

PharmaSuitables

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Disclosures

- Rich, Zach, and Steve work for Rocky Mountain Health Plans.
- We do not have any financial interest in the medications we are discussing today.
- We have no intention to malign any person, business or product.

Question

- Which best describes you...
 - A) Physician
 - B) Pharmacist
 - C) Physician Assistant/Nurse Practitioner
 - D) Nurse
 - E) Other
 - F) I'm indescribable

Question

- Choose...
 - A) I have attended many PharmaSuitables before
 - B) I have attended 1 or 2 PharmaSuitables before
 - C) This is my first time attending PharmaSuitables
 - D) I'm not sure what I'm attending

Question

- Prescriber Specialty
 - A) Family Practice
 - B) Internal Medicine
 - C) Pediatrician
 - D) Other prescriber specialty
 - E) Not a prescriber

Free Drugs

MAD MAX
POSTAPOCALYPTIC
SMOKESHOP & ARMORY



DORM DAZE

USPSTF

- “A” or “B” recommendation of the United States Preventive Service Task Force (USPSTF)
 - Zero co pay
 - Women’s preventive
 - Statins
 - Smoking
 - Flouride

Not so fast

- Commercial
- Medicaid

Utilization Management (UM)

The inner workings of prior authorizations, step therapies, and more

Question

- What is the number one reason an insurance company would deny any UM request?
 - A. Not appropriate for the patient
 - B. Those guys are just being jerks again
 - C. Cost of requested drug is outrageous
 - D. No information was provided to support the request

Prior Authorizations (PA)

- Designed to identify patients who are appropriate for treatment with a drug
- Insurance collect data from the following sources to build criteria
 - FDA package insert
 - Clinical trials
 - Clinical guidelines (e.g. NCCN, AASLD, ADA, etc.)
 - Peer reviewed literature
- Often high cost drugs

PAAs Continued

- PA request submitted to insurance
 - Fax
 - Phone
 - **Electronic (website)**

<https://www.rmhp.org/learning-center/your-prescription-coverage>

Humira (adalimumab) Prior Authorization

* indicates a required field.

Drug Request

Urgency *

Non-Urgent

Urgent

Turn Around Times (TAT):

	MEDICAID	CHP+	COMMERCIAL	MEDICARE PART B
1. Urgent request	Initial: 24 hours w/o outreach	Initial: 24 hours w/o outreach	1 Business day (Does not Toll)	72 hours (Does not Toll)
	Absolute TAT: 72 hours per NCQA	Absolute TAT – 72 hours per NCQA		
2. Non-urgent request	24 hours	24 hours	3 Business days	14 calendar days (Does not Toll)
3. Urgent ePA	Initial: 24 hours w/o outreach	Initial: 24 hours w/o outreach	1 Business day (Does not Toll)	72 hours (Does not Toll)
	Absolute TAT: 72 hours per NCQA	Absolute TAT: 72 hours per NCQA		
4. Non-urgent ePA	24 hours	24 hours	2 Business days	14 calendar days (Does not Toll)
5. Absolute TAT	144 hours (6 calendar days) (2,4)	144 hours (6 calendar days) (2, 4)	6 Business days (2,4)	14 calendar days (Does not Toll)

PA Continued

The most common reason for denied PA?

No notes to support the request

Step Therapy (ST)

- Require use of level 1 drugs before payment will be covered for a level 2 drug for the same indication within a certain timeframe
- The level 1 drugs are often less expensive generics
 - Often supported as first line by treatment guidelines or Compendia
 - Have similar outcomes data
 - Have similar safety data

ST Continued - Example

Clinical Criteria for Approval, Including other Pertinent Information to Support the Request, other Medications Tried, Their Name(s), Duration, and Patient Response:

SGLT-2 Inhibitor - Invokana[®] (canagliflozin), Farxiga[®] (dapagliflozin) and Jardiance[®] (empagliflozin)

Diagnosis (documentation supportive of diagnosis required)

Type II Diabetes Mellitus

Other (please state):

Clinical Consideration (for approval, please indicate and provide documentation of the following):

Documentation of use of any generic diabetes medication (e.g. metformin, metformin ER, glyburide, glimepiride, glipizide, acarbose, nateglinide, repaglinide, pioglitazone; also includes generic diabetic combination medications) within the previous 180 days (6 months). List diabetes medications and duration of treatment:

Drug: _____ Dates: _____

Drug: _____ Dates: _____

Drug: _____ Dates: _____

Drug: _____ Dates: _____

Diagnosis: ICD-10 Code #/ Description / J Code (required):

ST Continued - Example

Two possible outcomes:

- If the patient has a paid claim for a metformin from 4 months ago, the claim will process at the pharmacy without any notification
- The only reason there would be a rejection at the pharmacy (point of sale) is if there are no claims

ST Continued

- Built in logic allows for payment of a level 2 drug if criteria is met
 - If software finds a claim for a level 1 drug on the Patient's profile within the timeframe, a paid claim will occur.
 - These are built into the PBM system to facilitate payment if all specified criteria are met
 - If criteria are not met, you get notified from the pharmacy

ST Continued

- Common response insurance receives for rejected ST claims
 - I am prescribing the level 1 drug, why is this rejecting?
 - Possible reasons
 1. Patient is new to their insurance so they are unaware of previous use
 2. Possible compliance issues for patient
 3. Patient discontinued medication on their own

ST Continued

- Most common reasons for denial
 - Pharmacy claims do not show previous use of a level 1 drug
 - Samples used
 - No notes to support the request

Quantity Limits (QL)

- Restrict how many doses or a volume of a drug can be filled at one time or over a period of time
- Designed to prevent either prescribing above FDA approved dosing and/or pharmacy input mistakes
- Often to FDA approved dosing outlined in package insert
 - Sometimes an industry standard (e.g. ED drugs)

QLs Continued

- Two different types of quantity limit strategies:
 - Total daily dose (TDD)
 - Gives a maximum number of doses per day
 - Example:
 - » TDD of 4. Patient can fill up to 4 doses per day.
 - » This can be 28 for 7 days or 120 for 30 days
 - No timeframe specified
 - Period quantity edit (PQE)
 - Sets maximum number of doses over period of time
 - Example
 - » PQE of 12/30. Patient can fill 9 doses in 30 days
 - » This can be filled as 12 doses for 1 day supply or 12 doses for 3 days
 - » Once 12 doses have been dispensed, all doses will reject if within 30 days

Summary

- The most common reason for denial:

No notes to support the request

We at RMHP are always available to chat about a denial or if you have questions about coverage of a drug

Tips for reviewing drug studies

Problems

- Too many studies, too little time
- Drug company funding and bias
- Publication bias
- Investigator bias / questionable study conclusions lost when cited over and over
- Clever presentation of statistical analyses can lead to false impression of drug's benefit

DON'T

- Attempt to read every drug study that comes along
- Use pharmaceutical reps for your main source of drug information
- Practice “abstract medicine”
- Base your prescribing decision on someone else’s interpretation of a study
- Put too much emphasis on Supplements: favorites of drug companies, they are often just a notch above an advertisement

DO

- Scan TOC of major journals and start with abstracts of pertinent studies
- Consider subscribing to Journal Watch
- For drugs of interest, review original study yourself and make your own assessment
- (BMJ, Annals Int Med and others have free full articles on PubMed. Loansome Doc for rural locations)
- Consult unbiased sources of drug information. Subscribe to Medical and Prescribers Letter, Journal Watch

*An exercise in
critical thinking:*

“To survey teenagers about sexual attitudes, we approached 147 white American teenagers aged 12-18 (85 males) at a summer camp; 100 of them (31 males) agreed to participate.”

Biostats refresher

- Null hypothesis (H_0) – “there is no difference in interventions”
- P value
 - What it’s *not*
 - the probability that the null hypothesis is correct
 - the probability of the results being wrong
 - What it *is*
 - The probability of wrongly rejecting a true null hypothesis
 - The probability of getting a result at least as extreme as the calculated result if the null hypothesis is true.
 - the p -value measures the **compatibility of the data** with the null hypothesis, *not the probability that the null hypothesis is correct.*

Size matters (sample size)

- “YOU CAN MAKE THE P-VALUE AS SMALL AS YOU CAN AFFORD”
- If you flipped a coin 10 times and got heads 7 out of 10, it wouldn't be unusual (70% heads)
- If you flipped a coin 1000 times and got heads 700 times, that would be astonishing (still 70% heads, but much larger sample size)
- As sample size increases, the p -value decreases *if the null hypothesis is false (even if it's barely false)*
- Very large n , $p < 0.05$ - gives evidence the null hypothesis is false (ability to detect a very small effect size)
- Very small n , $p < 0.05$ – very small chance of rejecting a false null hypothesis (probably a large effect size)
- Different studies, vastly different n , vastly different effect size, same p -value.

P-values, maybe not so valuable

- **The p -value complaint:** With a big enough sample size, it's very possible to get a small p -value and report statistical significance
- As p -value decreases with larger sample size, this does NOT correlate to a larger effect size. A p -value may be non-significant at $n=100$, and significant at $n=1000$. This means the effect size becomes *statistically* significant at $n=1000$, but not necessarily from a practical (clinical) perspective.
- If a p -value is statistically significant with a sample size, there is a very small chance of rejecting a false null hypothesis, and the effect size is probably large
- a non-significant p -value does *not* mean the null hypothesis is true
 - It could simply be the design of the study, or the sample size was too small
 - However, a non-sig p -value with a *large* sample size is good evidence of true H_0
- **A p -value does not provide effect size or the importance of a result!**

Example of p value vs. effect size

- The Physician's Health Study (1989)
 - Studied aspirin for preventing MI
 - N=22,071
 - P-value was $P < 0.00001$ (very highly statistically significant)
 - Study stopped early as such as obvious, early conclusive evidence of positive effect. Everybody take aspirin.
 - The effect size, though, was tiny. A risk difference of 0.77% (NNT=129)
 - Other studies showed an even smaller effect size.
 - The aspirin recommendation was modified

A great new weight loss drug

- Lipodrain is compared to placebo in a new drug trial
- $N=10,000$
- The mean weight in the placebo group after 6 months is 250 lbs
- The mean weight in the Lipodrain group after 6 months is 249 lbs
- The standard deviation of the weight distribution for the two groups is 20 lbs
- If you were to compute the p -value with the above findings:

- $p= 0.0002$

- Would you prescribe this drug for weight loss? The statistics look great!

$$Z = \frac{\bar{y} - \bar{x}}{s\sqrt{2}} \sqrt{n}, \quad \text{at } p = \Phi \left(\frac{\bar{y} - \bar{x}}{s\sqrt{2}} \sqrt{n} \right),$$

Biostats refresher

- Type 1 error (alpha) – concluding there is a difference in treatments, when there is not
 - if p value is 0.05, you have a 5% chance of committing a Type 1 error
- Type 2 error (beta) – concluding there is no difference, when there actually is
 - commonly occurs with sample size too small
- Confidence interval – an estimate of the range within which the true treatment effect probably lies
 - 95% CI is the range of values within which we are 95% certain the true value lies
 - If the range includes 1, the results are not statistically significant
 - Which is narrower, a 95% confidence interval, or a 99% confidence interval?
 - 95%

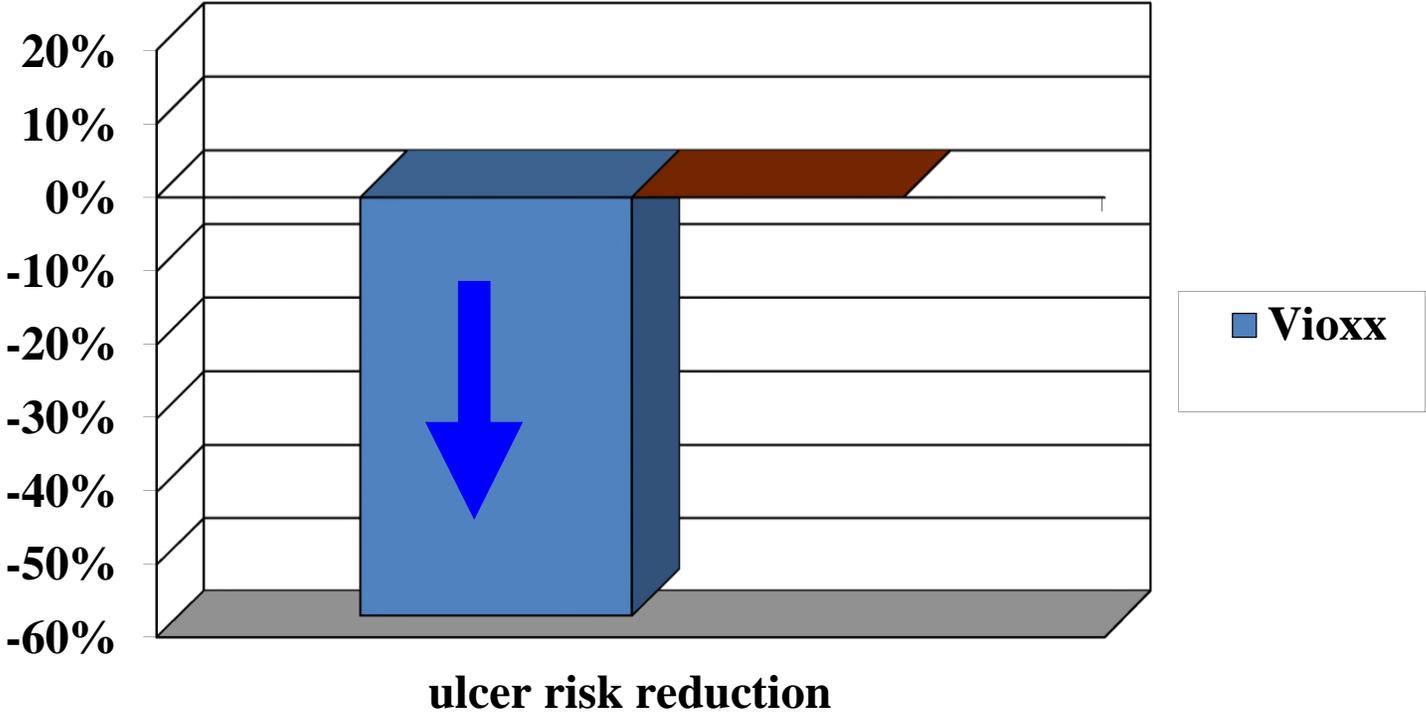
Biostats refresher

- Relative risk
 - probability of an event in the tx group, divided by probability of the event in the control group
 - $p_{Tx} / p_{control}$
- Relative risk reduction (RRR)
 - 1 minus relative risk
 - looks great on graphs
- absolute risk reduction (ARR)
 - the difference between the rates of an outcome in tx group vs. control group
- NNT or NNH – the reciprocal of the ARR
 - $1 / ARR$
 - great for applying clinical significance to statistical significance

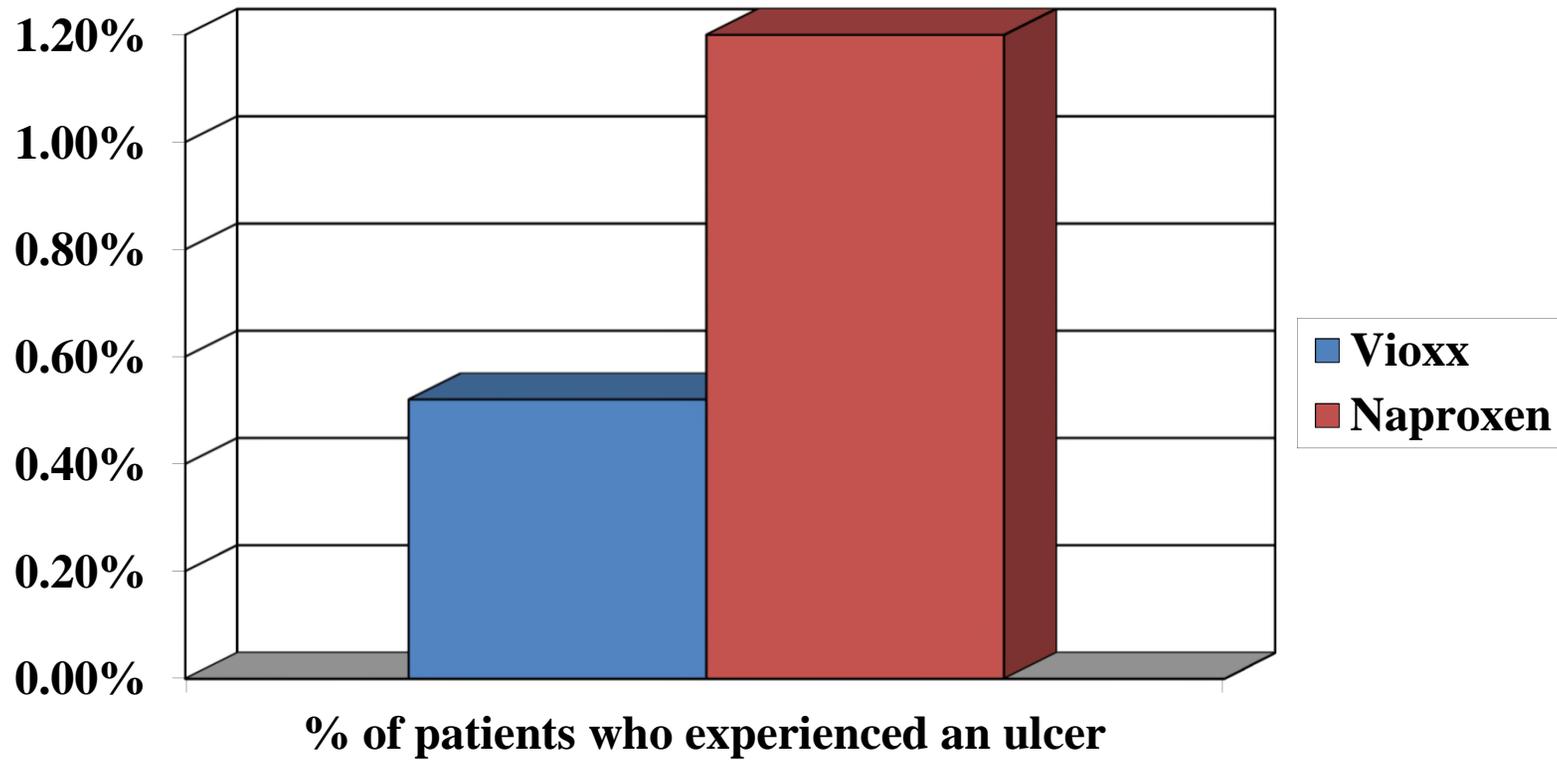
ARR vs. RRR

- Many studies present only RRR, but this needs to be put in context. Statistically significant, but clinically???
- Example: VIGOR study (Vioxx)
 - 57% RRR
 - 0.7% ARR (0.5%, 1.2%)
 - NNT 143

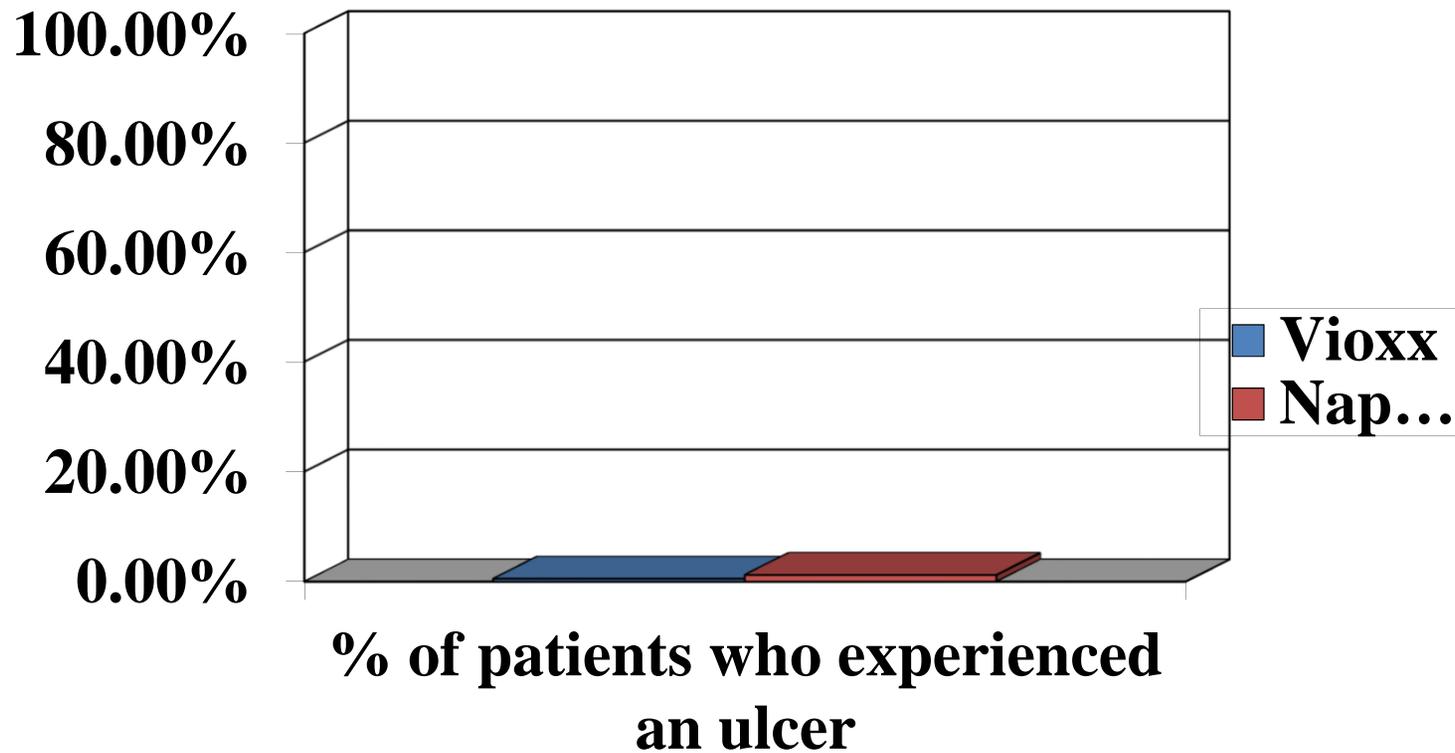
Ulcer Risk Reduction!



Absolute ulcer risk



Absolute ulcer risk



Which results do you like best?

- A) 91.8% survival with new drug, vs. 88.5% survival on placebo
- B) new drug led to a 30% reduction in mortality
- C) new drug reduced mortality by 3.3%

- D) 70% of clinicians would implement B and D into their practice
only 20% would implement A and C
But of course, these are the same data (4S trial of simvastatin)

30 patients treated

every

Study assessment

- Robust enough to yield credible results?
- Subjects resemble your patients?
- Replicated? Corroborated?
- Results make sense?
- Selection process fully disclosed?
- Results presented well?
- Confounding factors?
- Bias? Who funded it? Who's the PI?
- Quantify statistical significance with NNT!

Tools to help keep up

- www.fda.gov/cder
 - important new data on drugs/trials
 - medical safety alerts, recalls, drug shortages
 - can sign up for automatic weekly emails
- www.docguide.com
 - extensive clinical trial updates
- Subscribe to web TOC of NEJM, Arch Intern Med, BMJ, JAMA, ...
 - many have option of notifying you when a keyword or article is referenced
- Subscribe to Medical Letter, Prescriber's Letter
- PubMed
 - can have keyword results sent to your email

Quiz

A study of 75 people finds Mudistatistinol[®] caused bleeding in 20 participants, vs. 17 in the warfarin control group. $P=0.15$

Since the p -value is not statistically significant, we can conclude that Mudystatistinol is no different than warfarin in bleeding incidence.

- A) TRUE
- B) FALSE

Oddly expensive run-of-the-mill brand name drugs

- Auvi-Q – (epinephrine autoinjector) - \$2,940 (AWP)
- Duexis (famotidine/ibuprofen) - \$33 apiece
- Qudexy XR (topiramate ER) - \$30 apiece
 - Generic is now out, \$16 dollars each
 - Generic Topamax (topiramate) – 13 cents apiece, dosed BID
- Trokendi XR (topiramate) - \$40 apiece
- Rayos (prednisone) 1mg, 2mg, and 5mg. How much?
 - \$105 apiece
 - So, at once a day for RA, it'll only cost you \$3,150 a month
 - For **PREDNISONE**



RAYOS releases the action of **prednisone** about 4 hours after you take a tablet—so it can be conveniently timed to work when your disease is most active.

RAYOS works like traditional prednisone but is different because it is a **delayed-release** form.

- This means the prednisone dose releases about 4 hours after you take RAYOS
- In clinical studies, RAYOS was taken at about 10 PM
 - Diseases like RA and PMR are most active in the early morning hours, which can result in morning symptoms
 - When taken the night before (~10 PM in clinical trials) the delayed release of prednisone in RAYOS helped improve RA symptoms and reduce morning stiffness

Patient Savings Program

You may pay as little as \$0 for every RAYOS prescription with the RAYOS savings card!*

[Register and download your RAYOS Savings Program co-pay card.](#)

5. Is there a generic substitute for RAYOS?

RAYOS is the first and only delayed-release form of prednisone. There are generic forms of prednisone, but there is no generic substitute for delayed-release prednisone. RAYOS is different in that only RAYOS releases the anti-inflammatory action of prednisone about 4 hours after taking the tablets.



Ara Dikranian, MD
San Diego Arthritis Medical Clinic



Oddly expensive generics - Anti-infectives

Generic name	Ins. Price	Wholesale price
ACYCLOVIR CAP 200 MG	\$0.14	\$0.21
ACYCLOVIR CREAM 5%	\$138.29	\$182.37
ACYCLOVIR OINT 5%	\$13.41	\$26.59
ACYCLOVIR SUSP 200 MG/5ML	\$0.65	\$0.90
ACYCLOVIR TAB 400 MG	\$0.20	\$1.89
ACYCLOVIR TAB 800 MG	\$0.24	\$4.01
ALBENDAZOLE TAB 200 MG	\$146.51	\$276.65

Oddly expensive generics - Anti-infectives

Generic name	Ins. Price	Wholesale price
DOXYCYCLINE (ROSACEA) CAP DELAYED RELEASE 40 MG (Oracea)	\$19.27	\$24.94
DOXYCYCLINE HYCLATE CAP 100 MG	\$1.61	\$5.53
DOXYCYCLINE HYCLATE CAP 50 MG	\$1.20	\$2.25
DOXYCYCLINE HYCLATE TAB 100 MG	\$1.39	\$5.53
DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 100 MG	\$8.11	\$13.15
DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 150 MG	\$9.84	\$17.60
DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 200 MG (Doryx generic)	\$32.10	\$23.78
DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 50 MG	\$9.40	\$11.73
DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 75 MG	\$7.53	\$10.22
DOXYCYCLINE MONOHYDRATE CAP 100 MG	\$0.43	\$2.56
DOXYCYCLINE MONOHYDRATE CAP 50 MG	\$0.24	\$1.63
DOXYCYCLINE MONOHYDRATE TAB 100 MG	\$0.76	\$4.07
DOXYCYCLINE MONOHYDRATE TAB 150 MG	\$4.89	\$9.14
DOXYCYCLINE MONOHYDRATE TAB 50 MG	\$0.59	\$3.72
DOXYCYCLINE MONOHYDRATE TAB 75 MG	\$0.58	\$4.98

Oddly expensive generics - Anti-infectives

Generic name	Ins. Price	Wholesale price
MINOCYCLINE HCL CAP 100 MG	\$0.45	\$3.40
MINOCYCLINE HCL CAP 50 MG	\$0.26	\$1.70
MINOCYCLINE HCL CAP 75 MG	\$0.44	\$1.98
MINOCYCLINE HCL TAB 100 MG	\$3.67	\$6.02
MINOCYCLINE HCL TAB 50 MG	\$1.74	\$3.43
MINOCYCLINE HCL TAB 75 MG	\$2.35	\$5.04
MINOCYCLINE HCL TAB ER 24HR 105 MG (Solodyn generic)	\$23.96	\$46.33
MINOCYCLINE HCL TAB ER 24HR 115 MG (Solodyn generic)	\$29.96	\$46.33
MINOCYCLINE HCL TAB ER 24HR 135 MG	\$14.20	\$21.98
MINOCYCLINE HCL TAB ER 24HR 45 MG	\$14.20	\$24.16
MINOCYCLINE HCL TAB ER 24HR 45 MG	\$14.20	\$16.00
MINOCYCLINE HCL TAB ER 24HR 55 MG (Solodyn generic)	\$29.23	\$43.84
MINOCYCLINE HCL TAB ER 24HR 65 MG (Solodyn generic)	\$29.96	\$46.33
MINOCYCLINE HCL TAB ER 24HR 80 MG (Solodyn generic)	\$23.96	\$46.33
MINOCYCLINE HCL TAB ER 24HR 90 MG	\$10.86	\$21.98

Oddly expensive generics - Lipids

Generic name	Ins. Price/mo	AWP/mo
CHOLINE FENOFIBRATE CAP DR 135 MG (FENOFIBRIC ACID EQUIV)	\$91	\$160
CHOLINE FENOFIBRATE CAP DR 45 MG (FENOFIBRIC ACID EQUIV)	\$32	\$57
FENOFIBRATE CAP 150 MG	\$181	\$215
FENOFIBRATE CAP 50 MG	\$83	\$98
FENOFIBRATE MICRONIZED CAP 130 MG	\$131	\$208
FENOFIBRATE MICRONIZED CAP 134 MG	\$36	\$59
FENOFIBRATE MICRONIZED CAP 200 MG	\$71	\$95
FENOFIBRATE MICRONIZED CAP 43 MG	\$18	\$71
FENOFIBRATE MICRONIZED CAP 67 MG	\$20	\$32
FENOFIBRATE TAB 120 MG	\$737	\$940
FENOFIBRATE TAB 145 MG	\$28	\$172
FENOFIBRATE TAB 160 MG	\$26	\$97
FENOFIBRATE TAB 48 MG	\$29	\$57
FENOFIBRATE TAB 54 MG	\$13	\$24

Oddly expensive generics -

Genericname	Ins. Price/mo	AWP/mo
FLUOXETINE HCL (PMDD) TAB 10 MG	\$314	\$488
FLUOXETINE HCL (PMDD) TAB 20 MG	\$314	\$488
FLUOXETINE HCL CAP 10 MG	\$2	\$13
FLUOXETINE HCL CAP 20 MG	\$5	\$165
FLUOXETINE HCL CAP DELAYED RELEASE 90 MG	\$133	\$157
FLUOXETINE HCL TAB 10 MG	\$19	\$86
FLUOXETINE HCL TAB 20 MG	\$32	\$126
VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	\$10	\$188
VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	\$14	\$125
VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	\$11	\$173
VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT)	\$17	\$69
VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)	\$14	\$58
VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT)	\$5	\$60
VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)	\$16	\$62
VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)	\$5	\$75
VENLAFAXINE HCL TAB ER 24HR 150 MG (BASE EQUIVALENT)	\$152	\$226
VENLAFAXINE HCL TAB ER 24HR 225 MG (BASE EQUIVALENT)	\$386	\$477
VENLAFAXINE HCL TAB ER 24HR 37.5 MG (BASE EQUIVALENT)	\$103	\$185
VENLAFAXINE HCL TAB ER 24HR 75 MG (BASE EQUIVALENT)	\$140	\$208
DULOXETINE CAP 60 MG	\$44	\$236
DULOXETINE CAP 40 MG	\$141	\$236
DULOXETINE CAP 20MG	\$40	\$202

Oddly expensive generics - antipsychotics

Genericname	Ins. Price/mo	AWP/mo
PALIPERIDONE TAB ER 24HR 1.5 MG	\$613	\$917
PALIPERIDONE TAB ER 24HR 3 MG	\$612	\$917
PALIPERIDONE TAB ER 24HR 6 MG	\$612	\$916
PALIPERIDONE TAB ER 24HR 9 MG	\$917	\$1,374
RISPERIDONE ORALLY DISINTEGRATING TAB 2 MG	\$51	\$271
RISPERIDONE TAB 1 MG	\$3	\$136
RISPERIDONE TAB 3 MG	\$5	\$267

Oddly expensive generics - Muscle relaxants

Generic name	Ins. Price	Wholesale price
CYCLOBENZAPRINE HCL CAP ER 24HR 15 MG	\$35.77	\$45.28
CYCLOBENZAPRINE HCL TAB 10 MG	\$0.05	\$1.10
CYCLOBENZAPRINE HCL TAB 5 MG	\$0.07	\$1.64
CYCLOBENZAPRINE HCL TAB 7.5 MG	\$3.84	\$6.27

Oddly expensive generics - Pain

Generic name	Ins. Price	Wholesale price
FENTANYL TD PATCH 72HR 100 MCG/HR	\$11.59	\$53.36
FENTANYL TD PATCH 72HR 12 MCG/HR	\$15.14	\$20.30
FENTANYL TD PATCH 72HR 25 MCG/HR	\$4.83	\$14.42
FENTANYL TD PATCH 72HR 37.5 MCG/HR	\$54.37	\$65.31
FENTANYL TD PATCH 72HR 50 MCG/HR	\$8.58	\$26.36
FENTANYL TD PATCH 72HR 62.5 MCG/HR	\$78.02	\$94.91
FENTANYL TD PATCH 72HR 75 MCG/HR	\$12.95	\$40.21
FENTANYL TD PATCH 72HR 87.5 MCG/HR	\$105.32	\$129.22

Oddly expensive generics - Pain

Generic name	Ins. Price	Wholesale price
NAPROXEN SODIUM TAB 220 MG	\$0.05	\$0.08
NAPROXEN SODIUM TAB 275 MG	\$1.31	\$3.02
NAPROXEN SODIUM TAB 550 MG	\$1.75	\$3.00
NAPROXEN SODIUM TAB ER 24HR 375 MG (Naprelan generic)	\$15.83	\$21.55
NAPROXEN TAB 250 MG	\$0.07	\$0.78
NAPROXEN TAB 375 MG	\$0.09	\$1.49
NAPROXEN TAB 500 MG	\$0.08	\$0.13
NAPROXEN TAB EC 375 MG	\$0.17	\$1.53
NAPROXEN TAB EC 500 MG	\$0.19	\$1.62

Oddly expensive generics - Triptans

Generic name	Ins. Price	Wholesale price
SUMATRIPTAN SUCCINATE TAB 100 MG	\$1.03	\$25.14
SUMATRIPTAN SUCCINATE TAB 25 MG	\$0.92	\$27.06
SUMATRIPTAN SUCCINATE TAB 50 MG	\$0.96	\$25.14
SUMATRIPTAN-NAPROXEN SODIUM TAB 85-500 MG	\$70.41	\$105.49
ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT)	\$42.76	\$61.46
FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT)	\$55.36	\$72.28

Oddly expensive generics - Diabetes

Generic name	Ins. Price/mo	AWP/mo
METFORMIN HCL TAB 1000 MG	\$2.31	\$43.50
METFORMIN HCL TAB 500 MG	\$2.47	\$21.11
METFORMIN HCL TAB 850 MG	\$1.79	\$1.76
METFORMIN HCL TAB ER 24HR 500 MG	\$2.85	\$30.80
METFORMIN HCL TAB ER 24HR 750 MG	\$3.54	\$46.21
METFORMIN HCL TAB ER 24HR MODIFIED RELEASE 1000 MG	\$2,717.23	\$3,607.09
METFORMIN HCL TAB ER 24HR MODIFIED RELEASE 500 MG	\$1,155.77	\$1,853.05
METFORMIN HCL TAB ER 24HR OSMOTIC 1000 MG	\$278.76	\$942.00
METFORMIN HCL TAB ER 24HR OSMOTIC 500 MG	\$161.33	\$517.32

Oddly expensive generics - Diabetes

Generic name	Ins. Price/mo	AWP/mo
PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-2 MG	\$394	\$489
PIOGLITAZONE HCL-METFORMIN HCL TAB 15-850 MG	\$62	\$160
PIOGLITAZONE HCL TAB 45 MG (BASE EQUIV)	\$8	\$349
PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV)	\$7	\$321
PIOGLITAZONE HCL TAB 15 MG (BASE EQUIV)	\$7	\$11
GLIMEPIRIDE TAB 2 MG	\$3	\$42

Oddly expensive generics – PPI's

Generic name	Ins. Price/#30	AWP/#30
OMEPRAZOLE CAP DELAYED RELEASE 10 MG	\$9.39	\$111.00
OMEPRAZOLE CAP DELAYED RELEASE 20 MG	\$8.54	\$133.46
OMEPRAZOLE DELAYED RELEASE TAB 20 MG	\$13.66	\$18.61
OMEPRAZOLE MAGNESIUM CAP DR 20.6 MG (20 MG BASE EQUIV)	\$0.99	\$5.35
OMEPRAZOLE-SODIUM BICARBONATE CAP 20-1100 MG	\$124.94	\$23.55
OMEPRAZOLE-SODIUM BICARBONATE POWD PACK FOR SUSP 40-1680 MG (generic Zegerid)	\$2,400.00	\$3,120.00
OMEPRAZOLE-SODIUM BICARBONATE POWD PACK FOR SUSP 20-1680 MG (generic Zegerid)	\$1,650.00	\$3,120.00
OMEPRAZOLE-SODIUM BICARBONATE CAP 40-1100 MG (generic Zegerid)	\$480.00	\$3,180.00

Oddly expensive generics – ED drugs

Generic name	Ins. Price	Wholesale price
SILDENAFIL CITRATE TAB 100 MG	\$50.11	\$66.46
SILDENAFIL CITRATE TAB 20 MG	\$0.88	\$22.05
SILDENAFIL CITRATE TAB 25 MG	\$50.41	\$66.46
SILDENAFIL CITRATE TAB 50 MG	\$17.97	\$66.46
TADALAFIL TAB 10 MG	\$44.84	\$76.15
TADALAFIL TAB 2.5 MG	\$7.64	\$12.31
TADALAFIL TAB 20 MG	\$44.88	\$72.06
TADALAFIL TAB 5 MG	\$7.65	\$13.00
VARDENAFIL HCL TAB 20 MG	\$33.39	\$58.72
VARDENAFIL HCL TAB 10 MG	\$33.37	\$55.56
VARDENAFIL HCL TAB 5 MG	\$33.37	\$55.63
VARDENAFIL HCL TAB 2.5 MG	\$31.79	\$58.72
VARDENAFIL HCL ORALLY DISINTEGRATING TAB 10 MG	\$26.34	\$36.18

Oddly expensive generics – insomnia

Generic name	Ins. Price	Wholesale price
Zolpidem 10mg	\$10	\$138
Zolpidem SL 3.5mg	\$235	\$300
Zolpidem ER 6.25mg	\$81	\$183
Zolpidem ER 12.5mg	\$73	\$200

Recent Generics to the Market

Question

- When a generic is approved by the FDA, how much time does the first generic manufacturer have market exclusivity?
 - A. 1 year
 - B. 6 months
 - C. 3 months
 - D. 1 month

Advair Diskus

- Advair HFA does not have generics
- Generics include:
 - Fluticasone/salmeterol – AB rated
 - Wixela Inhub – AB rated
- Fluticasone/salmeterol is the generic for both Advair and AirDuo
 - Difference is strength
 - Fluticasone/salmeterol 100/50mcg, 250/50mcg, 500/50mcg is generic Advair Diskus
 - Fluticasone/salmeterol 55/14mcg, 113/14mcg, 252/14mcg is generic AirDuo RespiClick

Advair Diskus Continued

- Cost

Advair Diskus	Fluticasone/salmeterol (generic Advair diskus)	Advair HFA	Fluticasone/salmeterol (generic Airduo)	Wixela Inhub	Symbicort	Breo Ellipta
\$380 - \$621	\$231 - \$389	\$380 - \$621	\$119	\$231 - \$389	\$364	\$421

Lyrica

- Pregabalin is the AB rated generic
- Approved 7/19/2019
- All strengths are generic
- 16 manufacturers are already on the market
- Generic manufacturers have captured 57% market share
- Cost

Lyrica	Pregabalin
\$562	\$459

Uloric

- Febuxostat is the new AB rated generic
- Approved 7/1/2019
- 3 manufacturers approved
- Recent BBW added due to increased risk of heart-related death and death from all causes
- Cost

Uloric	febuxostat	allopurinol
\$396	\$216	\$6 - \$13

More generics available

- Dezicol
 - Mesalamine DR capsules
 - Approved 5/9/2019
- Lotemax
 - Loteprednol etabonate
 - Approved 4/17/2019
- Zovirax cream 5%
 - Acyclovir cream
 - Approved 2/4/2019