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Sent: Tuesday, June 19, 2007 11:52 AM
To: BAP Requests

Subject: Proton Pump Inhibitors

BAP Panel,

I am writing as a representative of the US Family Health Plan at Martin's Point, located in Portland, ME. We provide health care services to approximately 27,500 DoD beneficiaries.

We have some concerns about the P&T recommendations for the class of drugs that fall under the Proton Pump Inhibitors.

o We, as a health plan, have undertaken a number of initiatives and educational opportunities to switch our beneficiaries off of Nexium or prevent it from being prescribed as initial, first-line therapy. Wide-spread education will now have to be done to change our message.

o After presenting Nexium as Non-Formulary/Non-Preferred for multiple years (based on a DoD P&T decision), to now turn around and tout it as one of our preferred PPIs may create significant question about our ability to hold to a decision.

o To now have to work to switch over more than 50% of our PPI users to a new preferred brand product will be a significant undertaking after working to switch them off Nexium.

o Beneficiaries who have been taking what was represented to them as a Formulary PPI will now have to meet PA and MN criteria or see an increase in their co-payment to the NF level. This will result in increased paperwork for patients, prescribers, and the pharmacy.

o There will potentially be a significant cost increase to all non-formulary products within the class, this will lead to an unexpected (and unbudgeted) increase in overall prescription costs for this class if beneficiaries are not able to be switched to a preferred product. Without having access to the bid and pricing contracts, it's impossible to determine the net effect.

o We agree that clinically there are no significant differences between the products in this class, however, patient therapy may be disrupted due to non-tolerance of the new preferred agent (Nexium).

o Lastly, we are concerned about the 90-day implementation period recommended by the P&T committee. We understand the need to take advantage of cost savings as soon as possible, but there is a right way and a wrong way to roll these types of initiatives out. There will be many beneficiaries and providers needing to be contacted with detailed information. There needs to be a commitment from the PEC that PA and Medical Necessity criteria are available immediately following approval to allow for enough lead time to implement.

Thank you for your time.