



Why do your costs for prescription drug benefits keep on rising?

by Gerry Blaum, Senior Account Executive, NSBA School Rx Cooperative

As we have noted in previous articles, most schools provide prescription drug benefits to their people and have done so for years. The benefit is very important to the covered people as virtually every family will have use for the benefits at some time every year. Unfortunately, the cost of this benefit has been going up much faster than almost any other expense schools incur. In this brief article we want to highlight one of the problems that plagues schools as benefit plan sponsors by costing them money that could have been avoided if only the right people were engaged in overseeing which drugs are being prescribed for their people.

Physicians rely on many sources for information about the benefits of the drugs available to help their patients. It can be very difficult for a physician to be able to take overall drug cost into account when deciding on a course of treatment for the patient. With the advent of Specialty drugs this becomes even more problematic as so many Specialty drugs carry very high price tags. To illustrate the kind of cost issue that can occur when the doctor chooses a high cost option without knowing or perhaps wanting to use available alternatives we offer these two examples:

- JO is a 61 year old male diagnosed with Psoriasis who had failed on Taclonex, Lidex and Dovonex creams. The attending physician ordered Humira 40mg at a treatment cost of \$39,180 dosed once every other week. Our clinical pharmacist reached out to the doctor and in discussion recommended a treatment trial with Methotrexate, if the patient tested negative for /tuberculosis. The patient's tuberculosis test was negative, and the physician agreed to a trial of Methotrexate. The Psoriasis responded well to Methotrexate which had a treatment cost of only \$859. **Outcome: \$38,320 savings to the plan.**
- BD is a 35 year old female diagnosed with severe Stevens-Johnson syndrome and was prescribed Acthar HP 80 units by injection every 24 hours for 3 days. Our clinical pharmacist spoke with the doctor and recommended methylprednisolone IV 250mg followed by oral Medrol tapering dose. The cost of Acthar HP therapy would have been \$93,000. Methylprednisolone 250mg was \$15.00/vial and methylprednisolone IV infusions \$110/day for a total treatment cost of \$375. The patient's response was excellent. **Outcome: \$92,625 savings to the plan.**

These are just a couple examples of how the NSBA School Rx Cooperative's optional clinical management program can protect schools from unnecessary costs without impacting the covered people in any way. The NSBA School Rx Cooperative has its own unique programs in place to protect schools from these abusive strategies. To learn more, go to [NSBA School Rx Cooperative](#).