

# High-Deductible Plan for United Healthcare Staff

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United Healthcare still sells managed care plans to employers, but not to its own workers.

As of last month, all United Healthcare (UHC) employees have just one major choice for health insurance: a high-deductible plan. Employees will get to choose among different high-deductible packages and will be encouraged to combine those

with health savings accounts (HSAs).

When combined with high-deductible insurance, HSAs are used to pay out-of-pocket health expenses.

The move into high-deductible plans is a drastic departure from the kind of low out-of-pocket cost, comprehensive benefit package that was once UHC's mainstay. How can the firm reconcile this with managed care?

"They can't," said Greg Scandlen, director of the Center for Consumer Driven

Health Care at the Galen Institute, Alexandria, Va. In his opinion, "these hybrid kinds of PPO-type approaches [that UHC offers] don't really work."

High-deductible plans are not exactly new to UHC. Employees and customers have been offered the plans for several years, and both groups have received the product enthusiastically, according to company spokesman Mark Lindsay. Mr. Lindsay declined to estimate how many employees had chosen the high-de-

ductible option previously. He also would not elaborate on specific plan features—for example, whether UHC's plans provide first-dollar coverage for preventive visits as an incentive for patients to get such care.

The move is "a signal that United sees high-deductible HSAs as the wave of the future," said Paul Ginsburg, Ph.D., president of the Center for Studying Health System Change, Washington. He said he sees this move as strong marketing symbolism for United's customers.

Gary Claxton, director of the Health Care Marketplace Project at the Kaiser Family Foundation, Washington, called the change "consistent with a retreat from managed care."

In a survey of more than 1,900 employers released last year, the foundation found that fewer than 1% of companies offered high-deductible HSA plans, but 6% said they were very interested in offering them within 2 years, and 21% said they were somewhat likely to offer them. Of firms with 5,000 or more employees, 22% were very likely to offer the plans within 2 years, and 28% were somewhat likely to do so.

Insurers are starting to plan for those future demands. Blue Cross and Blue Shield plans currently offer HSA-compatible coverage in 34 states for large and small employer groups and in 32 states for individuals.

## ZOVIRAX® (acyclovir) Ointment 5% Begins to Comfort on Contact to Heal Herpes Fast

### Symptoms With Primary First Episode of Genital Herpes\*

### Duration vs Placebo\*

<b>Itching</b>	<b>4.4 days shorter (P&lt;0.01)</b>
<b>Pain</b>	<b>1.8 days shorter (P&lt;0.05)</b>
<b>Lesion duration</b>	<b>4.6 days shorter (P&lt;0.05)</b>
<b>Viral shedding from lesions</b>	<b>3.3 days shorter (P&lt;0.001)</b>

\*Duration of itching: ZOVIRAX® Ointment (3.6 days) vs placebo (8.0 days) at primary first episode of genital herpes.

Duration of pain: ZOVIRAX® Ointment (5.2 days) vs placebo (7.0 days) at primary first episode of genital herpes.

Duration of lesion: ZOVIRAX® Ointment (11.2 days) vs placebo (15.8 days) at primary first episode of genital herpes.

Duration of viral shedding: ZOVIRAX® Ointment (2.3 days) vs placebo (5.6 days) at primary first episode of genital herpes.

Reference: 1. Corey L, Benedetti JK, Critchlow CW, et al. Double-blind controlled trial of topical acyclovir in genital herpes simplex virus infections. *Am J Med.* 1982;73:326-334.

### ZOVIRAX® (acyclovir) Ointment 5%

#### INDICATIONS AND USAGE

ZOVIRAX (acyclovir) Ointment 5% is indicated in the management of initial genital herpes and in limited non-life-threatening mucocutaneous Herpes simplex virus infections in immunocompromised patients.

#### CONTRAINDICATIONS

ZOVIRAX Ointment 5% is contraindicated in patients who develop hypersensitivity to the components of the formulation.

#### WARNINGS

ZOVIRAX Ointment 5% is intended for cutaneous use only and should not be used in the eye.

#### PRECAUTIONS

**General:** The recommended dosage, frequency of applications, and length of treatment should not be exceeded (see DOSAGE AND ADMINISTRATION). There are no data to support the use of ZOVIRAX Ointment 5% to prevent transmission of infection to other persons or prevent recurrent infections when applied in the absence of signs and symptoms. ZOVIRAX Ointment 5% should not be used for the prevention of recurrent HSV infections. Although clinically significant viral resistance associated with the use of ZOVIRAX Ointment 5% has not been observed, this possibility exists.

**Drug Interactions:** Clinical experience has identified no interactions resulting from topical or systemic administration of other drugs concomitantly with ZOVIRAX Ointment 5%.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** Systemic exposure following topical administration of acyclovir is minimal. Dermal carcinogenicity studies were not conducted. Results from the studies of carcinogenesis, mutagenesis, and fertility are not included in the full prescribing information for ZOVIRAX Ointment 5% due to the minimal exposures of acyclovir that result from dermal application. Information on these studies is available in the full prescribing information for ZOVIRAX Capsules, Tablets, and Suspension and ZOVIRAX for Injection.

**Pregnancy: Teratogenic Effects:** Pregnancy Category B. Acyclovir was not teratogenic in the mouse, rabbit, or rat at exposures greatly in excess of human exposure. There are no adequate and well-controlled studies of systemic acyclovir in pregnant women. A prospective epidemiologic registry of acyclovir use during pregnancy was established in 1984 and completed in April 1999. There

were 749 pregnancies followed in women exposed to systemic acyclovir during the first trimester of pregnancy resulting in 756 outcomes. The occurrence rate of birth defects approximates that found in the general population. However, the small size of the registry is insufficient to evaluate the risk for less common defects or to permit reliable or definitive conclusions regarding the safety of acyclovir in pregnant women and their developing fetuses. Systemic acyclovir should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**Nursing Mothers:** It is not known whether topically applied acyclovir is excreted in breast milk. Systemic exposure following topical administration is minimal. After oral administration of ZOVIRAX, acyclovir concentrations have been documented in breast milk in 2 women and ranged from 0.6 to 4.1 times the corresponding plasma levels. These concentrations would potentially expose the nursing infant to a dose of acyclovir up to 0.3 mg/kg per day. Nursing mothers who have active herpetic lesions near or on the breast should avoid nursing.

**Geriatric Use:** Clinical studies of ZOVIRAX Ointment did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. Systemic absorption of acyclovir after topical administration is minimal (see CLINICAL PHARMACOLOGY).

**Pediatric Use:** Safety and effectiveness in pediatric patients have not been established.

#### ADVERSE REACTIONS

In the controlled clinical trials, mild pain (including transient burning and stinging) was reported by about 30% of patients in both the active and placebo arms; treatment was discontinued in 2 of these patients. Local pruritus occurred in 4% of these patients. In all studies, there was no significant difference between the drug and placebo group in the rate or type of reported adverse reactions nor were there any differences in abnormal clinical laboratory findings.

**Observed During Clinical Practice:** Based on clinical practice experience in patients treated with ZOVIRAX Ointment in the US, spontaneously reported adverse events are uncommon. Data are insufficient to support an estimate to their incidence or to establish causation. These events may also occur as part of the underlying disease process. Voluntary reports of adverse events that have been received since market introduction include:

**General:** Edema and/or pain at the application site.  
**Skin:** Pruritus, rash.

#### OVERDOSAGE

Overdosage by topical application of ZOVIRAX Ointment 5% is unlikely because of limited transcutaneous absorption (see CLINICAL PHARMACOLOGY).

#### DOSAGE AND ADMINISTRATION

Apply sufficient quantity to adequately cover all lesions every 3 hours, 6 times per day for 7 days. The dose size per application will vary depending upon the total lesion area but should approximate a one-half inch ribbon of ointment per 4 square inches of surface area. A finger cot or rubber glove should be used when applying ZOVIRAX to prevent autoinoculation of other body sites and transmission of infection to other persons. **Therapy should be initiated as early as possible following onset of signs and symptoms.**

#### HOW SUPPLIED

Each gram of ZOVIRAX Ointment 5% contains 50 mg acyclovir in a polyethylene glycol base. It is supplied as follows:  
15-g tubes (NDC 64455-993-94)  
3-g tubes (NDC 64455-993-41).  
**Store at 15° to 25°C (59° to 77°F) in a dry place.**

Manufactured by  
GlaxoSmithKline  
Research Triangle Park, NC 27709  
for

**BIOVAIL**  
Pharmaceuticals, Inc.  
Bridgewater, NJ 08807

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Comfort Begins on Contact