



**DRUGS THAT LOST PATENT PROTECTION**

SEPTEMBER/OCTOBER 2009		
BRAND NAME	GENERIC NAME	INDICATION
CEDAX	ceftibuten dihydrate	Bacterial Infections
DOXIL	doxorubicin hydrochloride	Chemo-therapy
EVOXAC	cevimeline hydrochloride	Dry Mouth
FARESTON	toremifene citrate	Breast Cancer
FELBATOL	felbamate	Epilepsy
IMPLANON	etonogestrel	Contraceptive
NEORAL	cyclosporine	RA; Psoriasis; Transplant
STARLIX	nateglinide	Type2 Diabetes
TOBRADEX & TOBRADEX ST	dexamethasone: tobramycin	Bacterial Eye Infections
XALATAN	latanoprost	Glaucoma

**COMMENT:** Check your formularies to ensure that patients are paying generic copays for these drugs.

**TRY TO OBTAIN ERYTHROMYCIN EYE OINTMENT TO AVOID ALTERNATIVES, CDC SAYS**

The FDA is investigating reports of adverse events associated with the use of gentamicin ophthalmic ointment to prevent ophthalmia neonatorum. Meanwhile, the Centers for Disease Control and Prevention (CDC) advised hospitals on October 7 to make efforts to obtain erythromycin ophthalmic ointment, the preferred prophylactic.

The CDC said the manufacturer Bausch & Lomb anticipates having enough erythromycin ophthalmic ointment to meet the U.S. market's demand by the end of October.

<http://www.cdc.gov/std/treatment/2006/erythromycinOintmentShortage.htm>

**COMMENT:** Review your guidelines for treatment of eye infections and update as required.

**GLOBAL PHARMACEUTICAL TRENDS**

IMS Health predicted a 4% to 6% growth in the global pharmaceutical market in 2010, and a 4% to 7% growth through 2013.

**COMMENT:** These trends are for sales growth of pharmaceuticals and not for MCO trends. This information gives an idea of the volume of drugs sold before frequency/utilization, share of cost, etc.

**MANY EMPLOYERS RAISE EMPLOYEE COSTS FOR HEALTH CARE BENEFITS**

According to a new survey published by Watson Wyatt, more than 4 out of 10 employers said they will raise deductibles, copayments, and out-of-pocket maximums due to the economic crisis. Some employers might raise doctor visit copayments by \$5. Others might no longer provide 100% coverage for in-network services, opting instead to introduce some level of coinsurance to encourage workers to be more aware of the cost of services. Deductibles for individual and family coverage are expected to increase by \$50 to \$100 or more among some employers.

**COMMENT:** The trend to shift costs to employees continues. We provide this information to allow you to factor in national trends into your consideration for future benefit planning.

Source: "Watson Wyatt Identifies Open Enrollment Benefit Trends for 2010." September 15, 2009.  
<http://www.watsonwyatt.com/news/press.asp?ID=22301>

**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 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.

Pro Pharma's Invoice Screening™ tool analyzes pharmacy invoices within 72 hours to validate invoices prior to payment.



[\(click here to our website and go to Products/Services – Invoice Screens for more information\)](#)

**CONTACT:** Carol Stern at: (888) 701-5438 or [carol.stern@propharmaconsultants.com](mailto:carol.stern@propharmaconsultants.com) to order.

**Pro Pharma Pharmaceutical Consultants, Inc. has assisted Payers and Providers for over 23 years to Maintain Quality while Controlling Costs.**