Greetings!

PROMINENT INTERNIST JOINS IPM

Alex O. Habibe, M.D. has joined IPM as a Medical Director. Dr. Habibe’s patients need not worry, as he is fully maintaining his practice and his patients. Board-certified in Internal Medicine and in private practice in Fresno for over a decade, Dr. Habibe believes that "to ultimately manage my patients’ health care, I must also remain on the leading edge of the latest developments in optimum medication research and how that relates to disease management. By communicating closely with IPM’s Clinical Pharmacy Management Team, I am assured I am getting the latest information on the most cost-effective medication options for my patients, while at the same time contributing real-practice insights and outcomes that are valued by IPM. Disease management and medication management are interdependent, and yet for me and many of my colleagues in practice, it is a challenge to keep track of all the applicable and scientifically validated research data and cost analyses that can bring our patients the very best medications that are still affordable."

Dr. Habibe will be working closely with IPM's Director of Clinical Pharmacy, Ken Perrin, PharmD, and his team in managing the pharmacy benefit for IPM's clients. "Dr. Habibe provides clinical depth and perspective that maximizes IPM's approach to appropriate utilization of medications," emphasizes Dr. Perrin. "Having a respected physician with Dr. Habibe’s practice experience and up-to-date knowledge creates a synergy for optimal prescription management," he adds.

"It's an honor to be asked to serve as the Medical Director for IPM," summarizes Dr. Habibe. "I feel the most important capital an organization can have is it's human capital...and the IPM team has just that; great human capital. Their team is composed of hard-working, intelligent, and caring individuals who put their clients and patients first. This is why it’s a pleasure to be joining the team at IPM."

HOW HAVE YOU BEEN SLEEPING LATELY?

Everyone has experienced at least a night or two of insomnia. Insomnia is the most prevalent of all sleep disorders, impacting an estimated 30% to 50% of adults with 10% qualifying for "insomnia disorder" as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Women are 1.5 times more likely to have a complaint of insomnia compared to men, and the prevalence increases with age and the presence of chronic diseases.

Insomnia is defined by types of impairment - difficulty falling asleep (DFA), difficulty maintaining sleep (DMS), or early morning awakening (EMA). Insomnia frequently occurs with a psychiatric, medical, or sleep disorder and is characterized by length of symptoms which can be episodic (1-3 months) or persistent (≥ 3 months).

More Americans are seeking treatment for insomnia than ever before based on a recent survey conducted by the National Ambulatory Medical Care survey (NAMCS). This survey showed an increase of 4.9 million patient visits in 1999 to 5.5 million visits
Dr. Habibe officially began the Medical Director position in January 2017. For more information, please contact Ken Perrin at kenp@rxipm.com or at (877) 860-8846.

**GENERIC PIPELINE**

<table>
<thead>
<tr>
<th>Brand Name (Generic)</th>
<th>Therapeutic Use(s)</th>
<th>Anticipated Generic Availability</th>
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<tbody>
<tr>
<td>Welchol® (colesevelam)</td>
<td>High Cholesterol</td>
<td>2017</td>
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<tr>
<td>Axiron® (testosterone)</td>
<td>Hormonal Supplement</td>
<td>Feb. 2017</td>
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<tr>
<td>Tamiflu® (oseltamivir)</td>
<td>Viral Infections</td>
<td>Q4 2016</td>
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<td>Tamiflu oral suspension® (oseltamivir)</td>
<td>Viral Infections</td>
<td>1Q 2017</td>
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<tr>
<td>Trokendi XR® (topiramate)</td>
<td>Seizures</td>
<td>Feb. 2017</td>
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<tr>
<td>Minastrin FE® (norethindrone/EE/ferrous fumarat)</td>
<td>Contraceptives</td>
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<tr>
<td>Pristiq® (desvelafaxine succinate)</td>
<td>Depression</td>
<td>Mar. 2017</td>
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<tr>
<td>Carbaglu® (carglumic acid)</td>
<td>Endocrine Disorders</td>
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**COMMUNICATION IS KEY: IPM’S PROACTIVE APPROACH TO PLAN TRANSITIONS AND CHANGES**

Sometimes the best way to prevent an unhappy member experience and avoid frustrated calls to Member Services is as simple as letting members know that change is about to occur. IPM’s proactive approach to member communication is a key member satisfaction tool: both during implementation and as part of ongoing member services.

**Changing PBM’s doesn’t have to be hard on members**

Part of IPM’s approach to transitioning prescription plans from other Pharmacy Benefit Management (PBM) providers includes extensive preparation and planning with the broker, TPA, employer, and pharmacy network. Below are some of the steps IPM takes as part of a plan transition to help reduce member disruption and support members during change:

1. IPM converts the plan based on the Summary Plan Document (SPD) and actual claims data. Often, we find that the claims data shows that the plan was working outside of the SPD guidelines. When this happens, IPM works with the employer and broker to grandfather members, update the SPD, or notify members that their benefit will be changing.
2. During a PBM transition, members may be affected by dispensing limits updates, copay changes, mail and specialty pharmacy changes, step therapy requirements, and more. IPM uses the claims history file to identify members who will be impacted by the change, and contacts them directly via phone or mail to let the know what to expect the next time they go to the pharmacy and to recommend alternative medications if appropriate.
3. Members don’t always remember their ID cards after a PBM change. To ensure our new member’s first trip to the pharmacy in 2010, an increase of 13%. The most significant finding of this survey was that the number of prescriptions given for sleep medications (known as "hypnotics") increased by 293%, from 5.3 million in 1999 to 20.8 million in 2010.

Prescriptions for "Z-hypnotics" - zolpidem, eszopiclone, and zaleplon - exceeded the prescribing of benzodiazepines (e.g. triazolam, temazepam, lorazepam) for sleep complaints beginning in 2002. A major concern of taking hypnotics is the potential of drowsiness the morning after taking them. A study conducted in Washington State showed that individuals who received new prescriptions for hypnotics were at significantly greater risk for automobile crashes. The study found that the highest risk of having an automobile accident occurred with zolpidem, followed by trazodone, with the lowest attributed to temazepam.

The use of benzodiazepines, compared to no use of prescription medications for sleep, is associated with a 1.5 to 2 times greater risk of dementia, fractures, and overall increased mortality from chronic health conditions, including cancer. It is recommended that individuals achieve 7 to 8 hours of sleep per night to maintain good health, according to the National Institute of Health. A startling outcome is that individuals who get 6 hours of sleep or less per night (approximately 27% of the U.S. population) are at the greatest risk for adverse health outcomes including obesity, type 2 diabetes, cancer, cardiovascular disease, ischemic stroke, anxiety, and depression.

Here are some things to keep in mind. Establish lifestyle choices that improve sleep. For example, keep your bedroom dark, quiet, and comfortable; avoid spicy food before bed; limit alcohol to 1-2 drinks early in the evening; shut down electronics 2-3 hours before bedtime. In addition, you can establish consistent sleep patterns by going to bed only when sleepy; avoid television, computer, or electronics in bed; reduce tension and decrease negative thoughts as much as possible. You can also limit the time in bed to sleep time. For example, get out of bed if you are not asleep in 15 minutes.
goes smoothly, IPM uses claims files to prepare fax notifications to the member's pharmacy. That way, the pharmacy has the member's new processing information, even if he/she forgets the new ID card.

4. Transitioning members on specialty medications is critical during a PBM transition to ensure that there isn't a disruption in therapy. IPM works closely with our specialty vendors and contacts specialty utilizers by phone and mail to discuss provider changes and help them transfer their medications without delay.

5. Members utilizing mail order programs also require special handling. In some cases and with enough lead time, IPM can work with the prior PBM vendor to obtain an Open Refill File (ORF) that transfers all the open refills to the new mail order vendor. If there isn't enough time to transfer refills using an ORF, IPM can send out mail order packets to members using the mail order program, or refer them to our 90-Day Retail Program if it's available through the plan.

Plan changes don’t have to be painful

At the close of every quarter, IPM makes plan performance information available in quarterly reports to employers and brokers along with recommendations on how to reduce costs while continuing to provide appropriate care. Often, decision makers are hesitant to implement plan changes because of potential member impact. Here are some options IPM provides to prevent and respond to member disruption during plan changes:

1. Often our clients only want to make changes that affect new prescribing. This is the least disruptive way to implement a plan change, and creates no member disruption at the time of the change. Prior authorizations (PA’s) are created to grandfather members taking restricted medications, typically for one year. When the PA is approaching expiration, the Clinical Pharmacy Team reviews the authorization and considers it for extension. Members taking medications that will be subject to step therapy are permanently grandfathered as long as they continuously use the targeted medication.

2. Another option is to grandfather members for a certain period of time, typically 90 days, to give them time to discuss changing medications with their prescribers. If clients choose this option, IPM grandfathers the member for the defined period of time and sends out a letter to the member letting him/her know that his/her coverage is going to be changing. We also send a point-of-sale message to the pharmacy to alert them that the copay may increase or the drug may be denied after the prior authorization expires.

3. Finally, the client can choose to offer no grandfathering. In this case, IPM can contact the members to alert them of the change, with the goal that the members are aware of the change before they go to the pharmacy.

Changing an employee’s benefit plan or PBM provider can be somewhat daunting; but with the costs of healthcare on the rise, partnering with a provider you trust, and implementing cost-effective plan rules, can be well worth it. With preparation and open communication about benefit change, IPM makes every effort toward a smooth transition - and the best outcome for you and your members.