PRO PHARMA
PHARMACEUTICAL CONSULTANTS, INC.

Pharmacy Benefit News

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COMMENTARY |

Unfounded Myths about Migration and Health Have Become Accepted, and are Used to Justify Policies of Exclusion

The UCL-Lancet Commission on Migration and Health was published in December 2018 and provides international data and analysis on the myths common in the discussion of migration and global health. As in all health care policies, facts are crucial to make the best decisions! In summary their findings are:

International Statistics

1. In the past four decades, the percentage of the world's population that are is considered international migrants has had minimal change from 2.9% in 1990 to 3.4% in 2017 globally.
2. While high-income countries have seen a greater rise in the percentage of international migrants (from 7.6% in 1990 to 13.4% in 2017) the majority are students who pay for their education or labor migrants who contribute to economies.
3. An overwhelming body of evidence exists on the positive economic benefits of migration. In advanced economies, each 1% increase in

person by 2%.

4. International migrants in high-income countries have lower rates of mortality compared to the general population across most disease categories. The two exceptions were viral hepatitis/TB/HIV and external cases such as assault. The report highlights that the risk of transmission of infections is elevated only within migrant communities.

Disease

1. There is no association between migration and importation of disease. TB studies indicate elevation within migrant households, but not in host populations.
2. Mortality estimates from 92 countries found that international migrants had lower rates of death for cardiovascular, digestive, endocrine, neoplasms, nervous and respiratory disease, mental and behavioral disorders and injuries than people in the general host population.
3. Birth rates among migrants are barely at the level of population replacement (2.1 births per woman), and a study of six European countries found fertility rates were lower among migrant women than host populations.

Recommendations

1. Build strong public health systems to prevent outbreaks of disease whether associated with migration or not.
2. Improve transit requirements for health.
3. Base political decisions on facts and data.
4. Migration contributes to global wealth. The study estimates that $613b was sent by migrants to their families in their countries of origin in 2017.
5. Improve migrants' access to health services; strengthen right to health; and take a zero-tolerance approach to racism and discrimination.

ANALYTICS AT WORK |

Comprehensive Medication Review (CMR)

Problem: One of our clients needed a digital method for identifying patients requiring Comprehensive Medication Review (CMR) and an oversight plan to determine if the CMR was effective. They wanted the process to be available to pharmacists and physicians. They needed to include billing and payment forms. Their goal was to utilize the CMR to improve their Star Ratings.

and monitored in multiple states for over eight (8) years with a coalition of self-insured employers. We provided a screening tool utilizing multiple filters (e.g., diagnoses, medication therapeutic categories, age/gender, patient severity, provider specialty, etc.) to identify appropriate candidates for CMR. They also provided lists for the Medical Directors to select patients and physicians. Each patient was analyzed using a variety of clinical edits including compliance, dosage, risk of adverse drug reactions, age limitations, alternative lower cost medications, etc. Digital reports were provided that could be placed on the physician's Electronic Medical Record (EMR), placed on the cloud, and printed as needed to hand out to patients. Digital billing forms were largely filled out to make billing more efficient, and to utilize for billing purposes.

Outcome: The results of making these CMRs available to physicians and pharmacists with billing capabilities, resulted in expanding the outreach opportunities. This also provided a more efficient method for evaluating and reporting the results of the CMR and resulted in improved Star Ratings by 1 to 2 stars.

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COMMENTARY | Pharmacies Take the Initiative to Lower Costs And Extend Services

CVS has announced lower costs to patients at point-of-sale by including rebates in the drug cost. Walmart has announced an agreement with Express Scripts to help insured and uninsured patients save money and participate in InsideRx to save more money. Pharmacies and Pharmacy organizations are imploring Congress to remove or change the DIR (direct and indirect rebate) criteria so that they don't have to pay discounts to their PBMs.

With all this activity, it is relevant to ask if this trend is really a major change in how pharmacies price drugs, or just a marketing ploy? It is common knowledge that the same drug is priced differently for insurance vs. no-insurance. It is also common knowledge that Walmart and Costco base their pricing on a "cost plus" model.

Current options are for pharmacies to offer prescription discount cards, pharmacy assistance programs, offer generics, price match to other pharmacies, offer mail service for 90-day discounts vs. 30-days, or offer a lower cost drug of the same category. While not all pharmacies, e.g., Walgreens, do

savings of less than a few dollars when price matching of pharmacies is performed.

So, what is CVS offering that others do not? CVS is offering to adjust copays, offer price transparency, and promote generics. The generic option has been offered by most pharmacies, already. However, with generic dispensing rates at 82-84%, there is not a lot of room for generic substitution. Price transparency offers a "cost plus" type option, but the prescription may not be significantly less costly or even affordable. Copays may be beneficial if the patient must pay a larger share of the cost. In truth what CVS is offering is a new tool to help patients find lower cost options through their CVS Pharmacy Rx Savings Program. It is expected that CVS will leverage ambulatory medical clinics, create more calls to physicians to change prescriptions, and/or leverage their association with Aetna to provide total cost of care reduction.

One way or the other, this is a step in the right direction, but has all the elements of a marketing ploy with some benefits. We still need to find a better option for patients to lower each element of the cost of care including drugs. Expect the issue of the cost of drugs in different countries to continue to be discussed as a revolutionary action.

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Discussion on Issues that Matter.

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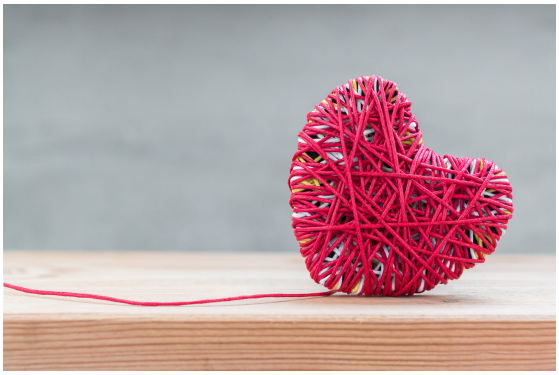

COMMENTARY |

Don't Stop Statins for Cholesterol Regardless of The Risks!

The American Heart Association (AHA) has issued a statement that "for most patients who meet criteria for statin therapy, the benefits 'greatly outweigh' the risks. Their publication in the journal Arteriosclerosis, Thrombosis, and Vascular Biology provide some statistics:

5 years
- Statins prevent secondary cardiovascular events in 10% of treated patients
- Myopathy/rhabdomyolysis induced by statins occurs in less than 0.1% of patients
- Severe liver toxicity occurs in 0.01% of patients
- Statins “modestly” increase the risk of diabetes in patients with multiple co-morbidities.

This statement from the AHA emphasizes that we make decisions for patient care using facts and data. The emphasis on studies identifying risk indicates that worries and fears of adverse effects must be balanced with statistics. All decisions are risk-based and balance the benefits over the risks. Small risks must be acknowledged, but they may not be a deciding factor when they occur in less than 1 in 100 patients. In these cases, management and alertness may be the decision over not providing care because of side effects.

Evidence-based medicine requires more probability considerations. Our text books and guidelines should consider more probabilities and profiles of high-risk patients to help with treatment decisions. Math doesn’t lie, and a low probability occurrence does not make the problem any more probable.

https://www.ahajournals.org/doi/10.1161/ATV.0000000000000073

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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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