

# INVOICE



SaveOnSP, LLC  
40 La Riviere, Suite 310  
Buffalo, NY 14202

Bill to  
UTZ Quality Foods Inc

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Date of Invoice	Invoice	Due Date	Total Amount Due
January 15, 2023	44525	February 15, 2023	\$15,173.99

Activity	Quantity	Rate	Amount
Claims Administration			\$5,737.12
Tertiary Balance			\$9,436.87
		<b>Balance Due</b>	<b>\$15,173.99</b>



Questions? Contact us at: 800-683-1074 Or Email at [Finance@saveOnSP.com](mailto:Finance@saveOnSP.com)

# INVOICE



SaveOnSP, LLC  
 40 La Riviere, Suite 310  
 Buffalo, NY 14202

<b>Bill to</b> UTZ Quality Foods Inc	Date of Invoice January 15, 2023	Invoice 44525	Processing Period December 1, 2022 through December 27, 2022	<b>Total Amount Due</b> \$15,173.99
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This e-mail transmission is to inform you that the following are Pharmacy claims Adjudicated through December 27, 2022 which were processed by ESI on your behalf.

Period	Manufacturer Dollars	Claim Count	Participant Savings	Copay Tertiary	Residual Tertiary	Gross Savings	Admin Fee Due 25%	Net Savings 75%
Prior Period Tertiary	\$0.00	0	(\$300.00)	\$15.00	\$9,411.87	(\$9,126.87)	(\$2,281.72)	(\$6,845.15)
12/13/2022	\$26,337.13	12	\$1,000.00	\$5.00	\$0.00	\$25,332.13	\$6,333.03	\$18,999.08
12/27/2022	\$7,448.22	13	\$700.00	\$5.00	\$0.00	\$6,743.22	\$1,685.80	\$5,057.40
<b>Grand Total</b>	<b>\$33,785.35</b>	<b>25</b>	<b>\$1,400.00</b>	<b>\$25.00</b>	<b>\$9,411.87</b>	<b>\$22,948.48</b>	<b>\$5,737.12</b>	<b>\$17,211.33</b>

**Definitions:**

Manufacturer Dollars is the total copay adjudicated with Express Scripts, and is amount billed to the Manufacturer.  
Claim Count is the total number of claims that adjudicated through the SaveOnSP program.  
Participant Savings is the average member copay prior to SaveOnSP program Implementation  
Copay Tertiary is the residual copay required by the manufacturer program which is billed back to plan.  
Residual Tertiary is the remaining drug cost after program benefits are exhausted, or pass through claims for ineligible members  
Gross Savings = Manufacturer \$ MINUS Credit for Prior Copay MINUS Tertiary remaining balance MINUS Residual Tertiary  
Admin Fee Due = Gross Savings MULTIPLIED by 25%  
Net Savings = Gross Savings MINUS Admin Fee  
Total Amount Due = Admin Fee Due + Residual Tertiary + Copay Tertiary

**UTZ Quality Foods Inc current invoice summary statistics**

Claim Count	Copay Credit per Claim	\$ Save per Claim	YTD Net Savings 75%
25	\$100.00	\$688.45	<b>\$389,128.99</b>



Questions? Contact us at: 800-683-1074 Or Email at Finance@saveonsp.com



## Deidentified Detail for: UTZ Quality Foods Inc

Period	Transaction ID	Therapeutic Category	Final NDC	Drug Name	Manufacturer Dollars	Total Tertiary	Participant Savings	Gross Savings	Admin Fee Due 25%	Net Savings 75%
12/27/2022	756878559888344001	Cancer	57962042028	Imbruvica	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	779132162825645001	Inflammatory C..	00074433902	Humira	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	817225442913970001	Inflammatory C..	49401008835	Benlysta	\$1,302.64	\$0.00	\$100.00	\$1,202.64	\$300.66	\$901.98
	819508582719774001	Inflammatory C..	00002144511	Taltz	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	883248375697545001	Skin Conditions	00024591401	Dupixent	\$987.02	\$0.00	\$100.00	\$887.02	\$221.76	\$665.26
	887081068518553001	Skin Conditions	00024591502	Dupixent	\$658.01	\$0.00	\$100.00	\$558.01	\$139.50	\$418.51



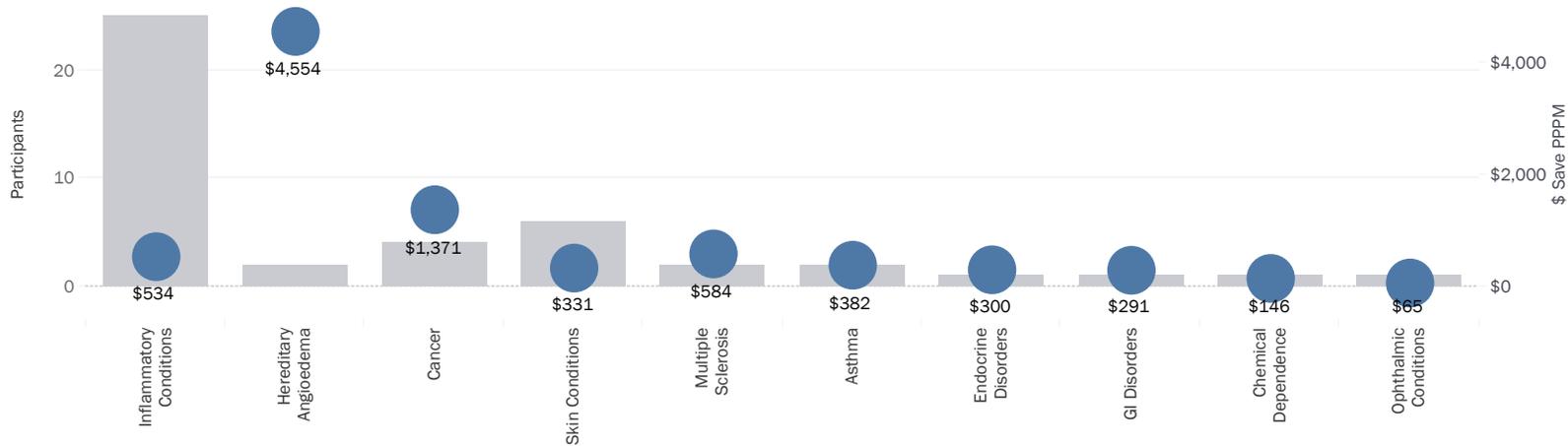
# UTZ Quality Foods Inc Savings Report

## Claims with Invoice Dates Between 1/1/2022 and 12/27/2022



Therapeutic Category	Manufacturer Dollars	Participant Savings	Total Tertiary	Net Savings 75%	\$ Save per Claim	\$ Save PPM	Claim Count	Participants
<b>Grand Total</b>	\$670,693	\$24,950	\$126,904	\$389,129	\$1,115	\$721	349	45
Inflammatory Conditions	\$311,139	\$12,500	\$85,045	\$160,195	\$915	\$534	175	25
Skin Conditions	\$56,566	\$4,700	\$20,068	\$23,848	\$346	\$331	69	6
Cancer	\$93,706	\$2,410	\$3,521	\$65,831	\$1,496	\$1,371	44	4
Asthma	\$18,272	\$2,240	\$3,810	\$9,167	\$367	\$382	25	2
Multiple Sclerosis	\$25,435	\$1,100	\$5,660	\$14,007	\$875	\$584	16	2
Hereditary Angioedema	\$146,725	\$1,000	\$0	\$109,294	\$10,929	\$4,554	10	2
Chemical Dependence	\$2,841	\$500	\$0	\$1,756	\$351	\$146	5	1
Endocrine Disorders	\$10,005	\$200	\$5,000	\$3,604	\$1,802	\$300	2	1
GI Disorders	\$4,861	\$200	\$0	\$3,495	\$1,748	\$291	2	1
Hepatitis C	\$0	\$0	\$3,800	(\$2,850)			0	0
Ophthalmic Conditions	\$1,142	\$100	\$0	\$782	\$782	\$65	1	1

Participant Count vs. \$ Save Per Participant Per Month (PPPM)

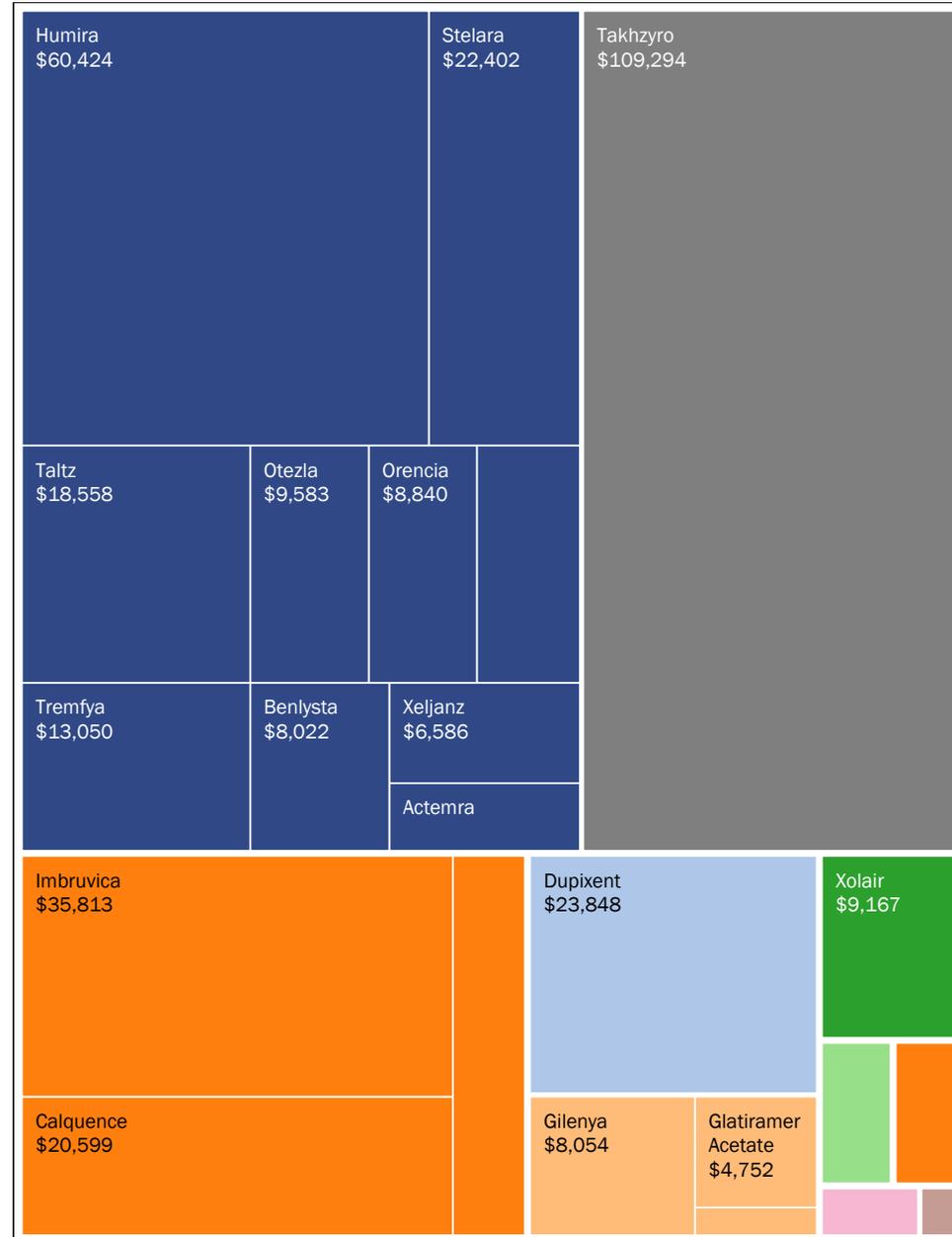


\*PPPM - Per Participant Per Month

# Net Save by Drug



Therapeutic Category	Drug Name	Net Savings 75%	Participants
Inflammatory Conditions	Humira	\$60,424.46	9
	Stelara	\$22,402.06	4
	Taltz	\$18,557.66	3
	Tremfya	\$13,050.00	3
	Otezla	\$9,582.98	2
	Orencia	\$8,840.48	1
	Cosentyx	\$8,287.35	1
	Benlysta	\$8,022.02	1
	Xeljanz	\$6,586.26	2
	Actemra	\$4,442.00	1
Hereditary Angioedema	Takhzyro	\$109,293.50	2
Cancer	Imbruvica	\$35,812.51	2
	Calquence	\$20,598.77	1
	Sprycel	\$9,420.15	1
Skin Conditions	Dupixent	\$23,848.40	6
Multiple Sclerosis	Gilenya	\$8,054.44	1
	Glatiramer Acetate	\$4,751.98	1
	Copaxone	\$1,200.46	1
Asthma	Xolair	\$9,166.77	2
Endocrine Disorders	Triptodur	\$3,603.75	1
GI Disorders	Ocaliva	\$3,495.40	1
Chemical Dependence	Sublocade	\$1,755.95	1
Ophthalmic Conditions	Eylea	\$781.64	1
Hepatitis C	Epclusa	(\$2,850.00)	0



## Savings Report: Definition of Terms

(includes only claims invoiced through the SaveonSP program during the reporting period)

**Manufacturer Dollars:** Total copay the prescription adjudicated for with Express Scripts, and therefore, amount billed to the manufacturer's copay assistance program.

**Participant:** Patient enrolled in SaveonSP program with a claim filled during the reporting time period

**Participant Savings:** Average member copay prior to SaveonSP program implementation

**Total Tertiary:** Used for residual member cost after copay assistance pays (\$5-\$50 generally), member's 13th fill in the year, or pass thru copays

**Net Savings:** Program Savings x 75%

**Program Savings:** Manufacturer Dollars - Participant Savings - Tertiary

**Carrier Number:** 8601