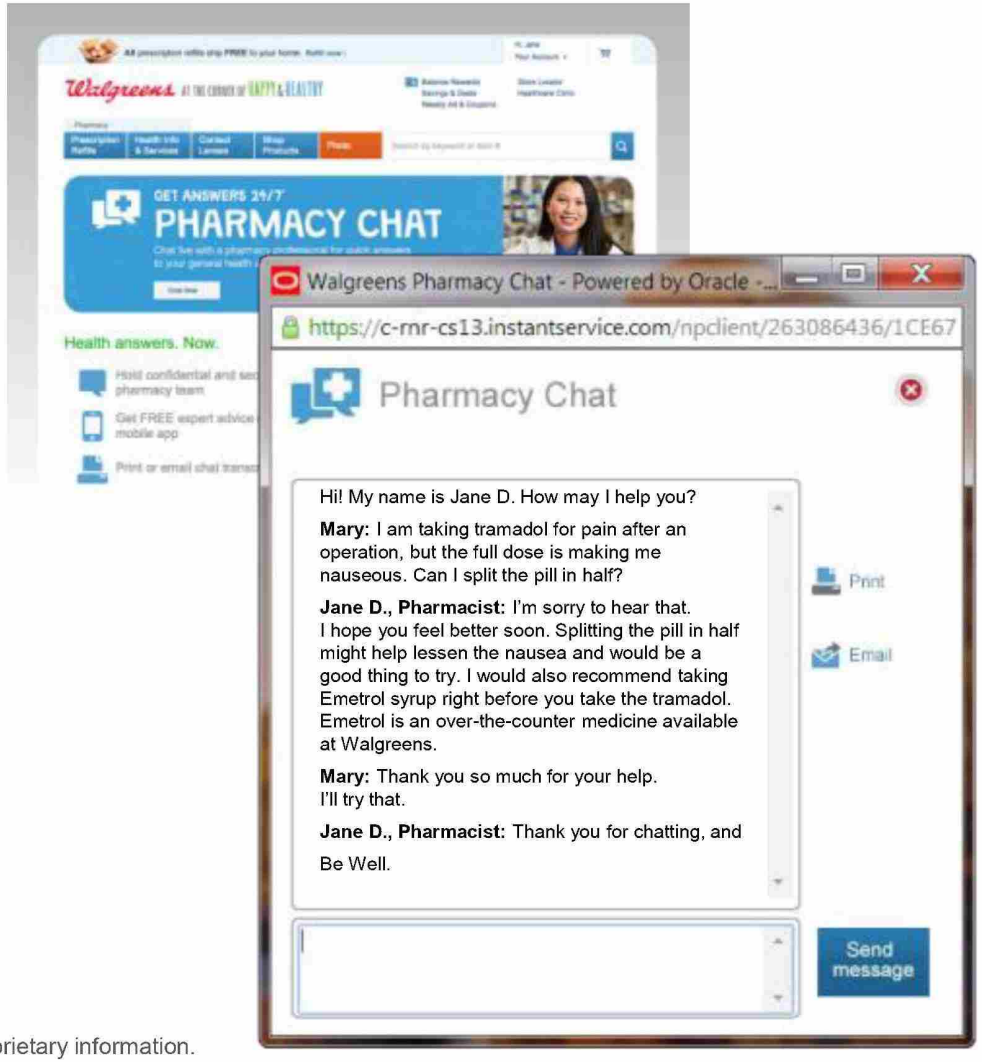
Pharmacy Chat helps remove obstacles to adherence

- Pharmacy Chat available through Mobile App or Walgreens.com
- Gives members easy, 24/7 access to pharmacy professionals when they have questions about medications



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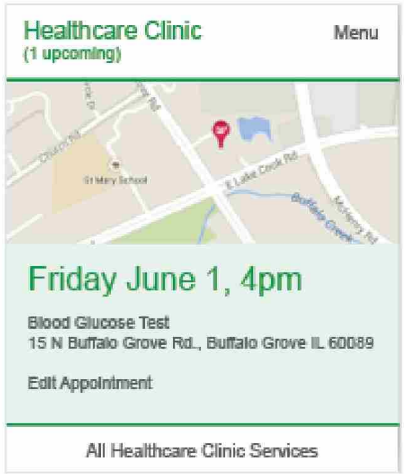
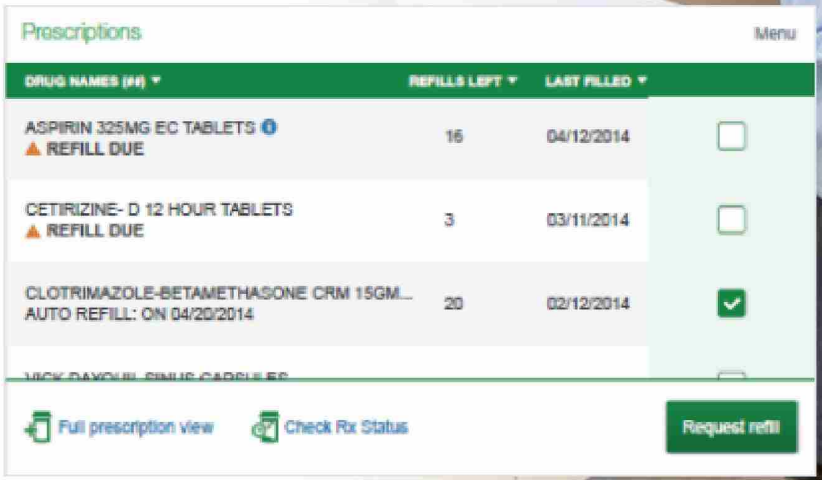
Easy scheduling and prescription management

- Digital scheduling for Healthcare Clinic and immunizations so customers can choose a time that fits their schedules
- Family prescription management tool means information is always within reach





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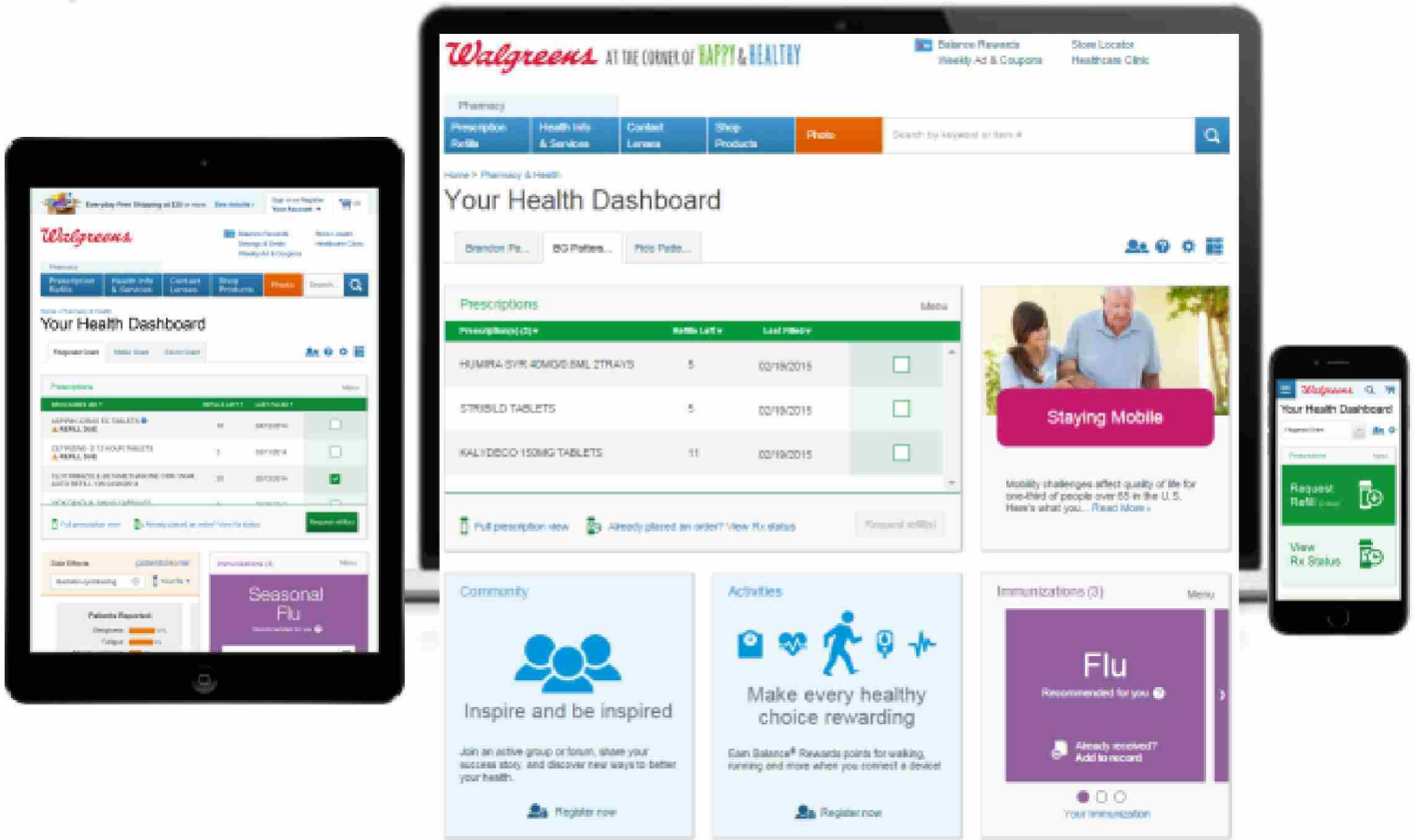
Engaging members with accessible health information

A personalized, adaptable health dashboard accessible across multiple platforms



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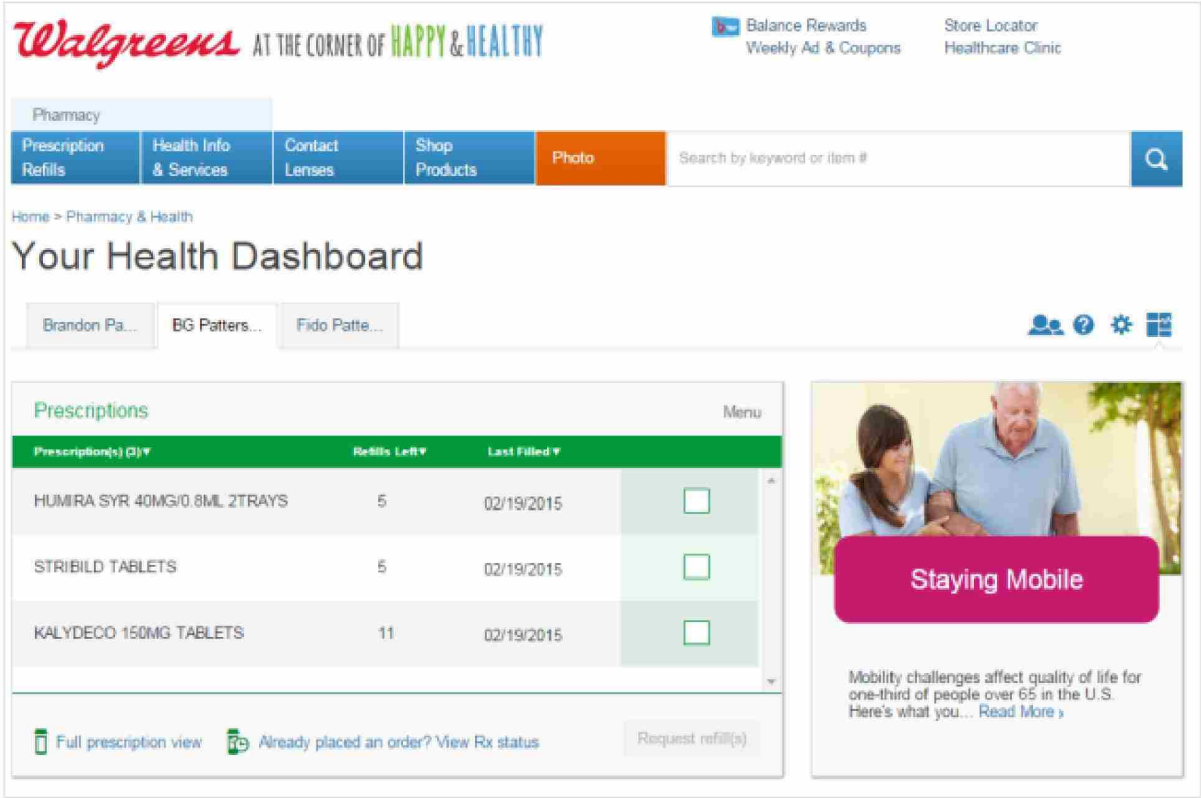
P-25751_00127

Easy access to prescription history, including specialty medications

- Specialty medications allow for a more complete prescription history
- Can add prescriptions for family members
- Printable for doctor visits or for caregiver



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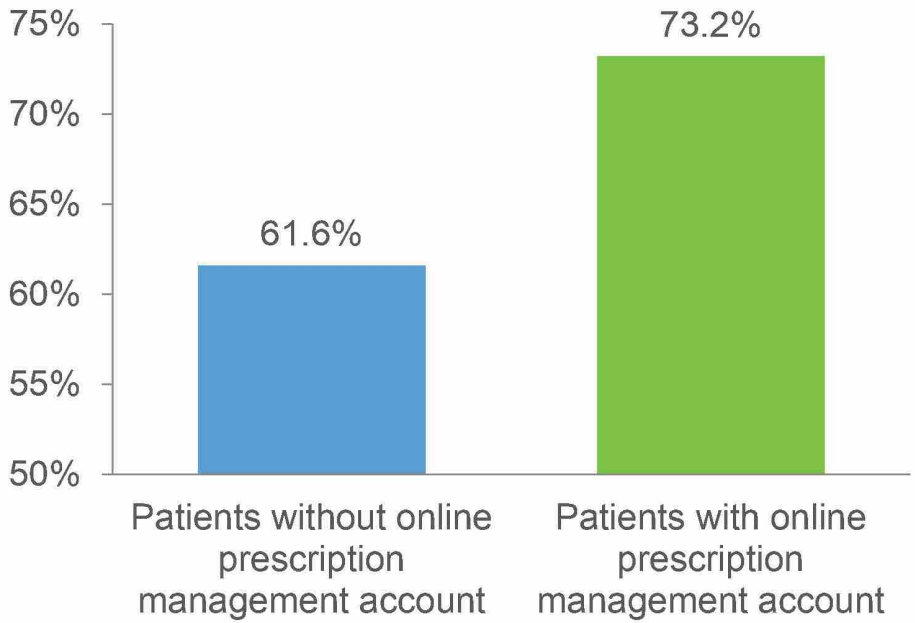
P-25751_00128

Proven benefits of online access to health information

- Patients who had an online account had a significantly higher adherence[1]
- Also, the percentage of online account patients with adherence >80% was higher overall, nearly 13% higher than those without an online management account[1].

Adherence rates of patients with and without an online management account*,



*Adherence measured as proportion of days covered (PDC)

1. Hou JG, Murphy P, Tang AW, Khandelwal N, Duncan I, Pegus C. Impact of an online prescription management account on medication adherence. *Am J Manag Care*. 2012;18(3):e86-e90

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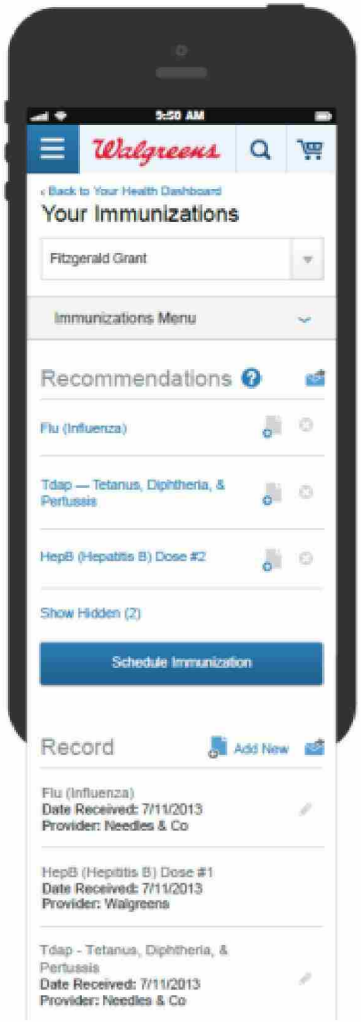
P-25751_00129

Immunization information all in one place

- Shows immunizations received and even gives recommendations based on patient data
- Will interface with the scheduling tool to make it easier to get a recommended immunization



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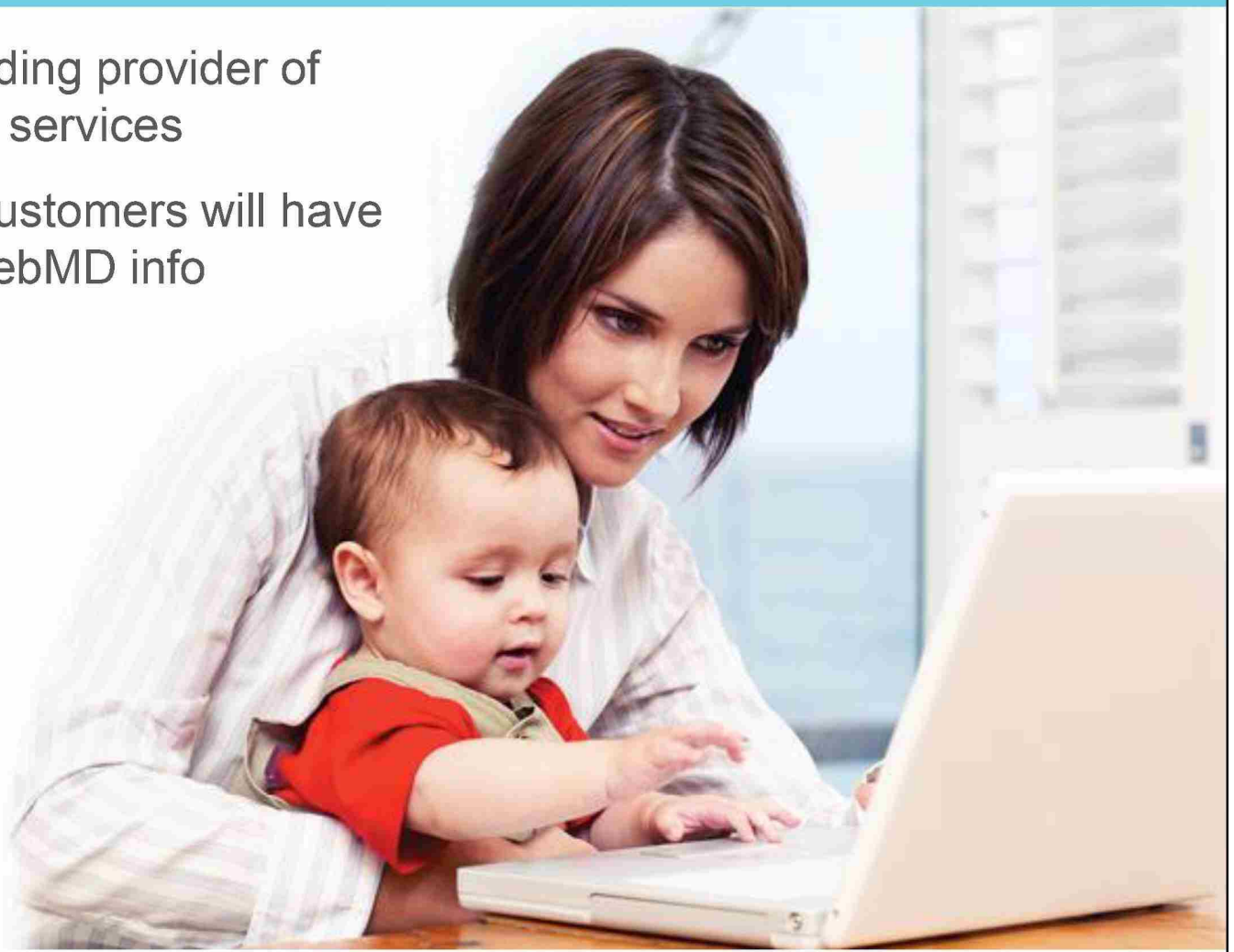
WebMD information for an enhanced experience

- WebMD is the leading provider of health information services
- Walgreens Web customers will have easy access to WebMD info
- Topics include:
  - Allergy
  - Emotional help
  - Fitness
  - Healthy aging
  - Healthy eating
  - Heart health
  - Skin care
  - Much more



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P-25751_00131

Your Digital Health Advisor helps with goal achievement

- Powered by WebMD
- Customized goals and action plans that support lasting lifestyle changes
- Interactive programs that can help with:
  - Emotional health
  - Exercise
  - Nutrition
  - Smoking cessation
  - Weight management
- Participants will earn Balance® Rewards points for making progress

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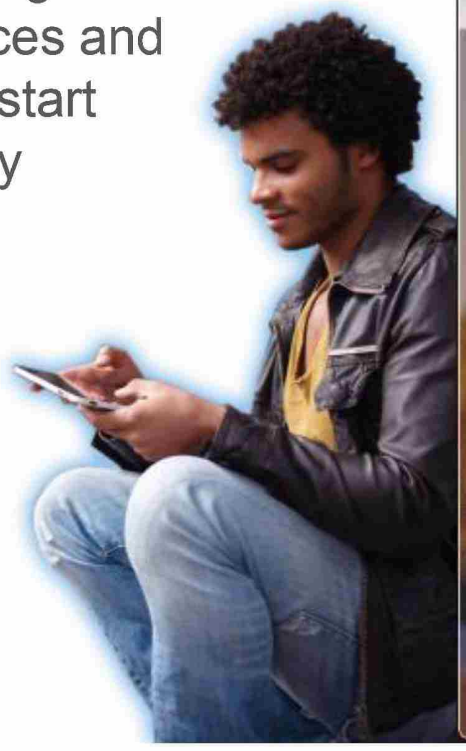
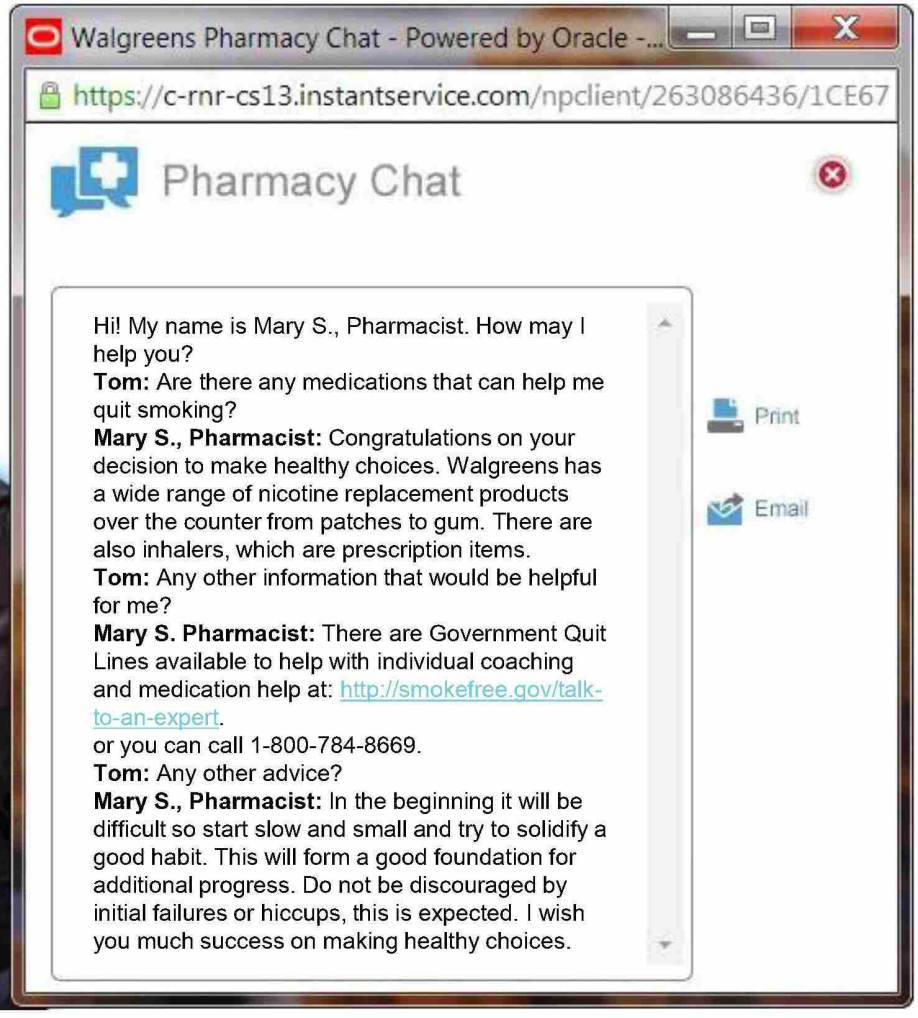
P-25751_00132

Pharmacy Chat team trained to coach members to engage in healthier lifestyle choices

- Pharmacy Chat team trained in health coaching using a leading “small steps” method
- Participants are given support resources and encouraged to start slow and steady
- Helps with:
  - Fitness
  - Nutrition
  - Smoking cessation
  - Weight management





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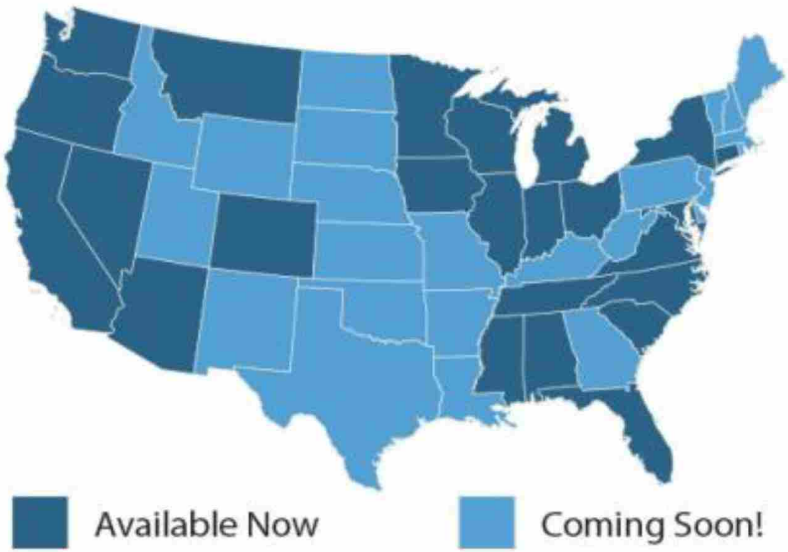
Virtual doctor consultations provide valuable options

After Pharmacy Chat, the “next generation” in virtual healthcare

- Virtual doctor consultation via partnership with MDLIVE
  - Walgreens website customers will have access to U.S. board-certified doctors through our Mobile App in more than 20 states
  - 64% of Americans are willing to see a doctor via video telehealth[1]



1. Harris Poll survey

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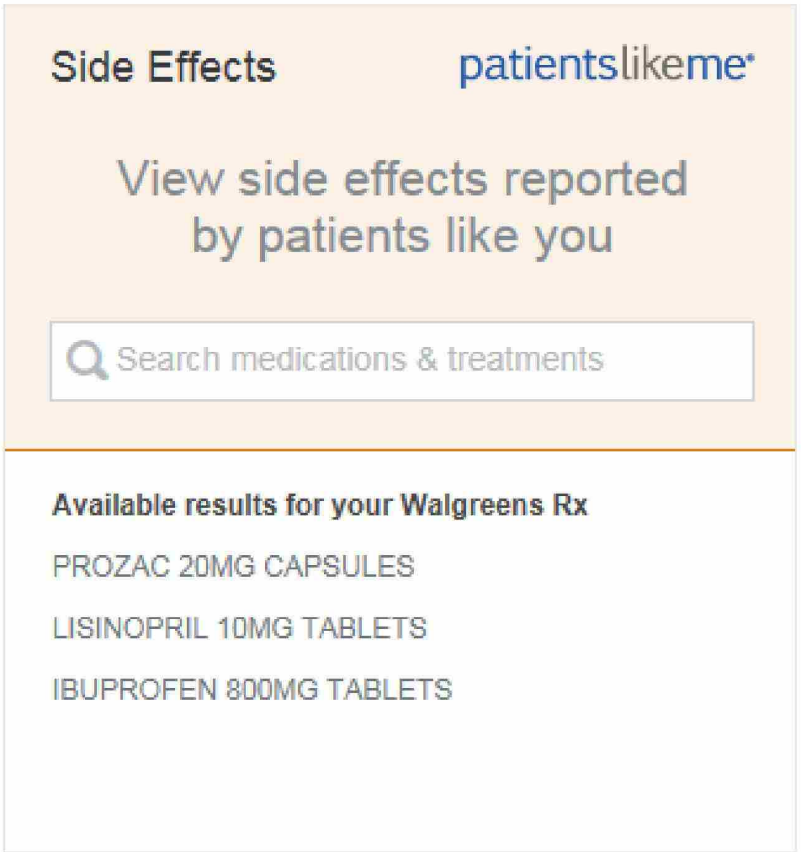
P-25751_00134

“Patients Like Me” uses the power of crowdsourcing to enable patient engagement

- External content provider offers insights provided by actual patients
- Makes it easy for people to compare treatments, symptoms and experiences
- Patients Like Me has:
  - 300,000 members
  - 2,300+ health conditions
  - 50+ published research studies
  - 25 million disease data points



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Driving better health by rewarding healthy choices

Balance Rewards for healthy choices® program

Points act as incentives for setting goals, completing daily activities that help toward goals and achieving goals.

Set a healthy goal
250 points/set goal

Walk, run or cycle
20 points/mile

Test blood pressure
20 points/daily log

Achieve a healthy goal
250 points/set goal

Exercise activities
20 points/daily log

Monitor blood glucose
20 points/daily log

Link an app or device
250 points/device or app

Weigh-ins
20 points/daily log

Quit tobacco with NRT
20 points/daily log

Points may be limited per the terms and conditions of the program. Information provided to Walgreens online is covered by the terms of our Online Privacy and Security Policy and the terms and conditions of Balance® Rewards. Personally identifiable information is not covered under HIPAA or the Walgreens Notice of Privacy Practices. For full program terms and conditions, visit Walgreens.com/healthychoices.

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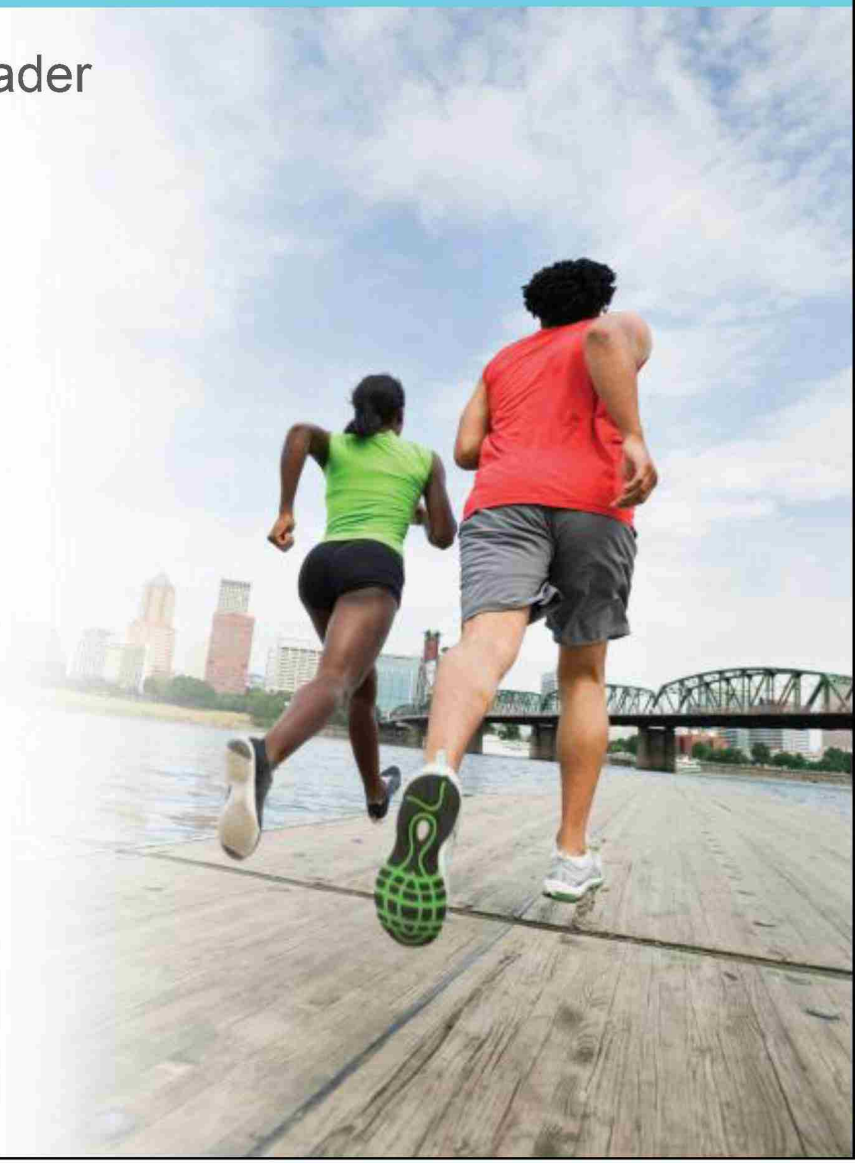
Built on small-step methodology

- Based on a program developed by a leader in behavior change methodology
- Large goals are achievable by starting with small steps
- Points build up through routine healthy activities



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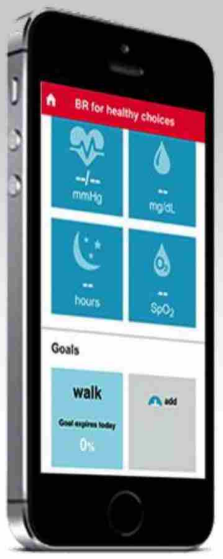
Seeing healthy engagement



800,000
active users

1.5 million
goals set

73 million
miles logged

250,000
connected devices

1.9 billion
points awarded

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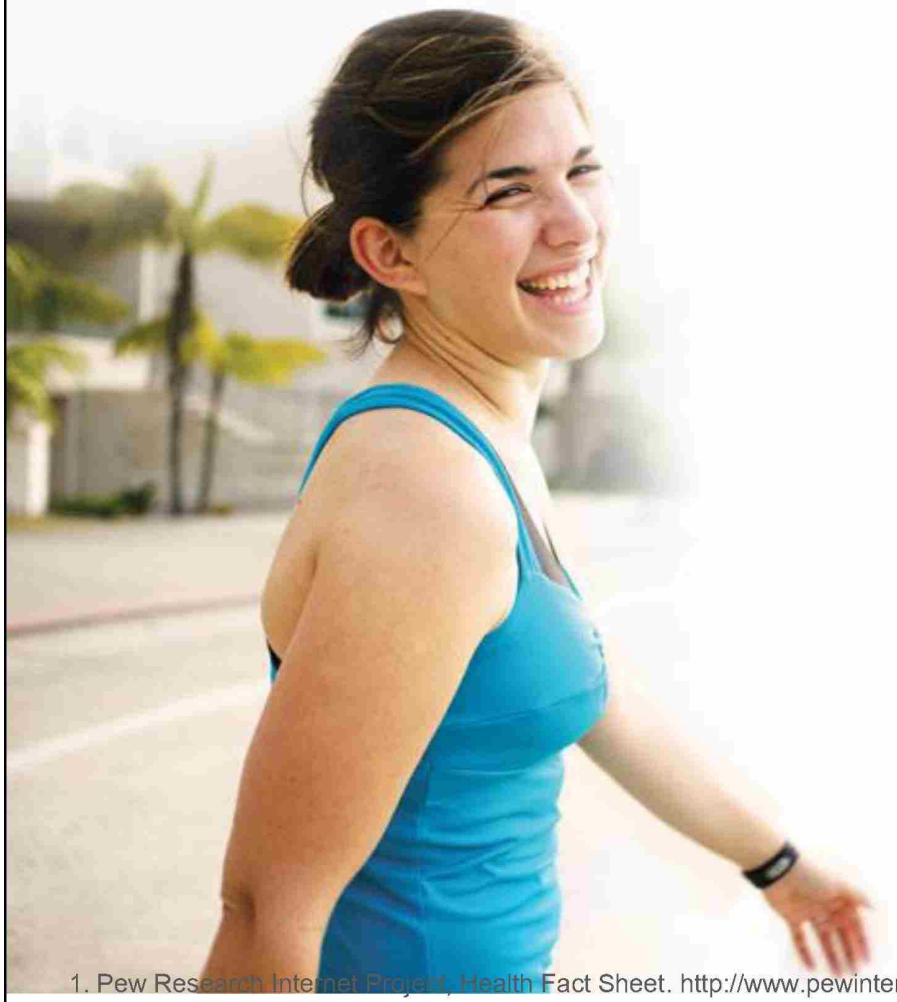
P-25751_00139

Capitalizing on digital health tracking trend



- 21% of Americans use some form of technology to track their health data[1]
- We're compatible with their favorites
- Members have connected more than 250,000 devices
- And more

Walgreens Activity Trackers

1. Pew Research Internet Project, Health Fact Sheet. http://www.pewinternet.org/fact-sheets/health-fact-sheet/. Accessed December 30, 2014.

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P-25751_00140

Participants are achieving weight goals

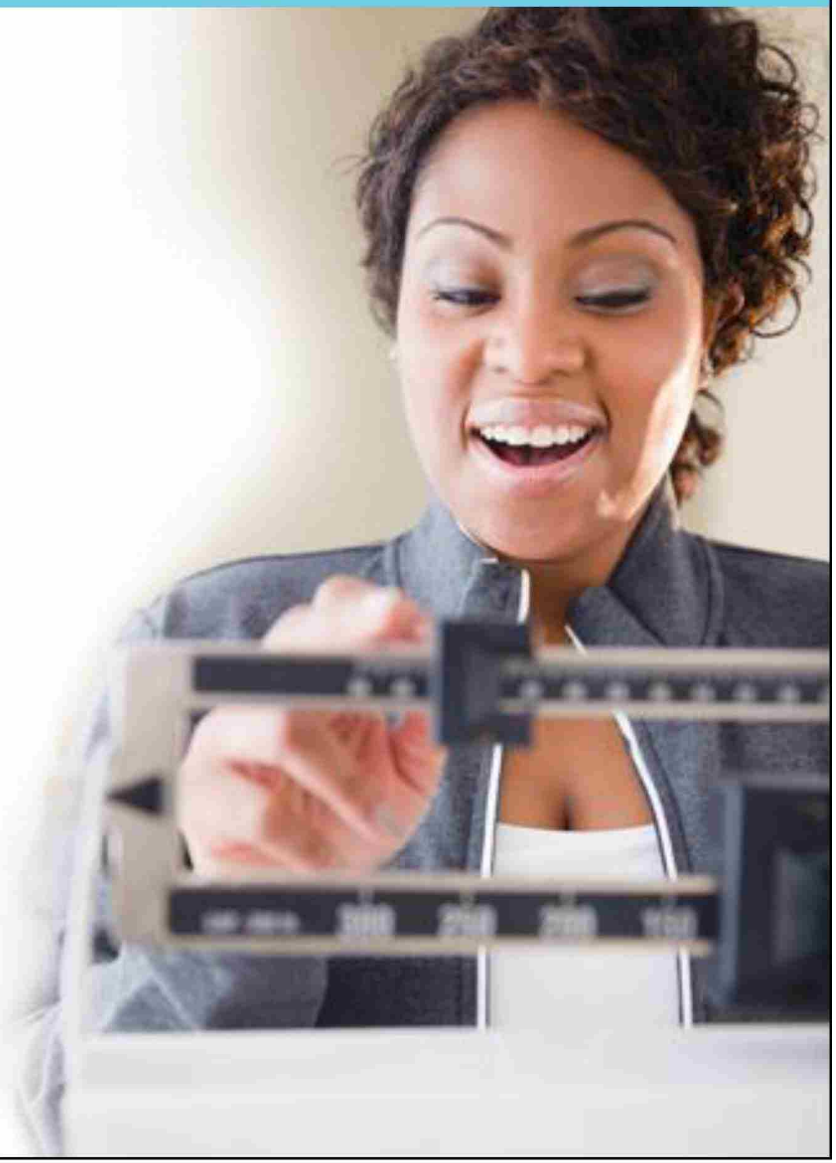
During a six-month study of 6,196 participants who tracked their weight through Balance Rewards for healthy choices™:

All participants lost an average of

3.3 lb.

27% of participants lost more than

6 lb.



Walgreens data on file.

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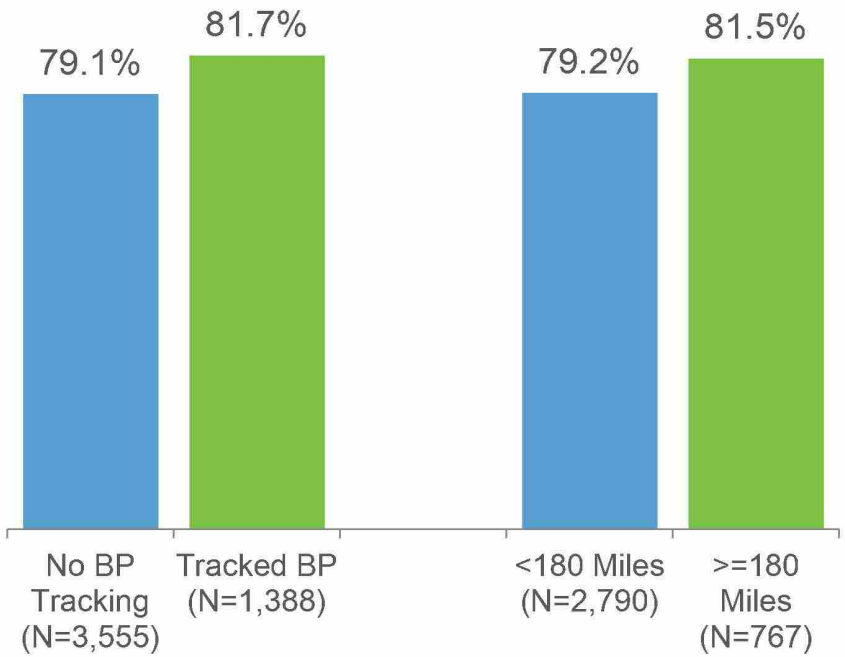
Greater medication adherence for members who tracked healthy behaviors—high blood pressure

- Significantly greater† medication adherence was noted in participants who:
  - Tracked their blood pressure
  - Tracked their activity and logged an average of one mile per day

Mean adherence by blood pressure tracking status and total miles logged*[1]



† P < 0.05

*Adherence measured as proportion of days covered (PDC)

1. Taitel M, Jiang J, Akinbosoye O, Orr G. Assessing the Relationship between Online Activity & Biometric Tracking and Medication Adherence among Members with Hypertension. Poster Presentation at Society for Behavioral Medicine 36th Annual Meeting and Scientific Sessions. April, 22 – 25, 2015. San Antonio, TX.

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WAGMDL00987167

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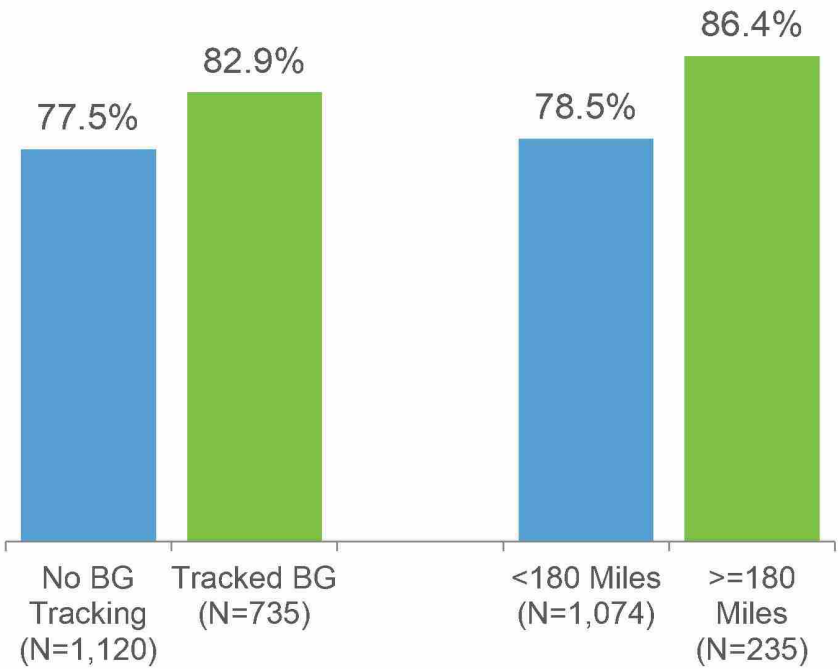
P-25751_00142

Greater medication adherence for members who tracked healthy behaviors—diabetes

- Significantly greater† medication adherence was noted in participants who:
  - Tracked their blood glucose
  - Tracked their activity and logged an average of one mile per day

Mean adherence by blood glucose tracking status and total miles logged*[1]



† $P < 0.05$

*Adherence measure as proportion of days covered (PDC)

1. Taitel M, Jiang J, Akinbosoye O, Orr G. The relationship between online activity and biometric tracking and medication adherence among members with diabetes. Poster presented at: 75th Scientific Sessions (2015) of the American Diabetes Association; June 5-9, 2015; Boston, MA.

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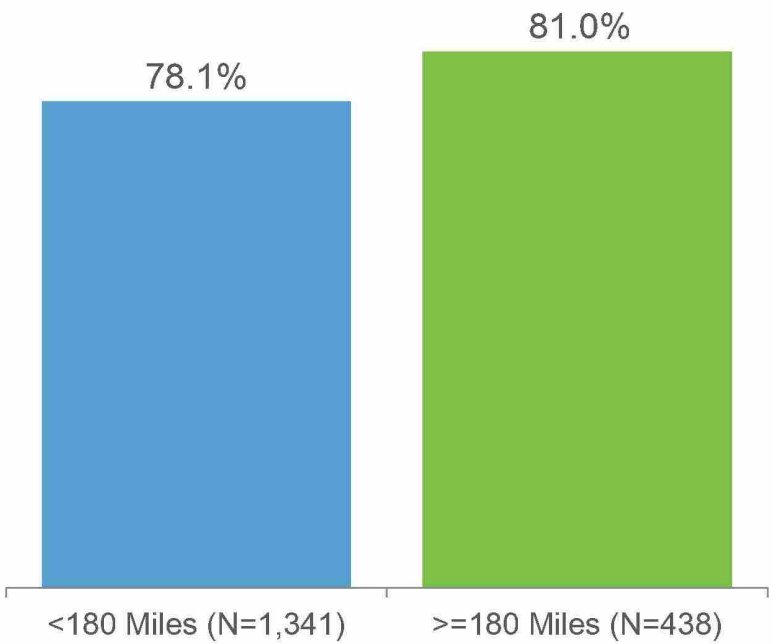
P-25751_00143

Greater medication adherence for members who tracked healthy behaviors—high cholesterol

- Significantly greater† medication adherence was noted in participants who:
  - Tracked their activity and logged an average of one mile per day

Mean adherence by total miles logged*1



† P < 0.05

*Adherence measure as proportion of days covered (PDC)

1. Walgreens data on file.

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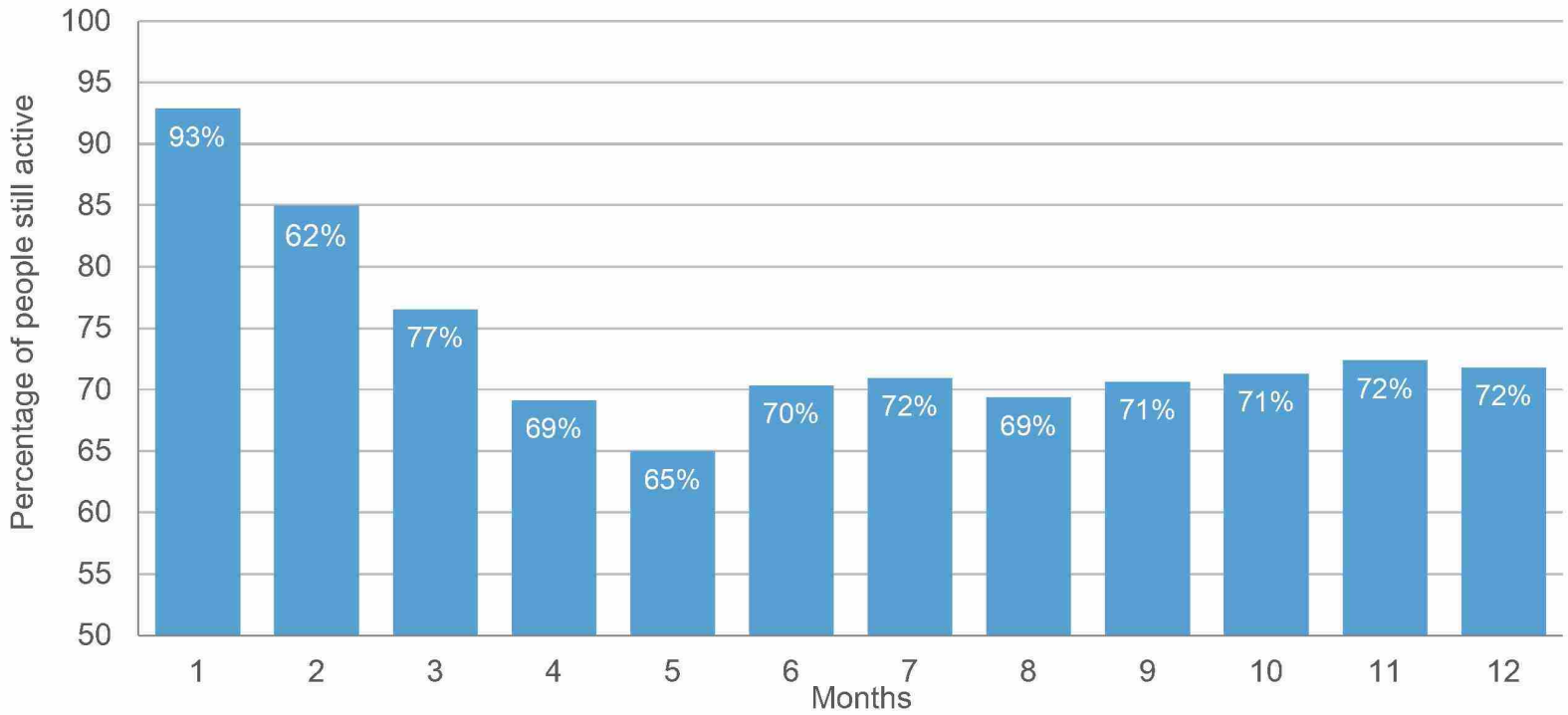
Once signed up, people stay with the program

Retention of active Balance Rewards for healthy choices™ members with connected device*[1]



*Active defined as having logged an activity in the past 30 days

1. Walgreens data on file. Data collected September 2014.

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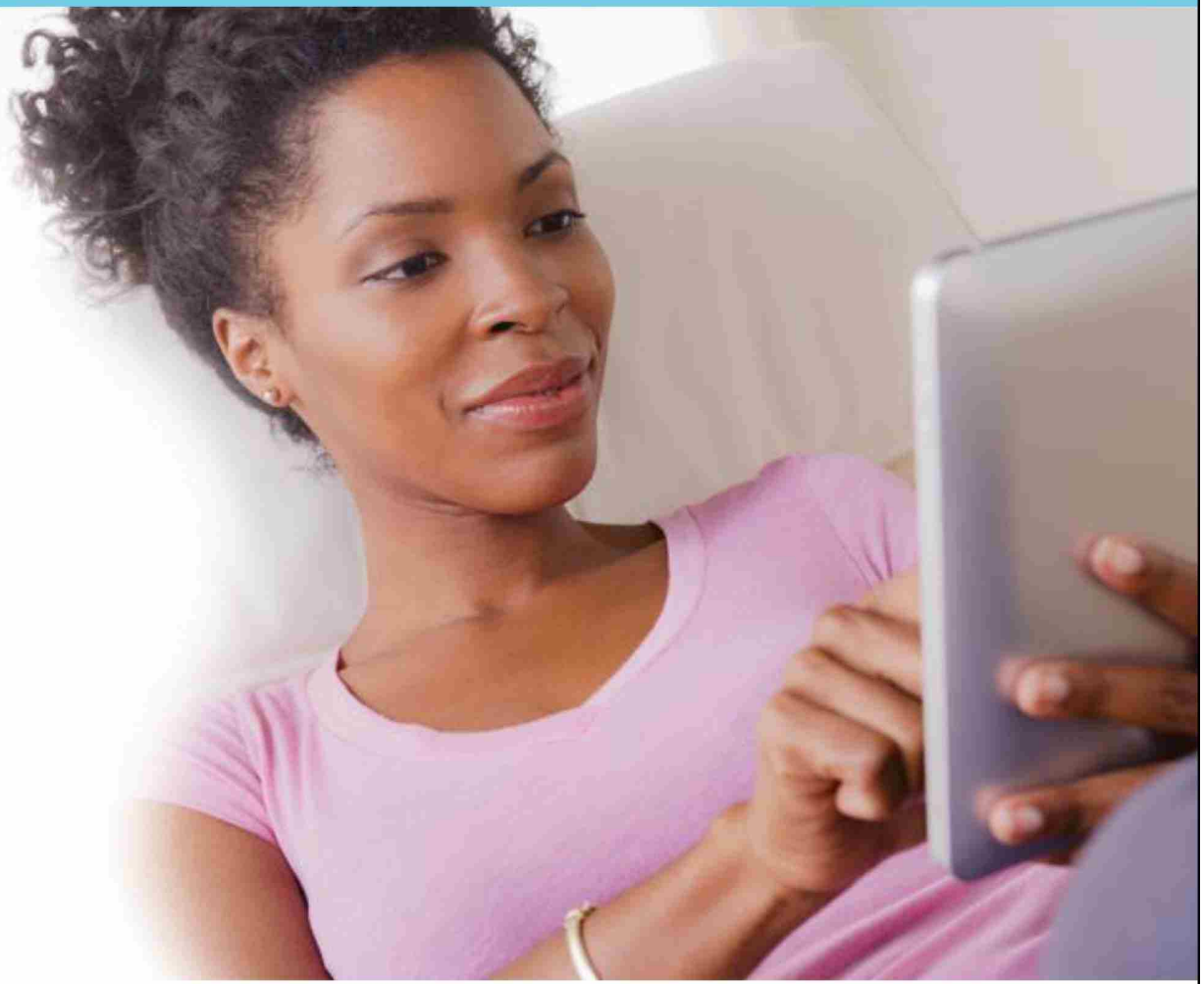
P-25751_00145

Integrating with your programs

Interfacing with your programs to help members reach health goals

- The health dashboard can offer information from third parties—such as plan information
- Balance® Rewards can offer points as incentives to specific populations
- Walgreens APIs
  - Rx transfer and refill
  - Healthcare Clinic scheduler
  - Balance® Rewards



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A broad digital reach enables programs that can transform health choices and actions

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P-25751_00148

Thank you!

Produced In Native Format

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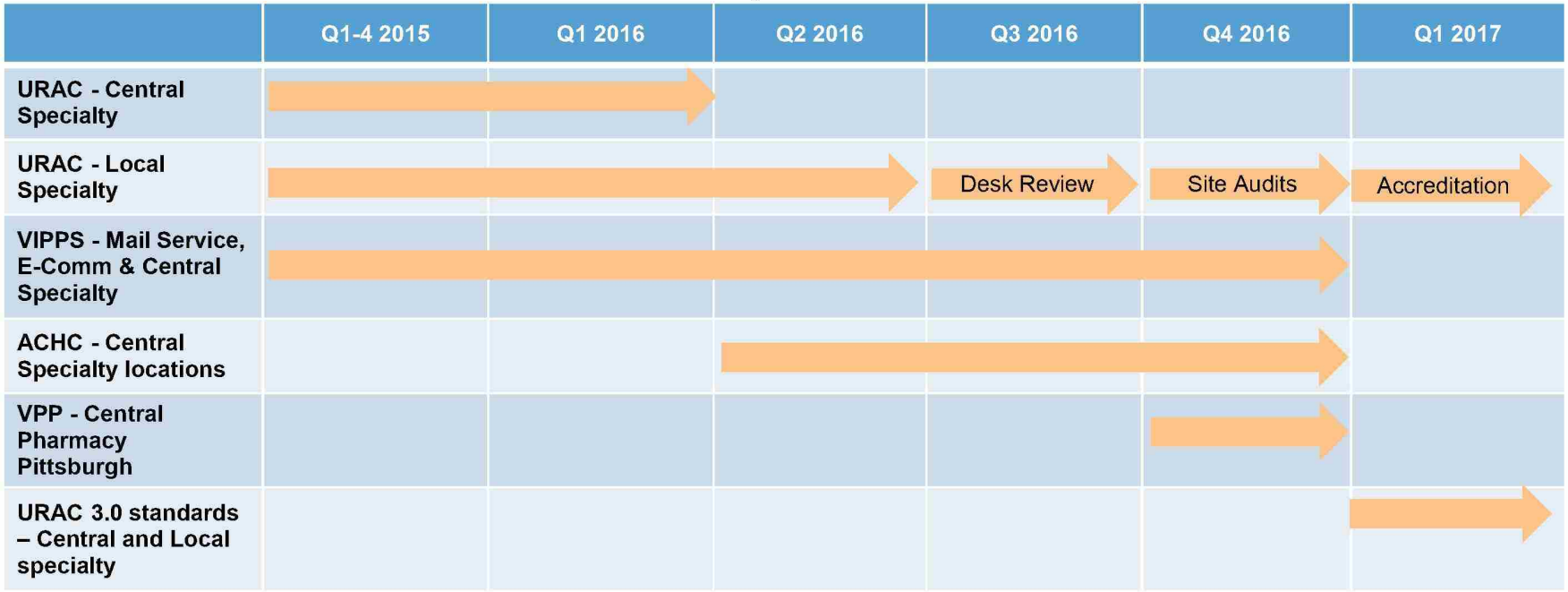
Accreditation Summary

Key Dates



Keys to Success

- Continue to incorporate the accreditation requirements into our every day operations.
- Continue to account for the labor associated with quality activities in the stores.
- Walgreens has representation on association and accreditation advisory panels. We need to continue to push for consistency of the requirements.

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Subject: Wag Co Generic Utilization /New Generics Overview

Third Party Operations and Finance
Walgreen Co
200 Wilmot Rd
Deerfield IL 60015

Goal

To ensure the lowest cost to the patient while and out performing o generic utilization metrics in the industry.

Current State

Purchasing

- Purchasing sends an e-mail or Item Content Report to the Clinical Database Team (CDT) for initial product setup. The generic is not shown to stores at this point.
- Purchasing begin shipping product to stores and then informs CDT when 75% of stores have the generic in stock.
- CDT marks the generic as warehouse, creates cross references in database, generic displays to stores, and IC+ will auto sub DAW-0 Rxs if the generic is AB rated. If the generic is not AB rate, IC+ will not auto sub and a quality alert (QA) will also be created.
    - All updates run via unattended and will display the next day to the stores.

Support Center

- E-mail to field leaders and compass to stores – delivery of product, NDCs, WICs, and action plans
    - Communication to field and stores would highlight big generic launches to prepare stores in advance
- Generic efficiency/utilization Key Performance Indicator (KPI) distributed used in business reviews/visits
- Rx inventory adjusts ordering logic for the brand and new generic accordingly
- RX leaflet indicates generic savings for staff to highlight savings

Stores

- Post their receipt in SIMS immediately once product has arrived
- Review pending and ready prescriptions for any generic conversion opportunities
- Research all DAW 1s and 2s to ensure prescribers are aware of the availability of a generic and patients are aware of the potential advantages including cost savings
- Use bulls-eyes stating a generic is available for all brand product being dispensed
- Remove brand product from the Fast Rack and automation and replace it with the generic
- Update the drug location in Intercom Plus as necessary

Pharmaceutical Care Center (PCC), Central Support

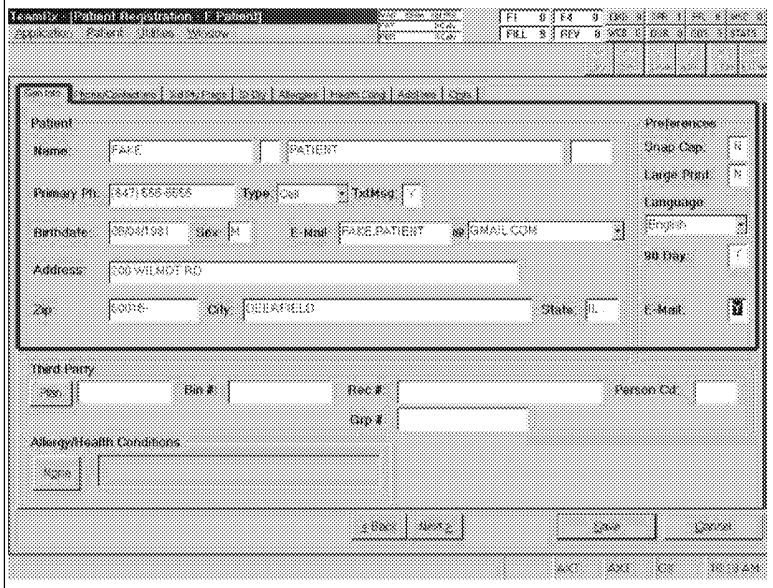
- PCC in Tempe, AZ will fax prescribers on sold DAW-1 rxs
- If the prescriber approves the generic, PCC will link this approval to the original rx in order for it to auto sub on a refill

Future Considerations

- Automated reject resolutions
- Targeted messaging through TPA to better support formulary messaging, improve member experience
- New Tools for generic utilization: outreach targeting DAW -2 ensure patient selected brand

Revised Date: 10/09/2015 **Process:** Patient Registration in Intercom Plus **SOP number:** WAG.SOP.RX-015		**DEPARTMENT:** Pharmacy and Retail Operations & Planning

PROCESS DESCRIPTION	This document provides the process for patient registration in Intercom Plus.
DEPARTMENT	Pharmacy
AUDIENCE	Pharmacy Team Members

STEP #	INSTRUCTIONS	KEY POINTS / ILLUSTRATIONS
1) Collect General Patient Information	A) After greeting the patient using ECC technique by saying, "Welcome to Walgreens, how may I help you?," follow the steps below to register the patient in IC+. B) On the "Gen Info" tab in IC+, enter the patient's first and last name, primary phone number and type, date of birth, gender, and address. o Any information which was entered when performing the initial patient search will be pre-populated for you. ▪ Do not enter any additional comments into the name or address fields other than the patient's name and address. Any additional comments should be entered in the Cmts tab in IC+ later in the registration process. o If the patient provided their cell phone number, ask if they would like to receive text messages for Rx Status notifications instead of automated phone calls. If the patient opts in, enter "Y" in the TxtMsg field. o If the patient provides more than one phone number, add the additional information in the "Phone/Contact Info" tab. C) Ask for the patient's e-mail address and enter the information into IC+. o Registering the patient's e-mail address will allow for the patient to receive Rx Status notifications via e-mail. Explain to the patient that they will have the opportunity to receive more detailed e-mails concerning Rx Status notifications once they create an account online and update their communication preferences. o If the patient does not have an email address they would like to provide, enter "N" in the E-Mail field. D) Ask for and enter any prescription preferences the patient may have; such as 90 day, Snap Cap, and Language (if applicable).	

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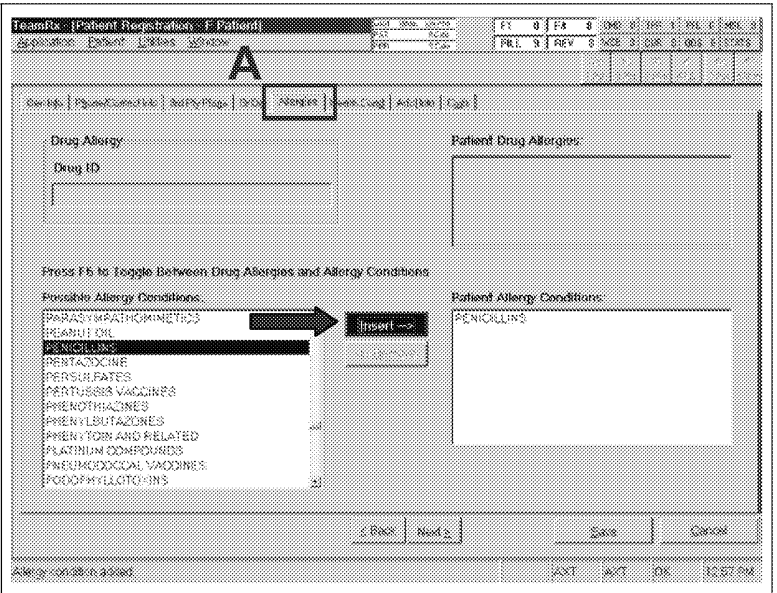
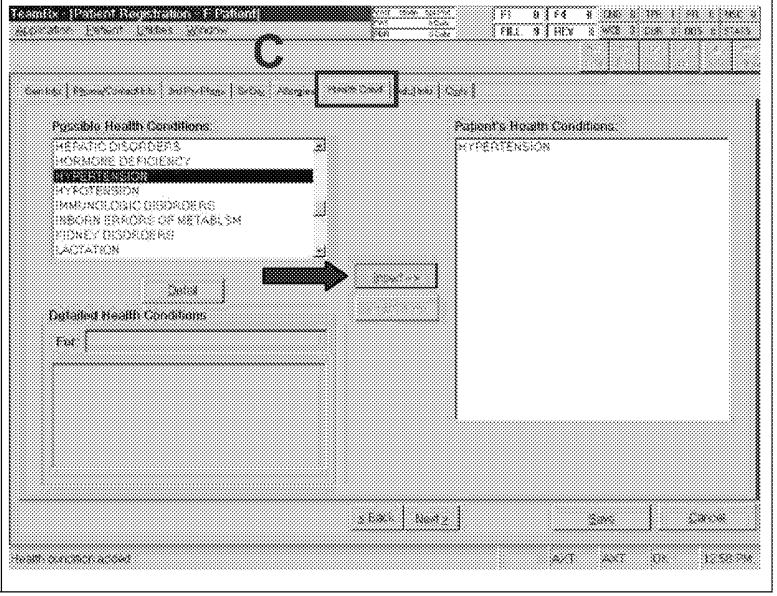
2) Collect Allergies and Health Conditions	A) Ask if the patient has any known allergies or health conditions. ○ If the patient does not have any known allergies and known health conditions, select the "None" box on the "Gen Info" tab which will automatically input "**No Known Allergy and No Known Health Cond**" in the patient's profile. B) If allergies are provided or are preprinted on the prescription, navigate to the Allergies tab and enter the necessary information. ○ If the patient has an allergy to a specific drug, search for and select the specific medication using the Drug ID field. ○ If the patient has an allergy to an entire class of medications, for example "**Penicillins**" press F5 to navigate to the Possible Allergy Conditions field to search for and insert the patient's allergy condition(s). ○ If the patient does not have any known drug allergies, select **<NO KNOWN ALLERGY>** and select "Insert". C) If health conditions are provided or are preprinted on the prescription, navigate to the Health Cond tab and enter the necessary information. ○ Press the key for the first letter of the health condition, use the arrow keys to highlight it, and then select "Insert." For example, press H, then arrow down to select **Hypertension**. ○ Select the Detail button if you need to select a more specific health condition from a highlighted category. ○ If the patient does not have any known health conditions, select **<NO KNOWN HEALTH COND>** and select "Insert" D) If you are unable to obtain either allergies or health condition(s), navigate to the Allergies/Health Conditions tab(s) and select **<NEED ALLERGY INFO>** and/or **<NEED HEALTH COND INFO>.**	 

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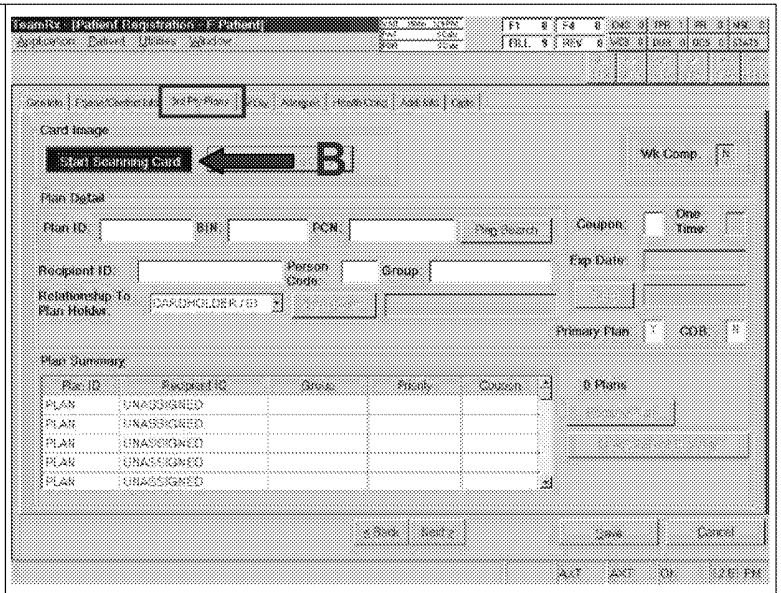
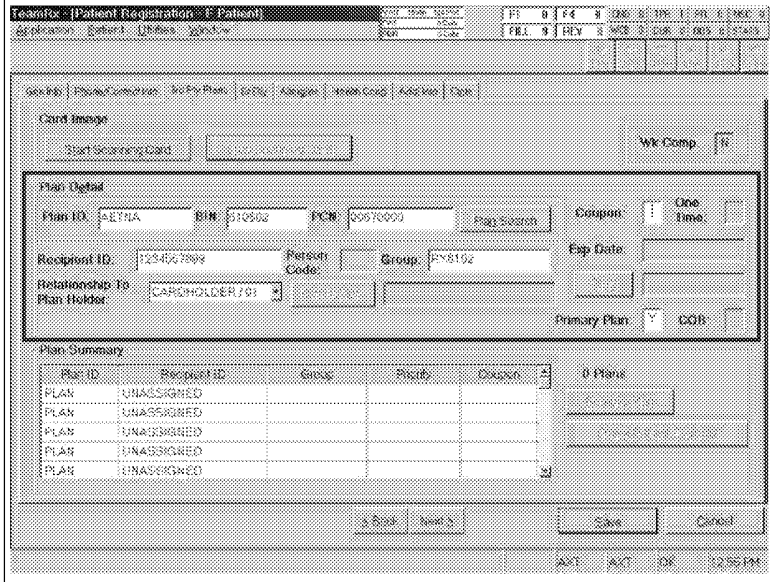
3) Collect Third Party Information	A) Ask if the patient has any prescription insurance and obtain their card. ○ If the patient does not have any insurance and is eligible for the Prescription Savings Club (PSC), ask if they are interested in enrolling. If so, follow the PSC registration procedure. ○ If the patient has Medicare Part D or private insurance but does not have their card with them, enter either FINDMPD (for Medicare Part D) or FINDINS (for private insurance) in the Plan ID field. Enter the Recipient ID following FINDMPD or FINDINS procedures to attempt to find the patient's insurance later in the process. B) If the patient has insurance, scan the patient's insurance card(s) into IC+ by selecting "Start Scanning Card" on the "3rd Party Plans" tab. Select "Stop Scanning Card" once complete. C) Enter the Plan ID ○ To find detailed processing information about a Third Party Plan, select "F12" to open the Third Party Reference window as needed. ○ If you do not know the Plan ID, search for it by entering the BIN# and PCN and select "Plan Search" to bring up the insurance plan information. D) After entering the Plan ID, enter the Recipient ID number, which is usually the same as the identification number on the card. Add a person code if necessary. E) Enter the Group number if applicable. F) If the patient is not the plan holder, select the Relationship to Plan Holder from the drop down menu and search for the Plan Holder. G) Register any additional insurance plans as needed and select the appropriate priority for the plans if applicable. If the secondary coverage is provided by an approved Medicaid plan (or Medicare for dual eligible patients), enter "Y" in the COB (Coordination of Benefits) field to automatically submit COB claims. ○ If the patient presents a Drug Manufacturer Coupon follow the Coupon Registration Procedures. Enter "Y" in the Coupon field and select the Drug button to search for and link the covered medication to the coupon for future billing. H) Return the insurance card(s) to the patient.	 

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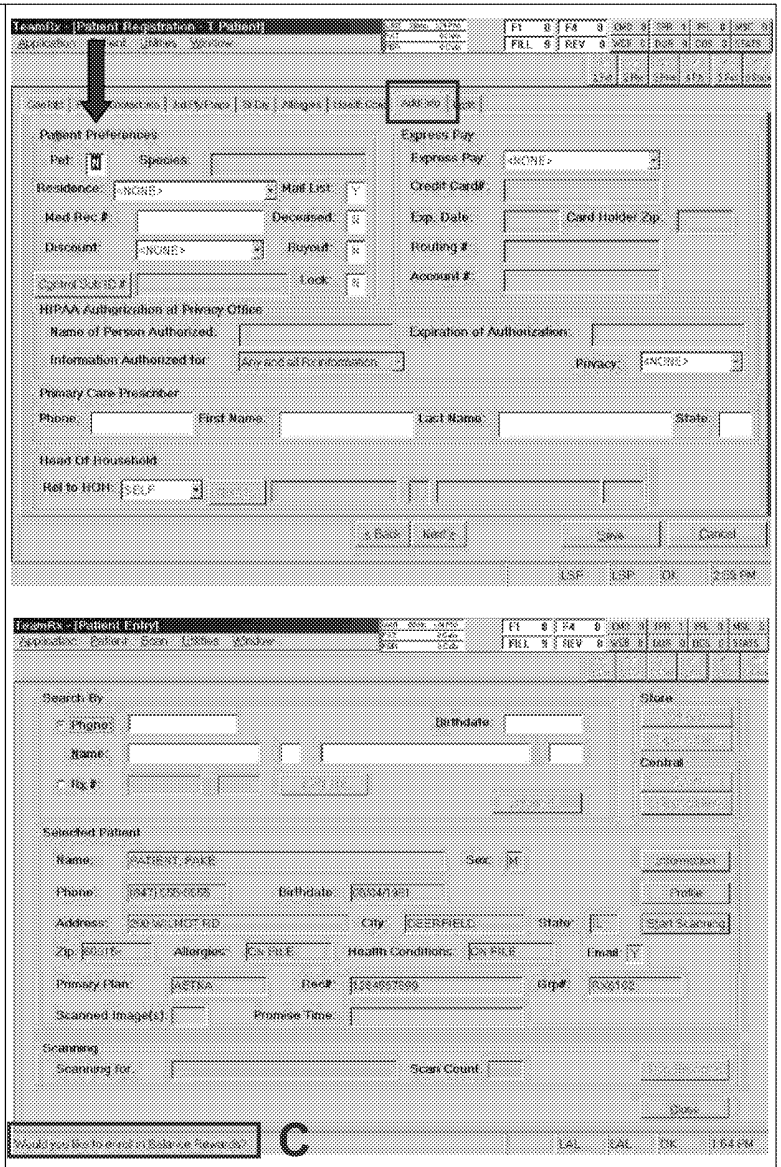
4) Complete Patient Registration	A) If the patient provided any information or preferences that could not be captured on the previous tabs, select the "Addl Info" or "Cmts" tab to enter the additional information. o If the IC+ registration is for a pet, enter a "Y" in the Pet field in the "Addl Info" tab and enter the species. B) Select "Save" to complete patient registration. C) Offer to register the patient for Balance Rewards. Follow Balance Rewards Enrollment Procedures. D) Continue interacting with the patient and take care of their health care needs following ECC technique. o Thank the patient and close the interaction in a personalized, sincere manner, using the customer's name when possible. (i.e. Thank you Mr. Smith, have a nice day.)	

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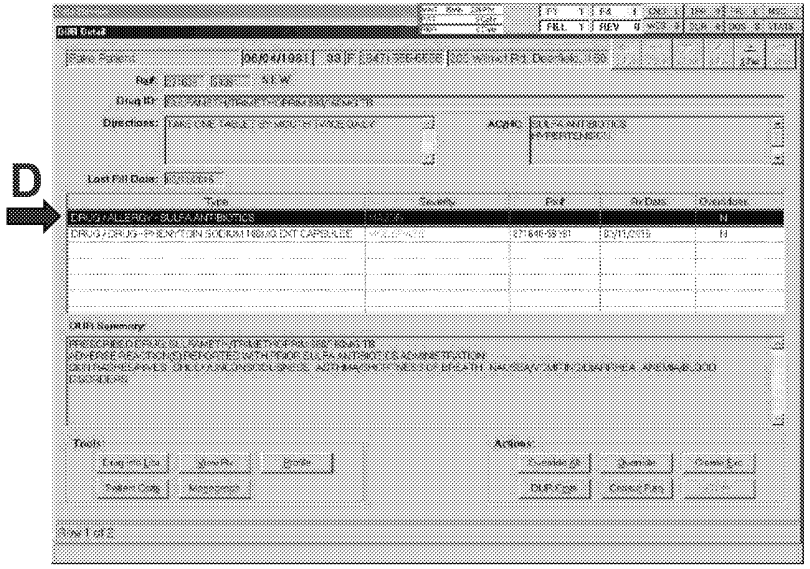
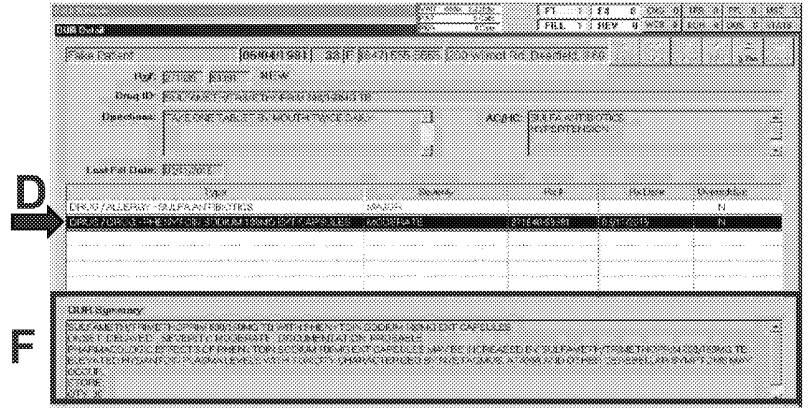
Date Created: 11/11/2015 **Process:** Performing a Drug Utilization Review (DUR) **SOP Number:** WAG.SOP.RX-037		**DEPARTMENT:** Pharmacy and Retail Operations & Planning

PROCESS DESCRIPTION	This document provides the process to perform a Drug Utilization Review (DUR).
DEPARTMENT	Pharmacy
AUDIENCE	Pharmacist

STEP #	INSTRUCTIONS	KEY POINTS / ILLUSTRATIONS
1. Review Each DUR	A) Before dispensing each prescription or administering an immunization, the pharmacist must perform a drug utilization review of the patient's drug therapy or immunization in accordance with state and federal law. Use professional and clinical judgment when performing this review. B) When IC+ prompts you to complete a system assisted Drug Utilization Review (DUR) on a prescription, the DUR Detail window is presented in the following situations: o Immediately after completing Data Review. o If Data Review is not required, the DUR Detail window will appear after selecting F4. C) During any point in the prescription filling process, IC+ may identify a potential DUR. Additionally, a DUR Exception can be created from Dynamic Workload Balancing (DWB) or Centralization. Pharmacists must monitor the DUR Exception Queue in the phlomometer and resolve these DURs using the steps below. D) When the DUR Detail window is presented, each row of the DUR must be reviewed and the pharmacist must make an overall assessment of the patient to determine the severity of each DUR. E) Review the following information for each DUR row: o DUR Type, DUR Summary, Severity, Rx Date, Status of Previously resolved DURs F) IC+ will automatically default the focus to the first DUR returned. When multiple DURs are returned, navigate through each DUR using the arrow keys. The DUR Summary shows the DUR that is currently highlighted.	 

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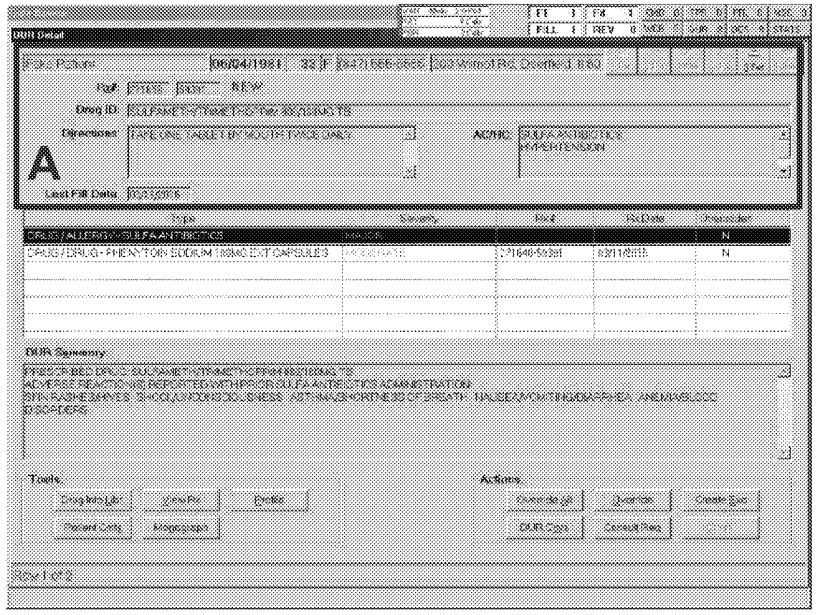
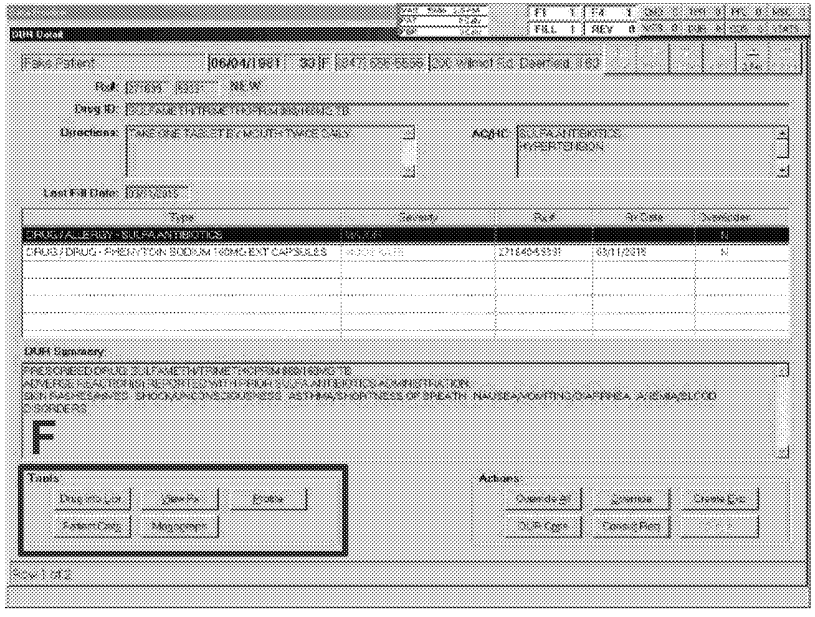
2. Evaluate Each DUR	A) Use professional and clinical judgment to utilize the patient's information and profile to assist in resolution of the DUR. Review the following items: ○ DOB (Age) and Gender ○ Allergies and Health Conditions ○ Previous dispensing history and DUR comments ○ Patient Profile ○ Additional Medications ○ Drug name, strength, dosage form, directions, days supply (current fill and previous fill); last fill date and any other messages on the DUR window. B) Use professional and clinical judgment to review the patient's drug therapy and evaluate the following information: ○ Drug Allergies ○ Drug- Drug Interactions ○ Drug-Health Conditions ○ Therapeutic Duplication ○ Age-Dosage range and age appropriateness ○ Incorrect dosage or duration of therapy ○ Good Faith Dispensing Policy ○ Frequency of refills and refill compliance ○ Additional information, as needed C) Utilize the Drug info Library, Clinical Pharmacology, Facts and Comparison, Drug Monograph, state Prescription Drug Monitoring Program (PDMP) (if applicable) and other internal or external resources available as needed. D) When reviewing Drug – Allergies DUR Interactions, determine if the patient is allergic to only the specific medication listed as an allergy or if the patient is allergic to the entire class of medication or an inactive/active ingredient. ○ Contact the prescriber and/or patient if clarification is needed. E) When reviewing any DURs that are weight based, for example medications for pediatric patients (<1 year), manually review medication and dosage to ensure therapy is appropriate for the patient's age and weight. F) As necessary, use the Tools section to assist with investigating the DUR such as the Drug Info Library (**Alt + L**), the prescription image (**Alt + V**), the patient Profile (**Alt + P**), Self-Reported Medications (Profile >> Additional Meds), Patient Comments (**Alt + S**), or Drug Monograph (**Alt + N**). ○ If you decide to review the prescription image and elements of the prescription are unclear or drug dosage or directions are not clinically appropriate, contact the prescriber. Document any clarifications appropriately using the procedures contained in the Data Review SOP related to annotations.	 

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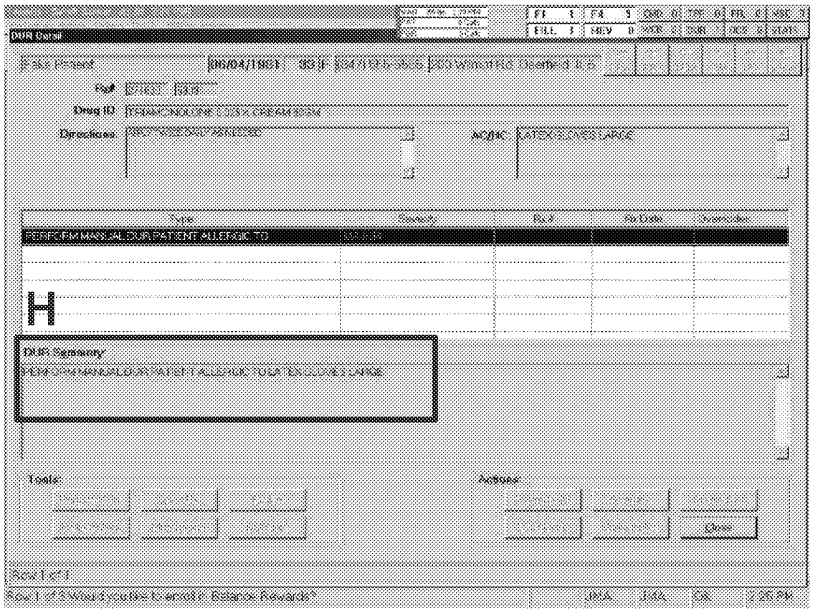
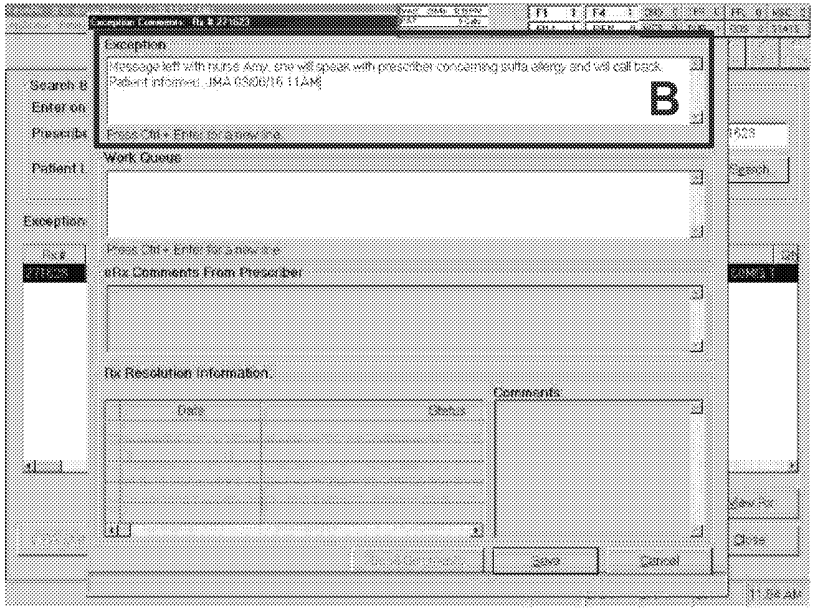
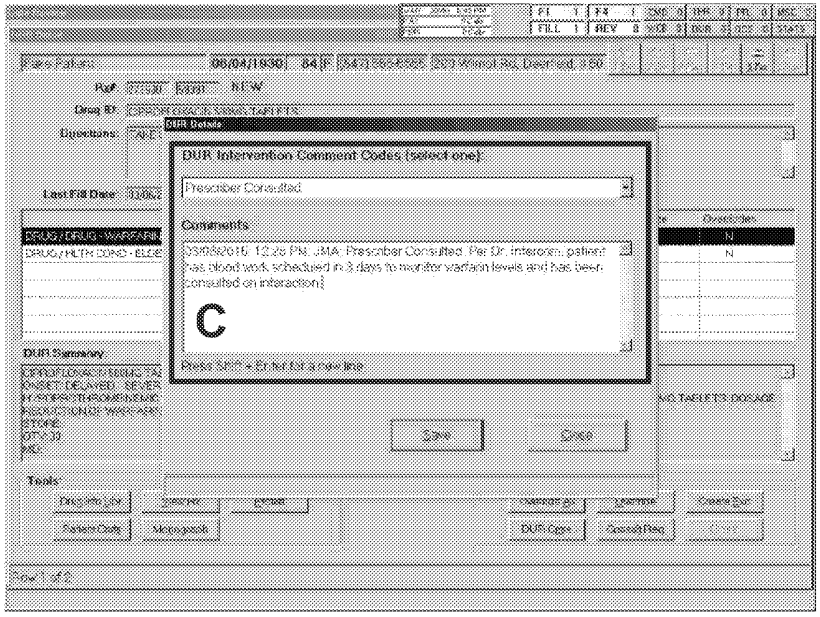
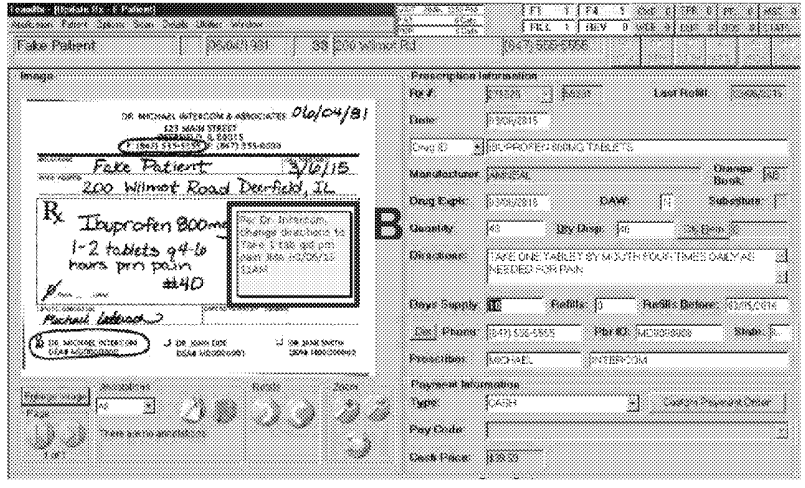
	G) If further review is needed on a DUR returned from a Third Party Payer, for example a medication dispensed at a non-Walgreens pharmacy, consult the patient or contact the prescriber or third party plan for more information about the prescription. H) If the DUR type specifies "Perform Manual DUR", further analysis by the pharmacist is required. The pharmacist must use clinical judgment, the patient's profile and steps 1 thru 2 above to perform a manual DUR on the prescription. o Contact the patient or the prescriber if additional information is needed to aid in DUR resolution. I) After using the information above and your professional and clinical judgment, determine the appropriate action needed to resolve the DUR. o If prescriber contact is needed for DUR resolution. **(Steps 3 - 5)** o If patient contact is needed for DUR resolution. **(Step 6)** o If neither prescriber nor patient contact is needed for DUR resolution. **(Step 7)**	
3. Contact Prescriber	A) Contact the prescriber (or prescriber's representative) using the appropriate method (fax, phone, page) depending on the time sensitivity of the prescription and your professional judgment. B) When communicating with the prescriber, explain the interaction and provide alternative medication options if applicable. o If you need to leave a message or fax the information, press **"Alt + E"** to select **Create Exc** to create a DUR exception. In the Exception Comments field, add comments about the DUR, actions performed, date, and next steps when appropriate. o Proactively contact the patient to inform them of the potential delay in their prescription. Unlike other exceptions, such as TPR or OOS, the patient will not receive an automated call for DUR exceptions. C) If you were able to discuss the DUR details with the prescriber or the prescriber responded to your message/fax, follow the below steps based on the prescriber's response. o Prescriber does NOT provide updates to the prescription **(Step 4)** o Prescriber provides updates to the prescription **(Step 5)**	

4. Prescriber Response – No Changes	A) Use your professional and clinical judgment, Walgreens policy, and federal and state regulations to determine if resolving the DUR is appropriate. Even if the prescriber is OK with the potential interaction and states to fill the prescription as is, the pharmacist must use their professional and clinical judgment to determine if it is appropriate to resolve the DUR and dispense the prescription. B) When the prescriber (or prescriber's representative) does NOT provide a new prescription or updates to the original prescription, and you determine to resolve the DUR, use your professional and clinical judgment to decide if adding DUR comments is appropriate. C) When adding comments, press "**Alt + M**" to select **DUR Cmts** and clearly document any clinical decisions made by you and/or the prescriber (or prescriber's representative), their name, and any relevant clinical information for future reference in the DUR comments window and select **Save**. D) If you use your professional judgment to determine that a patient requires consultation, press **"Alt + T"** to select **Consult Req** before resolving the DUR. o Clearly document the reason for the consultation in the Consultation Comments window. If needed, cut and paste the information contained in the DUR summary into the consultation window and press **"Alt + S"** to select **Save**. o **Do not print the DUR Detail window** and affix it to the leaflet. All consultation information should be documented in the Consultation Comments window. E) Proceed to **Step 8** to resolve and override the DUR.	
5. Prescriber Response – Provided Updates to the Prescription	A) If the prescriber (or prescriber's representative) provides updates to the prescription, follow one of the below steps depending on the scenario. B) **Prescription is "New" and the prescriber provided an update**. o Locate the prescription in the Exception Queue under **Exc Type "DUR"** and press **"Alt + R"** to select **Update Rx**. o Annotate the prescription image with the changes the prescriber or prescriber's representative provided and update the prescription. o In the annotation, include the person spoken with, the date, time, and your initials for future reference.	

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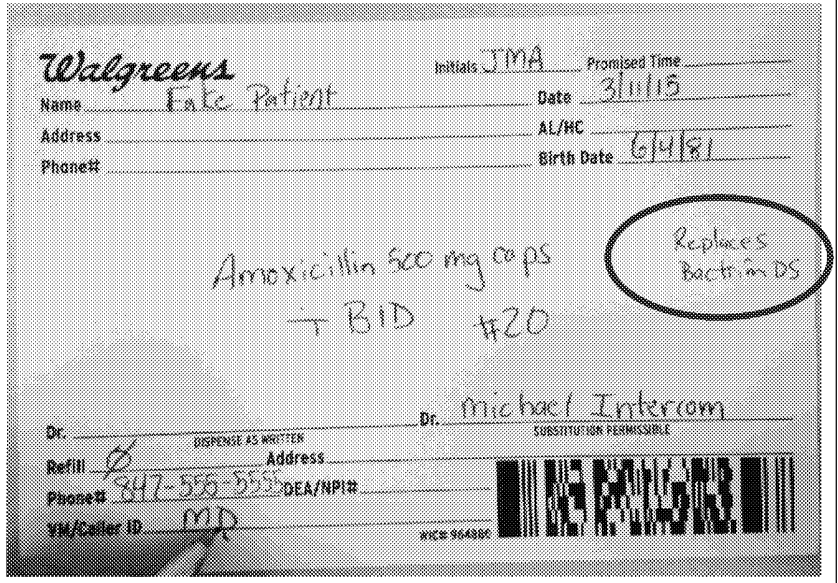
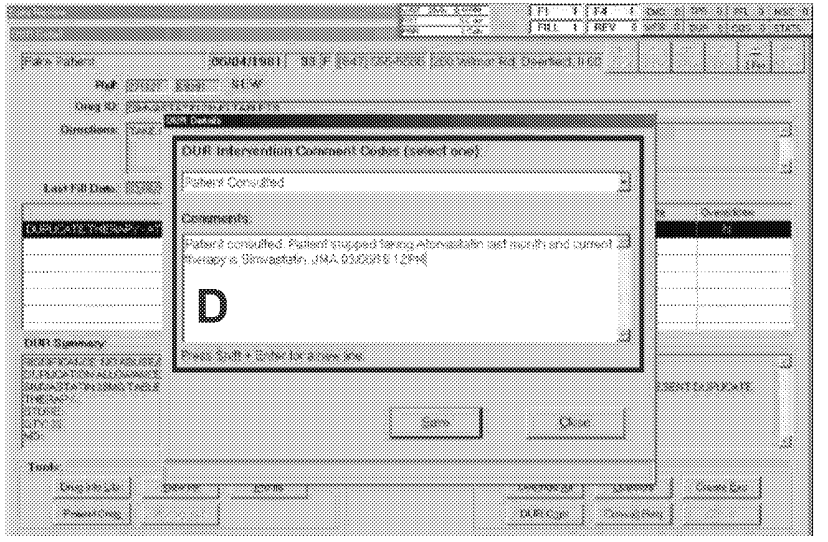
	C) **Prescription is "New" and the prescriber cancelled the original prescription and provided a new prescription.** ○ Locate the prescription in the Work Queue, delete the original prescription and dispose of it following the DPI procedures. ▪ Do Not "Store" the original prescription on the patient's profile. ○ Transcribe the new prescription and indicate that drug "Y" replaces drug "X". Process the prescription according to standard operating procedures. D) **Prescription is a "Refill" and the prescriber provided an update**. ○ Locate the prescription in the Work Queue and delete the prescription refill. Locate the prescription in the patient's profile, close the prescription, and document the reason for closing. ○ Transcribe the new prescription and indicate that drug "Y" replaces drug "X". ○ If there is a Quality Assurance Event in a previous fill, follow the External Events Procedures. E) In scenarios B thru D above, proactively contact the patient to inform them of the prescriber's decision and changes to their drug therapy while complying with HIPAA regulations and state counseling requirements. F) If you were unable to contact the patient to consult them on changes to their drug therapy, ensure the patient is consulted during prescription pick-up. ○ During Data Review or Product Review, press **"Alt + T"** to select **Consult Req** and document the reason for the consultation in the Consultation Comments window and press **"Alt + S"** to select **Save**	C 
6. Contact Patient	A) Follow the below steps when patient contact is needed to resolve the DUR. B) Contact the patient or authorized representative using the appropriate method (phone, page over intercom) depending if the patient is waiting in the store or not. ○ In order to maintain patient privacy during the paging process, always page the patient using their first name and last initial only. ○ Prior to sharing any personal information with the patient, verify the patient's information, following current HIPAA procedures. C) Discuss the details of the DUR in terminology the patient would understand and use professional judgment to determine what details of the DUR are needed to discuss with the patient. D) If you are able to discuss the interaction with the patient, use your professional and clinical judgment to decide when adding comments is appropriate. When adding comments, press **"Alt + M"** to select **DUR Cmts** and enter DUR comments and document the outcome of the conversation.	

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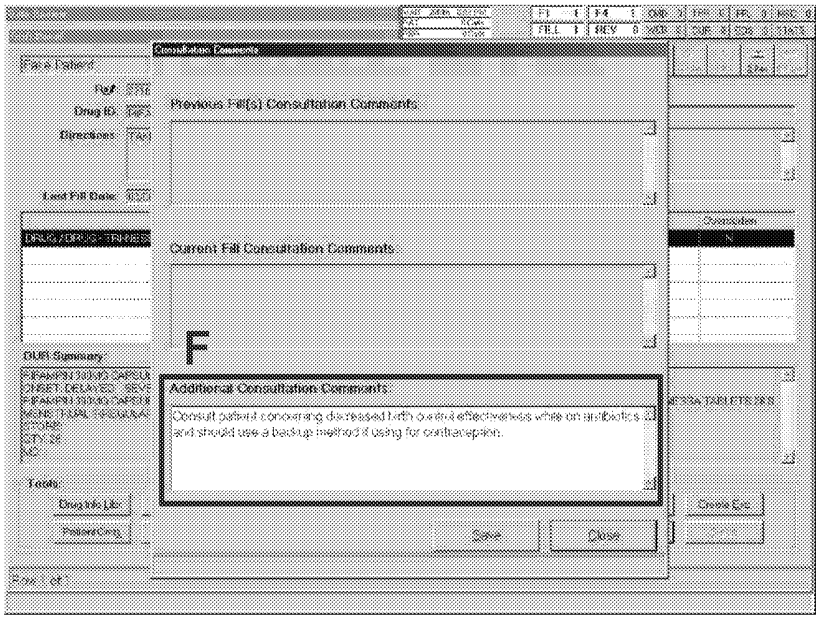
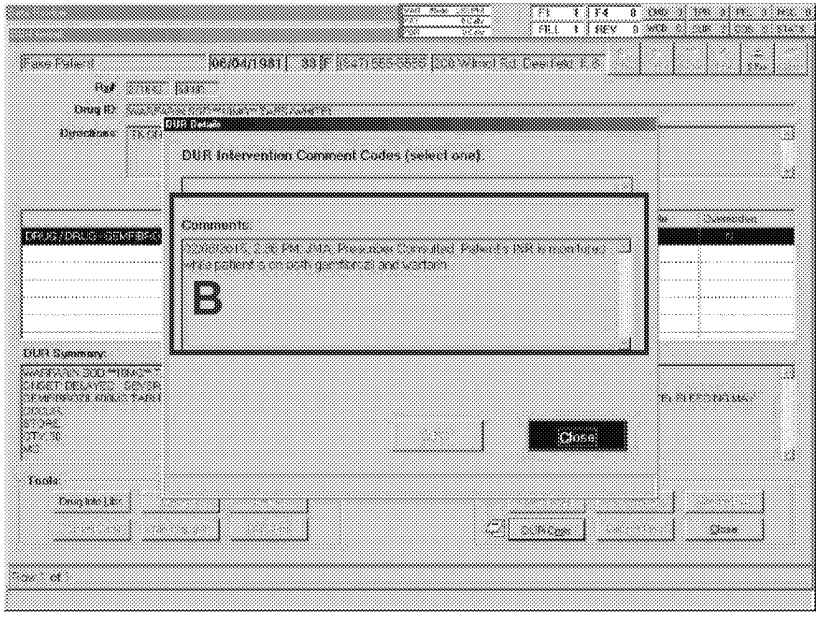
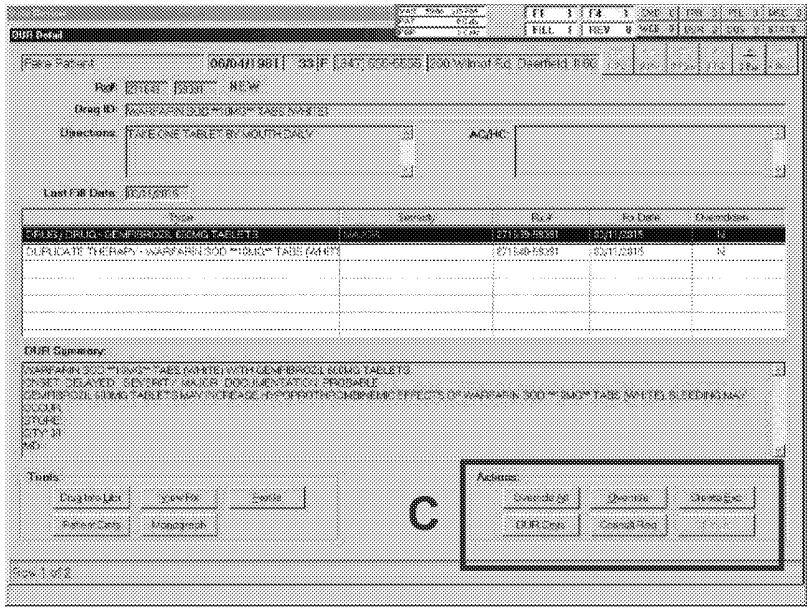
	○ When needed, update patient information such as allergies/health conditions/etc. If the patient has other prescriptions that are being processed at that time, perform a manual DUR on these prescriptions with the updated patient allergies or health conditions. ○ At times it may be necessary to contact the prescriber after discussing the interaction with the patient if additional research is needed in order to resolve the DUR. E) Using your professional and clinical judgment, resolve and override the DUR if applicable by following **Step 8** below. F) If you were unable to contact the patient, use professional judgment to determine when it is appropriate to <u>either</u> create a DUR exception to stop the filling process, or add a CAP to the prescription so you are able to discuss the interaction with the patient before dispensing. ○ If creating a DUR exception, press **"Alt + E"** to select **Create Exc** and clearly document the reason for the DUR, actions taken, and next steps as appropriate. ○ If you determine that a CAP should be added to the prescription so the consultation pharmacist is able to speak with the patient during prescription pick-up, press **"Alt + T"** to select **Consult Req** and clearly document the reason for the consultation in the Additional Consultation Comments window and select **Save**.	
7. Patient or Prescriber Contact is Not Needed	A) After using your professional and clinical judgment, if you determine that the prescriber and patient do NOT need to be contacted for DUR resolution, follow the steps below to resolve the DUR. B) When determining if resolving the DUR is appropriate, review previous DUR comments as needed by pressing **"Alt + D"** to select **DUR History** from the Refill History window. ○ If needed, ensure the DUR was appropriately documented during previous pharmacist review when determining if it is appropriate to resolve the DUR at this time. If not appropriately documented, proceed with DUR resolution and document as necessary.	

8. Resolving and Overriding the DUR	A) If you are resolving a DUR with major severity, IC+ will require you to enter comments. On the DUR Details window, choose the reason for the resolution from the DUR Intervention Comment Codes drop down. Once the reason is selected, the date, time, your initials and the reason will appear in the Comments field. ○ Pharmacists should use their professional and clinical judgment and add any additional comments to clarify their course of action and decision when resolving the DUR. ○ Press **"Alt + S"** to select **Save** to complete the DUR review for the specific DUR. (When documentation is required) B) If the DUR that is being resolved is not of major severity and DUR review for the specific DUR issue is complete, the pharmacist should use professional and clinical judgment to determine if adding comments is appropriate. C) If you decide adding comments is appropriate, press **"Alt + M"** to select **DUR Cmts** to clarify your course of action and professional decision when resolving the DUR. D) To resolve a DUR, highlight the DUR and press **"Alt + O"** to select **Override** to resolve a specific DUR after it has been assessed or press **"Alt + A"** to select **Override All** if all DURs have been assessed and it is appropriate to resolve all DURs.