

# Pharmacy Benefit News

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## 01 | Commentary: Lying In Health Care Leads To Bad Decisions

"The errors which arise from the absence of facts are far more numerous and more durable than those which result from unsound reasoning respecting true data."

-Charles Babbage,  
Mathematician, Engineer and Inventor

This commentary is taken from Mark Twain and Charles Babbage. Since these quotes are applicable across a broad range of issues including politics, many on my staff were concerned that this would be a political column. However, "Anti-Vaxers", and others who disregard the facts of health care truths, choose to ignore a current body of knowledge and focus on personal agendas. To be sure, science changes as new information is made available. Yet, choosing to believe whatever fits one's agenda or believing in emotion over data leads to serious errors in medication therapy. Compromising the "herd immunity" for some personal fears or emotional reaction to news, however false, hurts people and their community. In the essay "Advice to Youth" (1882) Mark Twain has this to say:

***"You want to be very careful about lying: otherwise you are nearly sure to get caught. Once caught, you can never again be, in the eyes of the good and pure, what you were before. Many a young person has injured himself permanently through a single clumsy and ill-finished lie, the result of carelessness born of incomplete training... Think what tedious years of study, thought, practice, experience, went to the equipment of that peerless old master who was able to***

*impose upon the whole world the lofty and sounding maxim that 'Truth is mighty and will prevail' – the most majestic compound-fracture of fact which any of woman born has yet achieved. For the history of our race, and each individual's experience, are sown thick with evidences that a truth is not hard to kill, and that a lie well told is immortal."*

In health care we would be well advised to hear and understand the results of validated information. Science progresses from one result to another. Individuals can have their own views, but they cannot have their own facts.

## **Analytics At Work | JCode Calculator**

**Problem:** A client requested help with converting Average Wholesale Price (AWP) discounts to ASP, WAC, NADAC, AMP and other bases of cost. The client was a provider who was receiving contracts from Health Plans, but did not know how to convert and verify the terms of the agreements for payment for Specialty Medication Pricing. For example, the Plan wanted to pay at ASP +20%, but the provider wanted to know what that meant in AWP-Discount as had been previously paid.



**Methodology:** Pro Pharma developed the conceptual framework and Pro Data Analytics provided the solution. An algorithm developed the conversion calculations and produced the results in tables that the provider could use for each Specialty Medication that was contracted. The provider was supplied fixed conversions from AWP-to-ASP and other bases of cost. The tables also included variable discounts so that the provider could calculate alternatives as the Plan offered alternatives.

**Outcome:** The provider achieved its ultimate goal of ensuring that contracted discounts resulted in the required profit margins. The provider also had a negotiation tool that allowed them to calculate costs vs. profits on various contracted discounts.

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## **02 | Commentary: Heartburn Medications**



## Alter The Gut

Proton pump inhibitors (PPIs) reduce the production of acid in the gut by blocking the enzyme in the wall of the stomach that produces acid. Examples of PPIs are Prilosec, Prevacid, Nexium and Aciphex. These medications are available by prescription and over-the-counter (OTC).

They are among the top 10 most prescribed drugs in the US representing more than 170 million prescriptions in 2014. So, what is the problem? Many studies indicate that this category is widely overused leading to increased risks of dangerous intestinal infections.

Studies published in GUT from the Netherlands (University of Groningen and Maastricht University Medical Center), Harvard University (Broad Institute), and MIT sequenced the bacterial DNA in fecal matter in over 1800 patients. They compared the results for those taking PPIs and those who did not. The results – PPI patients had less bacterial diversity. The studies were confirmed by King's College London, Cornell University and Columbia University. Why the difference? PPIs may limit gut diversity by reducing acid, thereby creating an environment that is amenable to certain microbes. One of the researchers in the Netherlands indicates that the PPIs may create a niche for infections caused by Salmonella or C. difficile. Additionally, the new environment may influence the intestinal absorption of calcium, vitamins and minerals. This may be why patients are more amenable to bone fractures and nutritional deficiencies.

What to do? Limit PPI therapy to 4 to 8 weeks. Slowly taper at the end of therapy to prevent rebound of heart burn. Most importantly, doctors and patients need to talk so that patients understand the need to limit the use of these medications by prescription as well as OTC.

1. Freedberg DE, Toussaint NC, Chen SP, et al. Proton pump inhibitors alter specific taxa in the human gastrointestinal microbiome: a crossover trial. *Gastroenterology*. 2015;149:883–885.e9.
2. Imhann F, Bonder MJ, Vich Vila A, et al. Proton pump inhibitors affect the gut microbiome. *Gut*. 2016;65:740–748.
3. *J Clin Biochem Nutr*. 2018 Jan; 62(1): 100–105.
4. Published online 2017 Dec 12. doi: 10.3164/jcbn.17-78

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### 03 | **Commentary: Drug Ads as Education**

In 2014 drug companies spent \$4.5b on consumer ads. These ads represent an estimated 30 hours of TV time annually for each viewer. The manufacturers' argument is that these ads educate patients about their disease and options for treatment. What these ads don't do is promote alternative products or the complexities of disease and the options for treating them.

In response to the volume of ads the American Medical Association (November 2015) called for banning drug ads. Their rationale was that they were partially responsible for increasing drug cost.

What to do? One option is to ban the ads. That would surely be met with legal challenges over violations of First Amendment protections. Another option is to eliminate the drug industry's ad-based tax deduction. A third option is for the FDA (Federal Drug Administration) to require focusing ads on the benefits of a particular class of drugs and let the prescriber discuss the options with the patient. One Congressional option is to reanalyze the Responsibility in Drug Advertising Act introduced by Representative Rosa DeLauro (Connecticut). This bill requires a three-year moratorium on ads for new prescription drugs. Early discussions were that restrictions could be waived on a case-by-case basis, or that the ban could be extended if side-effects were a concern.

Only the United States and New Zealand allow for direct-to-consumer prescription drug ads. The World Health Organization has endorsed restrictions on these ads. It would not be a surprise if the issue of banning these ads became

a part of the cost transparency debate going on now in the US. Information is critical in health care. Honest and truthful information is even more necessary. All parties need to get together and find options that provide accurate information without unnecessarily increasing cost.



## About | Pro Pharma

Pro Pharma is a woman owned pharmaceutical consulting firm. Established in 1986, Pro Pharma's services are built on a foundation of data analytics, which are then communicated to the client which provide results and recommendations.

Pro Pharma provides customized support to Health Plans, Self-Insured Employers, Physician Groups, and Workers' Compensation Companies, among others, both in the private and public sectors.

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