



December 2009

Special points of interest:

- ◆ Customer Service is the cornerstone of our business.
- ◆ Our goal is to have all calls answered completely and accurately on the first call.
- ◆ When it comes to pharmacy benefits; one size does not fit all.
- ◆ We can customize our pharmacy benefit plan to fit your needs
- ◆ Providing you with the most cost-effective pharmacy benefit is our goal

Inside this issue:

PBM Plus Website	2
Specialty Pharmaceuticals	2
On-Line Reporting New and Improved for 2010	3
Prescription Drug Abuse Continues	3
Swine Flu Drugs for children under 12?	4

New Preferred Drug List for 2010

The PBM Plus Preferred Drug List (PDL) has been revised for 2010. A number of new drugs have been added while some others have been deleted. Drugs are reviewed on a quarterly basis for addition to or deletion from the list. The review process focuses on the following:

- 1. Adding products that have demonstrated enhanced clinical efficacy while providing more convenient dosage forms.*
- 2. Removing products that require less convenient therapy dosage, have more side effects and may cost more when compared to other*

available options on the PBM Plus Preferred Drug List.

- 3. Providing therapeutic alternatives within given therapeutic classes that deliver an overall cost effective strategy to healthcare.*

In order to minimize member disruption during the year, we do not delete any products from the list until the end of each calendar year. Although some drugs no longer appear on the list or on the website, they are still at the preferred copayment level until the end of the calendar year. Starting January 1, 2010 all drugs that were removed from the PDL

will be charged at the patients' Tier 3 copayment.

As in previous years if the removal of a drug from the PDL creates undo hardships for any of your members, they can be “grandfathered” at the preferred (Tier 2) copayment at your request.

Included with this Newsletter you will receive several copies of the 2010 PDL that will be effective January 1, 2010. Should you need additional copies please contact your account manager, who will be pleased to forward additional copies to you.

WAY Over-Priced Prescription Drugs

We can certainly make a very good and convincing argument that prescription drugs are over-priced. For the most part they do not reflect their manufacturing costs. Even when adding costs for sales, marketing, advertising as well as research and development, most drugs are priced at a significant premium. Manufacturers typically price their drugs not at fair market but at what the market will bear.

Unfortunately when a new drug comes to market it generally has patent protection and therefore drug manufacturers can charge whatever price they choose since there

is no direct competition for the drug. However many times there is a therapeutic alternative that may be significantly cheaper especially if that therapeutic alternative is available generically.

We all agree that new and unique products coming to market are important for healthcare. We also understand that such innovations come at a price. However, when a manufacturer brings an old product to market in a new strength or dosage form and charges a significant premium for this new strength or formulation, we are justifiably outraged. Such has been the case recently with several

old products that had been generically available for many years. Bringing them to market requires no new Research and Development which is typically touted by pharmaceutical manufactures as the largest expense when bringing new drugs to market.

Some of these “new” drugs cost twenty-five times as much as their generic counterparts with no therapeutic advantage. While it is not the intent of this article to list these drugs, be aware that we have typically moved them into a non-covered category or into a Prior Approval required status.

THE MOST
EFFECTIVE WAY
TO REDUCE YOUR
PHARMACY
COSTS IS TO
ENCOURAGE
YOUR MEMBERS
TO USE GENERIC
DRUGS



Did you know?

Generic drugs are less likely to have unknown side-effects due to the length of time they have been in use.

CSR Profile

Jennifer is our newest CSR. She is a student at the University of Cincinnati in a related medical field and has completed training with flying colors. Welcome aboard, Jennifer.

PBM Plus Website - by Christina Ogletree

The convenience of the internet has grown exponentially over the last decade. Businesses have rushed to initiate, update and maintain their own websites to keep up with consumer demands. The popularity of the internet has not gone unnoticed here at PBM Plus, Inc. where we maintain a website (www.pbmplus.com) for the benefit of our clients, members and providers.

Our clients you can view our complete pharmacy listing, the Preferred Drug List, and our sample reports. They may also download the Benefit Change Form and the Direct Member Reimbursement (DMR) form..

Members can access the site to view or download the Preferred Drug List to check if a medication they're taking is "preferred". If they are taking a brand-name medication

they can see if it has a cost-saving generic available. Searching for a specific pharmacy in their area or re-ordering medications from our mail service pharmacy is easily accomplished through the PBM Plus website. Members can also check "cash" prices of drugs and download order forms, the DMR form or the HIPAA Privacy Agreement. If an employee/member misplaces their ID card, a replacement can be re-ordered online.

The website also provides important information for pharmacists and physicians. If one of our members needs a medication requiring Prior Authorization, a Prior Authorization Form can be downloaded from the site making it quick and easy to get the medication approved and processed. If a pharmacy cannot process claims for a member because they are not

a participating provider, the Pharmacy Network Agreement and NCPDP Payer Sheet are available for download. If utilized, this will allow PBM Plus to add the pharmacy to our system very quickly so that the claim can process and the employee/member can use the pharmacy of their choice without delay.

The PBM Plus website is a great asset to making your hectic life easier. Our hours of operation and contact information are available on the website. Commonly asked questions, with answers, and a glossary of terms are listed to aid in understanding the pharmacy benefit.

Your suggestions for improving the website are welcome. Please contact us with your suggestions and comments.

Specialty Pharmaceuticals—by Josh Paire, R. Ph.

The PBM Plus Mail Service Pharmacy has for years provided its patients with high quality medications including a niche group commonly referred to as specialty prescriptions. Recently many pharmacies have advertised themselves as those who provide specialty pharmacy. One might ask then, what is the definition of a specialty pharmacy? The answer is, as is often the case when speaking of marketing terms, whatever the pharmacy decides it will be.

The term "Specialty Pharmacy" generally refers to prescription medications which are used in small popu-

lations for very specific diseases such as HIV/AIDS, Multiple Sclerosis, Growth Failure, Anemia, Rheumatoid Arthritis, and many others. The medications used to treat these disease states are often very expensive and must be stored or administered with special consideration. Prescription plans will often scrutinize claims for these medications or limit the use because of the high cost the plan may incur. The plan may require the physician to document the diagnosis to prevent off label use or non medical use. As such, many patients need additional support procuring and utilizing specialty medications.

The PBM Plus Mail Service Pharmacy provides the support necessary for patients who are currently utilizing or intend to use specialty medications. The PBM Plus pharmacy staff is trained to help patients in both the prior-authorization process often required by the plan, the delivery of the product which is generally requires coordination by the pharmacy and the patient, and the use of the product itself. The staff at PBM Plus is also available during pharmacy hours to answer any questions patients may have about the use, storage, and disposal of specialty medications.

Online Reporting – New and Improved for 2010

Online reporting will be available to new and existing PBM Plus clients on January 1, 2010. All PBM standard reports will be available online. Reports will be viewable and are exportable in Adobe Acrobat .PDF and MS Excel format for the last calendar year.

Access to the reports will be handled by a designee from each client. In order to assign a designee, the client must complete and sign a Designee Assignment form. Once assigned, the designee will be granted access to all nine standard reports and will han-

dle all access to the PBM Plus reports for the client. Access is granted to reports individually, so users can be granted access to one report or to all reports as their job function requires. For those clients working through a TPA or broker, the TPA or broker will have access to the reports online by default.

To insure that you have access to these online reports when they become available, contact your account manager today for the proper forms.

The reports that will be available on line are:

101 Executive Summary (Quarterly only)

1010 Brand/Generic Utilization

1020 Retail/Mail Utilization

4010 Top Drugs by Utilization

4020 Top Drugs by Cost

4030 Top 25 Therapeutic Categories – Summary

4035 Top 25 Therapeutic Categories – Detail

5010 Top Pharmacies by Total Paid

6010 Top Prescribers by Total Paid

Our Customer Service Department is located in Milford, OHIO

PBM Plus Customer Service Representatives answer 95% of all calls within 14 seconds.

PBM Plus does not use an automated call distribution system.

Most calls are answered directly by a Customer Service Representative not by a menu of confusing choices.

As the year begins to wind down for most companies, their customer service departments begin to review their successes and issues from the past year.

The PBM Plus call center is no different. After reviewing and analyzing 2009 statistics and issues; we have committed to once again provide annual training for all of our Client Service Representatives (CSRs). The annual training will consist of every aspect with our processing system, mail service pharmacy prescription entry system along with customer service processes and policies.

Prescription Drug Abuse Continues to Increase

Deaths from opioid pain reliever use more than tripled, data indicate.

[USA Today](#) (10/1, Szabo) reports that when Robert DuPont was appointed as a White House drug czar and to the head of the National Institute on Drug Abuse, he didn't expect to find that the "biggest and fastest-growing part of America's drug problem is prescription drug abuse." The statistics, said the former leader, "are unmistakable." According to the CDC, "prescription drugs cause most of the more than 26,000 fatal overdoses each year." In fact, the agency on Wednesday announced that the "number of overdose deaths from opioid painkillers -- opium-like drugs that include morphine and codeine -- more than tripled from 1999 to

2006, to 13,800 deaths that year."

Now, "drug-related deaths outnumber those from motor vehicle accidents in a growing number of states," the [AP](#) (10/1, Stobbe) reports. "Based on death certificate data, CDC researchers counted more than 45,000 US deaths from motor-vehicle crashes in 2006, and about 39,000 from drug-induced causes." And, nearly "90 percent of those drug fatalities are sudden deaths from overdoses, but the count [also] includes people who died from organ damage from long-term drug use or abuse."

Investigators also noted that rates of "fatal overdoses...involving opioid analgesics" were higher "among men, individuals aged 35 to 54 years, and non-Hispanic

whites," [Medscape](#) (9/30, Cassels) reported. In "about 50 percent of deaths involving opioid overdose, more than one type of drug contributed to the death. Involved in 17 percent of deaths, a combination of benzodiazepines and opioids was specified most frequently," which was "followed by cocaine or heroin in 15 percent of deaths and benzodiazepines with cocaine or heroin in three percent of deaths." But, overdoses "involving methadone increased the most during the study period."

The "increase in methadone deaths," says one expert, "corresponds to the drug's increased use for pain relief, which began abruptly in 1999," [WebMD](#) (9/30, Boyles) noted.

Employers increasingly are turning to more creative benefit plan designs to reduce cost.

We can help!



PBM Plus, Inc.
An Omnicare Company

**Pharmacy Benefit
Management with a PLUS**

PBM Plus, Inc.

300 TechneCenter Drive

Suite B

Milford, OH 45150

Phone: 888-863-1726

Local: 513-248-3071

Fax: 513-248-3079

PBM Plus is a full service Pharmacy Benefit Management company (PBM) that differentiates itself from most other PBMs by being completely independent of pharmaceutical manufacturers and pharmacies. As an independently managed subsidiary of Omnicare, we focus on creating cost effective solutions for our clients by having the freedom to develop and implement programs and plan designs that are focused on saving money for our clients and their individual members. PBM Plus is always committed to providing flexibility and accountability to our customers.

We offer a variety of programs all of which can be customized to meet the needs of our clients. These plans include traditional "funded" pharmacy benefits and unique offerings such as the **PBM Plus Mail Service Prescription Plan™** for individuals not covered by a prescription benefit plan.

**Member Services Line
1-800-263-2178**

**Visit us on the web
www.pbmplus.com**

Customer Service Hours

All times are Eastern Time

Monday thru Friday	8:00 AM to 11:00 PM
Saturday and Sunday	9:00 AM to 5:30 PM
Holidays	9:00 AM to 5:30 PM

Closed Christmas and Thanksgiving Day



Review suggests H1N1 flu drugs should not be used for children under 12

[Dow Jones Newswires](#) (8/11) reports that a [review](#) of research published in the British Medical Journal found that children "under the age of 12 shouldn't be given the common antivirals Tamiflu [oseltamivir] or Relenza [zanamivir] to treat suspected A/H1N1 swine flu." Dr. Matthew Thomson, one of the report's authors, "said giving Tamiflu or Relenza to children under 12 reduces the length of the illness by an average of one day, which he described as a 'short effect for an illness that lasts about a week.'" Dr. Thomson also said that antivirals "could do more harm than good."

According to the [Canadian Press](#) (8/11, Branswell), the review suggests

"there is an urgent need for a better understanding of how well the drugs work in children." However, the "studies did not address how effective the drugs are in treating children with the new pandemic flu virus; they were done long before the pandemic virus burst onto the scene earlier this year." The review's authors "acknowledged it is unclear whether the findings hold true for use of the drugs in treatment or prevention of infection with the pandemic virus. But they said the limited impact of the drugs on seasonal flu suggests a more conservative approach to pandemic use might be advisable."

The Oxford University researchers "also concluded that giving the drugs to children after they have been exposed to the flu virus -- post-exposure prophylaxis -- reduces transmission by only eight percent," according to the [Los Angeles Times](#) (8/11, Maugh) [Booster Shots](#) blog. The researchers "studied four separate randomized trials (two with Tamiflu and two with Relenza) that treated 1,766 children with the flu and three trials of post-exposure prophylaxis involving 863 children." They "concluded that, despite shortening the duration of infection, the drugs did not reduce the

normal complications of flu, including asthma flareups, ear infections, sinusitis, bronchitis, and convulsions from fever."

The [Financial Times](#) (8/11, Jack) adds that the findings will spark debate over whether governments should spend millions to stockpile the flu drugs and set up systems to prescribe it. The findings also follow an article printed last week in The Lancet Infectious Diseases, where researchers concluded that otherwise healthy adults showed reduced symptoms just over half a day earlier using the drugs. [WebMD](#) (8/10, DeNoon) also covered the story.