National Integrative Health

CLINICAL MANAGED SERVICES ORGANIZATION
High-Cost Pharmacy & Infusion Solutions

Optimizing High-Cost Pharmacy and Infusion Claims.

National Integrative Health (NIH) works alongside existing PBMs, TPAs and health plans to reduce total cost at the claim level. It works with your current PBM or alongside a PBM change, without disrupting your vendors or member access.

Our model focuses on the small percentage of claims that drive the majority of spend, sourcing medications at the lowest net cost while coordinating care, improving outcomes and maintaining full transparency.

20–30%
average savings on the medications NIH manages

Data Analytics

- Claims-level review and Repricing Analysis designed to surface high-cost medication outliers
- Identify patterns across specialty, infusion and traditional drug spend
- Savings calculated against actual plan-paid cost, with all NIH fees included

High-Cost Pharmacy & Specialty Drug Acquisition

- Formulary of 7,000+ NDCs
- Managing purchase of drugs $300+ per 30-day supply
- Brand name, generic, specialty, orphan, cold chain, REMS, GLP-1, limited distribution drugs and more
- Acquired at the lowest net cost through U.S. sourcing: a proprietary network of pharmacies, manufacturer-direct contracts, 340B, 503B and therapeutic alternatives
- Implemented as a voluntary network any time during the plan year, or with Core formulary changes written into plan design at renewal

Financial Optimization & Transparency

- No implementation fees
- No PEPM or PMPM
- Clear and auditable cost-plus fee structure
- Voluntary engagement, or Core formulary changes written into plan design
- Can be added at any time during the plan year

Infusion & Site-of-Care Optimization

- 50-state in-house infusion network, managed by NIH's clinical team
- All J-code and Q-code drugs (infused, injected, oral), with sub-Q medical claims managed the same way as pharmacy claims
- Lower-cost site of administration, benchmarked at 100–150% of Medicare
- Implementation options from a single case agreement to a full network carve-out, with complete management of infusion therapies across all care settings
- Site-of-care evaluation (home, ambulatory infusion centers, clinic-based care) and coordination
- Nurse coordination, supply chain logistics and scheduling
- Buy-and-bill contracting

Find Out Where Your Plan Has Been Overspending.

Contact us to see if your plan qualifies for a free Repricing Analysis.

FREE REPRICING ANALYSIS

info@nationalintegrativehealth.com
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National Integrative Health (NIH) provides managed care services designed to support lower-net-cost pharmacy and medical outcomes. NIH facilitates clinical care coordination efforts only when clinically appropriate and in collaboration with treating providers. Results vary based on plan profile, contracts and plan terms.

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Comprehensive Clinical Management and Strategic Support.

Our clinical and strategic programs work together to improve outcomes, optimize site of care and reduce total cost while maintaining full transparency.

How savings are built

1. **Core savings**
   Biosimilars, preferred products and the lowest-cost U.S. product
2. **Clinical Formulary Management**
   Provider-led clinical alternatives managed through the MSO
3. **Assistance pathways**
   Patient, copay and foundation programs when members qualify
4. **Infusion and site of care**
   The right setting at the right price

Core is the number a plan can underwrite. Everything else is shown separately and never double-counted.

Therapeutic Alternatives and Biosimilars

- Identify opportunities when a clinically equivalent therapy is appropriate
- Formulary strategy sets the preferred product, and NIH coordinates each change with the member and prescriber
- Move from a higher-cost brand or reference product to a lower-cost equivalent, including FDA-approved biosimilars
- Clinical Formulary Management for provider-led clinical alternatives

Case Management & Utilization

- Auditing every claim, every time for clinical appropriateness and lowest net cost
- Prior authorization and step therapy management
- Drug utilization review (DUR) for safety and duplication
- Ongoing monitoring of treatment adherence and outcomes
- Full-service support for members and providers
- Fraud, waste and abuse mitigation through clinical oversight and auditing

Actuarial and Underwriting Support

- Actuarially certified by the nation's leading stop-loss carriers and MGUs
- Produces discounts of 5–10% on stop-loss premium
- Supports reduction or removal of specific lasers

Clinical Trial Coordination

- Full integration with a precision medicine and clinical trials system partner
- Identification and coordination of clinical trial opportunities for members on high-cost specialty regimens, where appropriate and provider-endorsed, helping connect care teams with manufacturer-sponsored pathways

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Plan Design & Reporting

Claim-level reporting
Transparent reporting designed to track opportunities and validate realized savings

Carve-out plan language
Plan design language for high-cost drug carve-outs

Data integration
Integration with PBMs, TPAs, health plans and care management systems

Plan document review
Strategic review of plan documents, formulary tiers and benefit structures to identify design levers that reduce high-cost pharmacy exposure

Claims processing
Full data processing and claims adjudication capabilities

Data return
Seamlessly return adjudicated claim data and reporting to the PBM and plan sponsor

GLP-1 Access and Cost Management

NIH helps the plan manage all GLP-1 access and cost in one place: who qualifies, which products are covered, how members stay on track and what every fill costs.

Formulary design
Preferred product at the matched dose, with step therapy and prior authorization aligned to the plan

Eligibility management
Plan-set criteria for approval and continuation, documented and enforced by NIH

Engagement management
One NIH Patient Advocate per member, one-month fills and refill monitoring

Pricing and reporting
Fixed, all-in price per fill with no rebate dependency

Additional Services

Electronic Prescribing (eRx)
Integrations with prescriber systems

Cell and gene therapy
Management integration

Electronic Prior Authorization (ePA)
Available if the plan sponsor carves away from the PBM

Patient Assistance Program (PAP)
At a percentage of savings with a monthly cap

Pharmacogenomics
Risk management for high-risk patients

Assistance pathways
Manufacturer copay and foundation programs pursued in parallel when a member qualifies

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Where the Model Becomes Real

Our analyses are built on a simple principle: be transparent with what the plan actually pays. Every NIH MSO Plan Audit is priced against the plan's own claims and plan net paid, with all NIH fees included and U.S. sourcing only.

21–34%
Core savings on the medications compared

16–32%
Core savings as a share of total plan spend

23–47%
Combined opportunity across Rx and infusion

SELECTIVE CARVE-OUT

Independent School District

Public school district plan, about 2,100 covered members

$553,074	34.3%	16.2%
Core savings per year	saved on the medications compared	of total plan spend

$3,416,014 in annual pharmacy spend. Combined opportunity across all programs: $1,071,090–$1,360,956.

FULL CARVE-OUT

Multi-District Schools Plan

Schools health plan, about 2,800 covered members

$319,884	21.1%	15.7%
Core savings per year	saved on the medications compared	of total plan spend

$2,038,746 in annual pharmacy spend. Combined opportunity across all programs: $860,486–$1,244,501.

FULL CARVE-OUT WITH A PBM CHANGE

Faith-Based Employer

Self-funded church employer plan, about 800 covered members

$244,404	23.3%	21.2%
Core savings per year	saved on the medications compared	of total plan spend

$1,151,024 in annual pharmacy spend. Combined opportunity across all programs: $508,607–$606,156.

SPECIALTY CARVE-OUT

Specialty-Focused Employer

Self-funded private employer, about 300 covered members

$114,327	31.5%	31.5%
Core savings per year	saved on the medications compared	of total plan spend

$362,681 in annual pharmacy spend. Combined opportunity across all programs: $219,237–$254,613.

Core savings are formulary changes the plan can underwrite. Clinical Formulary Management, assistance pathways and infusion are shown separately and never double-counted. Modeled results from NIH MSO Plan Audits completed in November 2026 using each plan's own claims data; de-identified and rounded. Projected savings, not realized results or a guarantee for any specific group.

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