

# Health Insurance Premiums Rose 5% in 2008

BY MARY ELLEN SCHNEIDER  
New York Bureau

The average employer-sponsored health insurance premium rose 5% from 2007 to 2008, with average premiums for family coverage reaching \$12,680, according to a report from the Kaiser Family Foundation and the Health Research and Educational Trust.

While experts said the 1-year average increase in premiums was modest, they not-

ed that over the last 9 years the rise in premiums has outpaced growth in both wages and inflation. Since 1999, family premiums have risen from \$5,791 to \$12,680, while individual premiums have gone from \$2,196 to \$4,704, according to the report.

The findings are based on an annual survey of 2,832 randomly selected public and private companies with three or more employees. Of those companies, 1,927 responded to the full survey. The survey was conducted between January and May of

this year. The full study is available online at [www.kff.org](http://www.kff.org), and an analysis was published online in the journal *Health Affairs* (doi:10.1377/hlthaff.27.6.w492).

The survey showed that more workers are enrolled in plans with higher deductibles. In 2008, 18% of all covered workers had health plan deductibles of at least \$1,000 for single coverage, compared with 12% in 2007 and 10% in 2006. And high deductibles were more common among employees at small companies. In

2008, 35% of workers in companies with fewer than 200 employees have deductibles of \$1,000 a year for single coverage, compared with 21% last year and 16% in 2006.

American workers can expect to see more cost sharing in 2009. The survey found that among employers who currently offer health benefits, 40% reported that they would be somewhat or very likely to increase the amount that employees pay for health coverage next year. ■

## ONCE-DAILY VENLAFAXINE HCI EFFEXOR XR<sup>®</sup>

**BRIEF SUMMARY.** See package insert for full prescribing information. For further product information and current package insert, please visit [www.wyeth.com](http://www.wyeth.com) or call our medical communications department toll free at 1-800-934-5556.

### Suicidality and Antidepressant Drugs

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of Major Depressive Disorder (MDD) and other psychiatric disorders. Anyone considering the use of EFFEXOR XR or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. EFFEXOR XR is not approved for use in pediatric patients. (See WARNINGS: Clinical Worsening and Suicide Risk, PRECAUTIONS: Information for Patients, and PRECAUTIONS: Pediatric Use.)

**CONTRAINDICATIONS:** Hypersensitivity to venlafaxine hydrochloride or to any excipients in the formulation. Concomitant use in patients taking monoamine oxidase inhibitors (MAOIs). **WARNINGS: Clinical Worsening and Suicide Risk**—Patients with major depressive disorder (MDD), both adult and pediatric, may experience worsening of their depression and/or the emergence of suicidal ideation and behavior (suicidality) or unusual changes in behavior, whether or not they are taking antidepressant medications, and this risk may be particularly significant in children, adolescents, and young adults. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. EFFEXOR XR is not approved for use in pediatric patients. (See WARNINGS: Clinical Worsening and Suicide Risk, PRECAUTIONS: Information for Patients, and PRECAUTIONS: Pediatric Use.)

**Use in Patients with Concomitant Illness:** Use Effexor XR cautiously in patients with diseases or conditions that could affect hemodynamic responses or metabolism. Venlafaxine has not been evaluated in patients with recent history of MI or unstable heart disease. Increases in QT interval (QTc) have been reported in clinical studies. Exercise caution in patients whose underlying medical conditions might be compromised by increases in heart rate. In patients with renal impairment or those associated with treatment with Effexor XR and should consider the metabolites were decreased, prolonging the elimination half-life. It is recommended that the total daily dose be reduced by 50% in patients with mild to moderate hepatic impairment. In patients with cirrhosis, it may be necessary to reduce the dose even more than 50%. Individualization of dosing may be desirable. **Information for Patients**—Prescribers or other health professionals should inform patients, their families, and their caregivers about the opportunity to discuss the contents of the Medication Guide and to obtain answers to any questions they may have. The complete text of the Medication Guide is available at [www.effexor.com](http://www.effexor.com) or in the approved prescribing information. Patients should be advised of the following issues and asked to alert their prescriber if these occur while taking Effexor XR. **Clinical Worsening and Suicide Risk:** Patients, their families, and their caregivers should be encouraged to be alert to the emergence of symptoms listed in WARNINGS: Clinical Worsening and Suicide Risk, especially those seen early during antidepressant treatment and when the dose is adjusted up or down. Families and caregivers of patients should be advised to look for the emergence of such symptoms on a day-to-day basis, since changes may be abrupt. Such symptoms should be reported to the patient's prescriber or health professional, especially if they are severe, abrupt in onset, or were not part of the patient's presenting symptoms. Symptoms such as these may be associated with an increased risk for suicidal thinking and behavior and indicate a need for very close monitoring and possibly changes in the medication. Caution patients: 1) about operating hazardous machinery, including automobiles, until they are reasonably sure that venlafaxine does not adversely affect their abilities; 2) to avoid alcohol while taking Effexor XR; 3) about the risk of serotonin syndrome with the concomitant use of Effexor XR and triptans, tramadol, tryptophan supplements, or other serotonergic agents; and 4) about the concomitant use of Effexor XR and NSAIDs, aspirin, warfarin, or other drugs that affect coagulation. Patients should be advised to notify their physician if they become pregnant or intend to become pregnant during therapy, or if they are nursing; 2) about other prescription or over-the-counter drugs, including herbal preparations and nutritional supplements they are taking or plan to take; 3) if they develop a rash, hives, or related allergic phenomena; or 4) if they have a history of glaucoma or increased intraocular pressure. **Laboratory Tests**—No specific laboratory tests are recommended. **Drug Interactions—Alcohol:** A single dose of ethanol had no effect on the pharmacokinetics (PK) of venlafaxine or O-desmethylvenlafaxine (ODV), and venlafaxine did not exaggerate the psychomotor and psychometric

effects induced by ethanol. **Cimetidine:** Use caution when administering venlafaxine with cimetidine to patients with pre-existing hypertension or hepatic dysfunction, and the elderly. **Diazepam:** A single dose of diazepam did not appear to affect the PK of either venlafaxine or ODV. Venlafaxine did not have any effect on the PK of diazepam or its active metabolite, desmethyldiazepam, or affect the psychomotor and psychometric effects induced by diazepam. **Haloperidol:** Venlafaxine decreased total oral-dose clearance of haloperidol, resulting in a 70% increase in haloperidol AUC. The haloperidol  $C_{max}$  increased 88%, but the haloperidol elimination half-life was unchanged. **Lithium:** A single dose of lithium did not appear to affect the PK of either venlafaxine or ODV. Venlafaxine had no effect on the PK of lithium. **Drugs Highly Bound to Plasma Proteins:** Venlafaxine is not highly bound to plasma proteins; coadministration of Effexor XR with a highly protein-bound drug should not cause increased free concentrations of the other drug. **Drugs That Interfere with Hemostasis:** Epidemiological studies that have demonstrated an association between use of drugs that interfere with serotonin reuptake and the occurrence of upper gastrointestinal bleeding have also shown that concurrent use of an NSAID or aspirin may potentiate this risk of bleeding. Increased bleeding has been reported when SSRIs and SNRIs are coadministered with warfarin. **Drugs That Inhibit Cytochrome P450 Isoenzymes:** CYP2D6 inhibitors: Venlafaxine is metabolized to its active metabolite, ODV, by CYP2D6. Drugs inhibiting this isoenzyme have the potential to increase plasma concentrations of venlafaxine and decrease concentrations of ODV. No dosage adjustment is required when venlafaxine is coadministered with a CYP2D6 inhibitor. A pharmacokinetic study with ketoconazole 100 mg b.i.d. with a single dose of venlafaxine 50 mg in extensive metabolizers (EM; n=14) and 25 mg in poor metabolizers (PM; n=6) of CYP2D6 resulted in higher plasma concentrations of both venlafaxine and O-desmethylvenlafaxine (ODV) in most subjects following administration of ketoconazole. CYP3A4 inhibitors: Coadministration of venlafaxine may increase levels of venlafaxine and ODV; therefore, caution is advised if a patient's therapy includes a CYP3A4 inhibitor and venlafaxine concomitantly. **Drugs Metabolized by Cytochrome P450 Isoenzymes:** Venlafaxine is a relatively weak inhibitor of CYP2D6. Venlafaxine did not inhibit CYP1A2 and CYP3A4, CYP2C9 (in vitro), or CYP2C19. **Imipramine:** Venlafaxine did not affect the PK of imipramine and 2-OH-imipramine. However, desipramine AUC,  $C_{max}$ , and  $t_{1/2}$  were increased by 2.5- to 4.5-fold. Imipramine did not affect the PK of venlafaxine and ODV. **Metoprolol:** In a PK study with 18 healthy males, metoprolol and venlafaxine were coadministered for 5 days. Plasma concentrations of metoprolol increased about 30%-40%. Plasma concentrations of metoprolol's active metabolite were unaltered. Metoprolol did not affect the PK of venlafaxine or ODV. Venlafaxine appeared to reduce the BP lowering effect of metoprolol in this study. Clinical relevance for hypertensive patients is unknown. Exercise caution when coadministering venlafaxine and metoprolol (see WARNINGS—Sustained Hypertension). **Risperidone:** Venlafaxine slightly inhibited the CYP2D6-mediated metabolism of risperidone to its active metabolite, 9-hydroxyrisperidone, resulting in a ~32% increase in risperidone AUC. Venlafaxine coadministration did not significantly alter the PK profile of the total active moiety (risperidone plus 9-hydroxyrisperidone). **Other MAOIs:** Venlafaxine did not inhibit the metabolism of diazepam, which is primarily metabolized by CYP2C19 (see **Drug Interactions—Pregnancy**). **MAOIs:** See CONTRAINDICATIONS and WARNINGS: CNS-Active Drugs. **Serotonergic Drugs and Triptans (see WARNINGS: Serotonin Syndrome):** Based on the mechanism of action of Effexor XR and the potential for serotonin syndrome, caution is advised when Effexor XR is coadministered with other drugs that may affect the serotonergic neurotransmitter systems such as triptans, SSRIs, and SNRIs. None of the patient's MAOI history. **Seizures:** In a clinical trial of Effexor XR in the placebo-controlled trial for SAD, 22% and 3% of patients aged 8-17 treated for up to 16 weeks with Effexor XR and placebo, respectively, reported treatment-emergent anorexia (decreased appetite). The discontinuation rate for anorexia was 0.7% and 0.0% for patients receiving Effexor XR and placebo, respectively; the discontinuation rates for weight loss were 0.7% for patients receiving Effexor XR or placebo. **Adaptation/Mania/Hypomania:** Mania or hypomania has been made during premarketing studies. **Seizures:** In a clinical trial of Effexor XR in the treatment of MDD, Effexor XR should be used cautiously in patients with a history of mania. **Hypotension:** Hypotension and/or the syndrome of inappropriate antidiuretic hormone secretion (SIADH) may occur with SSRIs and SNRIs, including venlafaxine. Patients taking diuretics or who are otherwise volume depleted and elderly patients may be at greater risk. 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The discontinuation rate for anorexia was 0.7% and 0.0% for patients receiving Effexor XR and placebo, respectively; the discontinuation rates for weight loss were 0.7% for patients receiving Effexor XR or placebo. **Adaptation/Mania/Hypomania:** Mania or hypomania has been made during premarketing studies. **Seizures:** In a clinical trial of Effexor XR in the treatment of MDD, Effexor XR should be used cautiously in patients with a history of mania. **Hypotension:** Hypotension and/or the syndrome of inappropriate antidiuretic hormone secretion (SIADH) may occur with SSRIs and SNRIs, including venlafaxine. Patients taking diuretics or who are otherwise volume depleted and elderly patients may be at greater risk. Discontinuation of Effexor XR should be considered in patients with symptomatic hypotension, and appropriate medical intervention should be initiated. **Seizures:** In a clinical trial of Effexor XR in the treatment of MDD, Effexor XR should be used cautiously in patients with a history of seizures. Use cautiously in patients with a history of seizures. Discontinue in any patient who develops seizures. **Abnormal Bleeding:** SSRIs and SNRIs, including EFFEXOR XR, may increase the risk of bleeding events. Concomitant use of aspirin, nonsteroidal anti-inflammatory drugs, warfarin, and other anticoagulants may add to the risk. Bleeding events have ranged from ecchymosis, petechiae, nosebleeds, and petechial, life-threatening hemorrhages. **Serum Cholesterol Elevation:** Clinically relevant increases in serum cholesterol were seen in 5.3% of venlafaxine patients and 0.0% of placebo patients treated for at least 3 months in trials. Consider measurement of serum cholesterol levels during long-term treatment. **Interstitial Lung Disease and Eosinophilic Pneumonia:** These have been rarely reported. Consider the possibility of these events in venlafaxine patients who present with progressive dyspnea, cough, or chest discomfort. Such patients should undergo a prompt medical evaluation and should consider discontinuation of venlafaxine. **Use in Patients with Concomitant Illness:** Use Effexor XR cautiously in patients with diseases or conditions that could affect hemodynamic responses or metabolism. Venlafaxine has not been evaluated in patients with recent history of MI or unstable heart disease. Increases in QT interval (QTc) have been reported in clinical studies. Exercise caution in patients whose underlying medical conditions might be compromised by increases in heart rate. In patients with renal impairment or those associated with treatment with Effexor XR and should consider the metabolites were decreased, prolonging the elimination half-life. It is recommended that the total daily dose be reduced by 50% in patients with mild to moderate hepatic impairment. In patients with cirrhosis, it may be necessary to reduce the dose even more than 50%. Individualization of dosing may be desirable. **Information for Patients**—Prescribers or other health professionals should inform patients, their families, and their caregivers about the opportunity to discuss the contents of the Medication Guide and to obtain answers to any questions they may have. The complete text of the Medication Guide is available at [www.effexor.com](http://www.effexor.com) or in the approved prescribing information. Patients should be advised of the following issues and asked to alert their prescriber if these occur while taking Effexor XR. **Clinical Worsening and Suicide Risk:** Patients, their families, and their caregivers should be encouraged to be alert to the emergence of symptoms listed in WARNINGS: Clinical Worsening and Suicide Risk, especially those seen early during antidepressant treatment and when the dose is adjusted up or down. Families and caregivers of patients should be advised to look for the emergence of such symptoms on a day-to-day basis, since changes may be abrupt. Such symptoms should be reported to the patient's prescriber or health professional, especially if they are severe, abrupt in onset, or were not part of the patient's presenting symptoms. Symptoms such as these may be associated with an increased risk for suicidal thinking and behavior and indicate a need for very close monitoring and possibly changes in the medication. Caution patients: 1) about operating hazardous machinery, including automobiles, until they are reasonably sure that venlafaxine does not adversely affect their abilities; 2) to avoid alcohol while taking Effexor XR; 3) about the risk of serotonin syndrome with the concomitant use of Effexor XR and triptans, tramadol, tryptophan supplements, or other serotonergic agents; and 4) about the concomitant use of Effexor XR and NSAIDs, aspirin, warfarin, or other drugs that affect coagulation. Patients should be advised to notify their physician if they become pregnant or intend to become pregnant during therapy, or if they are nursing; 2) about other prescription or over-the-counter drugs, including herbal preparations and nutritional supplements they are taking or plan to take; 3) if they develop a rash, hives, or related allergic phenomena; or 4) if they have a history of glaucoma or increased intraocular pressure. **Laboratory Tests**—No specific laboratory tests are recommended. **Drug Interactions—Alcohol:** A single dose of ethanol had no effect on the pharmacokinetics (PK) of venlafaxine or O-desmethylvenlafaxine (ODV), and venlafaxine did not exaggerate the psychomotor and psychometric

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