



Introducing New WellDyneRx Cost-Saving Clinical Programs

The clinical programs outlined in this edition of the *Well Informed Newsletter* support our goals of providing optimal care while maintaining financial health. For more information about these initiatives, please contact your WellDyneRx Account Executive.

Preferred Drug Change for Patients with Hepatitis C

Earlier this year, Zepatier received FDA approval for the management of the most common forms of hepatitis C. This medication offers hepatitis C cure rates between 94% and 100%, for its respective indications. Unlike other similar products, one tablet of Zepatier is prescribed once daily for 12 weeks, with a maximum of up to 16 weeks. Other products on the market require up to eight pills daily, when used in combination with ribavirin, and also have indications for 24 weeks of therapy. Zepatier's cost is significantly less than what is available through competitive products (see table below).

Hepatitis C Medications	Sustained Virologic Response (CURE)	Cost for 12 weeks (AWP)
Harvoni	94%	\$113,400
Viekira	96%	\$99,983
Zepatier	95%	\$65,520

By using Zepatier as the preferred treatment option for hepatitis C, WellDyneRx can limit costly 24 week regimens and achieve significant cost savings per patient. Zepatier will be WellDyneRx' preferred agent beginning January 1, 2017; however, plans may adopt Zepatier as the preferred hepatitis C agent now. Simply call your WellDyneRx Account Executive to make this change (patients on existing hepatitis C drug treatments will be grandfathered on their current drug regimen).

On a related note, while specialty medication adherence rates continue (in general) to range between 60% and 80%, US Specialty Care (USSC) adherence rates for hepatitis C medications were recently measured at 95%. USSC attributes this success to patient follow-up calls, education, and physician collaboration. Strong adherence to hepatitis C drug treatment results in better health and costs outcomes for patients and plan sponsors alike.

Utilization Program Updates to Promote Guideline Adherence

Beginning January 1, 2017, WellDyneRx will expand our standard PA lists to ensure prescribing practices are consistent with evidence and guidelines. Additionally, WellDyneRx will expand our standard quantity level lists (QLL) on January 1, 2017, to maximize the safety of our existing formulary. QLLs are based on what has been tested for safety and efficacy. Quantities above the recommended limit are allowed on a case by case basis when evidence supports the use of higher doses.

Although updates to these programs will not be adopted as the standard WellDyneRx format until January 1, 2017, clients may implement the combined lists beginning July 1, 2016. Clients will continue to be able to add drugs to these lists as needed, or customize them on an ad-hoc basis. Contact your WellDyneRx Account Executive to request the early administration of updated PA or QLL lists.

Additional Drugs Added to Prior Authorization List

The following medications will require prior authorization (PA) beginning January 1, 2017, but your organization may begin implementing them as early as July 1, 2016, if you choose:

- **Zegerid®**, which is indicated for heart burn, costs \$6,500 per month when prescribed, but is available over-the-counter (OTC), at the same strength, for around \$20 per month. A recently released generic version (available only through prescription) costs almost \$500 per month.
- **Vimovo®** and **Duexis®** are indicated for the management of moderate arthritis pain. Both drugs contain a combination of prescription medication (e.g. ibuprofen, naproxen) and OTC products (e.g. Nexium, Pepcid) available as a single prescription tablet. The most recent price for Vimovo and Duexis is nearly \$2,000 per month, but the individual products contained in these medications are available by prescription for less than \$10 a month.
- **Pain Patches/Creams** (excluding opioid pain patches) generally do not go through the same rigorous FDA approval process as most medications. There is little data supporting their use and some are available as OTC creams and gels. Pain patches/creams can cost between \$1,000 and \$6,500 per prescription.

Prior authorizations for these medications will be required for approved indications and/or trial and failure of a lesser costing medication, or the same medication(s) in a non-combination form. There are many treatment alternatives available for each of the drugs noted. PA for these medications is expected to have minimal patient disruption while providing significant cost savings for your plan.
