



**FIRST-TIME GENERICS
NOV AND DEC 2009**

GENERIC NAME	GENERIC MFR	INDICATION
donepezil HCL orally disintegrating tabs, 5mg and 10mg	MUTUAL PHARMA.	<u>Dementia caused by Alzheimer's</u> Brand name: Aricept
cromolyn sodium oral sol. (concentrate), 100mg/5ml	GENERA PHARMA.	<u>Symptoms of Mastocytosis</u> Brand name: Intal
norethindrone acetate & ethinyl estradiol tabs usp, 1mg/0.005mg	BARR LAB.	<u>Oral Contraceptive</u> Brand name: Loestrin
perindopril erbumine tabs, 2mg, 4mg, & 8mg	AUROBINDO; ROXANE; and IVAX	<u>ACE Inhibitor</u> Brand name: Aceon
tramadol hydrochloride ER tabs, 100mg & 200mg	PAR PHARMA.	<u>Pain Reliever</u> Brand name: Ultram
nizatidine oral solution, 15mg/ml	AMNEAL PHARMA.	<u>Stomach or Intestinal Ulcers</u> Brand name: Axid

COMMENTS: Check your formularies to ensure that patients are paying generic copays for these drugs.

INVALID PHYSICIAN IDENTIFIERS

Prescriber identification numbers conform to a specific algorithm. Because of the algorithm, many "invalid" numbers are relatively easy to spot. The DEA algorithm is the most simple of the two. The two letter combination must start with A, B, or F. The second letter can be any letter in the alphabet – it is intended to represent the first letter of the provider's last name. The number sequences are simple as well; simply choose 6 digits and do the calculation to get the checksum digit at the end. In this case numbers like 1234567, 9999999, and 5555555 pass the test. NPI numbers start with a 1 or a 2 and end in a check digit. From there the Luhn Algorithm will help to construct a "valid" ID. A number like AP7543160 which is valid according to the algorithm is not as easily spotted and is incidentally not valid at this time.

Formulation of the DEA number is posted on [Wikipedia](#), as well as the [US DEA](#).

An NPI number requires a bit more calculation and effort, but explicit details are available on the [CMS website](#), and at [Luhn Algorithm via Wikipedia](#)

COMMENT: Invalid prescriber identifiers, whether DEA or NPI, are easy to formulate. They are also an easy opportunity for fraud and abuse. Medicare/Medicaid compliance programs require valid prescribers as do many benefit programs. Demand that all prescriber identifiers be valid and refer to an actual licensed provider.

**HEALTH SPENDING GROWTH
AT HISTORIC LOW,
BUT FASTER THAN OVERALL ECONOMY**

Nominal health spending in the United States grew 4.4% in 2008, to \$2.3 trillion or \$7,681 per person. However, despite slower growth, healthcare spending continued to outpace overall nominal economic growth, which grew by 2.6% in 2008 as measured by the Gross Domestic Product (GDP).

The report found that:

- The 4.4% growth in 2008 was down from 6.0% in 2007, as spending slowed for nearly all healthcare goods and services.
- Hospital spending in 2008 grew 4.5% to \$718.4 billion, compared to 5.9% in 2007, the slowest rate of increase since 1998.
- Physician and clinical services spending increased 5.0% in 2008, a deceleration from 5.8% in 2007.
- Retail prescription drug spending growth also decelerated to 3.2% in 2008 as per capita use of prescription medications declined slightly, mainly due to impacts of the recession, a low number of new product introductions, and safety and efficacy concerns.

The economic downturn significantly impacted health spending as more Americans could not afford to spend their limited resources on healthcare and instead went without care. Source: CMS, January 5, 2010

<http://www.cms.hhs.gov/apps/media/press/release...>

COMMENT: The above statistics provide benchmarks for group health spending. Compare to your numbers, and consider the more aggressive monitoring and intervention that exists today to bring cost and utilization in line.

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