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Drug Cost Savings Potential Vimovo and Duexis

Patients who suffer from chronic pain and conditions like arthritis are likely to receive prescriptions for high doses of nonsteroidal anti-inflammatory drugs (NSAIDs) to help manage their pain. Use of NSAIDs is growing as clinicians explore non-opioid treatment regimens in an effort to combat the opioid abuse epidemic. NSAIDs can cause gastrointestinal bleeding, perforation, or obstruction and many providers recommend that patients take acid-reflux drugs to prevent these serious side effects.ⁱ However, studies have demonstrated that patients don't always adhere to instructions requiring them to take both medicines.ⁱⁱ

In 2010 and 2011, a pharmaceutical company launched two new drugs, Vimovo and Duexis, designed to help patients take NSAIDs while still protecting their stomachs. Both drugs are combinations of two medications available separately over-the-counter: Vimovo is comprised of naproxen and esomeprazole magnesium (Aleve and Nexium), and Duexis is a combination of ibuprofen and famotidine (Advil and Pepcid).^{iii,iv}

These combination pills seem to be an ideal solution to the problem of medication adherence for patients taking high doses of NSAIDs, but, unfortunately, they come with a hefty price tag. The base components of these drugs are available over the counter for a fraction of the cost that patients and health insurance companies are paying.

30-day Supply Costs

Duexis Rx \$1,400
Over The Counter \$40

Vimovo Rx \$1,500
Over The Counter \$60

Impact on Colorado

RIISING COSTS

Data from the Colorado All Payer Claims Database (CO APCD) suggests that from 2012-2016, over 30,500 prescriptions were filled in Colorado for Vivomo and Duexis across Medicaid and Commercial payers. Not considering dosage or drug rebates received after the fact, the total paid for these drugs by payers and patients was over \$24 million dollars.

During the same five years, the average total cost per prescription filled has risen over 2,000% for both drugs and the total combined cost rose nearly 10 million dollars.

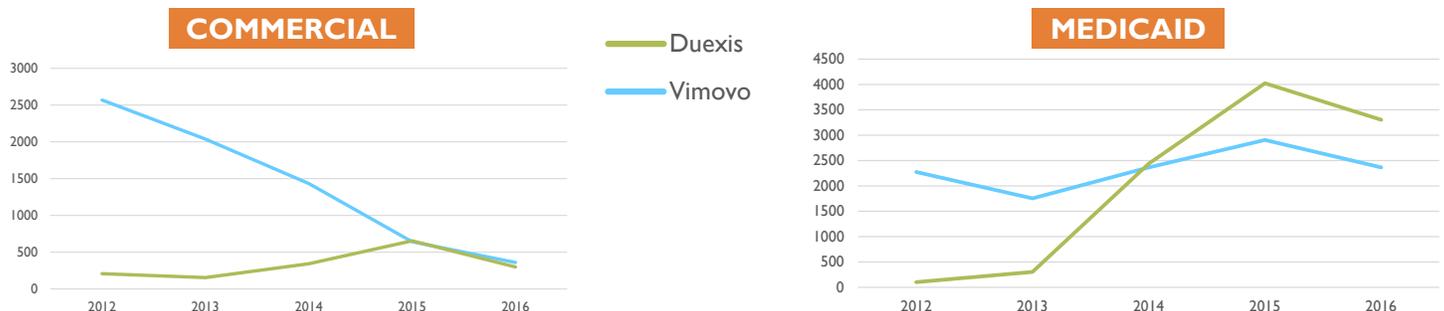
Year	Vimovo price per Rx*	Vimovo Total Spend	Duexis price per Rx*	Duexis Total Spend	Combined Total Spend
2012	\$70	\$322,870	\$60	\$19,920	\$342,780
2013	\$90	\$346,420	\$450	\$207,680	\$554,110
2014	\$580	\$2,219,950	\$760	\$2,106,700	\$4,326,650
2015	\$1,270	\$4,498,220	\$1,210	\$5,653,340	\$10,151,560
2016	\$1,510	\$4,105,160	\$1,430	\$5,143,690	\$9,248,860
Total		\$11,492,620		\$13,131,330	\$24,623,960

*Majority of prescriptions used to calculate the price per Rx were for 30-day supply quantities for both Duexis and Vimovo.

Prescribing Trends

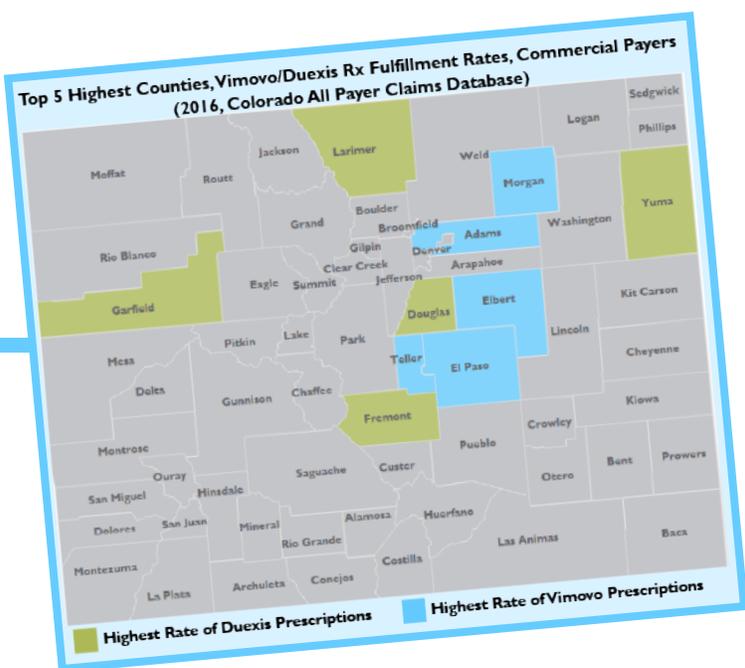
CO APCD data also indicates that during the years analyzed, prescriptions for Vimovo saw steady decline among commercially insured patients while those for Medicaid recipients generally rose until 2015 when they also began to decline.

NUMBER OF VIMOVO AND DUEXIS PRESCRIPTIONS BY YEAR (2012-2016, CO APCD)



Geographic Variation

Many counties across Colorado have residents filling Vimovo or Duexis prescriptions, however, there are certain counties that have higher rates of patients receiving the medications than others. In 2016, commercially insured patients had the highest rate of Duexis prescriptions in Garfield, Larimer, Douglas, Fremont, and Yuma counties while Vimovo was most prescribed in Morgan, Adams, Elbert, Teller, and El Paso counties.



Park, Kit Carson, Pueblo, and Conejos counties saw the highest Duexis prescription rates for Medicaid recipients in 2016 and Broomfield, Denver, Arapahoe, and Archuleta were the counties where the most Vimovo was prescribed. Jefferson County ranked in the highest tier for both drugs for Medicaid recipients.

Opportunities

This analysis highlights trends in pharmacy spending and geographic variation in rates of prescriptions, identifying where education and interventions could possibly affect provider decisions and patient outcomes while lowering costs. More research is necessary to discover the reasons behind these trends, but this data provides key initial takeaways for stakeholders, including providers, health plans, patients and their caregivers:

- Patients and providers should be aware that these types of combination drugs exist, discuss potential alternatives, and understand that the convenience might not outweigh the total cost.
- Although both drugs have programs to offset patient out-of-pocket costs and both public and private insurers may realize savings negotiated with the manufacturer, health plans and providers should be aware of the potentially high costs associated with these medications.
- Health plans and providers should discuss appropriate prescribing of combined NSAID/acid reduction drugs, and should also consider implementing educational programs to drive patient adherence to over-the-counter alternatives.
- Given that new drugs will likely be used to stem the opioid abuse epidemic, payers and providers should consider whether integrated behavioral, physical, and exercise-based medicine might be cost-effective alternatives for chronic pain conditions.

SOURCES

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