



**DRUGS THAT LOST
 PATENT PROTECTION**

AUGUST 2009		
BRAND NAME	GENERIC NAME	INDICATION
VFEND	voriconazole	Fungal infections
COMBIVIR	lamivudine; zidovudine	Antivirals for Hepatitis B and HIV
EPIVIR	lamivudine	
EPIVIR-HBV	lamivudine	
EPZICOM	abacavir sulfate; lamivudine	
TRIZIVIR	abacavir sulfate; lamivudine; zidovudine	
LOVAZA	omega-3-acid ethyl esters	Lowers Triglycerides
RESTASIS	cyclosporine	Chronic Dry Eye
LEVULAN	aminolevulinic acid hydrochloride	Light sensitizing drug

COMMENT: Check your formularies to ensure that patients are paying generic copays

DRUG COMPANIES PAY COPAYS

Pharmaceutical manufacturers are advertising that they will pay the patient's copay up to certain limits for brand name drugs. This is an interesting approach to counter plan benefits where members pay higher copays for brand name drugs. Depending on the plan copay, the manufacturer may pay all, or part of the total branded copay for particular drugs. It is expected that these programs would be directed to non-preferred brands and those on tier 3 or higher.

COMMENT: These programs obviously counter benefit designs that are directed to forcing patients to specific agents and to ensure that patients understand how much drugs cost. The alternative argument is that PhRMA is helping patients to afford, and comply, with their medications. Time will tell if these programs have an impact. Of interest is that as copays increase to higher tiers for non-preferred medications, will these programs subvert the tier system? Of course, if PhRMA decides to cover the copay for the non-preferred drugs, then they will be covering the cost differential between the preferred brands and the non-preferred brands. One would expect this to be highly unlikely.

**SWITCHING DRUGS TO BRAND
 TO PREPARE FOR GENERICS?**

Please be aware that some manufacturers are currently running marketing programs that promote plans to switch patients to a brand name drug that anticipates going generic within a year. The presumed benefit is that this simplifies the transition from brand to generic. The immediate impact is to potentially increase drug cost today. The longer term impact is that

**CHECK YOUR PHARMACY INVOICE
 LIKE YOU CHECK YOUR
 SUPPLY INVOICES**

Invoices for payments to PBMs and Health Plans for prescriptions filled by their network pharmacies (both retail and mail), should be checked – the same way one would check a grocery or restaurant receipt.

The assumption that electronic claim adjudication is without errors can be dangerous for both medical and

some patients will want to stay on the brand name drug.

For example, Merck's Cozaar and Hyzaar for high blood pressure will lose patent protection on 4/6/10. The marketing argument is to switch patients on other drugs in the same family to brand name Cozaar or Hyzaar now and then to generic in 2010. The assumption is that patients will switch. Diovan is the big seller in this category so this approach attacks Diovan to erode market share and move it to Hyzaar and Cozaar.

COMMENT: This is a very interesting approach to increasing market share for brand name drugs. While the idea sounds good on the surface, check the comparative costs as this may be a subtle way to increase your drug cost in the short term. Further, monitor physician office visits to see if this program shifts cost from the drug to the medical benefit.

pharmacy claims. Pro Pharma's experience indicates that at least 5-7% of all paid drug claims are incorrect. Prime areas for errors are eligibility, pricing, claim validity, payments for benefit exclusions, etc.

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Invoice #	Date	Amount	Status
123456789	10/10/09	1234.56	Valid
987654321	10/11/09	567.89	Invalid
234567890	10/12/09	890.12	Valid
345678901	10/13/09	123.45	Invalid
456789012	10/14/09	678.90	Valid
567890123	10/15/09	901.23	Invalid
678901234	10/16/09	345.67	Valid
789012345	10/17/09	012.34	Invalid
890123456	10/18/09	456.78	Valid
901234567	10/19/09	789.01	Invalid

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