Welcome to the latest edition of Benefit Beat. Please feel free to share this newsletter with any staff, clergy or other members of your diocese for whom you think it would be useful. And, if there's anything you would like us to cover in a future issue of Benefit Beat, please contact Mathew Hartz at 800.228.6108 ext. 2209.

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Prescription Drug News

PCSK9 Inhibitors Shown To Lower Cardiovascular Risk
Study results published in the New England Journal of Medicine showed that experimental PCSK9 (proprotein convertase subtilisin/kexin type 9) inhibitors under development by Amgen, Sanofi and Regeneron Pharmaceuticals reduce the risk of cardiovascular events by around half, while cutting low-density lipoprotein (LDL) cholesterol levels by more than 60 percent.

The U.S. Food and Drug Administration (FDA) accepted Amgen's application for Repatha in November 2014, with the agency anticipated to render a decision by August 27, 2015. In January 2015, the FDA granted priority review to Praluent, with a decision expected by July 24, 2015.

PCSK9 inhibitors are being studied and may be FDA-approved for patients who have the following indications:

1. Familial hypercholesterolemia (genetic form of high cholesterol, characterized by very high LDL levels, that often leads to early cardiovascular events)
2. Intolerance to statin therapy
3. Inability to achieve cholesterol-lowering goals despite being prescribed maximum doses of statin therapy

How might this affect you?
One in 300 to 500 (or approximately 620,000) people in the U.S. are currently living with familial hypercholesterolemia, with an additional estimated one million or more people whose genetic status is unknown, but who suffer from LDL levels greater than 190 and are unlikely to achieve their goals with a statin. Then, there are those who are statin intolerant, a condition which accounts for approximately five to 15 percent of patients with hypercholesterolemia. Thus, as many as 3.5 million Americans may qualify initially for PCSK9 inhibitor therapy.
It is clear that PCSK9 inhibitors are as, or even more, potent than statins, so one might argue that all of the estimated 15 million Americans who have a history of coronary artery disease should be treated with PCSK9 inhibitors.

**The cost to the health care system**

Assuming the cost for PCSK9 inhibitor treatment is $10,000 per year, patients with familial and severe hypercholesterolemia alone would represent a $16 billion market. Adding statin intolerant patients would mean an additional $20 billion of costs, and those with a history of coronary disease could add $150 billion a year.

Even by limiting the latter group to those for whom statins are ineffective, the total cost would be between $50 and $100 billion. And because PCSK9 is a chronic therapy, sales would be expected to grow over time, making this the highest-selling class of medications in history - with no foreseeable pathway to generic alternatives in the next 15 to 20 years. Even in a system that costs $4 trillion a year, adding $100-200 billion annually is a massive increase.

**Generic Nexium Approved**

The FDA approved the first generic version of Nexium (esomeprazole magnesium delayed-release capsules) to treat gastroesophageal reflux disease (GERD) in adults and children aged one year and older. Esomeprazole is a proton pump inhibitor that reduces the amount of acid in the stomach.

Ivax Pharmaceuticals, Inc., a subsidiary of Teva Pharmaceuticals USA, has gained approval to market esomeprazole in 20 mg and 40 mg capsules. Esomeprazole capsules are also approved to reduce the risk of gastric ulcers associated with use of nonsteroidal anti-inflammatory drugs (NSAIDs), to treat the stomach infection, Helicobacter pylori along with certain antibiotics, and to treat conditions where the stomach makes too much acid, including Zollinger-Ellison syndrome.

Information is courtesy of CVS/caremark. For more information, please contact your Member Benefit Service representative.

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**Benefits Tip!**

**Military Leave of Absence Provision:**

EBBA’s two partner carriers on group life insurance have stated that they will add a special leave of absence provision to their clients’ policies for deployed military employees without a change to their life insurance rates. If you are a member of EBBA and are interested in adding this provision, please contact your benefit specialist to review your current leave of absence provision and any possible enhancements that may be offered by your carrier.

**Member Benefit Services News**

Congratulations to Sherri Otten and Donna Johnson of the Member Benefit Services department on completing their Registered Health Underwriter (RHU) designation in December, 2014. Now that they have both successfully completed the exam requirements, we are proud to report that all employees in our Member Benefit Services department have obtained a professional designation.

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**People Are Talking...**

As an update, from its inception in 1999, through 2014, the Catholic Mutual Employee Benefits Buying Alliance has saved the Church in excess of $220 million.

"Thank you very much for initiating this review. Being proactive in matters such as
this demonstrates real value added by Catholic Mutual."

-Bill Weldon, Diocese of Charlotte, regarding a stop loss carrier’s contract that we negotiated to make more beneficial to our members.

Annual Meeting Update

Please SAVE THE DATES for our 2016 annual meeting January 26th and 27th, 2016 at the FireSky Resort & Spa in Scottsdale, Ariz. We look forward to enjoying the vast beauty of God's creation while we share important information about the benefits industry including legislative updates and other factors that affect the employee benefits arena.

Once again, Catholic Mutual will reimburse up to $500 to each diocese with a representative in attendance.