

When you **carve** out pharmacy, many challenges come **in** like higher costs **and** lower utilization. What can you **do**? How can you spend less and engage **more**?



**50%**

Drug spend represents 26% of total health care cost, yet 50% of people in the U.S. aren't taking their drugs as prescribed.<sup>1</sup>



**29%  
MORE**

A HealthScape study found that Blue Cross and Blue Shield of New Mexico engaged 29% more integrated pharmacy members than carved-out members.<sup>2</sup>



**9%  
LOWER**

Medical costs were 9% lower for employers who carved in versus carved out pharmacy benefits.<sup>3</sup>

Here's a look at the complexity of chronic conditions and the upside of bringing your benefits together.

**Asthma**



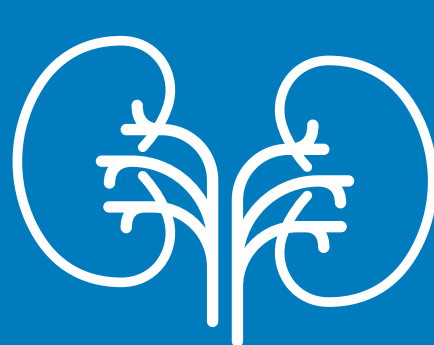
**Behavioral Health**



**Cardiovascular Disease**



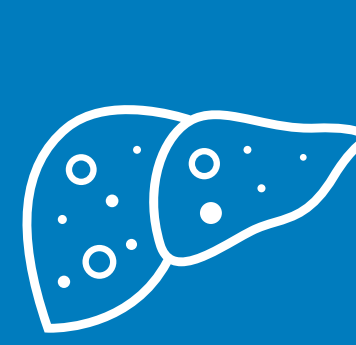
**Chronic Kidney Disease**



**Diabetes**



**Liver Disease**



**Integrating** your medical and **pharmacy benefits** helps get your employees and business **all** on the same page.

**We're here for you, so you can be there for them.**

When employees are facing complex conditions, their pharmacy needs can also be complex. So, it's important to look at the whole picture. We can help. [Read our white paper](#) on how integrating pharmacy and medical benefits together can be better for your employees and your business.



1 2020 National Health Expenditure Study  
2, 3, 5, 9, 12, 15, 18, 20 Results of BCBSIL's Integrated Pharmacy study, a robust analytical exercise conducted across the five markets: Illinois, Montana, New Mexico, Oklahoma and Texas. Over 2,500 hypotheses were tested across five markets and in aggregate with 545 findings identified as statistically significant and favorable for groups with connected benefits. The study population consisted of 1,530 groups with connected benefits and 514 groups with medical-only benefits, and 2.6M and 4.5M members within each population, respectively, in 2021.  
The methodology and results of this study have been reviewed and validated by Scott Allen, a credentialed health care actuary who is a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries.  
Results may vary and performance may be driven by client-specific benefit design and program engagements.  
4 Tatiana Makhinova, et al., "Improving Asthma Management: Patient-Pharmacy Partnership Program in Enhancing Therapy Adherence," Pharmacy (Basel), Feb. 17, 2022.  
6, 7 "Mental Health Disorder Statistics," Johns Hopkins Medicine.  
8 National Institute of Mental Health, "Statistics," NIMH Information Resource Center.  
10 World Health Organization, "Cardiovascular Diseases," 2024.  
11 Aamna Ahmed, Ping Guo, and Zahraa Jalal, "A Systematic Review Investigating the Roles and Impact of Pharmacist Interventions in Cardiac Rehabilitation," International Journal of Clinical Pharmacology and Therapeutics  
13, 14 Centers for Disease Control and Prevention. *Chronic Kidney Disease in the United States*, 2021.  
16 Elaine Chen, "Diabetes Will Be 'a Defining Disease of This Century' as Global Cases Are Set to Surpass One Billion by 2050," STAT, June 22, 2023.  
17 Matthew P. Petersen, "Economic Costs of Diabetes in the U.S. in 2017," Diabetes Care, May 2018, 917-918.  
19 American Liver Foundation, "How Many People Have Liver Disease?" Sept. 11, 2023.