National Integrative Health

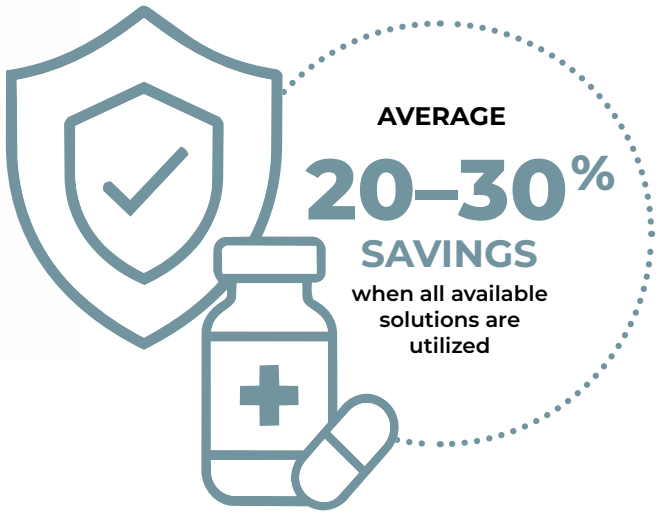
CLINICAL MANAGED SERVICES ORGANIZATION

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 - without disrupting current plan structures, 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.



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 (net of fees and rebates)

High-Cost Pharmacy & Specialty Drug Acquisition

- Formulary of 7,000+ NDCs
- Managing purchase of drugs $300+ per 30-day supply
- Brand name, generic, biosimilars, specialty, orphan, cold chain, REMS, GLP-1, Limited Distribution Drugs, and more
- Acquired at the lowest net cost using a proprietary network of pharmacies, manufacturer-direct contracts, 340B, 503B, therapeutic alternatives, and other modular channels
- Implemented as voluntary network anytime during the plan year or as the mandatory pharmacy for high-cost fills with plan design changes at renewal

Financial Optimization & Transparency

- **No Implementation Fees**
- **No PEPMs or PMPMs**
- **Clear and Auditable Cost-Plus Fee Structure**
- **Ability to Operate as Mandatory or Voluntary Engagement Model**
- **Can Be Added at Any Time During 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, sub-Q
- Facilitating the purchase and delivery of the drugs
- Range of implementation options from Single Case Agreement to full network carveout 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
- Patient assessment, treatment planning, coordination of services, patient education, monitoring, clinical support, documentation
- 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 to show transparent potential savings.

FREE REPRICING ANALYSIS

info@nationalintegrativehealth.com
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National Integrative Health 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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CLINICAL MANAGED SERVICES ORGANIZATION

High-Cost Pharmacy & Infusion Solutions

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.



Therapeutic Alternatives and Biosimilars

- Identify opportunities when clinically equivalent therapy is appropriate
- Coordinate with the member and provider to change the prescription from a higher cost brand or reference product to a lower cost equivalent

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



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



Plan design language for high-cost drug carveouts



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



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



Full data processing and claims adjudication capabilities



Seamlessly return adjudicated claim data and reporting back to PBM and plan sponsor

Additional Services



Electronic Prescribing (eRx) integrations



Cell and gene therapy management integration



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



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



GLP-1 access and cost management: formulary design, eligibility and engagement; option to manage authorization and reauthorization criteria



Pharmacogenomics risk management for high-risk patients



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Where the Model Becomes Real

Our repricing analyses are built on a simple principle: be transparent with what the plan actually pays. Every outcome is evaluated on a true net basis, with all factors considered and nothing assumed.

NIH MSO PLAN AUDIT — SCHOOL DISTRICT

Independent School District

$553,074
CORE SAVINGS PER YEAR (34.3%)

$1.07M–$1.36M
COMBINED OPPORTUNITY

$3.42M Total plan spend	**~2,100** Covered members
16.2% Of total plan spend saved (Core)	

SITUATION
Independent school district plan with about 2,100 covered members and $3.42M in total plan spend.

INTERVENTION
NIH MSO Plan Audit repriced 12 months of the plan's pharmacy claims at plan net paid, using domestic sourcing only.

COORDINATION
Selective carve-out through Clinical Formulary Management: biosimilars, same-ingredient alternatives and the lowest-cost U.S. product.

PLAN IMPACT
$553,074 Core savings: 34.3% on medications compared, 16.2% of plan spend

MEMBER EXPERIENCE
Modeled at $0 out of pocket for enrolled members, with medications dispensed by a licensed U.S. pharmacy.

SAVINGS VALIDATION
Priced against the plan's own claims with all NIH fees included; optional programs bring the combined opportunity to $1,071,089–$1,360,956.

CAVEATS
Modeled results from an NIH MSO Plan Audit (November 2026); de-identified and rounded. Projected savings, not realized results.

NIH MSO PLAN AUDIT — FAITH-BASED EMPLOYER

Faith-Based Employer

$244,404
CORE SAVINGS PER YEAR (23.3%)

$509K–$606K
COMBINED OPPORTUNITY

$1.15M Total plan spend	**~800** Covered members
21.2% Of total plan spend saved (Core)	

SITUATION
Faith-based employer plan with about 800 covered members and $1.15M in total plan spend.

INTERVENTION
Repriced 12 months of claims at plan net paid; domestic sourcing only.

COORDINATION
Full carve-out of Core medications alongside a PBM change.

PLAN IMPACT
$244,404 Core savings per year: 23.3% on the medications compared and 21.2% of total plan spend.

MEMBER EXPERIENCE
Modeled at $0 out of pocket for enrolled members, with medications dispensed by a licensed U.S. pharmacy.

SAVINGS VALIDATION
Priced against the plan's own claims with all NIH fees included; optional programs bring the combined opportunity to $508,607–$606,156.

CAVEATS
Modeled results from an NIH MSO Plan Audit (November 2026); de-identified and rounded. Projected savings, not realized results.

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