

Anthem Pharmacy Quarterly Report 4th Quarter 2014

The following graphics provide a visual aggregate reporting of the most recent quarterly reporting period. Table 1 describes total number of prescriptions dispensed categorized as new, refills and non-preferred drug list (PDL). Non-PDL drugs are those that require prior authorization (PA) or have other restrictions applied and the total non-PDL drugs appear negligible vs total prescriptions dispensed. Table 2 shows the relationship between PAs requested, non-PDL prescriptions and non-PDL psych drugs as a percentage of the total number of prescriptions dispensed (new plus refills). Non-PDL psych drugs track closely with the percentage of PAs requested and Table 3 (Top 50 Non-PDL drug categories as percentage of reimbursement) shows that Solvadi accounts for 41% of non-PDL drugs as percentage of reimbursement (down from 50% last report). Insulins account for 5% (down slightly from 5.5% last report) which is small but both available immediate acting insulins are non-PDL (Novolog and Humalog). Table 4 describes the number of PAs requested vs. the number of PAs denied and Table 5 shows the percentage of PAs denied with the range being generally less than 30%.

Analysis and Recommendations: Restrictions on drug accessibility appear minimal, however, restrictions on the only two immediate acting insulins available on the market (Novolog and Humalog) may adversely impact members. Restrictions on Effient and Brilinta are also of concern as missed doses due to prior authorization process delays in prescription access increases the patient risk of thrombotic adverse events. Evaluation of impact on members is recommended. In general, prior authorization and restriction processes on antidiabetic and anticoagulant/antiplatelet drugs should be structured such that the patient does not miss doses. This is of particular concern for patients undergoing a care transition (post-hospitalization).

Table 1

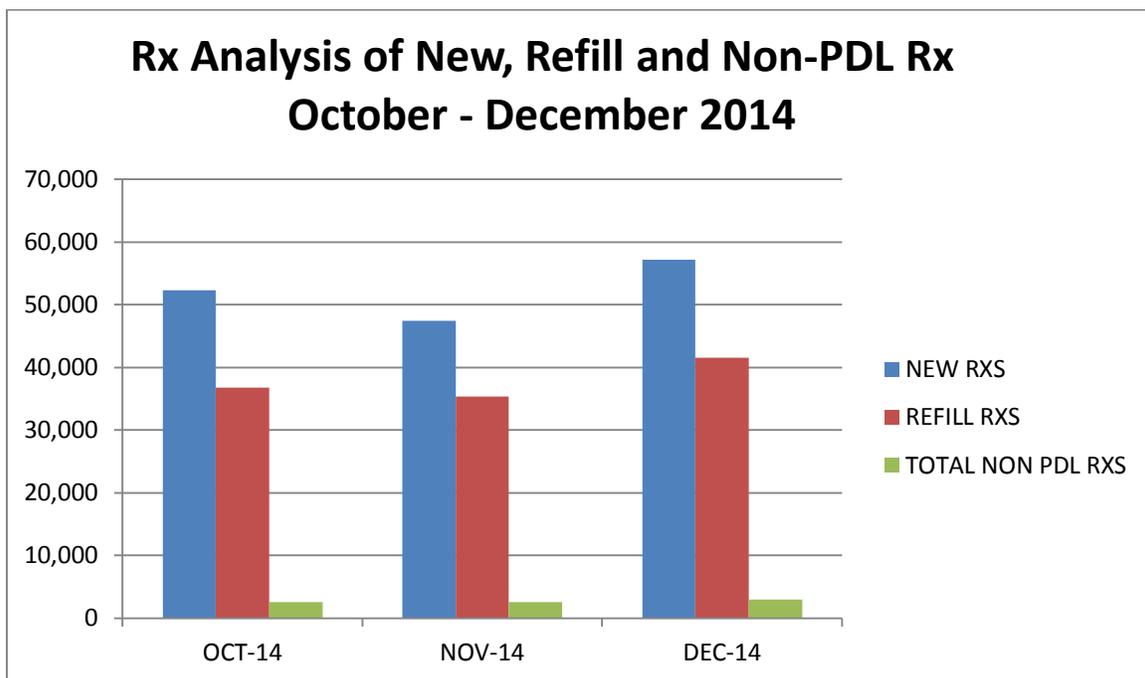


Table 2

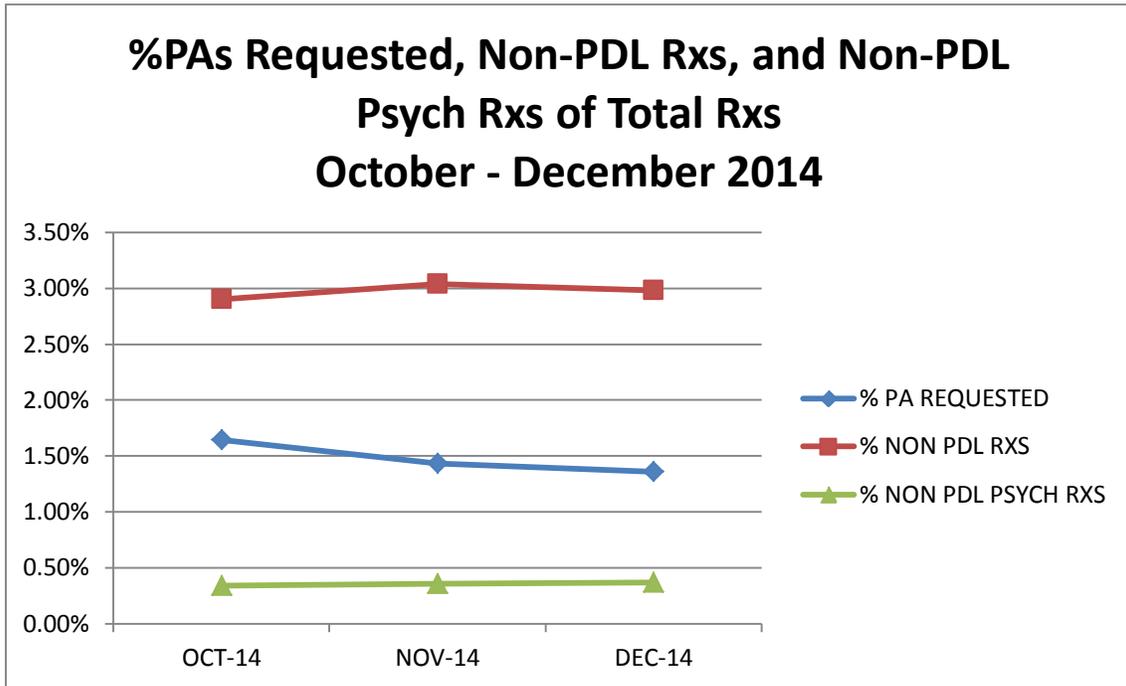


Table 3

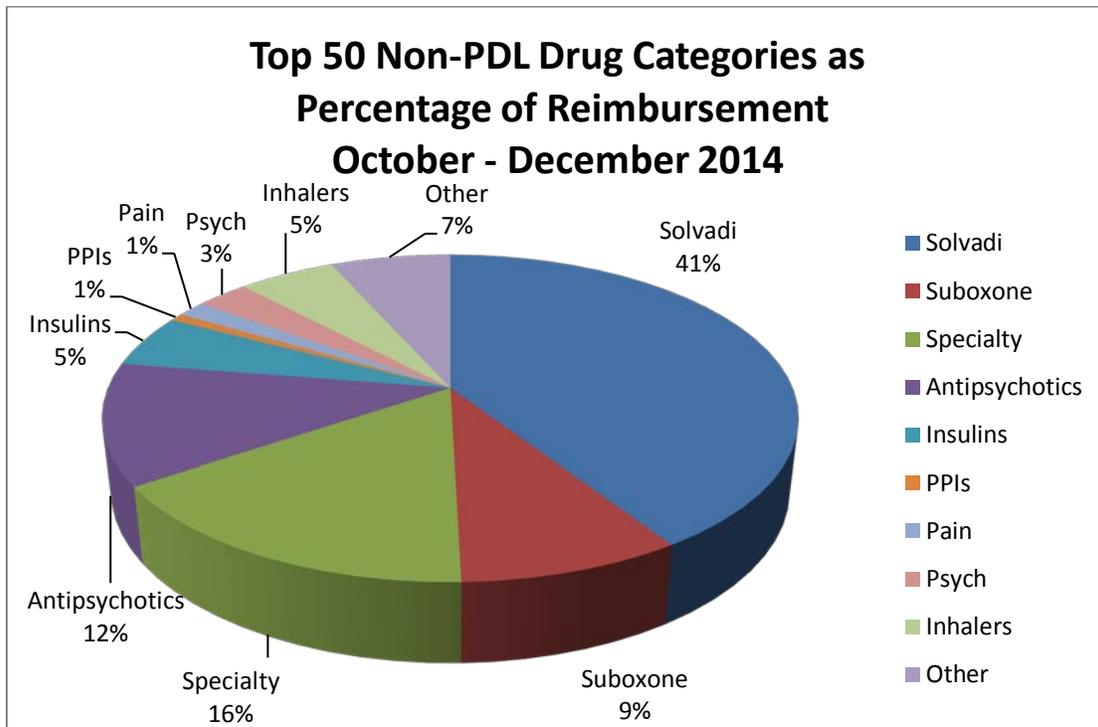


Table 4

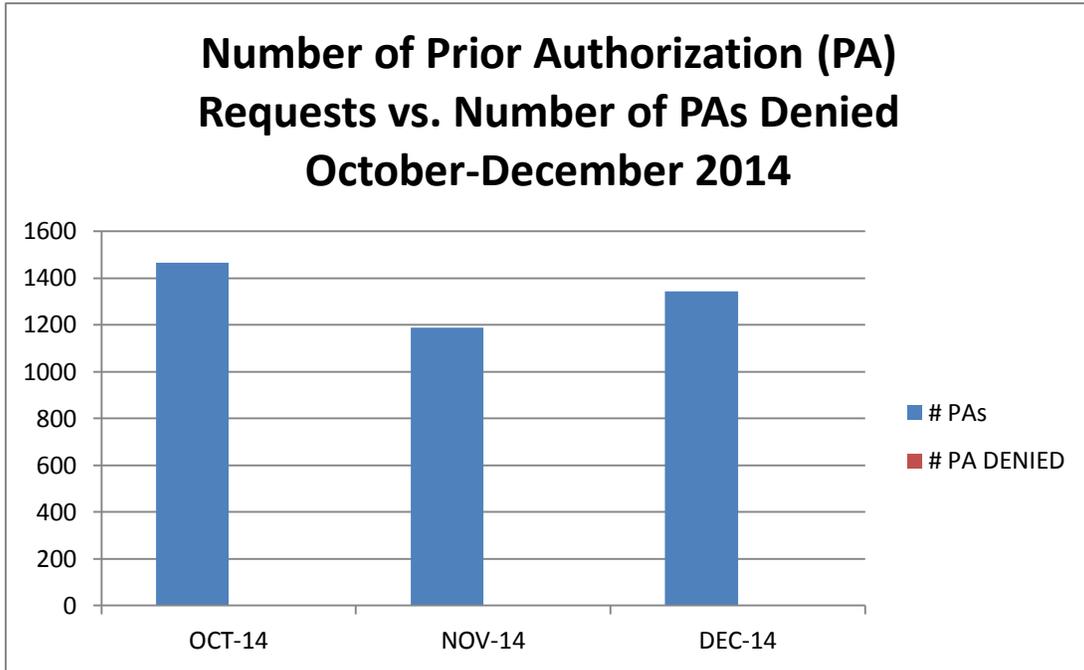
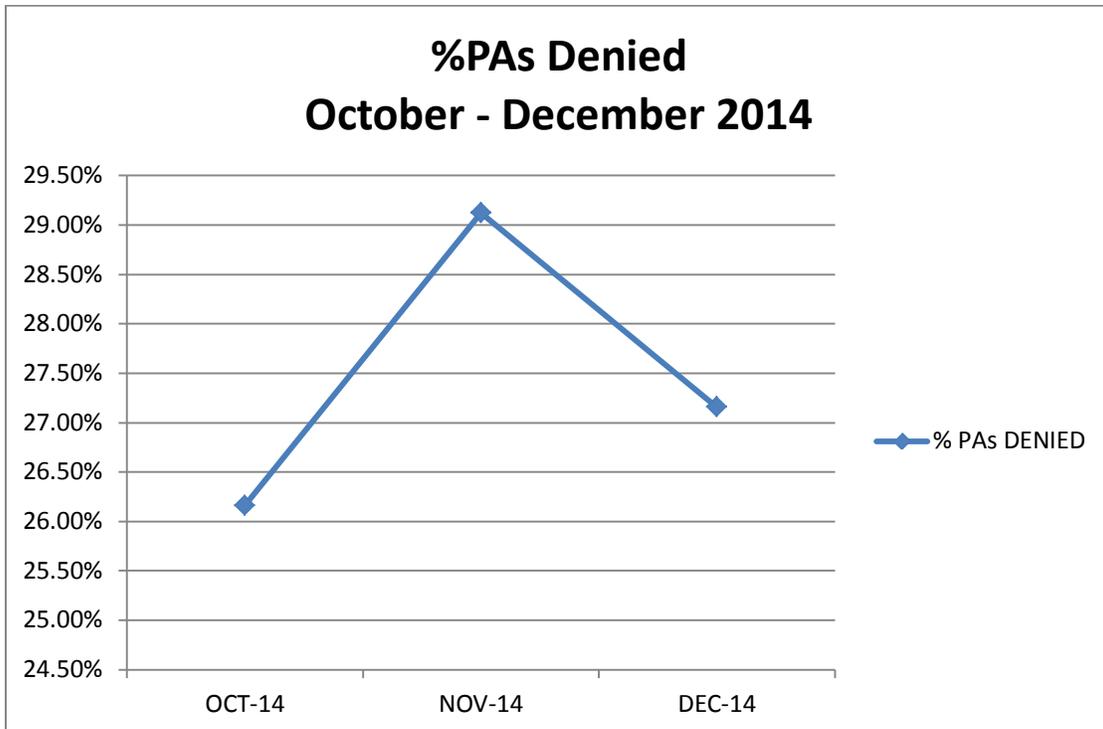


Table 5



Coventry Pharmacy Quarterly Report 4th Quarter 2014

The following graphics provide a visual aggregate reporting of the most recent quarter. Table 1 describes total number of prescriptions dispensed categorized as new, refills and non-preferred drug list (PDL). Non-PDL drugs are those that require prior authorization (PA) or have other restrictions applied and the total non-PDL drugs appear negligible vs total prescriptions dispensed. Table 2 shows the relationship between PAs requested, non-PDL prescriptions and non-PDL psych drugs as a percentage of the total number of prescriptions dispensed (new plus refills). Non-PDL psych drugs track closely with the percentage of PAs requested and Table 3 (Top 50 Non-PDL drug categories) shows that Antipsychotics and other specialty drugs account for 64% of non-PDL drugs by percentage of reimbursement, a change from the previous quarter where Solvadi and other specialty drugs contributed to 60% of the top 50 drugs by reimbursement. Table 4 describes the number of PAs requested vs. the number of PAs denied and Table 5 shows the percentage of PAs denied with the range being generally less than 30%.

Analysis and Recommendations: Drug restrictions appear to have focused on antipsychotics, Solvadi, Harvoni and other specialty drugs.

Table 1

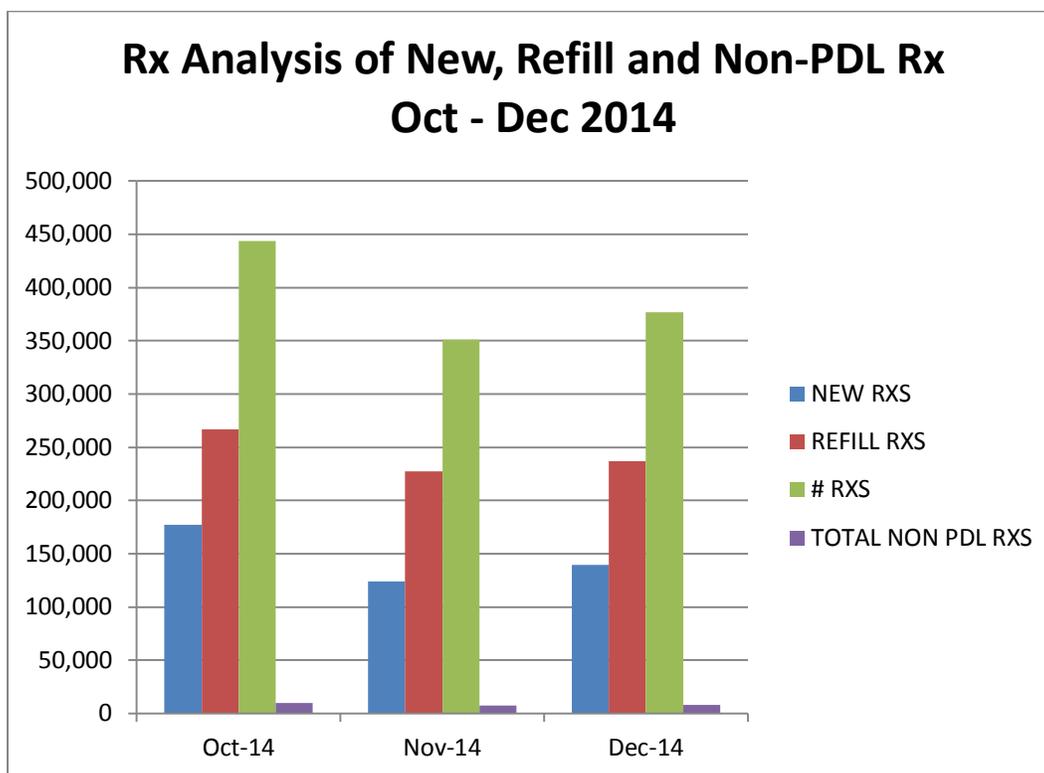


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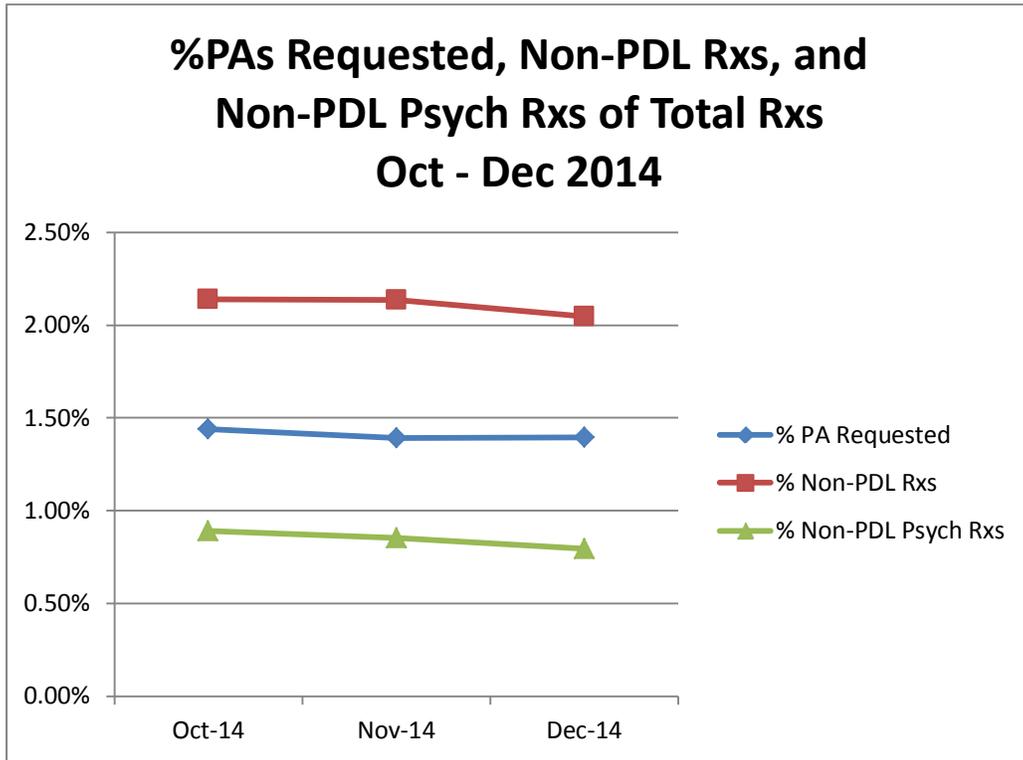


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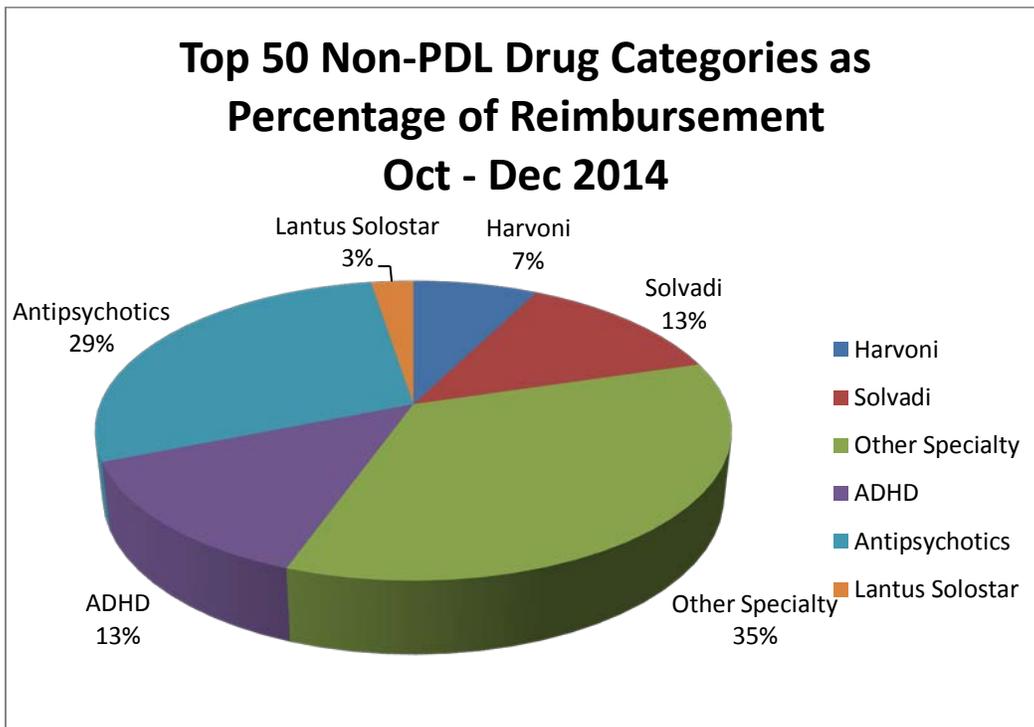


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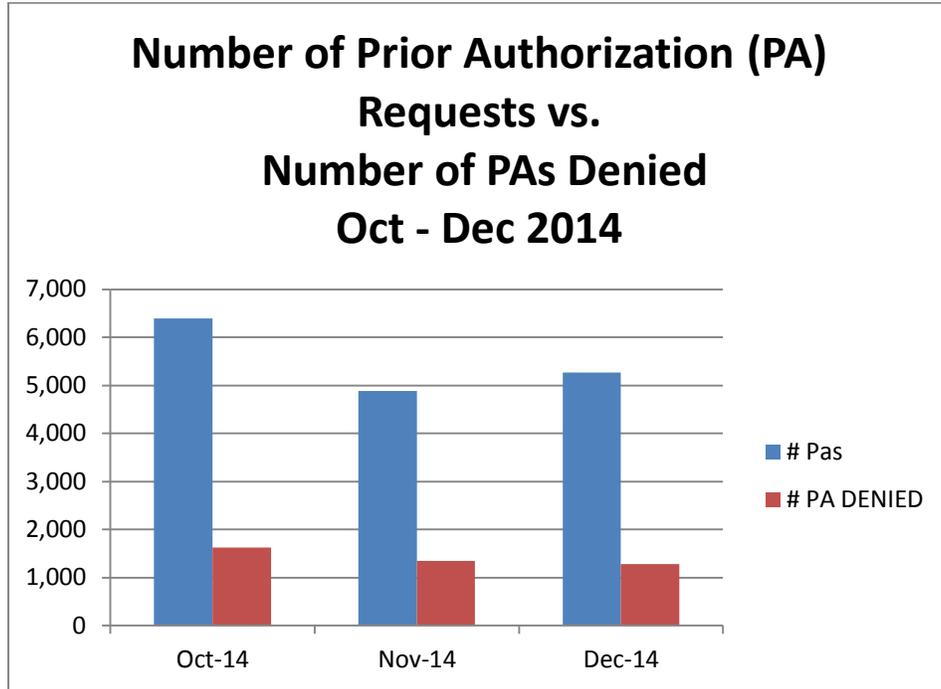
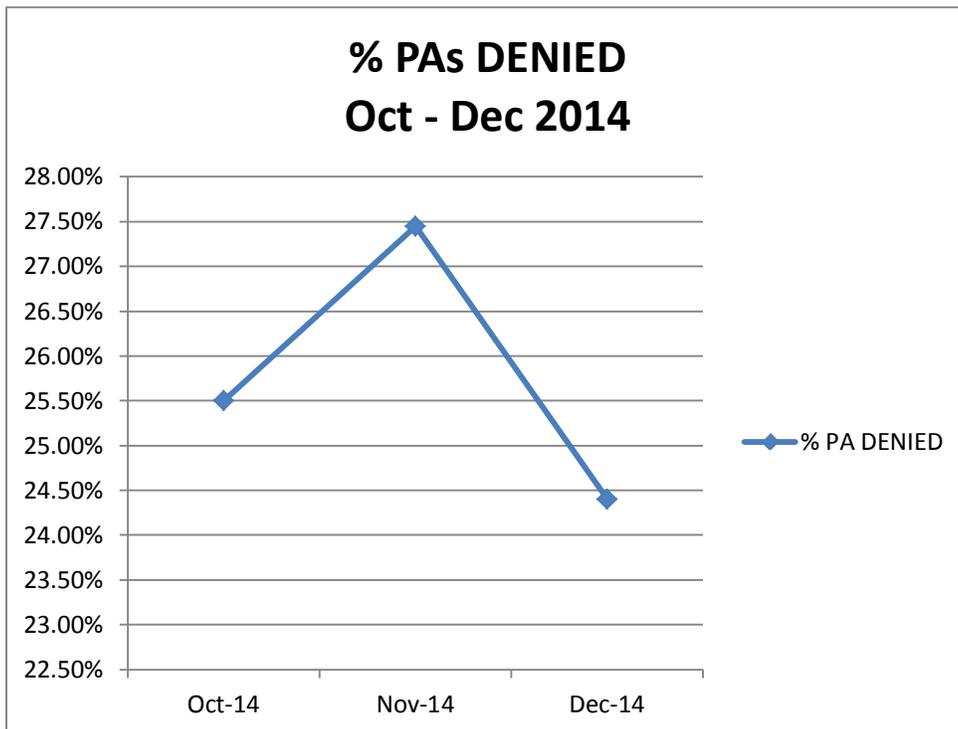


Table 5



Humana Pharmacy Report 4th Quarter 2014

The following graphics provide a visual aggregate reporting of the most recent quarter data. Table 1 describes total number of prescriptions dispensed categorized as new, refills and. Non-PDL drugs are those that require prior authorization (PA) or have other restrictions applied and the total non-PDL drugs are negligible vs total prescriptions dispensed. The relationship between PAs requested and non-PDL prescriptions as a percentage of the total number of prescriptions dispensed (new plus refills) are both very low at less than one percent, therefore graphical analysis is not reported. The Top 50 Non-PDL Drug by Reimbursement report number 45b showed that the majority of non-PDL drugs were vaccines (Zostrix, Pneumococcal and influenza), therefore graphical analysis is not reported. Table 2 describes the number of PAs requested vs. the number of PAs denied and Table 3 shows the percentage of PAs denied with the range being between 30-40% since October 2013.

Analysis and Recommendations: Restrictions on drug accessibility appears minimal. No recommendations at this time.

Table 1

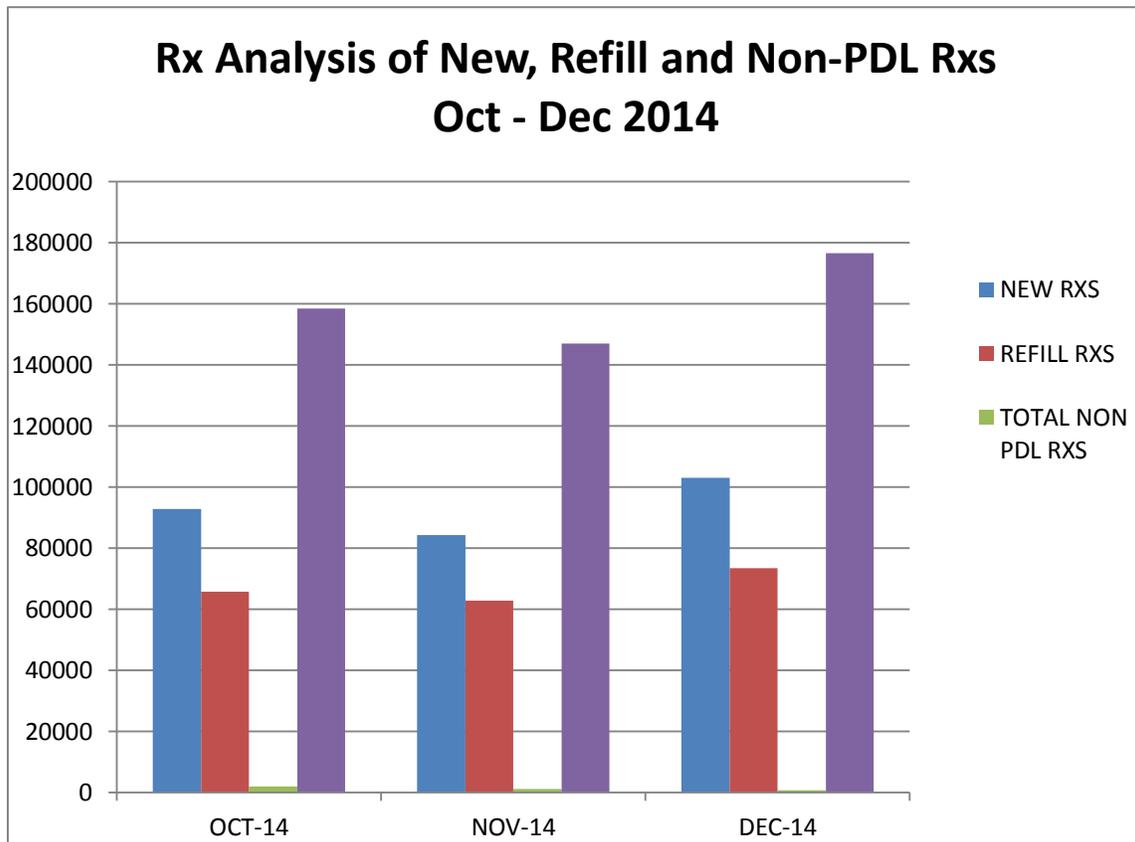


Table 2

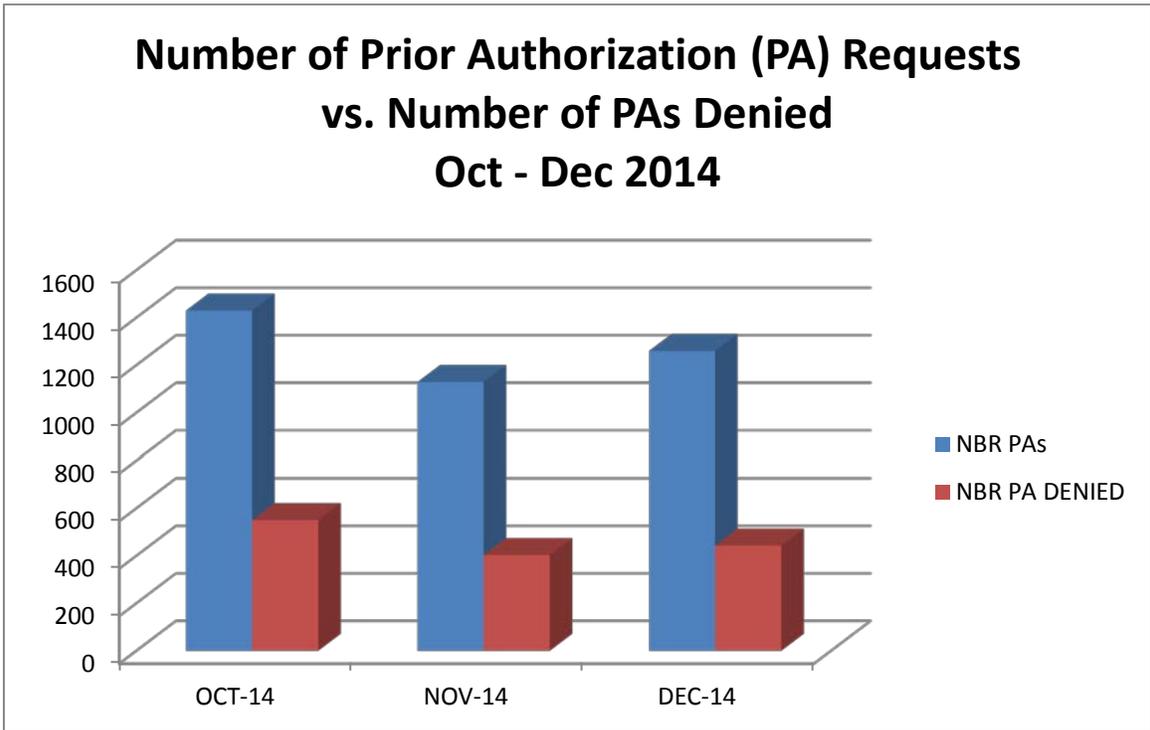
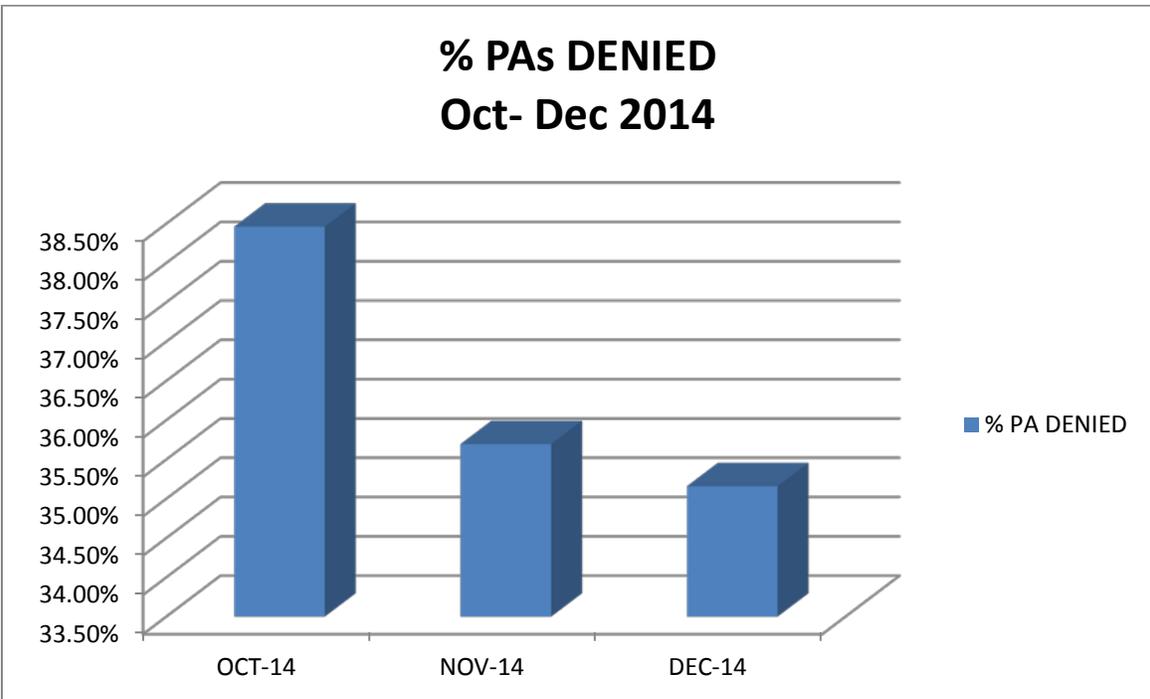


Table 3



Passport Pharmacy Report 4th Quarter 2014

The following graphics provide a visual aggregate reporting of the most recent quarterly reporting of data. Table 1 describes total number of prescriptions dispensed categorized as new, refills and non-preferred drug list (PDL). Non-PDL drugs are those that require prior authorization (PA) or have other restrictions applied and the total non-PDL drugs appear negligible vs total prescriptions dispensed. Table 2 shows the relationship between PAs requested and non-PDL prescriptions as a percentage of the total number of prescriptions dispensed (new plus refills) which are both very low at less than 1.5% which remains steady vs. last quarter. Table 3 describes the number of PAs requested vs. the number of PAs denied and Table 4 shows the percentage of PAs denied with the range trending down to a new low of 18% from a high of above 40% (July). Table 5, the Top 50 Non-PDL drug categories by cost, shows that Harvoni and Suboxone account for approximate 67% with Harvoni being a new addition since last quarter.

Analysis and Recommendations: Restrictions on drug accessibility appears minimal. No recommendations at this time.

Table 1

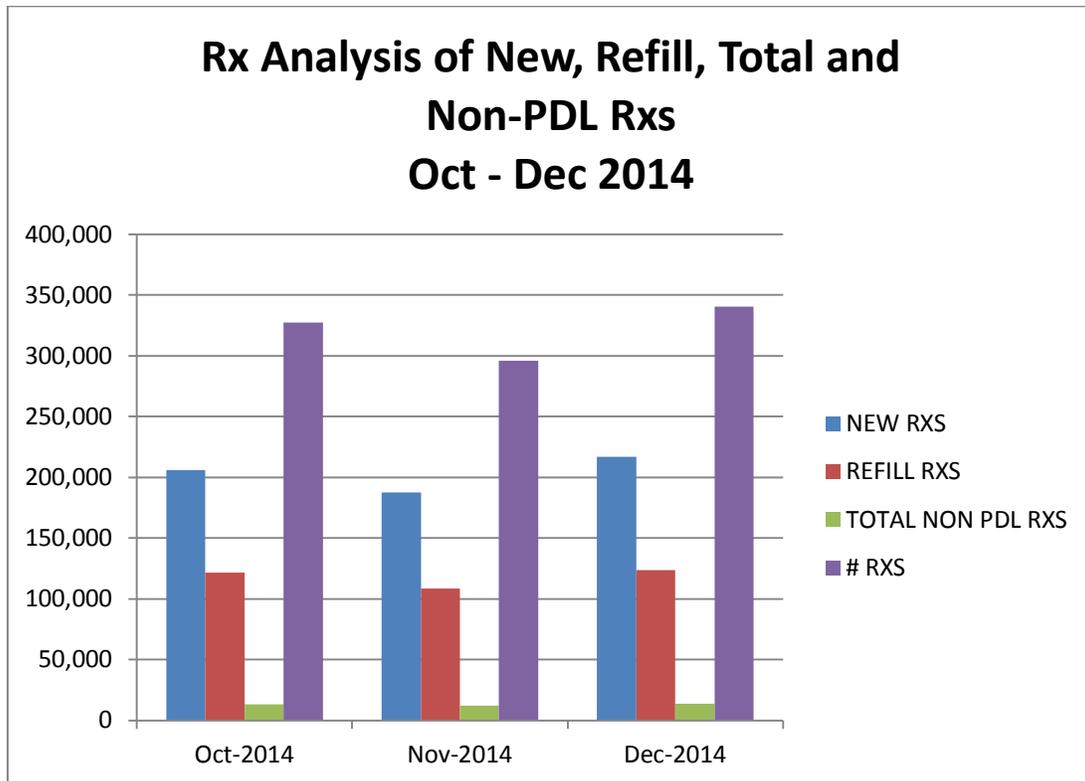


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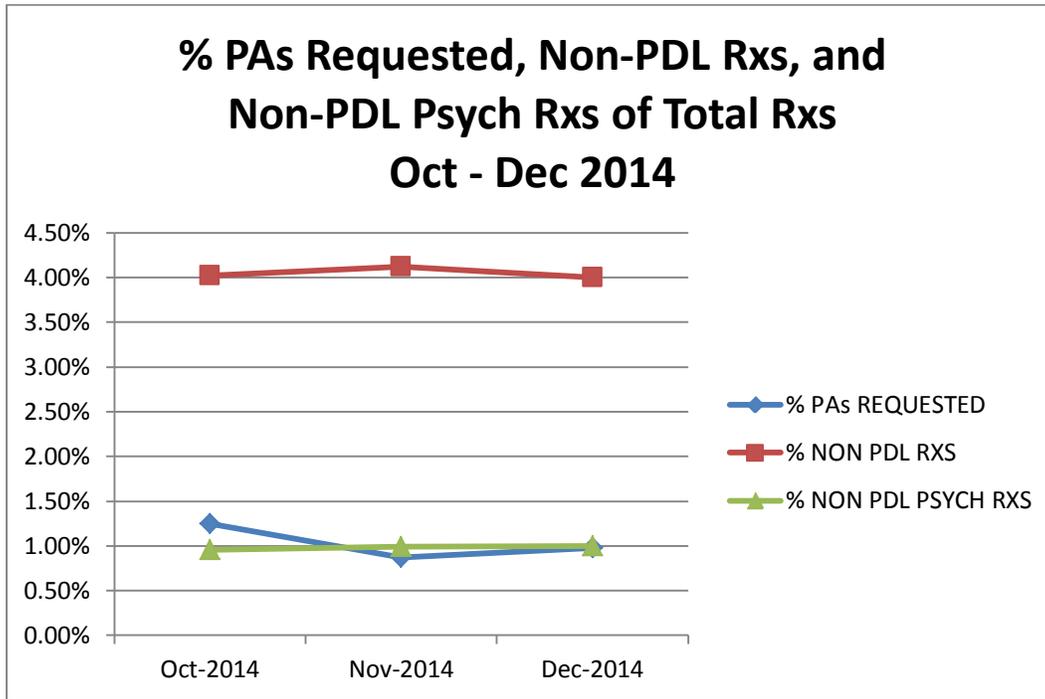


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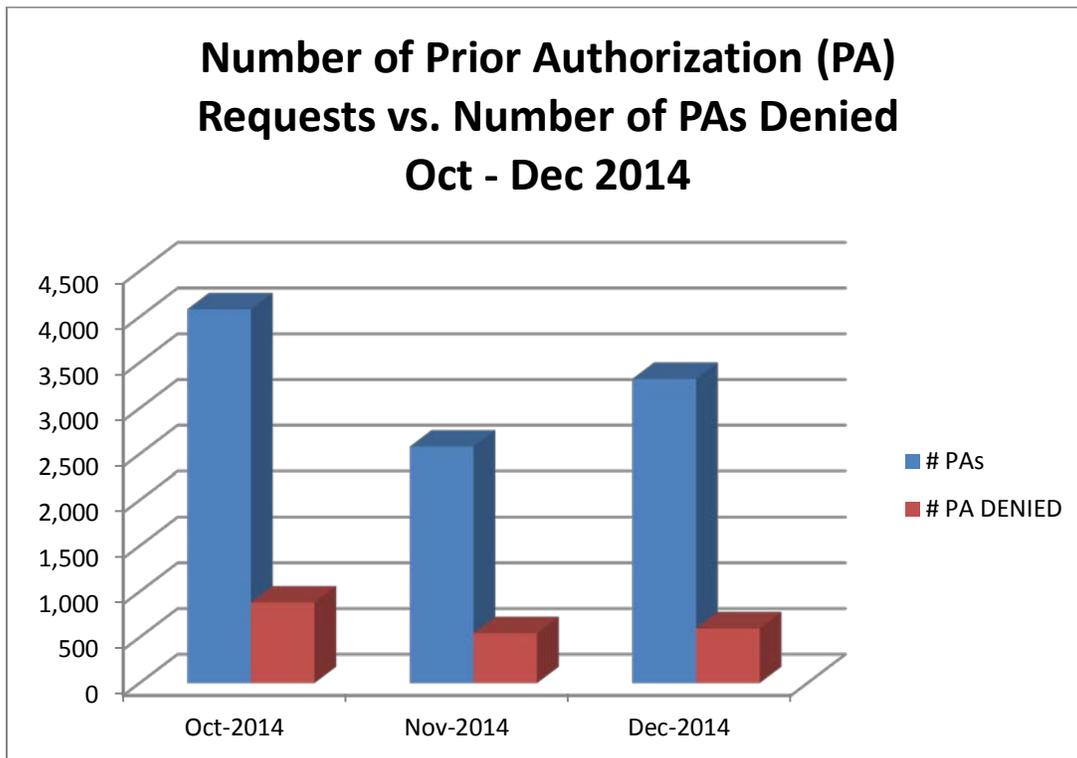


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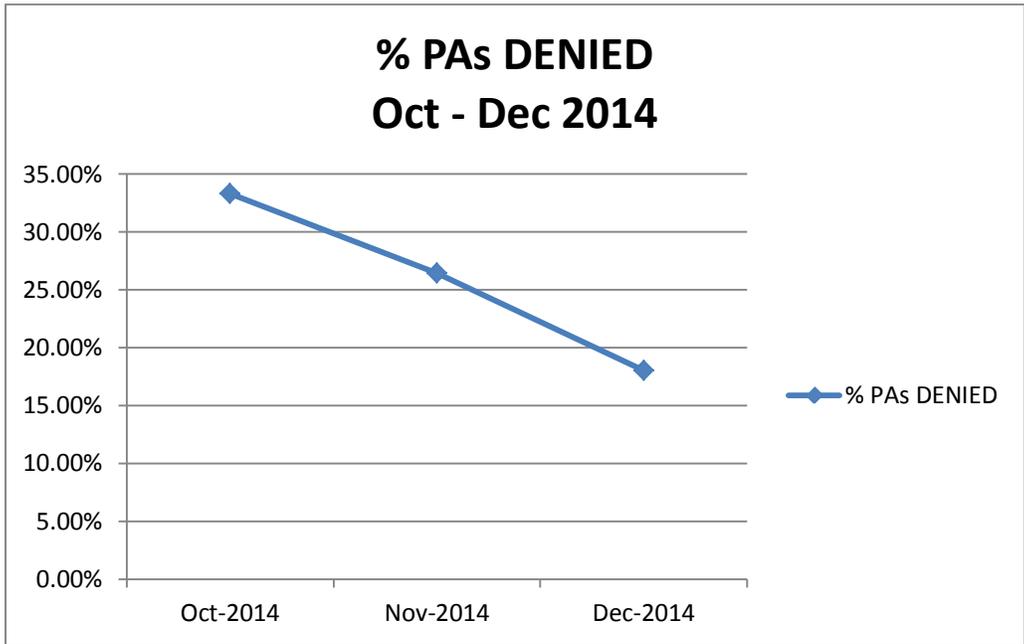
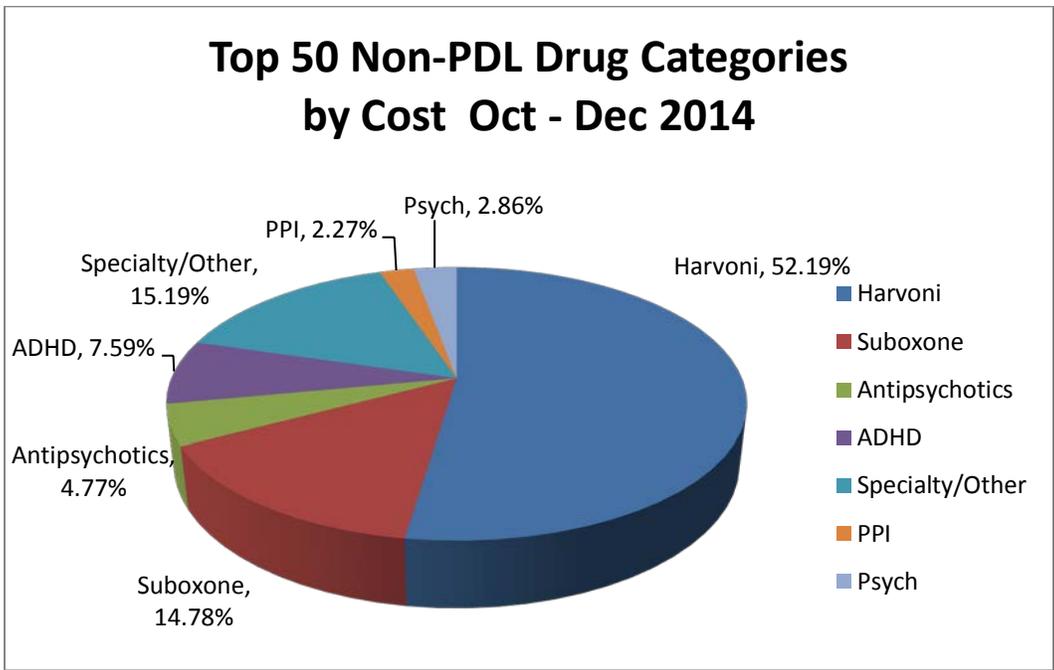


Table 5



WellCare Pharmacy Report 4th Quarter 2014

The following graphics provide a visual aggregate reporting of the most recent quarterly reporting of data. Table 1 describes total number of prescriptions dispensed categorized as new, refills and non-preferred drug list (PDL). Non-PDL drugs are those that require prior authorization (PA) or have other restrictions applied and the total non-PDL drugs appear negligible and consistent vs. prior quarter. Table 2 shows the relationship between PAs requested, non-PDL prescriptions and non-PDL psych drugs as a percentage of the total number of prescriptions dispensed (new plus refills). Non-PDL psych drugs track closely with the percentage of PAs requested and Table 3 (Top 50 Non-PDL drug categories) shows that insulin formulations and psych/pain medications account 27%, significantly less than the previous quarter (65%) of non-PDL drugs by rx cost. It is noted that blood glucose test strips account for approximately 10% of non-PDL drugs by rx cost yet comprise 31.2% (10,189 rx's) of the total rx count for the top 50 non-PDL drug (32,627 rx's). Mirena is the only hormonal IUD method of contraception currently approved by the FDA which is 99% effective for up to 5 years once implanted. Mirena appears on the non-PDL list and accounts for 1% of non-PDL costs and 0.53% of rx's (174). Table 4 describes the number of PAs requested vs. the number of PAs denied and Table 5 shows the percentage of PAs denied has trended up with a high of 63.68% in November with the range being between 50-57% October 2013 –October 2014.

Analysis and Recommendation: Restriction of insulin products appears lessened since last quarter. Restriction of blood glucose test strips is questionable due to the relatively low percentage of overall non-PDL cost vs. the high number of prescriptions. The high number of blood glucose test strip prescriptions with restrictions can potentially delay patient blood glucose self monitoring which places a large number of beneficiaries at risk of unevaluated hypo- or hyperglycemia and adverse sequelae. Evaluation of impact on members is recommended. The Affordable Care Act requires coverage of women's preventative services, without cost sharing, that adheres to HRSA guidelines to ensure women's access to the full range of FDA-approved contraceptive methods including, but not limited to, barrier methods, hormonal methods, and implanted devices as prescribed by a health care provider. Considering there is no generic available, restricting Mirena or requiring co-pay (cost-sharing) for branded product may be in violation of the Affordable Care Act.

Table 1

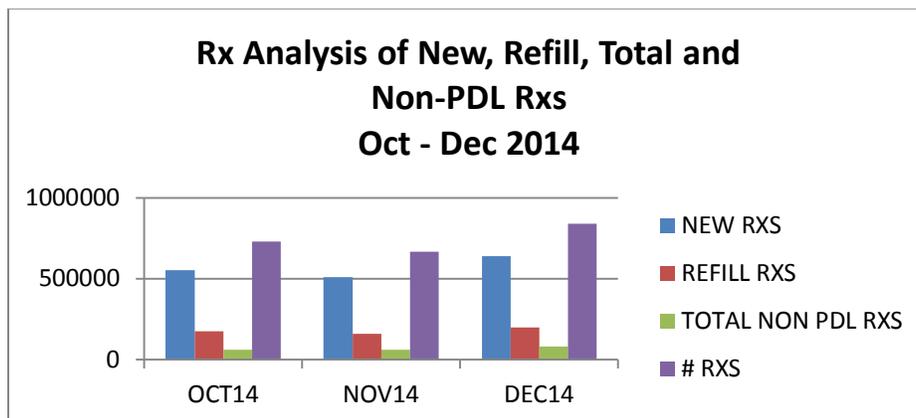


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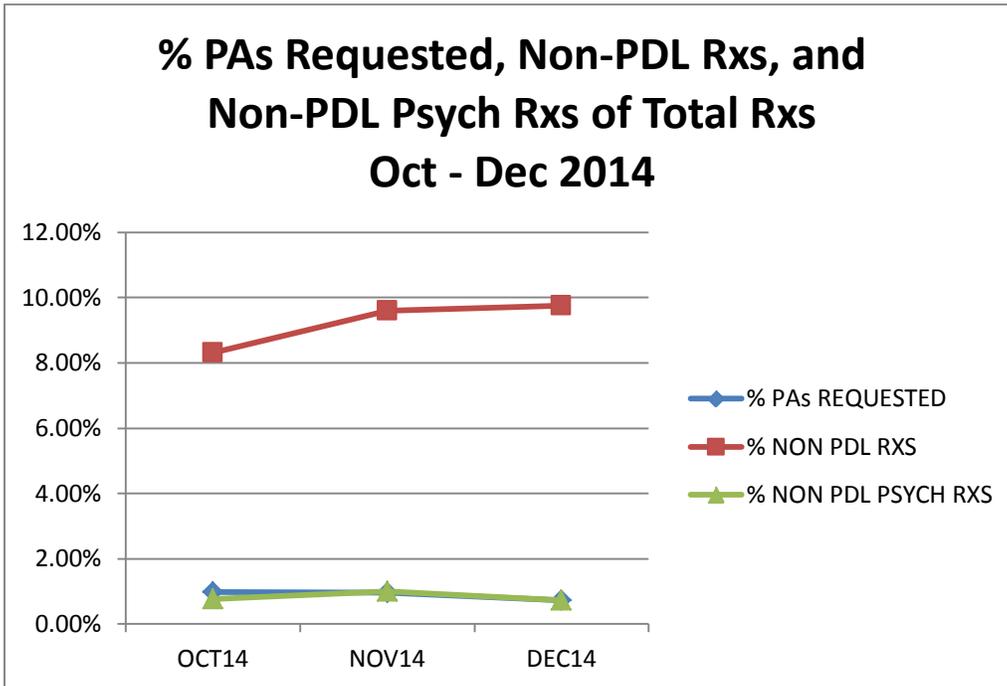


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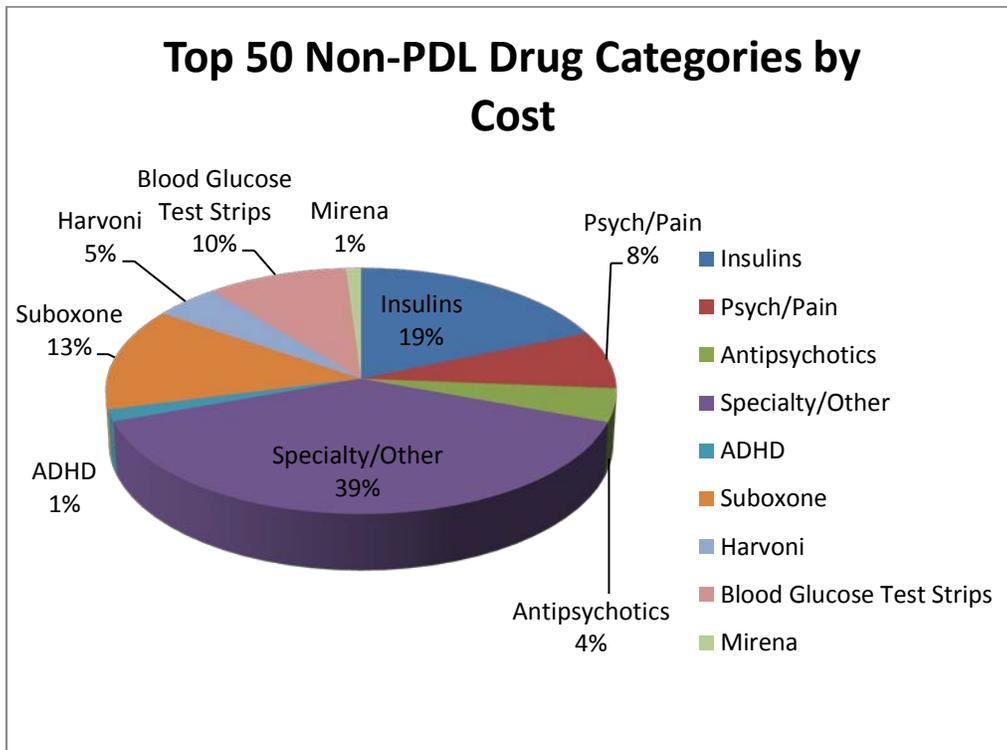


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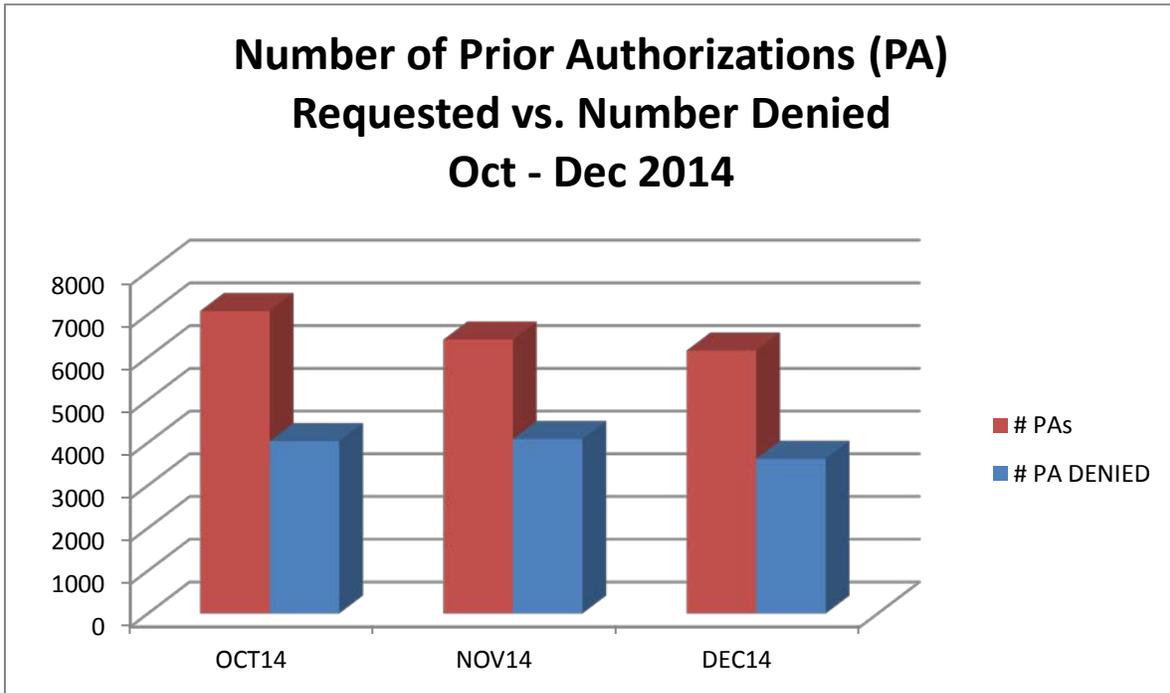


Table 5

