Pharmacy Benefit News

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The Trump Administration & Opiates

PRO:
"Scott Gottlieb, MD, President Trump's nominee for FDA Commissioner, said the FDA is "complicit, even if unwittingly" in helping fuel the opioid crisis, during Senate nomination hearings this week. Officials "didn't fully recognize the scope of the emerging problem" several years ago and needed a new strategy to combat the issues involved, Gottlieb said, according to The Washington Post.Gottlieb also said that the U.S. opioid crisis is a "public health emergency on the order of Ebola and Zika" and requires dramatic action by FDA and other agencies."

CON:
Critics say that Trump's budget cuts to health and other agencies could hurt the fight against opioids and other drugs. They also worry that Republican Congressional efforts to criminalize opioid abuse, along with the Republicans' failed attempt to revise the Affordable Care Act, may harm the progress made in the opioid crisis.

President Trump's proposed 2017 budget would cut $100 million from mental health block grants at the Substance Abuse and Mental Health Services Administration (SAMHS), while his proposed 2018 budget would cut 16.2% of funding from the Department of Health and Human Services, which funds SAMHS and similar programs.

Source: http://drugtopics.modernmedicine.com/drug-topics/news/trump-administration-gets-tough-opioids?GUID=2C9BB987-7461-4805-9180-11FEFB0EB232&rememberme=1&ts=11042017

COMMENTS:
We must be careful that we don't over trivialize and simplify the opiate problem. We created this issue. However, it is not just an FDA or budget issue. For patients that need opiates for pain management in cancer or other severe acute and chronic conditions, prescriptions are necessary. On the other hand, long-term use for episodic and conditions that are of limited duration, tip the scale from effectiveness to risk. Throwing money at the problem is not the solution, nor is political rhetoric that paints the issue as a crisis eliciting fear.

This is a multi-factorial problem that requires multi-factorial solutions. Patients, doctors, pharmacists, Health Plans, Federal and State Governments and the media are all participants. Quick solutions won't work. This is a behavior modification problem that requires all stakeholders to be held responsible. Physician peer-to-peer improvements are necessary as are clear prescribing guidelines with alternative options that work. Patients must also be given clear instructions for expectations, therapy limitations and alternatives. Only when we treat this problem from the vantage point of all stakeholders will we have rational solutions.

Analytics at Work: A Real World Example

Problem: A client wanted to submit rebates for Specialty Medical Claims similar to what they were doing for the Specialty Pharmacy Claims. However, they were unable to identify which of the medical encounter claims for specialty medications were rebatable.

Solution: ProData Analytics included rebate analysis in the Comprehensive Medical Specialty Analyses. A file of the rebatable encounter claims was made available for the client to submit to the manufacturers. The file included the NDC, manufacturer, effective and term dates along with all other applicable sterilized encounter claims data. The file also included a filter for potential 340b providers to remove from the file. Alternatively, Pro Pharma also recommended that the client could include the rebatable specialty medical encounter claims with the pharmacy claims. Then the PBM could submit all the claims to the manufacturers for rebate reconciliation.

Outcome: The client was able to increase their rebate receipts by submitting both pharmacy and medical rebatable claims. The process was automated so that there was a minimal amount of manual data collection and processing.

Learn More

Incidence of Dementia Declined Over Three Decades in The Framingham Heart Study

The prevalence of dementia is expected to soar as the average life expectancy increases, but recent estimates suggest that the age-specific incidence of dementia is declining in high-income countries. A recent study described temporal trends in the incidence of dementia over three decades among participants in the Framingham Heart Study.

The 5-year age- and gender-adjusted cumulative hazard rates for dementia were 3.6 per 100 persons during the first epoch (late 1970s and early 1980s), 2.8 per 100 persons during the second epoch (late 1980s and early 1990s), 2.2 per 100 persons during the third epoch (late 1990s and early 2000s), and 2.0 per 100 persons during the fourth epoch (late 2000s and early 2010s).

The prevalence of most vascular risk factors (except obesity and diabetes) and the risk of dementia associated with stroke, atrial fibrillation, or heart failure have decreased over time, but none of these trends completely explain the decrease in the incidence of dementia.

Source: Claudia L. Satizabal, Ph.D., Alexa S. Beiser, Ph.D., Vincent Chouraki, M.D., Ph.D., Geneviève Chêne, M.D., Ph.D., Carole Dufouil, Ph.D., and Sudha Seshadri, M.D., N Engl J Med 2016; 374:523-532February 11, 2016DOI: 10.1056/NEJMoa1504327

COMMENTS:
On the surface, it would appear that an aging population would be rationale enough for a rise in the incidence of dementia. Framingham studies are helpful in that they can trend issues over time. The reason that dementia decreased over time, rather than increased, is unknown.

What has not been studied are the non-medical reasons that contribute to the result. Changes in lifestyle, elderly education,

Analytics Works to Identify Undiagnosed Patients

“The FH (familial hypercholesterolemia) Foundation--supported by Amgen, Regeneron, Sanofi, and a couple of other PCSK9 developers, AstraZeneca ($AZN) and Aegerion ($AEGR)--established a registry to identify FH patients in the U.S. and track their treatments and outcomes. A newer campaign, financed by Amgen and the American Heart Association, is dubbed FIND FH. And under it, Stanford Medicine, the FH Foundation and Amgen are using computer algorithms to "troll through large databases including electronic medical records and locate patients who likely have the disease," Stanford's website states (as quoted by CardioBrief writer Larry Husten).”

Source: http://www.medpagetoday.com/cardiology/cardiobrief/54195

COMMENTS:
Diseases like familial hypercholesterolemia are rare. They require patients with the genetic tags to identify. The idea of the study above is to use Stanford records on FH patients to develop a way to tag undiagnosed patients, and then run current Stanford medical records through that "classifier" to find any with FH. Tagged patients would be contacted by their doctors and evaluated for potential treatment, and possible follow-up screening of family members, given the fact that FH is a hereditary disease.

Using analytics to identify these patients is a valuable tool to subset patients when treatments exist. The data to demonstrate the cardiac clinical impact of PCSK9 inhibitors for patients with cholesterol in the 400 mg/dl range is expected later this year (2017). Although there is certainly a commercial rationale, the use of analytics to subset patients is where there is a real value in analytics. The old techniques, are the shotgun approach.

the mind active may also impact results. The point is that once the obvious medical reasons have been reviewed, then other options exist that may not have been measured. Analytics is only as good as the data at hand. Other data may add alternative points of view. Analytics is not a one-trick pony.

PRODATA ANALYTICS

CSA

Comprehensive Specialty Analysis™

Pro Pharma utilizes an integrated data approach to analyze pharmacy and medical encounter claims through problem flagging, feedback benchmarking prices, and peer-to-peer comparison. This program is fully customizable to fit the needs of each client.

Comprehensive Analyses Include, But Are Not Limited To:

- *Comparison of Pricing*
- *Audits of Specialty Claims*
- *Analysis of Duplicate Payments*
- *Analysis of Channel Discounts*

Comprehensive Analyses Outcomes Include, But Are Not Limited To:

- *Medications Paid at More Favorable Rates*
- *Identification of Claims Paid for Unapproved Uses*
- *Identification of Clinical Problems for Targeting Improvement*

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