Testimony before the
Industry, Business & Labor Interim Committee

Tuesday, July 18, 2006

By Patricia Hill, Executive Vice President – North Dakota Pharmacists Association

Good afternoon, my name is Patricia Hill and I serve as the Executive Vice President for the North Dakota Pharmacists Association. On behalf of NDPhA, I want to thank you for inviting us to join you today and provide some information to inform your discussion and study of pharmacy benefit managers.

Many of you have participated in at least a dozen presentations about PBMs, and others were introduced to PBMs with the expert testimony provided at your November 2005 meeting. You may recall the presentations by Dr. Robert Garis, on the extensive PBM research done by Creighton University, Gunner Marich, CEO of a national PBM auditing firm and the results of their work, Gary Gustafson, pharmacy director for a PBM in Minneapolis, and Mike Saxl, a legislative colleague and former Speaker of the House in Maine at the time they passed the first PBM transparency legislation in the nation.

Since you have heard from these experts on the various aspects of the pharmacy benefit industry and the concerns about business processes that contribute to the rising cost of prescription drugs, it seemed appropriate at this time to simply provide "updates" for your consideration including:

- Status of litigation in Maine
- Examples of continued business practices in an unregulated market that contribute to rising costs, and (in some cases) put patients at risk
    - A $163 million settlement by a PBM, paid to the Federal Employees Health Benefits Program over alleged activities related to mail order prescriptions
    - Media coverage on Caremark business practices in Texas
    - May 2006 example of spread pricing in mail order – costing 450% more than the local pharmacy
    - July 2006 example of spread pricing that continues for plan sponsors in North Dakota & Minnesota

- American Medical Association, national study on impact of healthcare monopolies and patient access to care
    - Concern by MN AG over excessive profits at BCBS of MN, and related comments by Insurance Commissioner Poolman about historic profits at BCBS of ND
- National Council of Insurance Legislators – PBM study and model legislation

LITIGATION: A ruling by the U.S. Supreme Court last month regarding the Maine PBM law. For North Dakota this is especially important because it was a primary concern among legislators during the 2005 session, and was referenced repeatedly as the main reason why our legislation was not comprehensive – policymakers wanted to avoid litigation like the state of Maine.

Last month the Supreme Court ruled in favor of the state of Maine, denying the PBM industry's request to appeal a decision by the First Circuit Court of Appeals which upheld Maine's PBM regulatory law. A summary of this is included in your packet under the red tab. Highlighted in that text is the savings being experienced in South Dakota - $800,000 per year – as a direct result

of the PBM law they passed. You may recall that the bill introduced in North Dakota was modeled after the South Dakota legislation, but the final version was amended and several sections deleted.

BUSINESS PRACTICE EXAMPLES: $163 million settlement by Medco. The U.S. Department of Justice and the PBM – Medco Health Solutions – reached agreement in June 2006 for a $163 million settlement. According to the policy report provided under the green tab, this settlement removes a major cloud from Medco's future – without agreement the company faced a high-profile courtroom trial against the US government. Medco denies all wrongdoing, but is accused of cancelling prescriptions, switching medications without a doctor's consent, not filling prescriptions completely, failing to inform doctors of adverse medication interactions, and paying illegal kickbacks to large clients in exchange for their business.

Caremark in Texas: In June of last year the US Department of Justice joined Arkansas, Florida, Tennessee and Texas in a case against the PBM Caremark, alleging improper reimbursements to state Medicaid programs and other federal health insurance programs. Just a few months ago the Texas Cable News Network reported on a series of business practices at Caremark that are not in the best interest of plan sponsors and may even put patient's at risk. Here is a video clip of those reports, provided by the television station.

Is mail order truly less expensive? Under the green tab, number 2, you will find a letter to Insurance Commissioner Poolman dated May of this year describing concerns over excessive profits. The letter provides a real-life example of a mail order prescription through Prime Therapeutics – the PBM owned by BCBS of ND and several other state BCBS organizations – which generated a gross profit of $360.98 on a 90-day supply of a medication that cost the pharmacy $167.99. Had the patient simply paid cash for this prescription at the local community pharmacy the cost would have been about $246.89. The mail order gross margin on this prescription was 457.5% higher than the local pharmacy.

July 2006 spreadsheet demonstrates continued use of "spread pricing" to generate PBM profits: If you turn to the green tab, number 3, you will see several pages of data on the pharmacy claims process for a plan sponsor who relies on the PBM Express Scripts to administer their benefits program. You can spend considerable time going through the pages, but to get to the bottomline you simply need to look at the lines highlighted in red and the totals on the final page. Each red line demonstrates the dollars involved in spread pricing – the difference between the amount reimbursed to the pharmacy for filling the prescription and the amount the PBM charges to the plan sponsor. You can see that the range spread is 25 cents to over $19 per prescription, and the average spread is $4.45 on the 545 prescriptions listed. Keep in mind, these are profits in addition to administration fees paid by the sponsor, a transaction claims fee paid on each prescription by the pharmacy, and a percentage of rebates retained by the PBM from drug manufacturers.

These examples serve to illustrate the ongoing concerns over business practices at PBMs that are focused on increasing profits, without regard for the increasing costs to employers and consumers. Those concerns include increasing numbers of patients with limited access to care, as well potential safety risks. It appears the lawsuits alone (and there are many) are not sufficient motivation to get the PBMs to change these practices, and many more states are considering legislation specifically to protect consumers.

The third update is the results of a national study by the American Medical Association on the impact of healthcare monopolies: The AMA conducted a national study which indicated that in each of 43 states, less than five large insurance companies have gained a controlling share of the markets and are often exceeding the thresholds that trigger anti-trust violations. Interestingly North Dakota is cited as the most disadvantaged market in the country because of 90% control by a single insurance company (cite, page two of the article – blue tab,

number 1). Under the guise of consolidation and efficiency, several mergers that created market control have not passed on savings to consumers. Rather, premium rates have continued to increase annually at a double-digit pace since 2001.

In the article, Insurance Commissioner Poolman says there is no incentive for competition in North Dakota because BlueCross Blue Shield dominance controls entrance into the market. Not only do they have the most enrollees, they're also the biggest purchaser of healthcare and can dictate prices and coverage terms. Yet, the rates in North Dakota continue to climb and plan sponsors are desperate to find alternative ways to assist employees with health insurance and access to care.

In a related news article from the Minneapolis Tribune (blue tab, number 2), Attorney General Mike Hatch criticizes the $1 billion in reserves at BCBS of MN at a time when rates are rising. The AG said Blue Cross has a obligation to provide affordable health care – their statutory purpose is not to become the wealthiest nonprofit – and he recommended refunds to consumers to lower costs.

North Dakota's BCBS also posted record-breaking profits in 2005, which is a concern to North Dakota's Insurance Commissioner Poolman for similar reasons. When the costs of healthcare are increasing so dramatically and healthcare coverage is becoming more and more difficult for employers to provide, and many people are loosing access to care...., why are insurance company profits skyrocketing?

National Council of Insurance Legislators (NCOIL) studies PBMs: The final update, which you may be aware of, is that concerns over PBM business practices have become a national public policy issue and are also being investigated by the National Council of Insurance Legislators through their Healthcare Committee. That committee is meeting this Friday, and will consider some model legislation to address many of the concerns most states have with pharmacy benefit managers. The recommendations of the NCOIL may include some appropriate amendments for current statute in North Dakota. A media release from NCOIL is included under the yellow tab.

These updates have been provided to illustrate:

- a consistent behavior by PBMs that is focused on their best interest rather than patients, which will require state legislation to protect consumers
- a concern closer to home about business practices by the single insurance company that controls the North Dakota market, and whether growing profits, increasing consumer cost, and limited access to competitive choice is a disadvantage to North Dakota citizens
- a potential recommendation from colleagues at NCOIL for model PBM legislation to be consider by this committee for the 2007 legislative session.

If you have any questions, I would be happy to try an answer them at this time. And if any committee member has questions later I invite and encourage you to contact me. Thank you.

Patricia A. Hill, PhD, Executive Vice President, NDPhA
701.258.4968 Office
701.258.9312 Fax
phill@nodakpharmacy.net

News Release

[redacted]

For immediate release: June 5, 2006
Contact: Sharon Treat, 207-242-8558 (cell)

SUPREME COURT DENIES PBM INDUSTRY'S REQUEST TO REVIEW MAINE PBM CASE SWEEPING COURT OF APPEALS DECISION UPHOLDING FIRST-IN-NATION PBM LAW STANDS

Today the U.S. Supreme Court denied certiorari in the case *Pharmaceutical Care Management Association (PCMA) v. G. Steven Rowe, State of Maine*. The court declined to consider the PBM industry's request to appeal a sweeping First Circuit Court of Appeals decision upholding Maine's first-in-Nation PBM regulatory law.

"I am gratified that the Supreme Court has decided to allow this law to stand," said Maine State Senator Arthur Mayo III, Chair of the board of the National Legislative Association on Prescription Drug Prices (NLARx). "It verifies what I felt all along, that this is a constitutional measure. By allowing the state to address pricing issues by middlemen, we can have a real impact on prescription drug prices. This is good news for Maine's consumers, and I hope it acts as a green light for other states who were awaiting this decision to enact similar laws."

Sharon Treat, Executive Director of NLARx and sponsor of the Maine statute when she served as Maine's Senate Majority Leader in 2003, applauded the denial. "In denying certiorari, the U.S. Supreme Court has left standing the sweeping Appeals Court decision upholding the Maine PBM law in all particulars. Other states can now be assured that they are on firm legal footing in regulating the business practices of pharmacy benefit managers to insure pricing transparency, ban kickbacks and enforce ethical standards," she said.

Treat added, "The Court's action is a win for consumers and a win for state legislators seeking to make medicines more affordable. Of particular note is the right of states to impose a fiduciary duty – a duty of due care and fair dealing that insures that PBMs will act to reduce costs for consumers instead of cutting deals that benefit the pharmaceutical manufacturers or the bottom line of the PBMs at the expense of consumer pocketbooks and health."

"Maine's PBM law has the potential to save millions of dollars statewide, for businesses, consumers, and state government," said Treat. "We are starting to have a track record demonstrating the fiscal benefits of greater transparency." In South Dakota, which has enacted a less comprehensive version of this legislation, Insurance Commissioner Deborah Bowen estimates that well over $800,000 has been saved in state health insurance costs in a single year as the direct result of a more transparent business model required by their law. The University of Michigan, in an attempt to deal with skyrocketing drug costs, dropped the five benefit managers it had been working with, hired a single new manager that has less control over how the drug plan is administered, and imposed strict new rules. These changes enabled UM to hold its drug spending to $43 million in 2003, or $8.6 million less than it would have paid under the previous plans. Since implementation of the Maine law was held up by litigation by the PBMs

until recently, we do not yet have data on the impact of that law.

Some of the provisions of Maine's law include:

- **Preventing conflicts of interest and requiring disclosure of activities such as drug switching**
- **Requiring that benefits of special drug pricing deals negotiated by PBM companies be passed through to health plans**
- **Protecting against unethical behavior by requiring duty of due care between PBMs and health plans (fiduciary duty)**

In addition to South Dakota, North Dakota, the District of Columbia, and earlier this year, Mississippi, have followed Maine's lead and adopted PBM laws which require some level of pricing transparency and other standards. Legislation similar to Maine's law is currently pending in New Jersey, New York, Pennsylvania, and Rhode Island. Although other states' efforts this year to enact PBM laws have not been successful in the face of heavy industry lobbying, the Supreme Court's action is expected to provide a boost to states still considering such laws. The District of Columbia's law is currently in litigation. Although the initial court decision found against the District, the courts are now reviewing their decision in light of the First Circuit case upholding Maine's law.

"We are pleased to have finality in the Maine case," said Treat. "Although the industry trade group PCMA has issued a press release indicating that the law in this area is up in the air, the fact is that it is now settled law in the First Circuit that states may regulate PBMs and impose a fiduciary duty. Although a final decision has not been rendered in the D.C. case, we are hopeful that upon reconsideration the D.C. Circuit will follow the clear reasoning of the First Circuit. The Supreme Court's action makes that result more, not less, likely."

The National Legislative Association on Prescription Drug Prices is a nonpartisan, nonprofit organization founded and directed by state legislators who are working across state lines to make prescription drugs more affordable and accessible to people in the United States. The legislative appointments to the Association are expressly bipartisan. Currently ten state legislatures, plus the District of Columbia, officially participate as members, and another half dozen states participate at non-voting Associate Members. Since its founding six years ago, the Association has been on the cutting edge of the national debate about the cost of prescription drugs, and has pioneered important programs and innovative policies on prescription drugs access and prices which are now being replicated across the country.

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National Legislative Association on Prescription Drugs Office
P.O. Box 492, Hallowell, ME 04347—Phone: 207-622-5597—Fax: 207-622-3302
Office Location: 226 Water Street, Hallowell, ME—Email: nlarx@gwi.net

Medco to settle federal fraud suit for $163M

E-mail Print

Saturday, May 6, 2006

By DUNSTAN PRIAL
STAFF WRITER North Jersey News

Medco Health Solutions Inc. said Friday it has reached a tentative agreement to pay $163 million to settle federal charges that it defrauded patients and clients and sought kickbacks from pharmaceutical companies to favor their drugs.

The money has been set aside pending a final settlement and was deducted from Franklin Lakes-based Medco's first-quarter earnings, dragging down profits from the same period a year ago.

But news of the proposed agreement pleased investors, and Medco's shares rose $1.99, or 3.9 percent, to $52.76.

The civil charges, filed in 2003 by the U.S. Attorney's Office in the Eastern District of Pennsylvania and spurred by two whistle-blower suits, are scheduled to go to trial in June if the settlement is not finalized.

Medco, the largest U.S. pharmacy benefits manager, was accused of a "systematic pattern of conduct" over eight years that involved destroying valid prescriptions, switching patients' prescriptions to different drugs without their consent and billing patients for drugs they never ordered.

Pharmacy benefit managers such as Medco serve as middlemen between health insurance plans and the drug manufacturers. By purchasing in bulk, these companies can negotiate lower prices for their clients and at the same time save them the cost and trouble of running an in-house prescription drug program.

The civil complaint also accuses Medco of receiving kickbacks to favor drugs made by Merck & Co. Medco was a unit of Whitehouse Station-based Merck until splitting off in 2003. Merck was not charged.

In addition to the $163 million, Medco is also negotiating a corporate integrity agreement that would specify internal reforms, but the company did not release further details Friday.

The company made no admission of guilt.

"We have consistently said that we would settle only if it made good business sense. Averting further disruption, uncertainty and distraction for our company and our clients is the right decision," said David S. Machlowitz, Medco general counsel, who added that many of the allegations "are based on years-old issues, in the past. Simply put, it is time to move on."

U.S. Attorney for the Eastern District of Pennsylvania Patrick Meehan issued a statement saying that a final agreement must be approved by the Department of Justice.

Medco's first-quarter profits fell 66 percent, to $44.8 million, or 15 cents per share, for the three months that ended April 1, down from $131.2 million, or 47 cents per share, during the same period last year.

After taxes, the proposed settlement resulted in a one-time charge of $100 million, or 32 cents per share. Excluding the charge and other items, profit was 56 cents per share. Wall Street analysts had predicted a profit of 55 cents per share.

Revenue rose 21 percent, to $10.56 billion, up from $8.74 billion a year ago, primarily due to $1.3 billion in new revenues from its acquisition of Accredo Health Inc., a specialty pharmaceutical business, which Medco bought in August.

The company stood by its 2006 guidance of $2.23 to $2.30 per share, excluding the 32-cent legal settlement charge.

In 2004, Medco agreed to pay $29 million to settle charges of deceptive trade practices filed by 20 state attorneys general. In December, an Ohio jury ordered Medco to pay $7.8 million in damages for allegedly overcharging the state's teachers pension system.

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Daily Reports
THE COMPREHENSIVE SOURCE

Daily Health Policy Report

Prescription Drugs | Pharmacy Benefit Manager Medco Agrees to Settlement With Justice Department Over Mail-Order Fraud Allegations
[May 08, 2006]

Officials for Medco Health Solutions have said that the pharmacy benefit manager has agreed in principle with the Department of Justice to settle fraud allegations, although the agreement is not final and nonfinancial terms remain undetermined, the *Wall Street Journal* reports. Medco officials said that the company would take a pretax charge of $163 million to cover the settlement and related legal costs. The allegations, which involve mail-order prescriptions provided to members of the Federal Employees Health Benefits Program, include most of a complaint filed by two former company employees under the False Claims Act. According to the complaint, Medco canceled prescriptions, switched prescriptions without physician consent, did not fill prescriptions completely and failed to inform physicians about adverse medication interactions. In addition, DOJ alleges that Medco paid illegal kickbacks to large clients in exchange for their business. Medco, which has denied any wrongdoing, said that "we have every expectation that the final agreement will include no admission of liability or wrongdoing," adding that a settlement makes "good business sense" and that "it is time to move on." According to the *Journal*, a settlement would "remove a major cloud from Medco's future" because, without an agreement, the company faces a "high-profile courtroom trial against the government in June" (Martinez, *Wall Street Journal*, 5/6).

Thrifty White Drug
6901 East Fish Lake Road, #118
Maple Grove, MN 55369
Phone: 763 / 513-4300
Fax: 763 / 513-4380

WITH A COMMITMENT TO THE COMMUNITIES WE SERVE.

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May 31, 2005

Jim Poolman
ND Insurance Commissioner
600 East Broadway
Bismarck, ND 58505-0320

Dear Commissioner Poolman:

To begin this letter, I would like to thank you personally for your comments during the recent state pharmacy convention in Jamestown. It was refreshing to hear what you had to say, and in speaking with you after the noon luncheon, with your support and information we can provide to your office, PBM transparency can become a reality in North Dakota. The shell games played by the PBMs do nothing but create higher costs for plan recipients and plan sponsors while CEOs of these PBMs take home millions of dollars annually.

PBMs are increasingly aware of the scrutiny being placed upon rebates by plan sponsors, and as a result, are having to "come clean" at least to some degree. However, they have resorted to spread pricing, a system now widely used by them where the plan sponsor is charged more for a prescription than the pharmacy provider is reimbursed by the PBM. This "spread" is then pocketed by the PBM. While numbers can't be proven, it is universally believed that PBMs average $18.00 or more on each prescription that is processed. The spread pricing takes many forms:

1. Using multiple MAC lists. Some PBMs utilize up to 50 MAC lists, so what the pharmacy provider is being paid from for generics may be entirely different from what the plan sponsor is being billed from (i.e., a higher cost MAC list).
2. Paying a pharmacy provider from a MAC list, but billing the plan sponsor a discounted AWP for the same drug.
3. Using multiple AWPs for brand name drugs. PBMs that operate or have an agreement with mail order facilities, oftentimes use different labeler codes when they repackage bulk drugs and artificially raise the AWP on those drugs billed to the plan sponsor. So again, the pharmacy provider is paid from the standard packaging the drug manufacturer provides, but the PBM bills the plan sponsor from these "artificially and inflated" AWPs from repackaged product.
4. MAC lists may be abbreviated from what is normally used. For example, Prime Therapeutics' regular MAC list contains about 1,150 items. For their PRIMEMAIL MAC list, that number is decreased to 163 items and those MAC prices are significantly higher than the lengthier MAC list.

I am sending you an example of this extreme pricing that occurred in one of our stores this past week and shows the extent to which PBMs rip off plan sponsors with their pricing schemes. All protected health information (PHI) has been blacked out to avoid any HIPAA violations.

In this prescription, a patient received a prescription for 450 fluvoxamine 50 mg. representing a 90 day mail order supply. As you can see from the paperwork provided, our cost for those tablets was $167.99, but through this mail order plan, reimbursement was $528.97, resulting in a gross profit of $360.98!

It is reasonable to expect a profit when filling a prescription, but when mail order allows a profit this exorbitant, it is an example that needs to be made public and make plan sponsors aware of many of the behind the scenes dealings by PBM owned mail order facilities. That same prescription filled by a cash customer in one of our retail sites would have been around $246.89 (pricing may vary between MN and ND because of the 2% provider tax in MN as well as some variances in markets based on competition).

Based on the differences in profitability, the mail order plan grossed $360.98; the cash plan grossed $78.90. That difference is $282.08 or 457.5% higher by using the mail order plan that touts saving the plan sponsors money. *Note: the cash profit would ordinarily not even be $78.90, but the cost shown in the attached examples represents a one time opportunity buy on that drug.*

This is just one example of how mail order plans take advantage of plan sponsors. It goes back to what I have been saying for a long time: "when plan sponsors' premiums keep going up, plan recipients' copays keep rising, reimbursements to pharmacy providers keep declining, and PBMs show record earnings, it doesn't take a rocket scientist to figure out where the money is going. Follow the money trail." This is just one good example.

As I find more examples I will forward them to your attention. I appreciate your willingness to listen and help. Please be in touch with any questions.

Sincerely,

Gary W. Boehler

Gary W. Boehler, R.Ph.
Executive V.P. of Pharmacy
Thrifty White Drug Stores.

Attachments

NDInsComm

Pat#.

EDIT RX

		Primary:	PRIMEMAIL
		Copay:	Cash
	MN	DOB:	
	EZ	Rx Date:	05 Rx -01
RPh Initials __			
Drug ID	FLUVOXAMINE MALEATE 50 MG TB	00172-4391-60	IVAX PHAR 100's
Quantity	450.000 QOH	Ref to Date	1 of 3 Last /05
Ref/Days	03/365 Rx Exp Date 01/24/06	Qty Remain	900.000
Doctor			
SIG or '*'	T1 PO QAM Z 4T QHS	Base Cost	518.60 Old 518.60
	TAKE 1 TABLET BY MOUTH EVER	Fee	.00
	Y MORNING & TAKE 4 TABLETS	Price Method	FEE
	DAILY AT BEDTIME	Sr Cit Disc	.00
#Lbl/Ptr 1 /S6	Prsc Drug on Lbl N	Price	528.97 Old 528.97
Drug Exp Date		Primary Plan	520.97 Old 520.97
		CoPay Plan	8.00 Old 8.00
Days Supply 090	DAW N P/M/D P	CoPay2 Plan	n/a 8.00
Edit Translator Values? N		Actual cost	167.99
COMMENT:		FL#	Date PP Qty Price RPh
F1 Update Rx	F2 Update w/Label F3 F4 F5	1	/05 24-762 450 528.97
		0	/05 24-762 450 528.97

2005 2:11:34 PM TigerTerm -

DETAIL FOR RX | FILL 01 | PAY PLAN IS | RETRY COUNT IS 1

Patient Name | Number

	BILLED	PAID		
	------	------	ACCUM DEDUCT AMT	.00
			REMAIN DEDUCT AMT	.00
Cost	1152.45	518.60	REMAIN BENEFIT AMT	99999.99
Fee	7.50	.00	PERIOD DEDUCT AMT	.00
Tax		10.37	COPAY CO-INSURANCE	8.00
Other Insur			BENEFITS EXCEEDED	.00
Co-Pay	.00	8.00	INCENTIVE FEE PAID	.00
Total	1159.95	520.97	REIMBURSEMENT BASIS	03

REFERENCE

For OCD;F=generic fluoxetine,paroxetine tabs;Zoloft,Paxil susp

0_

005 2:12:08 PM

QUICK RX PRICE (X5-01)

Drug ID: FLUVOXAMINE MALEATE 50 MG TB
Quantity: 450.000___
Pay Plan: 0 Group #:
Slide Schedule Override: 00
Sr Citizen(Y/N): N

Metric Size: 100.00
Actual Cost: 167.99
Drug AWP: 1152.45

	Cash
Base Cost:	157.89
% of AWP:	13.70%
Fee:	89.00
Price Method:	SLIDE #02
Sr Cit Disc:	
Price:	246.89
Co-Pay:	
Bill To Plan:	246.89

← NORMAL CASH PRICE

F1 Approve F2 F3 F4 F5 F6 Start Over F7 Exit F8 F9 F10

2005 3:43:52 PM TigerTerm -

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. . .                              EDIT DRUG                              (X10-02)

Drug Desc FLUVOXAMINE MALEATE 50 MG TB__                    Formulary   RD-
                                                 Compound? N  Manufact'r IVAX PHAR
Mnemonic                                         Default QTY
WHSE # / SPEC #     695940                       Drug Form     1 EA
NDC Number          00172-4391-60                DEA Code      0 NO CONTROL
Pack Size           00001                        % of AWP - Pricing 058.8
Metric Size         00100.0000                   % of AWP - Reports 014.6
AWP                 00256.1000                   Slide Schedule    02 Add on  0.00
Mac Unit Cost-1 00000.0000 Mac Unit Cost-2 00002.0310 Mac Unit Cost-3 00000.0000
Mac Unit Cost-4 00000.0000 Mac Unit Cost-5 00000.0000 Mac Unit Cost-6 00000.0000
Class Rx   Category     Insert Required NO   DESI NO     MCHP % of AWP 000.0
 Inactivate Drug    Replaced by NDC 00000-0000-00
Label Warning Codes 0001 0062 0079 0077 0098 0073 0094
Equivalent Drug ID
HCPCS Code 0172439160    Patient Ed Code # 709503   Therapeutic Class   11
Supply Item? N (Y/N)      Is Drug a Generic? Y (Y/N) PSYCHOSTIMULANTS
Direct Acq Cost       .0000   Whse Acq Cost    37.3320 Cost Used (D/W) W
  Cash Base Amt     50.6303   Price Mult  1.00    Retail        .00   Schd
  F1       F2       F3       F4       F5       F6       F7       F8       F9       F10
Approve  Next     Item    Patient  Edit     Start    Exit     Copy     Warn     Drug
         Page     Movment Educate  Cmpound  Over              Drug     Text     Comment

2005 2:13:50 PM  TigerTerm -
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POTLATCH RETIREES RX DRUG BENEFIT W/EXPRESS SCRIPTS

Drug and Strength	Qty	Price	Paid to Pharmacy	Copay @ 20%	Charge to Plan	Spread Estimate	Comments
							Note: all patients on these spread sheets
Zoloft 25 mg.	30	$ 80.51	$ 64.56	$ 15.95	$ 79.75	$ (0.76)	have a 20% copay on their prescriptions. None
Lorazepam 0.5 mg.	30	$ 5.23	$ 3.92	$ 1.31	$ 6.55	$ 1.32	have a fixed copay amount.
Primidone 250 mg.	15	$ 9.76	$ 6.89	$ 2.87	$ 14.35	$ 4.59	
Primidone 250 mg.	15	$ 9.76	$ 6.89	$ 2.87	$ 14.35	$ 4.59	
Zocor 40 mg.	15	$ 73.13	$ 58.64	$ 14.49	$ 72.45	$ (0.68)	
Zocor 40 mg.	15	$ 73.13	$ 58.64	$ 14.49	$ 72.45	$ (0.68)	
Primidone 250 mg.	15	$ 9.76	$ 6.89	$ 2.87	$ 14.35	$ 4.59	
Hydrocodone/APAP 5/500	60	$ 6.98	$ 5.13	$ 1.85	$ 9.25	$ 2.27	
Kenalog 1mg/ml. Susp.	50	$ 12.53	$ 10.08	$ 2.45	$ 12.25	$ (0.28)	
Kenalog 1mg/ml. Susp.	50	$ 12.53	$ 10.08	$ 2.45	$ 12.25	$ (0.28)	
Mirapex 0.125 mg. tablet	30	$ 42.69	$ 34.26	$ 8.43	$ 42.15	$ (0.54)	
Mirapex 0.125 mg. tablet	30	$ 42.69	$ 34.26	$ 8.43	$ 42.15	$ (0.54)	
Theophylline 200 mg. SA	30	$ 8.87	$ 6.80	$ 2.07	$ 10.35	$ 1.48	
Theophylline 200 mg. SA	30	$ 8.87	$ 6.80	$ 2.07	$ 10.35	$ 1.48	
Theophylline 200 mg. SA	30	$ 8.87	$ 6.80	$ 2.07	$ 10.35	$ 1.48	
Singulair 10 mg. tablet	30	$ 96.00	$ 76.97	$ 19.03	$ 95.15	$ (0.85)	Mfgr. Price Increase
Singulair 10 mg. tablet	30	$ 91.44	$ 73.31	$ 18.13	$ 90.65	$ (0.79)	
Singulair 10 mg. tablet	30	$ 91.44	$ 73.31	$ 18.13	$ 90.65	$ (0.79)	
		$ 684.19	*$ 544.23*	*$ 139.96*	*$ 699.80*	*$ 15.61*	*Avg. Spread/Rx for Roberts is $0.87*
Hydrocodone/APAP 5/500	28	$ 4.35	$ 3.29	$ 1.06	$ 5.30	$ 0.95	
Prednisone 10 mg. tablet	14	$ 2.74	$ 2.18	$ 0.56	$ 2.80	$ 0.06	
Prednisone 20 mg. tablet	30	$ 4.40	$ 3.43	$ 0.97	$ 4.85	$ 0.45	
Prednisone 20 mg. tablet	32	$ 4.56	$ 3.56	$ 1.00	$ 5.00	$ 0.44	
Prednisone 20 mg. tablet	10	$ 2.83	$ 2.26	$ 0.57	$ 2.85	$ 0.02	
Fortical 200IU Nasal Spray	3.7	$ 65.34	$ 50.45	$ 14.89	$ 74.45	$ 9.11	Spread pricing higher on generic Fortical vs.
Fortical 200IU Nasal Spray	3.7	$ 65.34	$ 50.70	$ 14.64	$ 73.20	$ 7.86	brand name Miacalcin!
Fortical 200IU Nasal Spray	3.7	$ 65.34	$ 50.70	$ 14.64	$ 73.20	$ 7.86	
Miacalcin 200IU Nasal Spray	3.7	$ 94.73	$ 75.95	$ 18.78	$ 93.90	$ (0.83)	
Miacalcin 200IU Nasal Spray	3.7	$ 94.73	$ 75.95	$ 18.78	$ 93.90	$ (0.83)	
		$ 404.36	*$ 318.47*	*$ 85.89*	*$ 429.45*	*$ 25.09*	*Avg. Spread/Rx for Willard is $2.51*
Isosorbide DN 20 mg. tablet	90	$ 7.52	$ 4.29	$ 3.23	$ 16.15	$ 8.63	
Isosorbide DN 20 mg. tablet	90	$ 7.52	$ 4.29	$ 3.23	$ 16.15	$ 8.63	
Actos 45 mg.	30	$ 178.86	$ 143.35	$ 35.51	$ 177.55	$ (1.31)	
Actos 45 mg.	30	$ 178.86	$ 143.35	$ 35.51	$ 177.55	$ (1.31)	
Glyburide 5 mg. tablet	120	$ 21.75	$ 15.33	$ 6.42	$ 32.10	$ 10.35	Copay rose, so based on 20% copay of plan price,
Glyburide 5 mg. tablet	120	$ 21.75	$ 15.71	$ 6.04	$ 30.20	$ 8.45	your cost for this Rx rose by $2.26.
Glyburide 5 mg. tablet	120	$ 21.75	$ 15.71	$ 6.04	$ 30.20	$ 8.45	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.51	$ 0.67	$ 3.35	$ 0.17	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Metoprolol 50 mg.	30	$ 4.15	$ 3.17	$ 0.98	$ 4.90	$ 0.75	Another example of where copay increases, so
Metoprolol 50 mg.	30	$ 4.15	$ 3.20	$ 0.95	$ 4.75	$ 0.60	does cost to plan sponsor.
Metoprolol 50 mg.	30	$ 4.15	$ 3.20	$ 0.95	$ 4.75	$ 0.60	
Enalapril 20 mg.	30	$ 6.74	$ 4.32	$ 2.42	$ 12.10	$ 5.36	Another example of where copay increases, so
Elanapril 20 mg.	30	$ 6.74	$ 4.49	$ 2.25	$ 11.25	$ 4.51	does cost to plan sponsor.
Elanapril 20 mg.	30	$ 6.74	$ 4.49	$ 2.25	$ 11.25	$ 4.51	
Furosemide 40 mg.	30	$ 3.68	$ 2.90	$ 0.78	$ 3.90	$ 0.22	
Sulfamethoxazole/SMP DS	30	$ 6.30	$ 4.78	$ 1.52	$ 7.80	$ 1.30	
Nitrofurantoin Macro 100 mg.	20	$ 20.09	$ 15.53	$ 4.56	$ 22.80	$ 2.71	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
B-D Insulin Syringe 0.5 ml.	100	$ 25.01	$ 20.09	$ 4.92	$ 24.60	$ (0.41)	OTC item but requires a prescription
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Humulin 70/30	10	$ 34.72	$ 27.87	$ 6.85	$ 34.25	$ (0.47)	Mfgr. Price Increase
Humulin 70/30	10	$ 32.03	$ 25.72	$ 6.31	$ 31.55	$ (0.48)	

(0.47) Mfgr. Price Increase
(0.48)

POTLATCH RETIREES RX DRUG BENEFIT W/EXPRESS SCRIPTS

			Drug and Strength	Qty	Price	Paid to Pharmacy	Copay @ 20%	Charge to Plan	Spread Estimate	Comments Note: all patients on these spread sheets
			Humulin 70/30	10	$ 32.03	$ 25.72	$ 6.31	$ 31.55	$ (0.48)	
			Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
			Actos 30 mg.	30	$ 165.04	$ 132.28	$ 32.76	$ 163.80	$ (1.24)	
			Actos 30 mg.	30	$ 165.04	$ 132.28	$ 32.76	$ 163.80	$ (1.24)	
			Actos 30 mg.	30	$ 165.04	$ 132.28	$ 32.76	$ 163.80	$ (1.24)	
			One Touch Ultra Test Strips	100	$ 85.49	$ 68.55	$ 16.94	$ 84.70	$ (0.79)	
			One Touch Ultra Test Strips	100	$ 85.49	$ 68.55	$ 16.94	$ 84.70	$ (0.79)	
			One Touch Ultra Test Strips	100	$ 85.49	$ 68.55	$ 16.94	$ 84.70	$ (0.79)	
			Glyburide 5 mg. tablet	120	$ 21.75	$ 15.71	$ 6.04	$ 30.20	$ 8.45	
			Glyburide 5 mg. tablet	120	$ 21.75	$ 15.71	$ 6.04	$ 30.20	$ 8.45	
			Glyburide 5 mg. tablet	120	$ 21.75	$ 15.71	$ 6.04	$ 30.20	$ 8.45	
			Glyburide 5 mg. tablet	120	$ 21.75	$ 15.71	$ 6.04	$ 30.20	$ 8.45	
			Isosorbide DN 20 mg. tablet	180	$ 12.99	$ 7.29	$ 5.70	$ 28.50	$ 15.51	
			Isosorbide DN 20 mg. tablet	180	$ 12.99	$ 7.29	$ 5.70	$ 28.50	$ 15.51	
			Isosorbide DN 20 mg. tablet	180	$ 12.99	$ 7.29	$ 5.70	$ 28.50	$ 15.51	
			Metoprolol 50 mg.	15	$ 3.09	$ 2.43	$ 0.66	$ 3.30	$ 0.21	
			Metoprolol 50 mg.	15	$ 3.09	$ 2.43	$ 0.66	$ 3.30	$ 0.21	
			Metoprolol 50 mg.	15	$ 3.09	$ 2.43	$ 0.66	$ 3.30	$ 0.21	
			Enalapril 20 mg.	30	$ 6.74	$ 4.49	$ 2.25	$ 11.25	$ 4.51	
			Enalapril 20 mg.	30	$ 6.74	$ 4.49	$ 2.25	$ 11.25	$ 4.51	
			Enalapril 20 mg.	30	$ 6.74	$ 4.49	$ 2.25	$ 11.25	$ 4.51	
					$ 1,550.67	*$ 1,210.58*	*$ 340.09*	*$ 1,700.45*	*$ 149.78*	*Avg. Spread/Rx for Eline is $3.33*
			Hydrocodone/APAP 5/500	120	$ 11.92	$ 8.44	$ 3.48	$ 17.40	$ 5.48	
			Jantoven 2.5 mg. tablet	100	$ 25.87	$ 17.11	$ 8.76	$ 43.80	$ 17.93	
			Mirapex 0.5 mg. tablet	90	$ 197.68	$ 158.43	$ 39.25	$ 196.25	$ (1.43)	
			Gabapentin 300 mg. capsule	30	$ 10.03	$ 6.16	$ 3.87	$ 19.35	$ 9.32	Example of where copay decreased but spread
			Gabapentin 300 mg. capsule	30	$ 10.03	$ 6.28	$ 3.75	$ 18.75	$ 8.72	cost increased for plan sponsor.
			Folic Acid 1 mg.	30	$ 3.70	$ 2.93	$ 0.77	$ 3.85	$ 0.15	
			Folic Acid 1 mg.	30	$ 3.70	$ 2.93	$ 0.77	$ 3.85	$ 0.15	
			Folic Acid 1 mg.	30	$ 3.70	$ 2.93	$ 0.77	$ 3.85	$ 0.15	
			Lovenox 80 mg. Syringe	4.8	$ 324.09	$ 259.70	$ 64.39	$ 321.95	$ (2.14)	
			Jantoven 3 mg. tablet	15	$ 6.01	$ 4.23	$ 1.78	$ 8.90	$ 2.89	
			Lorazepam 0.5 mg.	20	$ 4.17	$ 3.17	$ 1.00	$ 5.00	$ 0.83	
			Glyburide 5 mg. tablet	60	$ 11.89	$ 8.49	$ 3.40	$ 17.00	$ 5.11	Another example of where copay increases, so
			Glyburide 5 mg. tablet	60	$ 11.89	$ 8.68	$ 3.21	$ 16.05	$ 4.16	does cost to plan sponsor.
			Glyburide 5 mg. tablet	60	$ 11.89	$ 8.68	$ 3.21	$ 16.05	$ 4.16	
			Glyburide 5 mg. tablet	60	$ 11.89	$ 8.68	$ 3.21	$ 16.05	$ 4.16	
			Mirtazapine 15 mg. tablet	30	$ 15.15	$ 11.07	$ 4.08	$ 20.40	$ 5.25	
			Mirtazapine 15 mg. tablet	30	$ 15.15	$ 11.07	$ 4.08	$ 20.40	$ 5.25	
			Lovenox 80 mg. Syringe	0.8	$ 55.71	$ 44.69	$ 11.02	$ 55.10	$ (0.61)	
			Jantoven 2.5 mg. tablet	100	$ 25.87	$ 17.11	$ 8.76	$ 43.80	$ 17.93	
			Folic Acid 1 mg.	30	$ 3.70	$ 2.93	$ 0.77	$ 3.85	$ 0.15	
			PEG 3350/Electrolyte Sol'n.	4000	$ 13.87	$ 10.81	$ 3.06	$ 15.30	$ 1.43	
			Atenolol 100 mg. tablet	60	$ 12.17	$ 9.50	$ 2.67	$ 13.35	$ 1.18	
			Atenolol 100 mg. tablet	60	$ 12.17	$ 9.50	$ 2.67	$ 13.35	$ 1.18	
			Atenolol 100 mg. tablet	60	$ 12.17	$ 9.50	$ 2.67	$ 13.35	$ 1.18	
			Atenolol 100 mg. tablet	60	$ 12.17	$ 9.50	$ 2.67	$ 13.35	$ 1.18	
			Jantoven 5 mg. tablet	30	$ 8.94	$ 6.59	$ 2.35	$ 11.75	$ 2.81	
			Lovenox 80 mg. Syringe	8	$ 538.79	$ 431.71	$ 107.08	$ 535.40	$ (3.39)	
			Atenolol 100 mg. tablet	60	$ 12.17	$ 9.50	$ 2.67	$ 13.35	$ 1.18	
			Isosorbide DN 20 mg. tablet	30	$ 5.96	$ 3.46	$ 2.50	$ 12.50	$ 6.54	
			Isosorbide DN 20 mg. tablet	30	$ 5.96	$ 3.46	$ 2.50	$ 12.50	$ 6.54	
			Isosorbide DN 20 mg. tablet	30	$ 5.96	$ 3.46	$ 2.50	$ 12.50	$ 6.54	
			Isororbide DN 20 mg. tablet	30	$ 5.96	$ 3.46	$ 2.50	$ 12.50	$ 6.54	

POTLATCH RETIREES RX DRUG BENEFIT W/EXPRESS SCRIPTS

Drug and Strength	Qty	Price	Paid to Pharmacy	Copay @ 20%	Charge to Plan	Spread Estimate	Comments
							Note: all patients on these spread sheets
Isororbide DN 20 mg. tablet	30	$ 5.96	$ 3.46	$ 2.50	$ 12.50	$ 6.54	
Lisinopril 20 mg. tablet	30	$ 9.09	$ 6.91	$ 2.18	$ 10.90	$ 1.81	
Lisinopril 20 mg. tablet	30	$ 9.09	$ 6.91	$ 2.18	$ 10.90	$ 1.81	
Lisinopril 20 mg. tablet	30	$ 9.09	$ 6.91	$ 2.18	$ 10.90	$ 1.81	
Lisinopril 20 mg. tablet	30	$ 9.09	$ 6.91	$ 2.18	$ 10.90	$ 1.81	
Lisinopril 20 mg. tablet	30	$ 9.09	$ 6.91	$ 2.18	$ 10.90	$ 1.81	
Hydrocodone/APAP 5/500	120	$ 8.60	$ 3.32	$ 5.28	$ 26.40	$ 17.80	
Hydrocodone/APAP 5/500	120	$ 8.60	$ 3.32	$ 5.28	$ 26.40	$ 17.80	
Hydrocodone/APAP 5/500	120	$ 8.60	$ 3.32	$ 5.28	$ 26.40	$ 17.80	
Hydrocodone/APAP 5/500	120	$ 8.60	$ 3.32	$ 5.28	$ 26.40	$ 17.80	
Hydrocodone/APAP 5/500	120	$ 8.60	$ 3.32	$ 5.28	$ 26.40	$ 17.80	
Glyburide 5 mg. tablet	30	$ 6.97	$ 5.18	$ 1.79	$ 8.95	$ 1.98	
Glyburide 5 mg. tablet	30	$ 6.97	$ 5.18	$ 1.79	$ 8.95	$ 1.98	
Lipitor 20 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Lipitor 20 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Lipitor 20 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Lipitor 20 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Lipitor 20 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Lipitor 20 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Metformin 1000 mg. tablet	60	$ 15.02	$ 9.88	$ 5.14	$ 25.70	$ 10.68	This is a perfect example of how when the phcy.
Metformin 1000 mg. tablet	60	$ 15.02	$ 10.11	$ 4.91	$ 24.55	$ 9.53	is paid less the plan ends up paying more! See
Metformin 1000 mg. tablet	60	$ 17.87	$ 12.95	$ 4.92	$ 24.60	$ 6.73	the 6 examples for Metformin 1000 mg.
Metformin 1000 mg. tablet	60	$ 17.87	$ 12.95	$ 4.92	$ 24.60	$ 6.73	
Metformin 1000 mg. tablet	60	$ 17.87	$ 12.95	$ 4.92	$ 24.60	$ 6.73	
Metformin 1000 mg. tablet	60	$ 17.87	$ 12.95	$ 4.92	$ 24.60	$ 6.73	
Quinine Sulfate 325 mg.	30	$ 12.90	$ 9.63	$ 3.27	$ 16.35	$ 3.45	
Quinine Sulfate 325 mg.	30	$ 12.90	$ 9.63	$ 3.27	$ 16.35	$ 3.45	
Jantoven 2.5 mg. tablet	30	$ 9.18	$ 6.29	$ 2.89	$ 14.45	$ 5.27	
		$ 2,310.62	$ 1,791.95	$ 518.67	$ 2,593.35	$ 282.73	Avg. Spread/Rx for Ruth is $4.71
Metformin 500 mg. tablet	60	$ 11.29	$ 8.29	$ 3.00	$ 15.00	$ 3.71	
Lisinopril 20 mg. tablet	30	$ 9.09	$ 6.80	$ 2.29	$ 11.45	$ 2.36	
Lisinopril 20 mg. tablet	30	$ 9.09	$ 6.80	$ 2.29	$ 11.45	$ 2.36	
Furosemide 40 mg.	30	$ 3.68	$ 2.88	$ 0.80	$ 4.00	$ 0.32	
Furosemide 40 mg.	30	$ 3.68	$ 2.88	$ 0.80	$ 4.00	$ 0.32	
Vigamox 0.5% Eye Drops	3	$ 54.39	$ 43.63	$ 10.76	$ 53.80	$ (0.59)	
Lipitor 20 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Lipitor 20 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Lipitor 20 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Lipitor 20 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Lipitor 20 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Furosemide 40 mg.	30	$ 3.68	$ 2.90	$ 0.78	$ 3.90	$ 0.22	
Furosemide 40 mg.	30	$ 3.68	$ 2.90	$ 0.78	$ 3.90	$ 0.22	
Furosemide 40 mg.	30	$ 3.68	$ 2.90	$ 0.78	$ 3.90	$ 0.22	
Metformin 500 mg. tablet	60	$ 11.29	$ 8.43	$ 2.86	$ 14.30	$ 3.01	
Metformin 500 mg. tablet	60	$ 11.29	$ 8.43	$ 2.86	$ 14.30	$ 3.01	
Metformin 500 mg. tablet	60	$ 11.29	$ 8.43	$ 2.86	$ 14.30	$ 3.01	
Metformin 500 mg. tablet	60	$ 11.29	$ 8.43	$ 2.86	$ 14.30	$ 3.01	
Metformin 500 mg. tablet	60	$ 11.29	$ 8.43	$ 2.86	$ 14.30	$ 3.01	
Furosemide 40 mg.	30	$ 3.68	$ 2.90	$ 0.78	$ 3.90	$ 0.22	
Lisinopril 20 mg. tablet	30	$ 6.91	$ 2.18	$ 4.73	$ 23.65	$ 16.74	
Lisinopril 20 mg. tablet	30	$ 6.91	$ 2.18	$ 4.73	$ 23.65	$ 16.74	
Lisinopril 20 mg. tablet	30	$ 6.91	$ 2.18	$ 4.73	$ 23.65	$ 16.74	
Lisinopril 20 mg. tablet	30	$ 6.91	$ 2.18	$ 4.73	$ 23.65	$ 16.74	
Lipitor 20 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	

POTLATCH RETIREES RX DRUG BENEFIT W/EXPRESS SCRIPTS

Drug and Strength	Qty	Price	Paid to Pharmacy	Copay @ 20%	Charge to Plan	Spread Estimate	Comments
							Note: all patients on these spread sheets
		$ 845.47	$ 659.23	$ 186.24	$ 931.20	$ 85.73	*Avg. Spread/Rx for Donald is $3.43*
Diltiazem HCl 180 mg. SA	30	$ 28.62	$ 20.98	$ 7.64	$ 38.20	$ 9.58	
Evista 60 mg. tablet	30	$ 89.43	$ 71.70	$ 17.73	$ 88.65	$ (0.78)	
Evista 60 mg. tablet	30	$ 89.43	$ 71.70	$ 17.73	$ 88.65	$ (0.78)	
Jantoven 5 mg. tablet	30	$ 8.94	$ 6.59	$ 2.35	$ 11.75	$ 2.81	
Jantoven 5 mg. tablet	30	$ 8.94	$ 6.59	$ 2.35	$ 11.75	$ 2.81	
Diltiazem HCl 180 mg. SA	30	$ 28.62	$ 20.98	$ 7.64	$ 38.20	$ 9.58	
Diltiazem HCl 180 mg. SA	30	$ 28.62	$ 20.98	$ 7.64	$ 38.20	$ 9.58	
Diltiazem ER 120 mg. SA	30	$ 14.59	$ 9.90	$ 4.69	$ 23.45	$ 8.86	
Diltiazem ER 120 mg. SA	30	$ 14.59	$ 9.90	$ 4.69	$ 23.45	$ 8.86	
Diltiazem ER 120 mg. SA	30	$ 14.59	$ 9.90	$ 4.69	$ 23.45	$ 8.86	
Jantoven 5 mg. tablet	30	$ 8.94	$ 6.59	$ 2.35	$ 11.75	$ 2.81	
Jantoven 5 mg. tablet	30	$ 8.94	$ 6.59	$ 2.35	$ 11.75	$ 2.81	
Jantoven 5 mg. tablet	30	$ 8.94	$ 6.59	$ 2.35	$ 11.75	$ 2.81	
Evista 60 mg. tablet	30	$ 89.43	$ 71.70	$ 17.73	$ 88.65	$ (0.78)	
Evista 60 mg. tablet	30	$ 89.43	$ 71.70	$ 17.73	$ 88.65	$ (0.78)	
Evista 60 mg. tablet	30	$ 89.43	$ 71.70	$ 17.73	$ 88.65	$ (0.78)	
		$ 621.48	$ 484.09	$ 137.39	$ 686.95	$ 65.47	*Avg. Spread/Rx for Dorothy is $4.09*
Metoprolol 50 mg.	30	$ 4.15	$ 3.20	$ 0.95	$ 4.75	$ 0.60	
Furosemide 20 mg. tablet	30	$ 3.56	$ 2.81	$ 0.75	$ 3.75	$ 0.19	
Doxycycline 100 mg. tablet	14	$ 4.32	$ 3.35	$ 0.97	$ 4.85	$ 0.53	
Doxycycline 100 mg. tablet	28	$ 6.62	$ 5.06	$ 1.56	$ 7.80	$ 1.18	
Lipitor 10 mg. tablet	30	$ 77.18	$ 61.89	$ 15.29	$ 76.45	$ (0.73)	
Lipitor 10 mg. tablet	30	$ 77.18	$ 61.89	$ 15.29	$ 76.45	$ (0.73)	
Lipitor 10 mg. tablet	30	$ 77.18	$ 61.89	$ 15.29	$ 76.45	$ (0.73)	
Levothyroxine 100 mcg.	30	$ 7.94	$ 6.23	$ 1.71	$ 8.55	$ 0.61	Notice when copay goes up $0.02, plan sponsor
Levothyroxine 100 mcg.	30	$ 7.94	$ 6.25	$ 1.69	$ 8.45	$ 0.51	cost rises $0.12!
Levothyroxine 100 mcg.	30	$ 7.94	$ 6.25	$ 1.69	$ 8.45	$ 0.51	
Levothyroxine 100 mcg.	30	$ 7.94	$ 6.25	$ 1.69	$ 8.45	$ 0.51	
Levothyroxine 100 mcg.	30	$ 7.94	$ 6.25	$ 1.69	$ 8.45	$ 0.51	
Levothyroxine 100 mcg.	30	$ 7.94	$ 6.25	$ 1.69	$ 8.45	$ 0.51	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Metoprolol 50 mg.	30	$ 4.15	$ 3.20	$ 0.95	$ 4.75	$ 0.60	
Metoprolol 50 mg.	30	$ 4.15	$ 3.20	$ 0.95	$ 4.75	$ 0.60	
Metoprolol 50 mg.	30	$ 4.15	$ 3.20	$ 0.95	$ 4.75	$ 0.60	
Metoprolol 50 mg.	30	$ 4.15	$ 3.20	$ 0.95	$ 4.75	$ 0.60	
		$ 330.33	$ 262.97	$ 67.36	$ 336.80	$ 6.47	*Avg. Spread/Rx for Ervin is $0.26*
Klor-Con M20	30	$ 11.13	$ 8.42	$ 2.71	$ 13.55	$ 2.42	Note higher copay & plan price w/dates below.
Hydrochlorothiazide 12.5 mg.	30	$ 8.38	$ 6.09	$ 2.29	$ 11.45	$ 3.07	Note difference in copay & spread w/ 5-18 fill date.
Synthroid 50 mcg. Tablet	30	$ 12.74	$ 6.56	$ 6.18	$ 30.90	$ 18.16	
Hydrochlorothiazide 12.5 mg.	30	$ 8.38	$ 6.20	$ 2.18	$ 10.90	$ 2.52	
Hydrochlorothiazide 12.5 mg.	30	$ 8.38	$ 6.20	$ 2.18	$ 10.90	$ 2.52	
Hydrochlorothiazide 12.5 mg.	30	$ 8.38	$ 11.13	$ (2.75)	$ (13.75)	$ (22.13)	
Klor-Con M20	30	$ 11.13	$ 8.54	$ 2.59	$ 12.95	$ 1.82	
Klor-Con M20	30	$ 11.13	$ 8.54	$ 2.59	$ 12.95	$ 1.82	
Potassium CL 20mEq.	30	$ 11.13	$ 8.54	$ 2.59	$ 12.95	$ 1.82	
Synthroid 50 mcg. Tablet	30	$ 12.74	$ 6.46	$ 6.28	$ 31.40	$ 18.66	
Synthroid 50 mcg. Tablet	30	$ 12.74	$ 6.46	$ 6.28	$ 31.40	$ 18.66	
Synthroid 50 mcg. Tablet	30	$ 12.74	$ 6.46	$ 6.28	$ 31.40	$ 18.66	
Synthroid 50 mcg. Tablet	30	$ 12.74	$ 6.46	$ 6.28	$ 31.40	$ 18.66	

POTLATCH RETIREES RX DRUG BENEFIT W/EXPRESS SCRIPTS

Drug and Strength	Qty	Price	Paid to Pharmacy	Copay @ 20%	Charge to Plan	Spread Estimate	Comments
							Note: all patients on these spread sheets
		$ 141.74	*$ 96.06*	*$ 45.68*	*$ 228.40*	*$ 86.66*	*Avg. Spread/Rx for Eleanor is $6.67*
Terazosin 2 mg. capsule	30	$ 9.88	$ 6.22	$ 3.66	$ 18.30	$ 8.42	Note higher copay & plan prices vs. dates
Ketoconazole 2% Cream	30	$ 20.02	$ 15.55	$ 4.47	$ 22.35	$ 2.33	shown below!
Hydrochlorothiazide 25 mg.	15	$ 2.61	$ 2.08	$ 0.53	$ 2.65	$ 0.04	
Hydrochlorothiazide 25 mg.	15	$ 2.61	$ 2.08	$ 0.53	$ 2.65	$ 0.04	
Atenolol 100 mg. tablet	30	$ 7.10	$ 5.51	$ 1.59	$ 7.95	$ 0.85	Note when copay goes down plan sponsor cost
Atenolol 100 mg. tablet	30	$ 7.10	$ 5.58	$ 1.52	$ 7.60	$ 0.50	goes up! This increases spread pricing.
Atenolol 100 mg. tablet	30	$ 7.10	$ 5.58	$ 1.52	$ 7.60	$ 0.50	
Enalapril 20 mg.	30	$ 6.74	$ 4.32	$ 2.42	$ 12.10	$ 5.36	Notice when copay drops by $0.17, plan sponsor
Enalapril 20 mg.	30	$ 6.74	$ 4.49	$ 2.25	$ 11.25	$ 4.51	cost rises by $1.02!
Enalapril 20 mg.	30	$ 6.74	$ 4.49	$ 2.25	$ 11.25	$ 4.51	
Enalapril 20 mg.	30	$ 6.74	$ 4.49	$ 2.25	$ 11.25	$ 4.51	
Enalapril 20 mg.	30	$ 6.74	$ 4.49	$ 2.25	$ 11.25	$ 4.51	
Indomethacin 25 mg. Cap.	60	$ 7.70	$ 5.27	$ 2.43	$ 12.15	$ 4.45	Note that copay for patient increased $0.25 and
Indomethacin 25 mg. Cap.	60	$ 7.70	$ 5.52	$ 2.18	$ 10.90	$ 3.20	cost to plan also rose $1.50. Phcy paid the same.
Indomethacin 25 mg. Cap.	60	$ 7.70	$ 5.52	$ 2.18	$ 10.90	$ 3.20	
Indomethacin 25 mg. Cap.	60	$ 7.70	$ 5.52	$ 2.18	$ 10.90	$ 3.20	
Terazosin 2 mg. capsule	30	$ 9.88	$ 6.49	$ 3.39	$ 16.95	$ 7.07	
Terazosin 2 mg. capsule	30	$ 9.88	$ 6.49	$ 3.39	$ 16.95	$ 7.07	
Terazosin 2 mg. capsule	30	$ 9.88	$ 6.49	$ 3.39	$ 16.95	$ 7.07	
Terazosin 2 mg. capsule	30	$ 9.88	$ 6.49	$ 3.39	$ 16.95	$ 7.07	
Terazosin 2 mg. capsule	30	$ 9.88	$ 6.49	$ 3.39	$ 16.95	$ 7.07	
Atenolol 100 mg. tablet	30	$ 7.10	$ 5.58	$ 1.52	$ 7.60	$ 0.50	
Atenolol 100 mg. tablet	30	$ 7.10	$ 5.58	$ 1.52	$ 7.60	$ 0.50	
Atenolol 100 mg. tablet	30	$ 7.10	$ 5.58	$ 1.52	$ 7.60	$ 0.50	
		$ 191.62	*$ 135.90*	*$ 55.72*	*$ 278.60*	*$ 86.98*	*Avg. Spread/Rx for William is $3.62*
Ibuprofen 800 mg. tablet	30	$ 3.91	$ 3.03	$ 0.88	$ 4.40	$ 0.49	
Hydrocodone/APAP 5/500	40	$ 5.33	$ 3.97	$ 1.36	$ 6.80	$ 1.47	
Ciprofloxcin 250 mg. tablet	14	$ 7.37	$ 5.33	$ 2.04	$ 10.20	$ 2.83	
		$ 16.61	*$ 12.33*	*$ 4.28*	*$ 21.40*	*$ 4.79*	*Avg. Spread/Rx for Cyril is $1.60*
Altace 10 mg. capsule	30	$ 56.39	$ 45.23	$ 11.16	$ 55.80	$ (0.59)	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.51	$ 0.67	$ 3.35	$ 0.17	
Synthroid 75 mcg. Tablet	30	$ 13.96	$ 7.00	$ 6.96	$ 34.80	$ 20.84	
Estradiol 0.5 mg.tablet	30	$ 5.20	$ 3.60	$ 1.60	$ 8.00	$ 2.80	
Clotrimazone/Beatmeth. Cr.	45	$ 17.73	$ 11.67	$ 6.06	$ 30.30	$ 12.57	
Altace 10 mg. capsule	30	$ 56.39	$ 45.23	$ 11.16	$ 55.80	$ (0.59)	
Altace 10 mg. capsule	30	$ 56.39	$ 45.23	$ 11.16	$ 55.80	$ (0.59)	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Humulin 70/30 Pen	15	$ 97.01	$ 77.78	$ 19.23	$ 96.15	$ (0.86)	
Lipitor 40 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Lipitor 40 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Lipitor 40 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Acyclovir 800 mg. tablet	35	$ 18.56	$ 12.07	$ 6.49	$ 32.45	$ 13.89	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Clotrimazone/Beatmeth. Cr.	45	$ 17.73	$ 11.67	$ 6.06	$ 30.30	$ 12.57	
Hydrocodone/APAP 7.5/500	30	$ 5.58	$ 4.14	$ 1.44	$ 7.20	$ 1.62	
Synthroid 75 mcg. Tablet	30	$ 13.96	$ 6.82	$ 7.14	$ 35.70	$ 21.74	
Synthroid 75 mcg. Tablet	30	$ 13.96	$ 6.82	$ 7.14	$ 35.70	$ 21.74	
Synthroid 75 mcg. Tablet	30	$ 13.96	$ 6.82	$ 7.14	$ 35.70	$ 21.74	
Synthroid 75 mcg. Tablet	30	$ 13.96	$ 6.82	$ 7.14	$ 35.70	$ 21.74	
Lipitor 40 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Lipitor 40 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	

POTLATCH RETIREES RX DRUG BENEFIT W/EXPRESS SCRIPTS

Drug and Strength	Qty	Price	Paid to Pharmacy	Copay @ 20%	Charge to Plan	Spread Estimate	Comments
							Note: all patients on these spread sheets
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Glimepiride 4 mg. tablet	30	$ 12.63	$ 9.43	$ 3.20	$ 16.00	$ 3.37	Note copay went up $0.19 and plan sponsor
Glimepiride 4 mg. tablet	30	$ 12.63	$ 9.62	$ 3.01	$ 15.05	$ 2.42	payment went up $1.14
Glimepiride 4 mg. tablet	30	$ 12.63	$ 9.62	$ 3.01	$ 15.05	$ 2.42	
Glimepiride 4 mg. tablet	30	$ 12.63	$ 9.62	$ 3.01	$ 15.05	$ 2.42	
Glimepiride 4 mg. tablet	30	$ 12.63	$ 9.62	$ 3.01	$ 15.05	$ 2.42	
Glimepiride 4 mg. tablet	30	$ 12.63	$ 9.62	$ 3.01	$ 15.05	$ 2.42	
Altace 10 mg. capsule	30	$ 56.39	$ 45.23	$ 11.16	$ 55.80	$ (0.59)	
Altace 10 mg. capsule	30	$ 56.39	$ 45.23	$ 11.16	$ 55.80	$ (0.59)	
Altace 10 mg. capsule	30	$ 56.39	$ 45.23	$ 11.16	$ 55.80	$ (0.59)	
Klor-Con M20	30	$ 11.13	$ 8.54	$ 2.59	$ 12.95	$ 1.82	
Klor-Con M20	30	$ 11.13	$ 8.54	$ 2.59	$ 12.95	$ 1.82	
Klor-Con M20	30	$ 11.13	$ 8.54	$ 2.59	$ 12.95	$ 1.82	
Klor-Con M20	30	$ 11.13	$ 8.54	$ 2.59	$ 12.95	$ 1.82	
Klor-Con M20	30	$ 11.13	$ 8.54	$ 2.59	$ 12.95	$ 1.82	
Estradiol 0.5 mg.tablet	30	$ 5.20	$ 3.72	$ 1.48	$ 7.40	$ 2.20	
Estradiol 0.5 mg.tablet	30	$ 5.20	$ 3.72	$ 1.48	$ 7.40	$ 2.20	
Estradiol 0.5 mg.tablet	30	$ 5.20	$ 3.72	$ 1.48	$ 7.40	$ 2.20	
Estradiol 0.5 mg.tablet	30	$ 5.20	$ 3.72	$ 1.48	$ 7.40	$ 2.20	
		$ 1,287.46	$ 994.71	$ 292.75	$ 1,463.75	$ 176.29	Avg. Spread/Rx for Beulah is $4.10
Nefazodone HCl 150 mg.	60	$ 31.02	$ 21.16	$ 9.86	$ 49.30	$ 18.28	Note pharmacy pay went down, copay went up, &
Ciprofloxcin 250 mg. tablet	20	$ 9.66	$ 6.90	$ 2.76	$ 13.80	$ 4.14	spread price to plan also rose (see below).
Tramadol 50 mg. tablet	180	$ 26.35	$ 19.93	$ 6.42	$ 32.10	$ 5.75	
Tizanadine 4 mg. tablet	150	$ 55.66	$ 29.66	$ 26.00	$ 130.00	$ 74.34	Amt. paid to pharmacy went down, but patient
Tizanadine 4 mg. tablet	150	$ 64.19	$ 38.16	$ 26.03	$ 130.15	$ 65.96	copay stayed the same?? Spread to plan went up.
Tizanadine 4 mg. tablet	150	$ 64.19	$ 38.16	$ 26.03	$ 130.15	$ 65.96	
Cephalexin 500 mg. capsule	20	$ 8.16	$ 6.26	$ 1.90	$ 9.50	$ 1.34	
Doxazosin 8 mg. tablet	30	$ 7.20	$ 4.90	$ 2.30	$ 11.50	$ 4.30	
Tizanadine 4 mg. tablet	150	$ 64.19	$ 38.16	$ 26.03	$ 130.15	$ 65.96	
Tizanadine 4 mg. tablet	150	$ 64.19	$ 38.16	$ 26.03	$ 130.15	$ 65.96	
Tizanadine 4 mg. tablet	150	$ 70.46	$ 44.41	$ 26.05	$ 130.25	$ 59.79	
Tramadol HCl/Acetaminophen	120	$ 82.48	$ 64.29	$ 18.19	$ 90.95	$ 8.47	
Tramadol HCl/Acetaminophen	120	$ 82.48	$ 64.29	$ 18.19	$ 90.95	$ 8.47	
Tramadol HCl/Acetaminophen	120	$ 82.48	$ 64.29	$ 18.19	$ 90.95	$ 8.47	
Tramadol HCl/Acetaminophen	120	$ 82.48	$ 64.29	$ 18.19	$ 90.95	$ 8.47	
Lorazepam 2 mg. tablet	60	$ 14.24	$ 9.22	$ 5.02	$ 25.10	$ 10.86	
Lorazepam 2 mg. tablet	60	$ 14.24	$ 9.22	$ 5.02	$ 25.10	$ 10.86	
Lorazepam 2 mg. tablet	60	$ 14.24	$ 9.22	$ 5.02	$ 25.10	$ 10.86	
Zocor 5 mg. tablet	30	$ 62.85	$ 50.41	$ 12.44	$ 62.20	$ (0.65)	
Zocor 5 mg. tablet	30	$ 62.85	$ 50.41	$ 12.44	$ 62.20	$ (0.65)	
Zocor 5 mg. tablet	30	$ 62.85	$ 50.41	$ 12.44	$ 62.20	$ (0.65)	
Zocor 5 mg. tablet	30	$ 62.85	$ 50.41	$ 12.44	$ 62.20	$ (0.65)	
Zocor 5 mg. tablet	30	$ 62.85	$ 50.41	$ 12.44	$ 62.20	$ (0.65)	
Zocor 5 mg. tablet	30	$ 62.85	$ 50.41	$ 12.44	$ 62.20	$ (0.65)	
Nefazodone HCl 150 mg.	60	$ 31.02	$ 21.65	$ 9.37	$ 46.85	$ 15.83	
Nefazodone HCl 150 mg.	60	$ 31.02	$ 21.65	$ 9.37	$ 46.85	$ 15.83	
Nefazodone HCl 150 mg.	60	$ 31.02	$ 21.65	$ 9.37	$ 46.85	$ 15.83	
Nefazodone HCl 150 mg.	60	$ 31.02	$ 21.65	$ 9.37	$ 46.85	$ 15.83	
Nefazodone HCl 150 mg.	60	$ 31.02	$ 21.65	$ 9.37	$ 46.85	$ 15.83	
		$ 1,370.11	$ 981.39	$ 388.72	$ 1,943.60	$ 573.49	Avg. Spread/Rx for Fred is $19.12
Lisinopril 40 mg. tablet	30	$ 11.20	$ 8.07	$ 3.13	$ 15.65	$ 4.45	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Jantoven 5 mg. tablet	100	$ 25.04	$ 18.08	$ 6.96	$ 34.80	$ 9.76	

POTLATCH RETIREES RX DRUG BENEFIT W/EXPRESS SCRIPTS

Drug and Strength	Qty	Price	Paid to Pharmacy	Copay @ 20%	Charge to Plan	Spread Estimate	Comments
							Note: all patients on these spread sheets
Norvasc 10 mg. tablet	30	$ 65.92	$ 52.87	$ 13.05	$ 65.25	$ (0.67)	
Norvasc 10 mg. tablet	30	$ 65.92	$ 52.87	$ 13.05	$ 65.25	$ (0.67)	
Norvasc 10 mg. tablet	30	$ 65.92	$ 52.87	$ 13.05	$ 65.25	$ (0.67)	
Norvasc 10 mg. tablet	30	$ 65.92	$ 52.87	$ 13.05	$ 65.25	$ (0.67)	
Norvasc 5 mg. tablet	30	$ 48.59	$ 38.98	$ 9.61	$ 48.05	$ (0.54)	
Norvasc 5 mg. tablet	30	$ 48.59	$ 38.98	$ 9.61	$ 48.05	$ (0.54)	
Lisinopril 40 mg. tablet	30	$ 11.20	$ 8.25	$ 2.95	$ 14.75	$ 3.55	
Lisinopril 40 mg. tablet	30	$ 11.20	$ 8.25	$ 2.95	$ 14.75	$ 3.55	
Lisinopril 40 mg. tablet	30	$ 11.20	$ 8.25	$ 2.95	$ 14.75	$ 3.55	
Lisinopril 40 mg. tablet	30	$ 11.20	$ 8.25	$ 2.95	$ 14.75	$ 3.55	
Lisinopril 40 mg. tablet	30	$ 11.20	$ 8.25	$ 2.95	$ 14.75	$ 3.55	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Hydrochlorothiazide 25 mg.	30	$ 3.18	$ 2.52	$ 0.66	$ 3.30	$ 0.12	
Metoprolol 100 mg.	60	$ 9.66	$ 6.96	$ 2.70	$ 13.50	$ 3.84	
Metoprolol 100 mg.	60	$ 9.66	$ 6.96	$ 2.70	$ 13.50	$ 3.84	
Metoprolol 100 mg.	60	$ 9.66	$ 6.96	$ 2.70	$ 13.50	$ 3.84	
Metoprolol 100 mg.	60	$ 9.66	$ 6.96	$ 2.70	$ 13.50	$ 3.84	
Metoprolol 100 mg.	60	$ 9.66	$ 6.96	$ 2.70	$ 13.50	$ 3.84	
		$ 520.48	*$ 406.76*	*$ 113.72*	*$ 568.60*	*$ 48.12*	*Avg. Spread/Rx for Edna is $2.01*
Norvasc 5 mg. tablet	60	$ 95.15	$ 76.29	$ 18.86	$ 94.30	$ (0.85)	
Terazosin 2 mg. capsule	30	$ 9.88	$ 6.22	$ 3.66	$ 18.30	$ 8.42	Copay up; spread price up! Phcy payment same.
Terazosin 2 mg. capsule	30	$ 9.88	$ 6.22	$ 3.39	$ 16.95	$ 7.34	
Furosemide 20 mg. tablet	30	$ 3.56	$ 2.79	$ 0.77	$ 3.85	$ 0.29	
Furosemide 20 mg. tablet	30	$ 3.56	$ 2.81	$ 0.75	$ 3.75	$ 0.19	
Furosemide 20 mg. tablet	30	$ 3.56	$ 2.81	$ 0.75	$ 3.75	$ 0.19	
Metoprolol 100 mg.	45	$ 7.75	$ 5.47	$ 2.28	$ 11.40	$ 3.65	Copay up $0.16; spread price up $0.96; pharmacy
Metoprolol 100 mg.	45	$ 7.75	$ 5.63	$ 2.12	$ 10.60	$ 2.85	reimbursement down $0.16!
Metoprolol 100 mg.	45	$ 7.75	$ 5.63	$ 2.12	$ 10.60	$ 2.85	
Norvasc 5 mg. tablet	60	$ 95.15	$ 76.29	$ 18.86	$ 94.30	$ (0.85)	
Norvasc 5 mg. tablet	60	$ 95.15	$ 76.29	$ 18.86	$ 94.30	$ (0.85)	
Terazosin 1 mg. capsule	30	$ 9.88	$ 6.62	$ 3.26	$ 16.30	$ 6.42	
Terazosin 1 mg. capsule	30	$ 9.88	$ 6.62	$ 3.26	$ 16.30	$ 6.42	
Terazosin 1 mg. capsule	30	$ 9.88	$ 6.62	$ 3.26	$ 16.30	$ 6.42	
Terazosin 1 mg. capsule	30	$ 9.88	$ 6.62	$ 3.26	$ 16.30	$ 6.42	
Terazosin 1 mg. capsule	30	$ 9.88	$ 6.62	$ 3.26	$ 16.30	$ 6.42	
Terazosin 1 mg. capsule	30	$ 9.88	$ 6.62	$ 3.26	$ 16.30	$ 6.42	
Metoprolol 100 mg.	60	$ 9.66	$ 6.96	$ 2.70	$ 13.50	$ 3.84	
Furosemide 20 mg. tablet	30	$ 3.56	$ 2.81	$ 0.75	$ 3.75	$ 0.19	
Furosemide 20 mg. tablet	30	$ 3.56	$ 2.81	$ 0.75	$ 3.75	$ 0.19	
Furosemide 20 mg. tablet	30	$ 3.56	$ 2.81	$ 0.75	$ 3.75	$ 0.19	
Terazosin 1 mg. capsule	30	$ 9.88	$ 6.62	$ 3.26	$ 16.30	$ 6.42	
Terazosin 1 mg. capsule	30	$ 9.88	$ 6.62	$ 3.26	$ 16.30	$ 6.42	
Norvasc 5 mg. tablet	60	$ 95.15	$ 76.29	$ 18.86	$ 94.30	$ (0.85)	
		$ 533.67	*$ 411.09*	*$ 122.31*	*$ 611.55*	*$ 78.15*	*Avg. Spread/Rx for Maynard is $3.26*
Coreg 25 mg. tablet	60	$ 110.52	$ 88.60	$ 21.92	$ 109.60	$ (0.92)	Mfgr. Price Increase
Coreg 25 mg. tablet	60	$ 106.34	$ 85.25	$ 21.09	$ 105.45	$ (0.89)	
Coreg 25 mg. tablet	60	$ 106.34	$ 85.25	$ 21.09	$ 105.45	$ (0.89)	
Jantoven 5 mg. tablet	45	$ 12.38	$ 8.84	$ 3.54	$ 17.70	$ 5.32	Payment to pharmacy down; copay up; spread
Jantoven 5 mg. tablet	45	$ 12.38	$ 9.04	$ 3.34	$ 16.70	$ 4.32	price to plan sponsor up!
Jantoven 5 mg. tablet	45	$ 12.38	$ 9.04	$ 3.34	$ 16.70	$ 4.32	
Coreg 25 mg. tablet	60	$ 106.34	$ 85.25	$ 21.09	$ 105.45	$ (0.89)	
Lanoxin 0.125 mg. tablet	30	$ 7.30	$ 4.94	$ 2.36	$ 11.80	$ 4.50	

POTLATCH RETIREES RX DRUG BENEFIT W/EXPRESS SCRIPTS

Drug and Strength	Qty	Price	Paid to Pharmacy	Copay @ 20%	Charge to Plan	Spread Estimate	Comments
							Note: all patients on these spread sheets
Lipitor 20 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Jantoven 5 mg. tablet	45	$ 12.38	$ 9.04	$ 3.34	$ 16.70	$ 4.32	
Jantoven 5 mg. tablet	45	$ 12.38	$ 9.04	$ 3.34	$ 16.70	$ 4.32	
Viagra 50 mg. tablet	6	$ 64.12	$ 51.43	$ 12.69	$ 63.45	$ (0.67)	
Viagra 50 mg. tablet	6	$ 64.12	$ 51.43	$ 12.69	$ 63.45	$ (0.67)	
Viagra 50 mg. tablet	6	$ 64.12	$ 51.43	$ 12.69	$ 63.45	$ (0.67)	
Viagra 50 mg. tablet	6	$ 64.12	$ 51.43	$ 12.69	$ 63.45	$ (0.67)	
Viagra 50 mg. tablet	6	$ 64.12	$ 51.43	$ 12.69	$ 63.45	$ (0.67)	
Viagra 50 mg. tablet	6	$ 64.12	$ 51.43	$ 12.69	$ 63.45	$ (0.67)	
Viagra 50 mg. tablet	6	$ 64.12	$ 51.43	$ 12.69	$ 63.45	$ (0.67)	
Lisinopril 20 mg. tablet	30	$ 9.09	$ 6.91	$ 2.18	$ 10.90	$ 1.81	
Coreg 25 mg. tablet	60	$ 106.34	$ 85.25	$ 21.09	$ 105.45	$ (0.89)	
Coreg 25 mg. tablet	60	$ 106.34	$ 85.25	$ 21.09	$ 105.45	$ (0.89)	
		$ 1,278.59	*$ 1,019.29*	*$ 259.30*	*$ 1,296.50*	*$ 17.91*	*Avg. Spread/Rx for Nicholas is $0.85*
Cosopt Eye Drops	5	$ 53.21	$ 42.69	$ 10.52	$ 52.60	$ (0.61)	
Cosopt Eye Drops	5	$ 53.21	$ 42.69	$ 10.52	$ 52.60	$ (0.61)	
Cosopt Eye Drops	5	$ 53.21	$ 42.69	$ 10.52	$ 52.60	$ (0.61)	
Lexapro 10 mg. tablet	30	$ 75.02	$ 60.16	$ 14.86	$ 74.30	$ (0.72)	
Lexapro 10 mg. tablet	30	$ 75.02	$ 60.16	$ 14.86	$ 74.30	$ (0.72)	
Lexapro 10 mg. tablet	30	$ 75.02	$ 60.16	$ 14.86	$ 74.30	$ (0.72)	Mfgr. Price Increase
Lexapro 10 mg. tablet	30	$ 69.62	$ 55.83	$ 13.79	$ 68.95	$ (0.67)	
Lexapro 10 mg. tablet	30	$ 69.62	$ 55.83	$ 13.79	$ 68.95	$ (0.67)	
Glyburide 5 mg. tablet	30	$ 6.97	$ 5.08	$ 1.89	$ 9.45	$ 2.48	Phcy reimbursement down; copay up; plan sponsor
Glyburide 5 mg. tablet	30	$ 6.97	$ 5.18	$ 1.79	$ 8.95	$ 1.98	price up.
Glyburide 5 mg. tablet	30	$ 6.97	$ 5.18	$ 1.79	$ 8.95	$ 1.98	
Glyburide 5 mg. tablet	30	$ 6.97	$ 5.18	$ 1.79	$ 8.95	$ 1.98	
Glyburide 5 mg. tablet	30	$ 6.97	$ 5.18	$ 1.79	$ 8.95	$ 1.98	
Lisinopril-HCTZ 20-12.5 tablet	60	$ 30.25	$ 22.24	$ 8.01	$ 40.05	$ 9.80	Phcy reimbursement down; copay up; plan sponsor
Lisinopril-HCTZ 20-12.5 tablet	60	$ 30.25	$ 23.12	$ 7.13	$ 35.65	$ 5.40	price up.
Lisinopril-HCTZ 20-12.5 tablet	60	$ 30.25	$ 23.12	$ 7.13	$ 35.65	$ 5.40	
Lisinopril-HCTZ 20-12.5 tablet	60	$ 30.25	$ 23.12	$ 7.13	$ 35.65	$ 5.40	
Lisinopril-HCTZ 20-12.5 tablet	60	$ 30.25	$ 23.12	$ 7.13	$ 35.65	$ 5.40	
Lipitor 40 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Lipitor 40 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Lipitor 40 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Lipitor 40 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
Lipitor 40 mg. tablet	30	$ 109.24	$ 87.58	$ 21.66	$ 108.30	$ (0.94)	
		$ 1,256.23	*$ 998.63*	*$ 257.60*	*$ 1,288.00*	*$ 31.77*	*Avg. Spread/Rx for Litta is $1.38*
Carbidopa/Levodopa 25/100	90	$ 27.44	$ 17.80	$ 9.64	$ 48.20	$ 20.76	
Carbidopa/Levodopa 25/100	100	$ 30.26	$ 19.59	$ 10.67	$ 53.35	$ 23.09	
Carbidopa/Levodopa 25/100	84	$ 25.74	$ 16.72	$ 9.02	$ 45.10	$ 19.36	
Carbidopa/Levodopa 25/100	93	$ 28.28	$ 18.33	$ 9.95	$ 49.75	$ 21.47	
Cyanocobalamin 1000mcg/ml.	2	$ 3.14	$ 2.54	$ 0.60	$ 3.00	$ (0.14)	
Cyanocobalamin 1000mcg/ml.	2	$ 3.14	$ 2.54	$ 0.60	$ 3.00	$ (0.14)	
Aggrenox Capsule SA	60	$ 130.04	$ 104.24	$ 25.80	$ 129.00	$ (1.04)	
Aggrenox Capsule SA	62	$ 130.04	$ 104.24	$ 25.80	$ 129.00	$ (1.04)	
Aggrenox Capsule SA	62	$ 134.30	$ 107.65	$ 26.65	$ 133.25	$ (1.05)	
Aggrenox Capsule SA	56	$ 121.50	$ 97.40	$ 24.10	$ 120.50	$ (1.00)	
Aggrenox Capsule SA	62	$ 130.46	$ 104.58	$ 25.88	$ 129.40	$ (1.06)	
		$ 764.34	*$ 595.63*	*$ 168.71*	*$ 843.55*	*$ 79.21*	*Avg. Spread/Rx for Eldora is $7.20*
Accu-Chek Test Strips	100	$ 87.65	$ 70.28	$ 17.37	$ 86.85	$ (0.80)	
Lisinopril-HCTZ 20-12.5 tablet	60	$ 30.25	$ 22.24	$ 8.01	$ 40.05	$ 9.80	Phcy reimbursement down; copay up; plan sponsor
Lisinopril-HCTZ 20-12.5 tablet	60	$ 30.25	$ 23.12	$ 7.13	$ 35.65	$ 5.40	price up.
Atenolol 50 mg. tablet	30	$ 4.95	$ 3.78	$ 1.17	$ 5.85	$ 0.90	Phcy reimbursement down; copay up; plan sponsor

POTLATCH RETIREES RX DRUG BENEFIT W/EXPRESS SCRIPTS

Drug and Strength	Qty	Price	Paid to Pharmacy	Copay @ 20%	Charge to Plan	Spread Estimate	Comments
Atenolol 50 mg. tablet	30	$ 4.95	$ 3.87	$ 1.08	$ 5.40	$ 0.45	Note: all patients on these spread sheets price up.
Atenolol 50 mg. tablet	30	$ 4.95	$ 3.87	$ 1.08	$ 5.40	$ 0.45	
Metformin 1000 mg. tablet	60	$ 15.02	$ 9.88	$ 5.14	$ 25.70	$ 10.68	Phcy reimbursement down; copay up; plan sponsor price up.
Metformin 1000 mg. tablet	60	$ 15.02	$ 10.11	$ 4.91	$ 24.55	$ 9.53	
Metformin 1000 mg. tablet	60	$ 17.87	$ 12.95	$ 4.92	$ 24.60	$ 6.73	
Atenolol 50 mg. tablet	30	$ 4.95	$ 3.87	$ 1.08	$ 5.40	$ 0.45	
Metformin 1000 mg. tablet	60	$ 17.87	$ 12.95	$ 4.92	$ 24.60	$ 6.73	
Travatan 0.004% Eye Drops	5	$ 122.98	$ 98.58	$ 24.40	$ 122.00	$ (0.98)	
Accu-Chek Test Strips	100	$ 87.65	$ 70.28	$ 17.37	$ 86.85	$ (0.80)	
Accu-Chek Test Strips	100	$ 87.65	$ 70.28	$ 17.37	$ 86.85	$ (0.80)	
Accu-Chek Test Strips	100	$ 87.65	$ 70.28	$ 17.37	$ 86.85	$ (0.80)	
Norvasc 10 mg. tablet	15	$ 33.98	$ 27.28	$ 6.70	$ 33.50	$ (0.48)	
Norvasc 10 mg. tablet	15	$ 33.98	$ 27.28	$ 6.70	$ 33.50	$ (0.48)	
Norvasc 10 mg. tablet	15	$ 33.98	$ 27.28	$ 6.70	$ 33.50	$ (0.48)	
Norvasc 10 mg. tablet	15	$ 33.98	$ 27.28	$ 6.70	$ 33.50	$ (0.48)	
Norvasc 10 mg. tablet	15	$ 33.98	$ 27.28	$ 6.70	$ 33.50	$ (0.48)	
Synthroid 100 mcg.	30	$ 14.35	$ 7.20	$ 7.15	$ 35.75	$ 21.40	
Synthroid 100 mcg.	30	$ 14.35	$ 7.10	$ 7.25	$ 36.25	$ 21.90	
Synthroid 100 mcg.	30	$ 14.35	$ 7.10	$ 7.25	$ 36.25	$ 21.90	
Synthroid 100 mcg.	30	$ 14.35	$ 7.10	$ 7.25	$ 36.25	$ 21.90	
Synthroid 100 mcg.	30	$ 14.35	$ 7.10	$ 7.25	$ 36.25	$ 21.90	
Synthroid 100 mcg.	30	$ 14.35	$ 7.10	$ 7.25	$ 36.25	$ 21.90	
Avandia 2 mg. tablet	30	$ 65.30	$ 52.37	$ 12.93	$ 64.65	$ (0.65)	Mfgr. Price Increase
Avandia 2 mg. tablet	30	$ 64.68	$ 51.88	$ 12.80	$ 64.00	$ (0.68)	
Avandia 2 mg. tablet	30	$ 64.68	$ 51.88	$ 12.80	$ 64.00	$ (0.68)	
Avandia 2 mg. tablet	30	$ 64.68	$ 51.88	$ 12.80	$ 64.00	$ (0.68)	
Avandia 2 mg. tablet	30	$ 64.68	$ 51.88	$ 12.80	$ 64.00	$ (0.68)	
Avandia 2 mg. tablet	30	$ 64.68	$ 51.88	$ 12.80	$ 64.00	$ (0.68)	
Lipitor 10 mg. tablet	15	$ 39.61	$ 31.79	$ 7.82	$ 39.10	$ (0.51)	
Lipitor 10 mg. tablet	15	$ 39.61	$ 31.79	$ 7.82	$ 39.10	$ (0.51)	
Lipitor 10 mg. tablet	15	$ 39.61	$ 31.79	$ 7.82	$ 39.10	$ (0.51)	
Lipitor 10 mg. tablet	15	$ 39.61	$ 31.79	$ 7.82	$ 39.10	$ (0.51)	
Lipitor 10 mg. tablet	15	$ 39.61	$ 31.79	$ 7.82	$ 39.10	$ (0.51)	
Lipitor 10 mg. tablet	15	$ 39.61	$ 31.79	$ 7.82	$ 39.10	$ (0.51)	
Metformin 1000 mg. tablet	60	$ 17.87	$ 12.95	$ 4.92	$ 24.60	$ 6.73	
Metformin 1000 mg. tablet	60	$ 17.87	$ 12.95	$ 4.92	$ 24.60	$ 6.73	
Lisinopril-HCTZ 20-12.5 tablet	60	$ 30.25	$ 23.12	$ 7.13	$ 35.65	$ 5.40	
Lisinopril-HCTZ 20-12.5 tablet	60	$ 30.25	$ 23.12	$ 7.13	$ 35.65	$ 5.40	
Lisinopril-HCTZ 20-12.5 tablet	60	$ 30.25	$ 23.12	$ 7.13	$ 35.65	$ 5.40	
Lisinopril-HCTZ 20-12.5 tablet	60	$ 30.25	$ 23.12	$ 7.13	$ 35.65	$ 5.40	
Alphagan P 0.15% Eye drops	10	$ 86.17	$ 69.09	$ 17.08	$ 85.40	$ (0.77)	
Atenolol 50 mg. tablet	30	$ 4.95	$ 3.87	$ 1.08	$ 5.40	$ 0.45	
Atenolol 50 mg. tablet	30	$ 4.95	$ 3.87	$ 1.08	$ 5.40	$ 0.45	
Norvasc 10 mg. tablet	15	$ 33.98	$ 27.28	$ 6.70	$ 33.50	$ (0.48)	
Accu-Chek Test Strips	100	$ 87.65	$ 70.28	$ 17.37	$ 86.85	$ (0.80)	
		$ 1,876.46	*$ 1,460.72*	*$ 415.74*	*$ 2,078.70*	*$ 202.24*	*Avg. Spread/Rx for Mary Lou is $4.13*
Folic Acid 1 mg.	30	$ 3.70	$ 2.96	$ 0.74	$ 3.70	$ 0.00	
Prednisone 5 mg. tablet	30	$ 2.88	$ 2.31	$ 0.57	$ 2.85	$ (0.03)	
Prednisone 5 mg. tablet	30	$ 2.88	$ 2.31	$ 0.57	$ 2.85	$ (0.03)	
Fosamax 70 mg. tablet	4	$ 75.10	$ 60.22	$ 14.88	$ 74.40	$ (0.70)	
Fosamax 70 mg. tablet	4	$ 75.10	$ 60.22	$ 14.88	$ 74.40	$ (0.70)	
Hydrocodone-APAP 5/500	30	$ 4.51	$ 3.36	$ 1.15	$ 5.75	$ 1.24	Amt. paid to pharmacy went down, but patient
Hydrocodone-APAP 5/500	30	$ 4.51	$ 3.40	$ 1.11	$ 5.55	$ 1.04	copay & plan sponsor amount went up!
Methotrexate 2.5 mg. tablet	32	$ 26.72	$ 16.94	$ 9.78	$ 48.90	$ 22.18	Amt. paid to pharmacy went down, but patient

POTLATCH RETIREES RX DRUG BENEFIT W/EXPRESS SCRIPTS

			Drug and Strength	Qty	Price	Paid to Pharmacy	Copay @ 20%	Charge to Plan	Spread Estimate	Comments
										Note: all patients on these spread sheets
			Methotrexate 2.5 mg. tablet	32	$ 26.72	$ 17.72	$ 9.00	$ 45.00	$ 18.28	copay & plan sponsor amount went up!
			Methotrexate 2.5 mg. tablet	32	$ 26.72	$ 17.72	$ 9.00	$ 45.00	$ 18.28	
			Methotrexate 2.5 mg. tablet	32	$ 26.72	$ 17.72	$ 9.00	$ 45.00	$ 18.28	
			Methotrexate 2.5 mg. tablet	32	$ 26.72	$ 17.72	$ 9.00	$ 45.00	$ 18.28	
			Methotrexate 2.5 mg. tablet	32	$ 26.72	$ 17.72	$ 9.00	$ 45.00	$ 18.28	
			Prednisone 5 mg. tablet	6	$ 3.72	$ 2.96	$ 0.76	$ 3.80	$ 0.08	
			Prednisone 5 mg. tablet	6	$ 3.72	$ 2.96	$ 0.76	$ 3.80	$ 0.08	
			Prednisone 5 mg. tablet	6	$ 3.72	$ 2.96	$ 0.76	$ 3.80	$ 0.08	
			Folic Acid 1 mg.	30	$ 3.70	$ 2.96	$ 0.74	$ 3.70	$ 0.00	
			Folic Acid 1 mg.	30	$ 3.70	$ 2.96	$ 0.74	$ 3.70	$ 0.00	
			Folic Acid 1 mg.	30	$ 3.70	$ 2.96	$ 0.74	$ 3.70	$ 0.00	
			Folic Acid 1 mg.	30	$ 3.70	$ 2.96	$ 0.74	$ 3.70	$ 0.00	
			Hydrocodone-APAP 5/500	15	$ 3.27	$ 2.53	$ 0.74	$ 3.70	$ 0.43	
			Fosamax 70 mg. tablet	4	$ 75.10	$ 60.22	$ 14.88	$ 74.40	$ (0.70)	
			Fosamax 70 mg. tablet	4	$ 75.10	$ 60.22	$ 14.88	$ 74.40	$ (0.70)	
			Fosamax 70 mg. tablet	4	$ 75.10	$ 60.22	$ 14.88	$ 74.40	$ (0.70)	Mfgr. Price Increase
			Fosamax 70 mg. tablet	4	$ 71.70	$ 57.50	$ 14.20	$ 71.00	$ (0.70)	
					$ 655.23	*$ 501.73*	*$ 153.50*	*$ 767.50*	*$ 112.27*	*Avg. Spread/Rx for Rosemary is $4.49*
			Furosemide 40 mg. tablet	30	$ 3.68	$ 2.90	$ 0.78	$ 3.90	$ 0.22	
			Oxycodone 5 mg. capsule	650	$ 109.64	$ 75.69	$ 33.95	$ 169.75	$ 60.11	
			Pulimcort 200mcg. Turbinhaler	1	$ 155.76	$ 124.84	$ 30.92	$ 154.60	$ (1.16)	
			Eth-Oxydose 20mg/ml. Sol'n	60	$ 45.39	$ 33.48	$ 11.91	$ 59.55	$ 14.16	
			Eth-Oxydose 20mg/ml. Sol'n	60	$ 45.39	$ 33.48	$ 11.91	$ 59.55	$ 14.16	
			Eth-Oxydose 20mg/ml. Sol'n	60	$ 45.39	$ 33.48	$ 11.91	$ 59.55	$ 14.16	
			Oxycodone 5 mg. capsule	200	$ 35.15	$ 24.44	$ 10.71	$ 53.55	$ 18.40	
			Amox TR-K CLV 500-125 tab	30	$ 46.71	$ 33.63	$ 13.08	$ 65.40	$ 18.69	
			Oxycodone 5 mg. capsule	720	$ 160.01	$ 121.76	$ 38.25	$ 191.25	$ 31.24	
			Maxair Autohaler 0.2 mg.	14	$ 89.43	$ 71.70	$ 17.73	$ 88.65	$ (0.78)	
			Maxair Autohaler 0.2 mg.	14	$ 89.43	$ 71.70	$ 17.73	$ 88.65	$ (0.78)	
			Maxair Autohaler 0.2 mg.	14	$ 89.43	$ 71.70	$ 17.73	$ 88.65	$ (0.78)	
			Oxycodone 5 mg. capsule	720	$ 160.01	$ 121.76	$ 38.25	$ 191.25	$ 31.24	
			Miacalcin 200IU Nasal Spray	3.7	$ 94.73	$ 75.95	$ 18.78	$ 93.90	$ (0.83)	
			Miacalcin 200IU Nasal Spray	3.7	$ 94.73	$ 75.95	$ 18.78	$ 93.90	$ (0.83)	
			Miacalcin 200IU Nasal Spray	3.7	$ 94.73	$ 75.95	$ 18.78	$ 93.90	$ (0.83)	
			Metoprolol 25 mg.tablet	15	$ 3.34	$ 2.63	$ 0.71	$ 3.55	$ 0.21	
			Metoprolol 25 mg.tablet	15	$ 3.34	$ 2.63	$ 0.71	$ 3.55	$ 0.21	
			Metoprolol 25 mg.tablet	15	$ 3.34	$ 2.63	$ 0.71	$ 3.55	$ 0.21	
			Metoprolol 25 mg.tablet	15	$ 3.34	$ 2.63	$ 0.71	$ 3.55	$ 0.21	
			Protonix 40 mg. tablet	30	$ 111.92	$ 89.72	$ 22.20	$ 111.00	$ (0.92)	Mfgr. Price Increase
			Protonix 40 mg. tablet	30	$ 108.35	$ 86.86	$ 21.49	$ 107.45	$ (0.90)	
			Protonix 40 mg. tablet	30	$ 108.35	$ 86.86	$ 21.49	$ 107.45	$ (0.90)	
			Protonix 40 mg. tablet	30	$ 108.35	$ 86.86	$ 21.49	$ 107.45	$ (0.90)	
			Beconase AQ 0.042% Spray	25	$ 84.41	$ 67.68	$ 16.73	$ 83.65	$ (0.76)	
			Beconase AQ 0.042% Spray	25	$ 84.41	$ 67.68	$ 16.73	$ 83.65	$ (0.76)	
			Beconase AQ 0.042% Spray	25	$ 84.41	$ 67.68	$ 16.73	$ 83.65	$ (0.76)	
			Furosemide 40 mg. tablet	12	$ 2.69	$ 2.15	$ 0.54	$ 2.70	$ 0.01	
			Furosemide 40 mg. tablet	12	$ 2.69	$ 2.15	$ 0.54	$ 2.70	$ 0.01	
			Furosemide 40 mg. tablet	12	$ 2.69	$ 2.15	$ 0.54	$ 2.70	$ 0.01	
			Furosemide 40 mg. tablet	12	$ 2.69	$ 2.15	$ 0.54	$ 2.70	$ 0.01	
			Furosemide 40 mg. tablet	12	$ 2.69	$ 2.15	$ 0.54	$ 2.70	$ 0.01	
			Nabumetone 500 mg. tablet	60	$ 36.78	$ 25.06	$ 11.72	$ 58.60	$ 21.82	
			Nabumetone 500 mg. tablet	60	$ 36.78	$ 25.06	$ 11.72	$ 58.60	$ 21.82	
			Nabumetone 500 mg. tablet	60	$ 36.78	$ 25.06	$ 11.72	$ 58.60	$ 21.82	
			Nabumetone 500 mg. tablet	60	$ 36.78	$ 25.06	$ 11.72	$ 58.60	$ 21.82	

POTLATCH RETIREES RX DRUG BENEFIT W/EXPRESS SCRIPTS

Drug and Strength	Qty	Price	Paid to Pharmacy	Copay @ 20%	Charge to Plan	Spread Estimate	Comments
							Note: all patients on these spread sheets
Fosinopril 40 mg. tablet	30	$ 16.64	$ 12.13	$ 4.51	$ 22.55	$ 5.91	
Fosinopril 40 mg. tablet	30	$ 16.64	$ 12.13	$ 4.51	$ 22.55	$ 5.91	Note reimbursement to pharmacy went down $4.09,
Fosinopril 40 mg. tablet	30	$ 21.64	$ 16.22	$ 5.42	$ 27.10	$ 5.46	but copay went down $0.91. Spread down $0.46.
Quinine Sulfate 260 mg. tab	30	$ 17.32	$ 13.51	$ 3.81	$ 19.05	$ 1.73	Where's the money??
Quinine Sulfate 260 mg. tab	30	$ 17.32	$ 13.51	$ 3.81	$ 19.05	$ 1.73	
Quinine Sulfate 260 mg. tab	30	$ 17.32	$ 13.51	$ 3.81	$ 19.05	$ 1.73	
Quinine Sulfate 260 mg. tab	30	$ 17.32	$ 13.51	$ 3.81	$ 19.05	$ 1.73	
Lipitor 10 mg. tablet	30	$ 77.18	$ 61.89	$ 15.29	$ 76.45	$ (0.73)	
Lipitor 10 mg. tablet	30	$ 77.18	$ 61.89	$ 15.29	$ 76.45	$ (0.73)	
Lipitor 10 mg. tablet	30	$ 77.18	$ 61.89	$ 15.29	$ 76.45	$ (0.73)	
Lipitor 10 mg. tablet	30	$ 77.18	$ 61.89	$ 15.29	$ 76.45	$ (0.73)	
Accolate 20 mg. tablet	60	$ 81.61	$ 65.44	$ 16.17	$ 80.85	$ (0.76)	
Accolate 20 mg. tablet	60	$ 81.61	$ 65.44	$ 16.17	$ 80.85	$ (0.76)	
Accolate 20 mg. tablet	60	$ 81.61	$ 65.44	$ 16.17	$ 80.85	$ (0.76)	
Accolate 20 mg. tablet	60	$ 81.61	$ 65.44	$ 16.17	$ 80.85	$ (0.76)	
Triamcinolone Cream 0.1%	60	$ 3.80	$ 3.07	$ 0.73	$ 3.65	$ (0.15)	
Zofran 4 mg. tablet	10	$ 220.92	$ 188.13	$ 32.79	$ 163.95	$ (56.97)	Patient met maximum out of pocket.
		$ 3,207.82	*$ 2,518.30*	*$ 689.52*	*$ 3,447.60*	*$ 239.78*	*Avg. Spread/Rx for Gladys is $4.52*
Advair Diskus 250/50	60	$ 162.53	$ 130.27	$ 32.26	$ 161.30	$ (1.23)	
Albuterol 90mcg. Inhaler	17	$ 13.45	$ 9.82	$ 3.63	$ 18.15	$ 4.70	
Albuterol 90mcg. Inhaler	17	$ 11.86	$ 8.52	$ 3.34	$ 16.70	$ 4.84	
Albuterol 90mcg. Inhaler	17	$ 9.96	$ 7.00	$ 2.96	$ 14.80	$ 4.84	
Prednisone 20 mg. tablet	10	$ 2.83	$ 2.26	$ 0.57	$ 2.85	$ 0.02	
Doxycycline 100 mg. tablet	20	$ 5.30	$ 4.08	$ 1.22	$ 6.10	$ 0.80	
		$ 205.93	*$ 161.95*	*$ 43.98*	*$ 219.90*	*$ 57.95*	*Avg Spread/Rx for Ellen is $9.66*
		$ 20,053.41	$ 15,566.01	$ 4,487.13	$ 22,435.65	$ 2,426.49	Avg. Spread/Rx on 545 Rxs is $4.45

Breaking | News

Study confirms health monopoly fears

By Russ Britt
Last Updated: 4/17/2006 12:01:00 AM

LOS ANGELES (MarketWatch) -- A study scheduled to be released Monday is expected to raise concerns that health insurer consolidation is creating near-monopolies in virtually all reaches of the U.S. -- with the most dominant firms grabbing more market share by several percentage points a year.

Data from the American Medical Association shows that in each of 43 states, a handful of top insurers have gained such a stronghold that their markets are considered "highly concentrated" under Department of Justice guidelines, often far exceeding the thresholds that trigger antitrust concerns.

The study also shows that in 166 of 294 metropolitan areas, or 56%, a single insurer controls more than half the business in health maintenance organization (HMO) and preferred provider networks

(PPO) underwriting.

"This problem is widespread across the country and it needs to be looked at," said Dr. Jim Rohack, an AMA trustee and physician in Temple, Texas. "The choices that patients have now are more difficult."

The AMA study cited a Justice Department benchmark in citing antitrust concerns, the Herfindahl-Hirschman Index, or HHI. A score above 1,000 shows "moderate" concentration. Those scoring above 1,800 yield a "high" concentration.

Figures show that 95% of the 294 HMO/PPO metropolitan markets studied were above 1,800. Raise that HHI bar even higher to 3,000 and yet more than half, or 67%, rise above it.

The AMA study is the latest piece of evidence -- and most comprehensive to date -- showing the market power of a few companies, and a large number of regional non-profit Blue Cross operations, is formidable and growing. And it comes at a time when premiums continue to grow at near double-digit rates.

Critics say that carriers are not only creating monopolies and oligopolies in many regions, they also control the other side of the equation in what is known as monopsony power. That means in addition to having the most enrollees, they're also the biggest purchasers of health care and can dictate prices and coverage terms.

It also makes it harder for new carriers to emerge as pricing already has been set by the dominant carrier.

That's particularly true in North Dakota, where the state's Blue Cross Blue Shield provider has, by various estimates, a roughly 90% share of the market, said Insurance Commissioner Jim Poolman. New carriers would have to pay more to health-care providers and charge less to policyholders to gain a foothold.

In North Dakota, there isn't much incentive for that, he added.

"It's difficult in a market of 640,000 people to write new insurance policies," Poolman said.

400 mergers

The AMA says there have been more than 400 mergers among health-care insurers in the past decade. As they've consolidated and presumably eliminated duplicative functions, they're not passing the savings in personnel and administrative costs on to consumers. Rate increases, though slowing, are higher than ever and growing at a near double-digit pace.

See related story on consumer impact of health-care mergers.

Studies by the Kaiser Family Foundation show double-digit premium hikes from 2001 to 2004 -- peaking with a 13.9% jump in 2003 -- have soared well above inflation and wages. Those categories have risen at rates less than a half to less than one-fifth that of insurance premiums, Kaiser says.

Last year, the string of double-digit jumps was broken but was close to that level with a 9.2% increase, the Kaiser study said. The foundation is not affiliated with the non-profit HMO of the same

name.

Some health insurance analysts have said the recent uptick in premiums is part of an "underwriting cycle" in which carriers go through a period of boosting profits, and then ease up on premium increases for several years. See related story.

But Gary Claxton, vice president at the Kaiser Family Foundation, contends fewer insurers mean the need for underwriting cycles has diminished. And it's likely that carriers will settle on the high side when it comes to premium increases.

"They won't get down to cost," he said. "They see it as their collective right not to cut prices too much."

David Colby, chief financial officer for WellPoint Inc. (WLP), the nation's largest carrier, disagreed. He said medical cost increases have forced his company to hike premiums, adding the percentage his company spends on actual medical care has remained constant in recent years.

"Our premiums are pretty much tracking what medical costs are doing," he said.

See interactive charts on the AMA study data.

Regulators uninterested?

The AMA says it has taken up this antitrust issue with the U.S. Department of Justice but says it has run into roadblocks with regulators. AMA officials say regulators seem uninterested, even though government officials are more than willing to target doctors' groups and hospitals on antitrust matters.

Justice Department officials did not respond to requests for comment.

A former Justice official says, however, that the health insurance market doesn't operate by normal rules. Constance K. Robinson, the department's former director of operations, says there are a number of issues to consider when deciding if competition is hampered in a particular market.

A single carrier may have naturally accumulated huge market share as more consumers became less enchanted with rivals or a dominant carrier could be keeping medical costs down. Managed care plans have fallen into disfavor in many cases as well.

So if numbers show a high concentration of market power, there may be more to the story, she said.

"The answer any antitrust lawyer should tell you is, it depends," said Robinson, who left the department in late 2003 to become an antitrust lawyer in the private sector. "Health care is not a so-called normal market. You have different drivers."

WellPoint's Colby disputes the numbers in the AMA study, but acknowledges that the market shares of the largest companies have grown tremendously. WellPoint and UnitedHealth Group Inc. (UNH) are the two biggest carriers and are expected to dominate the for-profit landscape.

He expects other health-care mergers with any number of companies possible targets, including such giants as Cigna Corp. (CI), Aetna Inc.

(AET) and Humana Inc. (HUM)

Still, he says that in some cases, health mergers create economies of scale. Some insurers are able to initiate new medical programs off the savings from combining operations. WellPoint's recent merger with Anthem created direct savings of $250 million alone, Colby said.

The Justice Department has looked into health-care mergers sporadically in the past. It forced Aetna to divest some of its holdings in Dallas and Houston when it acquired Prudential Insurance's health care business in 1999.

It also seeks divestiture of some properties in Boulder, Colo., and Tucson, Ariz., before UnitedHealth completes its buyout of Pacificare Health Systems. (PHS)

Other key mergers have gone through unscathed, though. Regulators deemed that the 2004 marriage of Blue Cross giants WellPoint (WLP) and Anthem posed no antitrust threat. Regulators found there were few overlapping markets between the two.

Others following the issue

The AMA has studied the issue of growing health insurer monopolies for several years, and has a vested interest in the subject. It's trying to protect its doctors, who are concerned about declining reimbursements from carriers.

Yet other independent studies have shown similar findings in other health insurance circles.

The Government Accountability Office twice looked at the issue this decade, in 2000 and 2004, examining small-group insurers in roughly 41 states that submitted data. Small-group insurers cover companies with two to 50 employees.

The GAO found that heavy consolidation among small-group insurers has increased the average market share of each state's largest firm from 36.9% to 43.3%. That represents a 17.7% increase.

At the same time, the collective market share of the five largest small-group insurers in each state went up an average 12.5%. And findings show that in the four-year period, the number of carriers has dropped by 17.6% on average per state.

There's more. James Robinson, a health economics professor at the University of California at Berkeley, examined in late 2004 how many states had a high concentration of market share in the hands of a few.

Citing figures from Goldman Sachs Global Equity Research and insurer consultant InterStudy, Robinson found that in 42 states and the District of Columbia, antitrust concern was "high." Eleven more states triggered a "moderate" antitrust concern, under the HHI index used by the AMA.

"Further consolidation, and a further increase in entry barriers, is to be expected, as small local plans continue to sell out to the dominant carriers," he wrote in the industry journal Health Affairs in late 2004.

States try to act

Some states are trying to take matters into their own hands.

Poolman, the North Dakota insurance commissioner, says he faces challenges "every day" when it comes to contending with the vast 90% market share of Blue Cross Blue Shield.

Although the local Blue Cross plan is operated by a not-for-profit firm, Noridian Mutual Insurance Co., it still often flexes its muscles, Poolman said. And it still can make money; it's just that such operations reinvest profits back into the business instead of paying shareholders.

"Their reserve rate is growing astronomically," Poolman said. The company's reserves now stand at 600% of its risk-based capital, triple what is needed to remain solvent, he said.

Noridian's huge market share appears to be a sore subject with the company. When asked to discuss the subject, spokesman Larry Gauper asked: "What advantage would that provide us, talking to you?" He then declined to comment.

Poolman said Noridian last fall proposed cutting reimbursements to a group of pharmacies by 40% to 80%. The company's powerful market position put pharmacies in a bind, forcing many to close. That would have cut services to roughly 4% of the state's residents.

"In many of these rural areas, the pharmacy is the only health care provider in that community," Poolman said. So the state intervened and cuts were limited to 20% to 40%, he said.

The state doesn't intervene in private business negotiations since it has no regulatory authority. But Poolman said in this case, with an insurer that had that kind of market clout, it was necessary.

"We used the bully pulpit of my office," he said. "We had a mild revolt on our hands. So I led the mutiny."

Poolman said Noridian hasn't been timid about throwing its weight around, but added the company's premium hikes have been less than the national average, roughly 6% to 6.5% a year.

Maine's experience

For some states, the experience of having a dominant carrier hasn't been so grueling.

In Maine, WellPoint came to the rescue of the not-for-profit Blue Cross in the state several years ago, said Alessandro Iuppa, superintendent of insurance.

The AMA study maintains WellPoint controls two-thirds of the HMO/PPO market in Maine, but Iuppa said that could be close to three-fourths. The company's Colby believes that it's less than half.

In any case, Iuppa said the non-profit Blue Cross was in danger of insolvency. Then known as Anthem prior to its merger with WellPoint, the company took over. Since then, the insurer has been a fairly good corporate citizen, he added.

"It's not like they came in and picked off business," he said. Like North Dakota, the state's market is small and it would be tough to encourage more carriers to come in, he added.

But he says he is trying. Trouble is, not only are there market hurdles

to overcome, but regulatory difficulties. Maine forces carriers to insure prospective policyholders if they're able to pay; resulting in many not taking out policies until they're ill.

"I'm not particularly optimistic we're going to be able to do that," he said.

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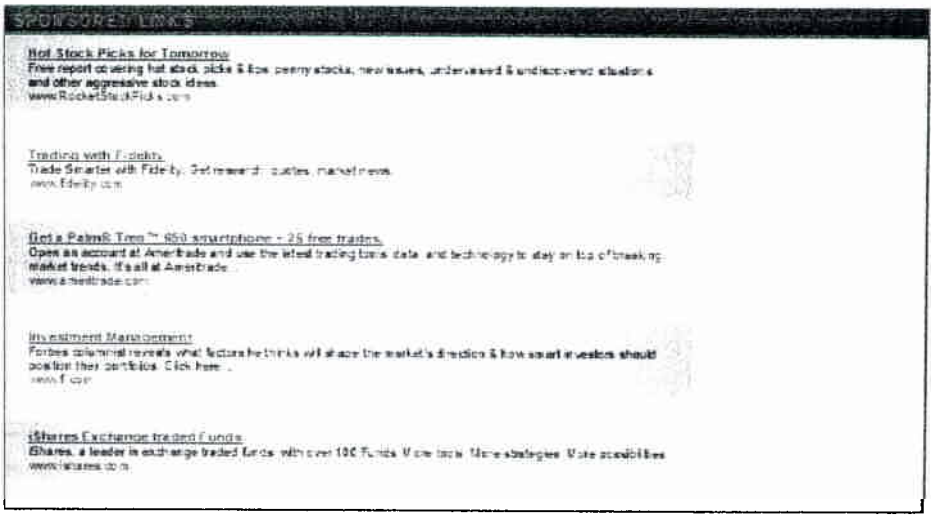

Blue Cross reserves: $1 billion

Glenn Howatt, Star Tribune - April 17, 2006

Blue Cross and Blue Shield of Minnesota has amassed more than $1 billion in financial reserves but continues to raise health care premiums and shift costs to consumers, according to an investigation by Minnesota Attorney General Mike Hatch.

In a seven-volume report to be released today, the attorney general's office credited Blue Cross for trimming travel and entertainment expenses, but faulted the Eagan company for generous executive pay packages, high spending on consultants and accumulating $1.1 billion in reserves, an amount 12 times greater than state law requires.

"The obligation of Blue Cross is to provide affordable health care," Hatch said. "Their statutory purpose is not to become the wealthiest nonprofit."

Officials in at least 12 other states have raised concerns about growing surpluses at local Blue Cross plans. Some have called for customer rebates or funding health care for the uninsured.

A Minnesota Blue Cross official defended the reserves Wednesday, saying Hatch's office had overstated the company's financial position.

"We actually don't agree with the calculations that the attorney general has in his report," said President Colleen Reitan. "Our reserve levels are absolutely in keeping with both regulatory and auditing requirements."

Blue Cross acknowledged that it has $693 million in surplus funds, which is about three to four times above state-required minimums. Reitan said it would be too risky to reduce the company's surplus to the mandatory minimum.

She added that its financial strength gives the company the ability to serve state residents with a variety of health plans.

Reitan said Blue Cross, which received a copy of the report Wednesday, will review Hatch's recommendations on consulting, compensation and expenses. But she said the company stands behind several health improvement initiatives criticized by Hatch, including its $9 million "do" advertising campaign, which promotes physical fitness.

"[Hatch] really views health plans as playing a very narrow role," Reitan said. "We have an eye towards the long-term determinants of health care costs. We think it is central to the mission of the organization."

Series of criticisms made

With 2.7 million members, Blue Cross is also a much more complex organization than when it became Minnesota's first health plan in 1933 and offered hospital insurance for a dime.

The Minnesota Blues have become a national player, selling health insurance to national companies through an agreement with the Blue Cross and Blue Shield Association, which coordinates with other Blues organizations. About one-third of its members don't live in the state.

They are also involved in multicompany partnerships that control prescription drug costs and market Medicare drug plans.

Hatch's Blue Cross review, which began 15 months ago, is the fourth his office has conducted of a nonprofit health care company. The first review, of Allina Health System, which at that time included Medica health plans, uncovered lavish spending on travel, executive perks, entertainment, gifts and consultants.

That review, released in 2001, triggered management and board changes at Allina and Medica. The health plan remained under Hatch's purview until Medica won its independence last year after a long court battle.

He called on Blue Cross, which had already made changes in response to the audits of Medica and HealthPartners, to tighten its spending policies on compensation, travel and consultants.

But his primary criticism was the size of the Blue Cross reserves.

"They ought to refund this money back to policyholders," Hatch said. He also criticized the Minnesota Commerce Department, which regulates insurers, for letting the Blues set aside the money, which appears on company financial statements but is not counted as part of its surplus.

"We have as many complaints about the regulator here as we do about the company," he said.

Concerns raised elsewhere

The report said Blue Cross has used accounting gimmicks to inappropriately set aside $174 million. Another $50 million was moved to the Blue Cross Foundation, which has been giving away an average of $1.7 million a year and "stockpiling" the rest, according to the report.

And $190 million that Blue Cross has in three HMO subsidiaries aren't included in the surplus, contrary to national insurance standards.

"We have a very complacent regulator," said Hatch, who was commerce commissioner under Gov. Rudy Perpich. Commerce Department spokesman Pet Sexton said agency officials had not seen Hatch's report. But Assistant Commissioner Jackie Gardner said the national standard doesn't apply to Minnesota in this case because HMOs here are nonprofit, meaning that they have no corporate owners and that Blue Cross can't claim the assets.

The issue of Blue Cross subsidiaries has been raised in other states, said Laurie Sobel, senior staff attorney at Consumers Union, which is monitoring developments across the country.

"A lot of this is just a hide-the-money game," Sobel said. "We feel like there should be more transparency, and the surpluses don't need to so high."

Under a deal reached with Pennsylvania's governor, the Blue Cross plans serving that state agreed to spend $1 billion of surplus funds over six years for community health activities, including basic health coverage for the uninsured.

Consumers Union found that the 38 nonprofit Blue Cross plans had a combined surplus of $20 billion at the end of 2003, an increase of 30 percent from the previous year. Health care researchers are now analyzing 2005 financial statements, which were filed in most states a month ago, to see if competition has forced those surpluses to shrink.

Large reserves are of concern to health-care policy officials because they indicate that premiums could be too high. They also give an insurer the financial cushion to underbid competitors.

School plans were questioned

Concerns about Blue Cross' market powers were raised last year in Minnesota after State Auditor Pat Anderson released a report criticizing the relationship between Blue Cross and several regional state cooperatives that buy health insurance for school districts and local governments.

The audit discovered that Blue Cross had employed a consultant who was also working for the cooperatives. It also said Blue Cross was not providing enough information to school districts, and questioned payments that Blue Cross was making to the cooperatives.

The Commerce Department said it would investigate Anderson's findings. Blue Cross said its arrangements with the cooperatives were appropriate and beneficial to schools and local governments.

Reitan said Hatch's misstatement of its reserves was one of the factual errors in the report. But she said the company will work with his office to make required changes.

Glenn Howatt ▯ 612-673-7192

FOR IMMEDIATE RELEASE

CONTACT:
Susan Nolan
Mike Humphreys
NCOIL National Office
518-687-0178

NCOIL TO EXPLORE CONTROVERSIAL PHARMACY BENEFIT MANAGER REGULATION

Troy, New York, July 7, 2006 – Should a pharmacy benefit manager (PBM) be required to disclose confidential financial information? Are patients and physicians consulted when a drug is substituted for a prescribed treatment? Would a fiduciary duty requirement for PBMs increase the cost of prescription drugs?

The Health, Long-Term Care, and Health Retirement Issues Committee of the National Conference of Insurance Legislators (NCOIL) will investigate answers to these questions and will determine whether to proceed with controversial model legislation on Friday, July 21, during the July 20 through 23 NCOIL Summer Meeting in Boston, Massachusetts.

A special roundtable discussion, scheduled for 9:15 a.m. to 10:15 a.m., will provide a forum for legislators to ask questions of expert panelists representing interests ranging from health plans and PBMs to state agencies and pharmacists.

Scheduled to participate in the roundtable are Reginia Benjamin of the National Community Pharmacists Association (NCPA), David Czekanski of the Massachusetts Group Insurance Commission (GIC), Barbara Levy of the Pharmaceutical Care Management Association (PCMA), and Randi Reichel, who will represent America's Health Insurance Plans (AHIP).

Preliminary consideration of a proposed *Model Act Regarding Pharmacy Benefit Managers*, scheduled earlier from 8:00 a.m. to 9:15 a.m., will address key public policy

concerns. The model bill, sponsored by Delegate Harvey Morgan (VA), would, among other things, require that a PBM owe a fiduciary duty to a covered entity, provide transparency regarding financial and utilization information, disclose any conflict of interest presented by PBM activity, and follow drug substitution guidelines.

The Committee also will discuss current state PBM laws, as well as the status of bills introduced in state houses during the 2005-2006 legislative session.

NCOIL has considered PBM public policy issues for more than a year, including a special general session and a Committee hearing that featured debate on PBM practices.

The NCOIL Summer Meeting will be held at the Boston Park Plaza Hotel and Towers.

NCOIL is an organization of state legislators whose primary focus is insurance legislation and regulation. Many legislators active in NCOIL either chair or are members of the committees responsible for insurance legislation in their respective state houses across the Country. More information is available at www.ncoil.org.

For further details, please contact the NCOIL National Office at 518-687-0178 or at info@ncoil.org.

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