

Pharmacy Benefit News

Issue # 254 | April 30th, 2015

[View in PDF](#)



Stay in Touch!



Specialty Spotlight

Step Aside! OptumRx and Catamaran are Merging

Health insurer UnitedHealth Group is merging with Catamaran, a PBM, in order to compete with bigger rivals. UnitedHealth's PBM, OptumRx, paid \$61.50 per share to buy Catamaran. The deal is expected to close in the fourth quarter of 2015. This merge seeks to improve and enhance services with links to lab, pharmaceutical, behavioral and medical treatment data for patients. In addition, both companies provide specialty pharmacy services. Other advantages of this merger includes, OptumRx having greater negotiating power with manufacturers for rebates and discount contracts, and OptumRx will have Catamaran's technology for data and analytics. Both entities currently operate on the same adjudication platform.

Commentary:

This merger will nearly double OptumRx's PBM business and allow greater competition with CVS Caremark and Express Scripts. The advantages of size include greater leverage in negotiating for rebates, and specialty contracting for restricted distribution medications.

The larger question, however, is whether competition in the PBM channel is being challenged by these mega-mergers. This is certainly true in the jumbo market. However, small to mid-size PBMs have always marketed their services based on access and service over price. As a result, mergers such as this one may tend to further sort the market into jumbo, large, midsize and small purchasers.

An even more fundamental issue remains; namely, the type of PBM may soon be more important than the size. Medicare and Medicaid programs stress transparency in pricing and rebates. As costs rise for specialty medications, utilization management becomes as important as price. For example, an \$80,000 drug may receive cost reductions due to preferred formulary choices, but the medication is still expensive and the member is still looking at about 20% in co-insurance. As a result, management, particularly utilization management, becomes ever more important.

Sources: <http://www.unitedhealthgroup.com/Newsroom/Articles/Feed/Optum/2015/0330OptumRxCatamaran.aspx>

<http://www.nasdaq.com/article/optumrx-to-acquire-catamaran-in-128-bln-cash-deal-20150330-00373>

http://www.nytimes.com/2015/03/31/business/dealbook/unitedhealth-to-buy-pharmacy-benefits-manager-catamaran-in-12-8-billion-deal.html?_r=0

Find out more

I Can't Remember

The drug class of Benzodiazepines (BZD), most commonly used for insomnia and anxiety, such as Valium™, have been shown to be associated with an increased risk of dementia in the elderly population. According to a study done in France, participants with average age of 78.2 years, who were given a new benzodiazepine prescription, were likely to have a higher risk of dementia. In another study, chronic BZD use was associated with Alzheimer's disease.

Commentary:

Although benzodiazepines are useful for their designated indications (e.g acute anxiety, insomnia, etc) they should be limited in their use. Medications have their side effects, and as always, risks versus benefits must be evaluated. Benzodiazepine use should be cautioned when being prescribed to an elderly patient as this category of drugs is on the American Geriatric Society (AGS) Beers Criteria, which lists medications to avoid in the elderly. Medications on this list are potentially inappropriate for the geriatric population as some may increase the risk of falls and fall-related injuries. With the emerging evidence of increased risk of dementia in the elderly population associated with use of benzodiazepines, further caution is necessary. Chronic use of benzodiazepines should be avoided and if needed they should be limited to a few weeks and re-evaluated. Unwarranted long-term use of BZDs should be considered a public health concern.

Source: Billioti de Gage, S et al. Benzodiazepine use and risk of dementia: prospective population based study. BMJ 2012 Sep 27;345:e6231. doi: 10.1136/bmj.e6231.

Gage, S., Moride, Y., Ducruet, T., Kurth, T., Verdoux, H., Tournier, M., ... Begaud, B. (2014). Benzodiazepine use and risk of Alzheimer's disease: Case-control study. BMJ, 349, G5205-G5205. Retrieved December 17, 2014, from <http://www.ncbi.nlm.nih.gov/libproxy.usc.edu/pubmed/25208536>

Lower Pain and Lower Sugar?

A recent study published in the Journal of the American Medical Association revealed a relationship between Tramadol (an opioid pain medication) and hypoglycemia (low blood sugar levels). Tramadol has shown to increase the number of hypoglycemic events in patients, including those who are currently not on any hypoglycemics (e.g. Insulin). Approximately 1105 out of 334,034 patients were hospitalized due to hypoglycemic events secondary to the initiation of tramadol. These events were prevalent within the first 30 days of starting therapy.

Commentary:

Tramadol is used for treating moderate to severe nociceptive pain (e.g. pain due to injury). Patients on Tramadol must be warned about its side effects including the possibility of experiencing hypoglycemia. It's important to inform patients about the symptoms that may be present when experiencing low blood sugar levels in order to prevent further complications. Symptoms include: blurred vision, rapid heartbeat, sweating, hunger, headache, dizziness, or sudden mood changes. Monitoring for such symptoms will prevent hospitalizations secondary to severe hypoglycemia. If ignored, severe hypoglycemia can be life-threatening as it may lead to brain damage, cardiovascular effects, and potentially death. There are other options to treat pain including Ibuprofen, Acetaminophen, or other opioids (e.g. Vicodin). Although opioids are feared to cause tolerance, abuse, or toxicity, they are beneficial when prescribed and used properly.

Source: <http://www.pharmacylearningnetwork.com/articles/tramadol-tied-increased-risk-severe-hypoglycemia>



PRO PHARMA
PHARMACEUTICAL CONSULTANTS

Specialty Medication in Today's Healthcare Environment

a Webinar

Date: Wednesday, May 13th
Time: 9:30 am to 10:30 am (PST)
Platform: GoToMeeting
Presented By: Craig Stern, PharmD, MBA

Pro Pharma Announces Their Spring Educational Series

Pro Pharma Pharmaceutical Consultants, Inc. has announced today that it will host a new Spring Educational Series comprised of expertly crafted webinars. The first of which will be held on May 13th, 2015 entitled "Specialty Medication in Today's Healthcare Environment," presented Dr. Craig Stern.

Dr. Stern holds a Doctor of Pharmacy and a Masters of Business Administration from the University of Southern California (USC). Dr. Stern is also a fellow of the Academy of Managed Care Pharmacy (AMCP), Editor of the California Pharmacist Association Journal (CPhA), as well as President of Pro Pharma Pharmaceutical Consultants, Inc. (<http://www.propharmaconsultants.com/about-us/biographies/>)

This free webinar will take place on Wednesday, May 13th, 2015 from 9:30 to 10:30 AM (PST) and will include a forty-five minute (45) presentation followed by a fifteen (15) minute Q & A session via Go To Meeting.

Webinar Outline:

- Coding Logic
- Claim Adjudication Rules & Requirements
- Pricing Issues, Utilization Testing
- Pre-Certification Testing
- Contract Considerations

Register at: <http://www.propharmaconsultants.com/webinar-registration>

For more information:

Carol Stern, CEO
(888) 701-5438

carol.stern@propharmaconsultants.com

Find out more →

Pro Pharma Pharmaceutical Consultants, Inc.

P.O. Box 280130
Northridge, CA 91328-0130
Phone No. 888.701.5438 | www.propharmaconsultants.com

Copyright © 2015 Pro Pharma Pharmaceutical Consultants, Inc

This message was sent to carol.stern@propharmaconsultants.com from:

Dr. Craig Stern | Dr.Craig.Stern@ProPharmaConsultants.com | Pro Pharma Pharmaceutical Consultants, Inc. | P.O. Box 280130 |
Northridge, CA 91328-0130



[Manage Your Subscription](#)

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>
