



Health Newsflash

Top 100 Therapy Classes of 2004



Optimizing the Value of Drug and Dental Benefits

In this issue, we present our 2004 edition of ESI Canada's Top 100 Therapy Classes report. Once again, this report will be divided into two parts, illustrating drug trends within and outside Quebec. We know you will find this report interesting and applicable for your business needs.

Methodology:

This year the methodology for our analysis has been modified in order to provide a more accurate picture of drug utilization. In 2003, rankings were sorted by net cost which included allowable professional fees plus ingredient costs minus member payment. This year's analyses are sorted by total allowable ingredient cost only, which reflects drug pricing, mark-up, and utilization. Using allowable ingredient cost rather than net cost eliminates the effects of differing plan designs and professional fees on drug utilization.

Ingredient cost and utilization are particularly important, as they are two key drivers in determining the overall drug costs to private drug plans. This report also includes rankings by number of prescriptions. The number of prescriptions does not account for varied number of days supply; however, days supply generally remains consistent from year to year. Finally, we also examine the average ingredient cost per prescription and the percentage change in the average ingredient cost per prescription between 2003 and 2004.

The costs are rounded to the nearest dollar in this article. Percentages are rounded to the tenth place.

The Top 100 Therapy Classes for Claims outside Quebec:

The report is grouped by therapy class, a term that represents a category of similar drugs for treating a specific condition. The Top 5 Treated Conditions below are grouped by disease state or condition, which include a number of therapy classes.

For example, the condition of high cholesterol consists of three therapy classes:

1. HMG-CoA reductase inhibitors (statins)
2. Fibric acid derivatives (fibrates)
3. Intestinal cholesterol absorption inhibitors (Ezetrol)

The Top 5 Treated Conditions/Diseases:

The top 5 treated conditions grouped by total allowable ingredient costs (percent of total allowable ingredient cost) have remained unchanged since 2000. They are:

1. High blood pressure and heart failure (11.5%)
2. High cholesterol (9.4%)
3. Gastrointestinal - ulcers and reflux disease (8.3%)
4. Depression (8.0%)
5. Arthritis and pain (6.9%)

The cost to treat these five conditions accounted for 44.1% of total allowable ingredient costs in 2004 compared to 44.6% in 2003. It is important to note that although high cholesterol and depression remained on the list, they have actually decreased in average ingredient cost per prescription since 2003. The introduction of generic Zocor (simvastatin) has contributed to the 3.3% decrease in average ingredient cost per prescription for lipid lowering agents, from \$118 to \$114. This year, generic versions for both Paxil (paroxetine) and Celexa

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(citalopram) became available and contributed to the 12.8% decrease seen for selective serotonin reuptake inhibitors (SSRIs) used to treat depression. A similar decrease in average ingredient cost per prescription appeared for proton pump inhibitors (PPIs), specifically Losec, as the generic version (omeprazole) has recently entered the market.

Highlighted Drugs:

➤ **Intestinal Cholesterol Absorption Inhibitors for High Cholesterol**

The utilization of Ezetrol, an intestinal cholesterol absorption inhibitor, has increased since its introduction in May 2003. Ezetrol is typically used in combination with other lipid lowering agents, namely statins, however, it is also used alone for high cholesterol. Its advantage over other drugs for high cholesterol is that it works in the intestine reducing the absorption of fats into the body. In 2004, Ezetrol jumped 122 spots in ranking and is currently at 73. It is slightly less expensive than the brand name statins (e.g., Lipitor).

➤ **Miscellaneous Stimulants for ADHD**

Stimulants, such as Ritalin (methylphenidate), are the mainstay of therapy for attention deficit hyperactivity disorder (ADHD). Their use increased in 2004 with the arrival of Concerta and Adderall XR, both new extended release formulations; however Adderall XR was removed from the market by Health Canada in February 2005 due to serious side effects, including reports of death. Both extended release products provided better control of ADHD symptoms due to more consistent drug levels throughout the day. These products can be conveniently dosed once daily compared to three times a day with regular release formulations. These new products increased the average ingredient cost per prescription for stimulants by 73.5% with a corresponding jump in rank from 61 to 33. Although Adderall XR is no longer marketed, the use of ADHD drugs is likely to continue to increase due to better awareness of ADHD and the recent addition of Strattera (atomoxetine), a non-stimulate drug, into the market.

➤ **Inhaled Anticholinergics for COPD**

This class is used for treating COPD or chronic obstructive pulmonary disease. There was a 36.8% increase in the average ingredient cost per prescription for this therapy class over the last two years from \$44.33 to \$60.77. Spiriva, introduced in 2003, now accounts for almost 80% of the total ingredient costs for this therapy class compared to 53% in 2003. Spiriva is the most expensive brand drug in the class, as others have lower cost generic equivalents available. This therapy class is now on the Top 100 list at position 82.

➤ **Biologics**

The use of biologics for the treatment of rheumatoid arthritis (RA), Crohn's disease and multiple sclerosis (MS) has increased. Although this increase is not as substantial as other therapy classes, it should be mentioned that a small increase in utilization can be significant because of their high cost. Drugs to treat MS (e.g., Interferons - Avonex, Rebif, and Betaseron) increased rankings from 22 to 14 in 2004. The average ingredient cost per prescription however, remains relatively stable at just over \$1,500. Enbrel and Remicade, used for RA changed in ranking from 25 to 18, and 24 to 20, respectively.

The use of biologics will continue to increase as more development is being focused in this area. New biologics for psoriasis (Amevive), asthma (Xolair) and RA (Humira) have recently been approved by Health Canada. Humira has been promoted as the only "fully human-derived" product available and is expected to minimize side effects.

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➤ Irritable Bowel Syndrome (IBS) Agent

Another product that we would like to highlight is Zelnorm (tegaserod). It is used to treat IBS in females whose predominant symptoms are constipation, abdominal pain and/or discomfort. To date, the efficacy of Zelnorm has not been established in male patients. IBS is estimated to affect 1 in 5 Canadians and occurs more frequently in females than in males. This particular agent now belongs on the Top 100 Therapy Classes list, as it has moved up 24 spots in 2004 to occupy position 100.

➤ Cox-2 Inhibitor Fallout

With the worldwide withdrawal of Vioxx on September 30, 2004, there has been increasing skepticism over the other drugs within this drug class and their association with cardiovascular risks. However, there has been over a 20% increase in prescriptions and a 19% increase in ingredient costs attributed to other COX-2 inhibitors, Celebrex and Bextra, over the last quarter of 2004. As well, there have been similar increases observed among the NSAIDs (non-steroidal anti-inflammatory drugs – e.g., Motrin) over this time period.

What this data indicates is that physicians are prescribing other COX-2 inhibitors or older NSAIDs. Yet, as new information becomes available on COX-2 inhibitors, we may see a greater shift towards the older NSAIDs and fewer patients using COX-2 inhibitors in the near future. It is interesting to note that the major reason for using COX-2 inhibitors is their better side effect profile for causing less gastro-intestinal ulcers compared to NSAIDs. With patients moving from COX-2 inhibitors to NSAIDs, there has been no concomitant increase in prescriptions for drugs like Losec or Zantac, which protect the patient from ulcers attributed to NSAIDs.

➤ The Bottom Line

1. The top 5 therapy classes remain unchanged (since 2000)
2. Generic versions of drugs in the top five therapy classes help to maintain/decrease average ingredient cost per prescription despite high utilization
3. Biologics for RA, MS, and Crohn's disease, continue to increase in use
4. Stimulants for ADHD continue to increase
5. New advancements in drug formulations and technologies will provide more targeted therapy and better outcomes to patients, but at a higher cost (e.g. Humira)

➤ The Top 100 Therapy Classes for Quebec Claims

The methodology is similar to the analysis performed for claims outside Quebec. As Quebec pharmacies do not separate the professional fee and ingredient cost when submitting claims to ESI Canada, this analysis used total allowable claim costs (professional fee + ingredient costs) rather than allowable ingredient costs alone.

The top 5 treated conditions by total allowable claim costs (percent of total allowable claim costs) have also remained unchanged in Quebec compared to 2003. They are:

1. High blood pressure and heart failure (12.2%)
2. High cholesterol (10.8%)
3. Depression (8.2%)
4. Gastrointestinal - ulcers and reflux disease (5.5%)
5. Arthritis and pain (5.2%)



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The top 5 conditions accounted for 42.0% of the cost for all claims within Quebec in 2004, compared to 42.5% in 2003. The top 100 therapy classes represented 87.5% of total claim costs, almost identical to last year's 88%.

Similar trends are seen with Quebec claims compared to claims outside of Quebec. Generic versions of products for both high cholesterol and depression have decreased the average cost per claim despite their high utilization. In Quebec, the greatest increase in ranking was observed with calcium combinations, a change of 28 rankings to position 51. Estrogen and progestin, products used for HRT (hormone replacement therapy) in post-menopausal women, suffered the greatest decrease in rank. This therapy class decreased by 27 rankings compared to 2003, possibly an effect following the publishing of the Women's Health Initiative (WHI) on the potential effects of cancer with HRT therapy. Stimulants for ADHD also increased in Quebec with the average cost per claim up 54% from \$28.97 in 2003 to \$44.61 in 2004.

➤ **The Bottom Line:**

1. Similar trends appear in Quebec as compared to outside Quebec
2. Top five treated conditions remain unchanged from 2003
3. Calcium combination use increased perhaps due to a greater awareness of osteoporosis
4. Estrogen and progestin use decreased, possibly due to switching to other therapies in post-menopausal women

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