

Hiding in Plain Sight: Expensive, Non-Essential Drugs are Needlessly Inflating Plan Costs

Non-Essential Drug program can save as much as 60% by replacing costly drugs with lower cost alternatives



A trend has emerged in which pharmaceutical companies are creating new prescription medications from already approved drugs and marketing them at exorbitant costs. Although safe and effective, these non-essential drugs contain the same active ingredients and provide little to no clinical value over readily available lower-cost alternatives.

Mitigating this trend can be a challenge, as these drugs aren't necessarily in the spotlight like a new specialty drug or biologic. Many formularies fail to address non-essential medications at all, resulting in missed opportunities for savings and inflated plan costs. Additionally, some pharmacy benefit managers (PBMs) cover these medications because they provide high rebate offers per fill. However, despite the rebate, plans are covering a more expensive medication and by the time the rebate expires, the patient will be acclimated to the high-cost drug.

Identify Non-Essential Drugs and Eliminate Costly, Unnecessary Fills

It sounds so simple: locate all high-cost, non-essential drugs and substitute equally effective, lower cost medications. The problem is finding them. They're not always identifiable by specific therapeutic class or even dollar amount per fill. And formulary exclusions and step therapy requirements still allow for member access.

Examples of Creative Formulations That Drive Up Plan Costs

NON-ESSENTIAL
DRUG

vs.

ALTERNATIVE
DRUG

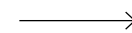


\$1,270

Zuplenz®
(ondansetron oral film)

\$20

ondansetron ODT
(orally dissolving tablet)



\$1,056

Treximet®
(sumatriptan/naproxen)

\$13

sumatriptan & OTC
naproxen separately



\$2,985

Pennsaid®
(topical diclofenac)

\$215

diclofenac
(topical solution)

Prices may vary

REVERSE THE TREND OF HIGH COST NON-ESSENTIAL DRUGS



Protecting your Bottom Line

Our Non-Essential Drug (NED) program offers flexibility outside of the formulary by identifying and excluding unnecessary medications. A group of dedicated Elixir clinicians has developed a list of non-essential drugs that is continually updated. The list, which includes drugs with the same active ingredient as those that are already commercially available is reviewed weekly in our new-drug review process. The identified medications are excluded and clinically sound alternatives are offered in their place.

Knowing that communication is key to the success of the program, we notify impacted members of any changes to the non-essential drugs on the exclusion list and provide them with safe, effective, lower-cost alternatives. Additionally, proactive communication is sent while the member is at the pharmacy counter when a claim is processed to provide information on covered alternatives.

There is no cost to the plan for the NED program. In fact, once enrolled, no further action is needed.

If a member attempts to fill an excluded medication, it will be rejected at the point of sale and information on covered, more affordable medications will be provided.

Plans can save as much as 60% per prescription by replacing costly, non-essential drugs with lower cost alternatives.

Utilizing this program, you and your members can rest easy knowing that the most cost-effective, safe medication is being provided.

A Better Patient Care Experience

At Elixir, we always strive to be as flexible as possible and respond to new industry challenges. Our dynamic approach guarantees bottom-line impact, while helping our clients provide the prescription coverage their members need, at a price everyone can better afford.

For more ways to improve plan and member outcomes, visit blog.elixirsolutions.com.