

Pharmacy Benefit News

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Specialty Spotlight

Another Antipsychotic Medication: Rexulti

There are a wide variety of medications for treating schizophrenia, from the first generation medications known as typical antipsychotics and the newer generation known as atypicals. In July 2015, the FDA approved Rexulti (brexpiprazole), as an adjunct treatment for adults with major depressive disorder and as a treatment for adults with schizophrenia. Developed by Otsuka Pharmaceuticals and its partner Lundbeck, Rexulti is promoted as a better brand alternative to generic aripiprazole. There is no known mechanism of action for Rexulti, but it is thought to be a partial agonist for serotonin 5-HT_{1A} and dopamine D₂ receptors while providing antagonist activity at serotonin 5-HT_{2A} receptors. Below is a table comparing the adverse side effects of the atypical

antipsychotic.

ADVERSE EFFECT	ARIPIRAZOLE (ABILIFY)	CLOZAPINE (CLOZARIL)	OLANZAPINE (ZYPREXA)	QUETIAPINE (SEROQUEL)	RISPERIDONE (RISPERDAL)	ZIPRASIDONE (GEODON)	BREXPIRAZOLE (REXULTI)
Anticholinergic effects	0	+++	+	+	0	0	0
Dyslipidemia	0	+++	+++	++	+	0	0
Extrapyramidal symptoms	+	0	+	0	++	+	+
Hyperprolactinemia	0	0	+	0	+++	+	+
Neuroleptic malignant syndrome	+	+	+	+	+	+	+
Postural hypotension	+	+++	+	++	++	+	+
Prolonged QT interval	+	+	+	+	+	++	+
Sedation	+	+++	++	++	+	+	+
Seizures	+	+++	+	+	+	+	+
Sexual dysfunction	+	+	+	+	++	+	
Type 2 diabetes mellitus	+	++	++	+	+	+	+
Weight gain	0	+++	+++	++	++	0	++

Key: 0 = rare; + = lower risk; ++ = medium risk; +++ = higher risk.

Table modified from American Family Physicians

References:

1. Kane JM, Skuban A, Ouyang J, et al. A multicenter, randomized, double-blind, controlled phase 3 trial of fixed-dose brexpiprazole for the treatment of adults with acute schizophrenia. *Schizophr Res.* 2015;164(1-3):127-35.
2. Correll CU, Skuban A, Ouyang J, et al. Efficacy and Safety of Brexpiprazole for the Treatment of Acute Schizophrenia: A 6-Week Randomized, Double-Blind, Placebo-Controlled Trial. *Am J Psychiatry.* 2015; AJP in Advance
3. Muench J, Hamer AM. Adverse Effects of Antipsychotic Medications. *Am Fam Physician.* 2010; 81(5):617-622

Commentary:

One can note (from the table above) that Rexulti does indeed have a lower side effect profile than other atypical antipsychotics.

However, upon further analysis there is actually an increased weight gain from patients taking Rexulti when compared to its sister product aripiprazole. The two studies utilized in the FDA approval provided evidence and looked at the common adverse side effects listed above. However, future studies need to be done to compare the efficacy of Rexulti to other atypical antipsychotics head-to-head trials to determine which medication is preferred. The current pricing is as follow, as of August 1st, 2015: Rexulti - 0.25 mg tabs to 4mg tabs (all strengths) = \$34.62 per tab at AWP, Aripiprazole - proces vary from \$16.06 to \$25.69 per tab - approximate generic pricing.

[Find out more](#)

The Difficulties of Being a Player in the Retail Pharmacy Game

In April 2015, Walgreens Boots Alliance (WBA) held its first WPA Analyst Day as a combined company since Walgreens purchased Boots Alliance in December 2014. From this data analysis, the main focus was on issues going into the future. One of the main talking points was directed at the competitive dynamics of the pharmacy field and three forces of change involving:

- The drug mix and cost which is the ending of the generic wave and the cost of goods inflation
- The reimbursement pressure from pharmacy benefit managers
- The shifting of insured patients into restricted or narrow networks.

A Tough Pill to Swallow: Hepatitis C

Sovaldi made waves when it was introduced on the market, not only for its treatment for hepatitis C but also for the large sticker price that came with it. The pricing for Gilead's Harvoni therapy was listed at a price of \$1,350 per day. This extreme price for a single therapy has made insurers hesitant to cover the medication for patients and thus restrict coverage for only the sickest of patients.

In July 2015, a 32-member panel from the American Association for the Study of Liver Diseases and the Infectious Diseases Society of America came together to provide discourse on the topic of how cost effective hepatitis C therapies are when weighed against other comparable treatment. This was to provide insight to the payers for these medications in determining whether

Walgreens also spoke of their specialty business, but did not provide information on how large the business actually is but did mention that they were the largest non-PBM-owned specialty pharmacy. Another topic for discussion was the reduction of costs from the pharmacy business, with a large focus on the relationship of WBA with AmerisourceBergen which has increased productivity from on-shelf metrics, inventory, and the overall costs. An interesting area of discussion was the fact that Walgreens is using a 25-year-old system; the idea is that investment into their IT infrastructure will not only provide the best service to patients but also reduce the costs through greater utilization. Furthermore, they focused on the international retail business of Boots and the multi-faceted design that Boots have in Europe such as optical practices.

Sources: Fein AJ. Walgreens Boots Alliance: Analysis of Its New U.S. Pharmacy Strategy. Drug Channels. Accessed from <http://www.drugchannels.net/2015/07/walgreens-boots-alliance-analysis-of.html>

Commentary:

The combined business of Walgreens, Boots and Alliance Healthcare is a major player in the international retail business. In the United States, Walgreens is known as one of the largest retail chain pharmacies with 8,207 stores as of August 31, 2014. The WPA Analyst Day report provides insight into the concerns of managing an international firm such as future advancement and ways to limit costs. The topics discussed can be applied to other large chain pharmacies, through the utilization of improved compliance, optimizing drug mix and optimized channel strategies.

There is a constant struggle between retail pharmacies and pharmacy benefit managers, with both sides trying to reduce costs yet still remain profitable. By far, the ideal way to

coverage is acceptable in treating patients for the high cost.

The panel came to a decision that yes the drugs are indeed cost-effective, but that does not mean that the medication is any less expensive. The therapy will not necessarily change the cost of healthcare for a patient in the long term, but is worth the cost due to its health benefits. The panel did make note that this publication could result in increased lawsuits against insurance companies to cover the therapy.

Sources:

Staton T. Panel to Rule Pricey Hep C Meds Cost-Effective, Endangering Payer Pushback. FiercePharma. Accessed from <http://www.fiercepharma.com/story/panel-rule-pricey-hep-c-meds-cost-effective-endangering-payer-pushback/2015-07-13>.

Commentary:

The pharmaceutical industry has not always been seen in a positive light, but this extreme price for a single treatment of hepatitis therapy such as Sovaldi or Viekira Pak have provoked complaints of greed and corruption. However, bringing a medication to market requires many years of research and development along with billions of dollars invested. This panel is another reminder that although there are large costs for the medication, that no entity pays the entire price. There are multiple discounts that Gilead and Abbi Vie provide to payers to incentivize their products being placed on the formulary, thus the price that is paid is considered to be cost-effective.

As mentioned, lawsuits have already been filed in the past over coverage of hepatitis C medications when plans have denied therapy. This panel could provide the necessary basis for patients to demand treatment and if not accepted to sue on the basis that the drug is “cost-effective”. Furthermore, not highlighted is the fact that 18 of the 32

manage inventory is through a computer interface. Current pharmacies utilize outdated interfaces that once upgraded could provide improved productivity. Furthermore, there is an increased push of patients towards narrow networks. These narrow network health plans come with a cheaper premium but severely limits the providers that the plan will pay for. For example, if in a surgery the surgeon is covered under the plan but the anesthesiologist is not, the member is still required to pay out-of-network provider services. These networks are similar to HMO-plans of the 1980s which generated backlash due to restriction of doctors and therapies. Will we see this in the future? Only time will tell.

specialists on the panel have some financial tie to drugmakers, which could produce confounding information due to bias. Either way, until the panel reveals the entire release of their findings Hepatitis C medications will, and may always be a tough pill to swallow.



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