

THE Medicine Cabinet

A newsletter from MEDPIN – Medicine For People In Need

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Rx for Wellness

Safety net providers whose patients are at risk of heart attack or have already had a heart attack have a variety of drugs to consider. California clinics that care for these patients and that currently receive drugs through Medpin's PIC-Drug Distribution Project will want to look at the Anticoagulant, and Cardiac and Hypertension, categories of drugs to see if some of the brand name drugs their clinicians prescribe are available at no cost through the PIC-DDP <http://www.medpin.org/pdf/DrugListPY3-I.pdf>. An additional drug option for these PIC-DDP clinics plus all other clinics is low-dose aspirin, available as a generic in several forms and doses.

It has been known for over a decade that aspirin's anti-inflammatory and anti-clotting properties can help prevent a second heart attack in people who have already had one. In January, the U.S. Task Force for Preventive Services—a committee of physicians who review research for the government—came out with a statement that daily low doses of aspirin could reduce the risk of a heart attack in millions of middle-aged and older people who may not even know they are at risk. Non-aspirin nonsteroidal anti-inflammatory drugs such as naproxen and ibuprofen neither increase nor reduce the

risk of heart attack and are not recommended for heart attack prevention.

The April 2002 edition of the Berkeley Wellness Letter suggests that patients with Internet access—on their own or with assistance from clinicians or other clinic staff—assess their cardiovascular risk at www.meddecisions.com. If their five year risk is 3% or greater, they may be a candidate for aspirin therapy.

Note that aspirin does have some risks. If someone considering aspirin therapy has a history of gastrointestinal bleeding, an ulcer, a history of a bleeding disorder, or poorly controlled high blood pressure, routine low-dose aspirin may not be a good option. If that person is taking other medications, be certain they will not have an interaction with aspirin.

Patients who consult a physician about low-dose aspirin to reduce heart attack risks and then decide to take this step would take no more than half a tablet (162 mg) every other day, or a baby aspirin (81 mg) daily, plus a whole tablet every two weeks as a booster. It's not necessary to buy brand-name or enteric-coated aspirin, or aspirin combined with an antacid. For more information go to www.wellnessletter.com.

DDP Processes Orders for Record Amount of Drugs

In the first order period of its final year, Medpin's Pharmaceuticals and Indigent Care-Drug Distribution Project (PIC-DDP) processed clinic requests and submitted orders for a record amount of brand name drugs. More than \$42 million worth of orders are being shipped for this order period alone; this amount is \$4 million more than the total drugs shipped during the DDP's entire first year of operation!

Despite this overall good news, there were also some disappointments. As usual, the requests for mental health drugs greatly exceeded the available supply. Drugs such as Neurontin, Zoloft, Prozac, and Dilantin had three times as much requested as was available through the DDP; requests for Zyprexa

were nine times as high as the available amount.

As clinics prepare for the next DDP order period of July 8-22, Medpin Pharmaceuticals Specialist Leon Wilde will be posting ordering tips on the Medpin website to help people understand which companies' products and which kinds of drugs are most and least available through the DDP. At the same time, Medpin encourages all clinics currently participating in the DDP to start planning now for how they will help their indigent patients get drugs after the DDP has distributed all available drugs. For more information on the DDP and the clinics and patients it helps, click the PIC Drug Distribution Project button on Medpin's website.



Mickie Beyer, Council of Community Clinics; Carmela Castellano, California Primary Care Association; Teresa McEntee, Council Connections

Medpin's first annual conference drew enthusiastic responses from participants and presenters who came together May 3 in Oakland, California. "It's always exciting to see a group of people struggling with the same issues and hear some of their solutions." "I run a very small medical clinic for homeless and those who do not have insurance. ...This gave me information on programs that are out there and how to access them." "Excellent conference! ...this was new, timely and valuable information. Thank you."

"Looking Back, Looking Ahead at Providing Medicine for Californians in Need" brought 170 people together to learn from and share their experiences with safety net and pharmacy colleagues of diverse backgrounds. Conference participants came from all over California—from Arcata to San Diego—and included executive directors, financial officers, medical directors, business and purchasing



Judith Reigel, County Health Executives Association of California; Michael Ashcraft, California Senate Insurance Committee

managers, nurses, and pharmacists. Roughly 60% of the participants work in community clinics, while 40% are from county health systems. Attendees also included representatives from community clinic consortia, statewide organizations representing county health systems, and national organizations.

Workshops and plenary speakers covered topics such as the



Kathryn Duke, Medpin; Sharon Levine, MD., Kaiser Permanente; Joe Hafey, Public Health Institute

Medpin Conference Brings Together People and Information; Generates Excitement about Pharmaceutical Issues

impact of rising drug costs on safety net providers and their patients, options to lower barriers to medication access for indigent patients, expanding pharmacy options through consulting and contracting, and state and federal government efforts to address drug purchase and dispensing issues.

People from different safety net clinic organizations helped Medpin present awards to honor outstanding accomplishments in several areas:

Public Official taking leadership to improve access to medications:

- Senator Jackie Speier

County health systems and community clinic organizations showing leadership in pharmaceutical management to help indigent patients:

- Los Angeles County Department of Health Services



Pat Nero, San Mateo County DHS; Ron Robinson, San Mateo County DHS; Janet Aiso, U.S. Office of Pharmacy Affairs.

- San Diego Council of Community Clinics
- Community Clinic Association of Los Angeles County
- San Mateo County Department of Health Services
- Santa Clara Valley Health and Hospital Systems

Pharmaceutical companies making outstanding contributions to low-income Californians through their proactive participation in the PIC-Drug Distribution Project:

- Bristol-Myers Squibb
- Eli Lilly
- Merck
- Pfizer
- Roche

Meeting colleagues, sharing information, celebrating our achievements, learning from the presenters and from each other, all contributed to the success of Medpin's first conference. Plan to join us at next year's conference!



Wendy Stark, Life Long Medical Care; Sue Speth, California Family Health Council Cooperative Purchasing; Sabrina Vinning, Pharm-Assure Services Corp.

Photographer: Sally Wiatrolitk, Inner Vision Photographer

The New Drug Cards: How do they work?

Will they affect patient assistance programs (PAPs)?

Medpin's May 29, 2002 conference call offered participants a chance to learn about new drug cards that may affect low-income patients. People from safety net clinics and hospitals in California, Texas, North Carolina and other states heard directly from drug company representatives and could ask questions about specific issues of importance to their patients. Representatives from Pfizer, Lilly and GlaxoSmithKline described their companies' respective cards, plus the Together Rx Card (which uses a single card to offer discounts on products from Abbott, Bristol-Myers Squibb, GlaxoSmithKline, Janssen, Novartis and Ortho-McNeil). All of the cards are open to any senior or disabled person who is enrolled in Medicare, who lacks prescription drug coverage, and whose income does not exceed specified levels. The cards are currently in operation except the Together Rx Card, set to start on June 10, 2002.

"Coverage" and "discount" cards. Call participants learned that two of the cards—the Pfizer Share Card and the Lilly Answers card—require income documentation and annual renewal. The eligible patient pays a participating pharmacy a \$12 fee (Lilly) or a \$15 fee (Pfizer) per prescription for up to a 30-day supply of any drug from that company. A slightly different approach is taken by GlaxoSmithKline (offering the Orange Card) and the companies participating in Together Rx. In these programs, card applicants can qualify with higher incomes and need not renew their cards. The Orange Card and the Together Rx Card holders receive discounts off the usual drug price, with savings reported to be 20%-40%.

How do these new drug cards impact patient assistance programs?

Callers were interested to learn how the new drug cards might affect those same companies' patient assistance programs (PAPs). For example, a caller reported that Medicare patients applying to receive free drugs through Lilly's PAP were being transferred to their card program instead. Callers learned that the patient's physician could specifically request that the patient be processed through the PAP instead of as a card applicant. The presenters agreed that PAPs would continue, but could change if drug coverage is added to Medicare.

Other issues of special interest to safety net providers

For people not fluent in English, call participants learned that Pfizer and Lilly have application forms available in Spanish; GlaxoSmithKline offers applications in Spanish and three Asian languages. Several participants asked whether 340B pharmacies could participate in the drug card programs. They learned that the new drug cards are accepted at most retail pharmacies, but pharmacies purchasing through the 340B Drug Pricing Program are not eligible to participate in these drug card programs. All of the presenters reported there would be ongoing review and possible adjustment of the card application procedures and pharmacy participation requirements as more experience is gained with these programs.

For more details on the new card programs, visit the Medpin website at www.medpin.org. Check the website in July for details on the next call.

Unprecedented Study of Drug Companies' Patient Assistance Programs

Do you know that most drug companies provide some of their brand name products at no cost to uninsured, indigent patients? The number and value of drugs distributed by companies to indigent patients and their physicians through companies' patient assistance programs (PAPs) has risen sharply in recent years. Yet despite growing use of these programs, no known study has examined PAPs' operation and their impact on low-income patients and the clinics that care for large numbers of PAP-eligible patients.

"Pharmaceutical Assistance Programs: Their Design, Use and Impact" is a research project funded by the California HealthCare Foundation and staffed by Kathryn Duke and Long Tran from Medpin; Dr. Kristiana Raube, Executive Director of the Program in Health Management at the Haas School of Business, University of California at

Berkeley; and Dr. Helene Lipton, Professor in the Schools of Pharmacy and Medicine, University of California at San Francisco. Throughout these summer months, trained interviewers will be contacting safety net providers in California, Oregon, Texas, Florida and Illinois to ask about their experiences and perspectives on PAPs. Researchers will gather information from these telephone interviews, from case studies with safety net clinics, and from interviews with drug companies' PAP managers. If you work in a community clinic or county clinic in one of the study states, you or one of your colleagues may be invited to participate in this exciting effort! Future editions of The Medicine Cabinet will report on study results and on Medpin's continuing efforts to inform the public and policymakers about different options to help low-income people get the medications they need for good health.

Best Buys

For July 2002

Great deals on arthritis medications:

Diclofenac 50 mg.#60 -
\$3.62 00781-1785-60

Diclofenac 75 mg.#60 -
\$2.50 00054-4222-21

Piroxicam 20 mg. #100 -
\$0.05 52555-0973-01

Aspirin 325 mg. EC
#100 - \$0.65
00677-0771-01

Ibuprofen 400 mg. #100 -
\$1.00 00009-7385-01

Ibuprofen 600 mg. #100 -
\$1.76 00677-1032-01

Ibuprofen 800 mg. #100 -
\$2.50 00577-1119-01

For comparison, here is the PHS/340B price for Celebrex:

100 mg. 100 capsules -
\$96.15

200 mg. 100 capsules -
\$164.53

Looking to Buy a "Best Buy"

Medpin doesn't sell or distribute drugs. You must work with a drug wholesaler or directly with a pharmaceutical company to buy drugs. To purchase drugs at the prices stated in our Best Buys, you must participate in the Public Health Service 340B Drug Pricing Program. To find out more about the 340B program and how to participate go to our website at www.medpin.org and click on Free and Low Cost Drugs.

Return Service Requested

PLEASE ROUTE TO:

- ____ **Executive Director**
- ____ **Medical Director**
- ____ **Clinic Manager**
- ____ **Nurse Manager**

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The Association of Clinicians for the Underserved (ACU)

One of the organizations Medpin works with is the Association of Clinicians for the Underserved (ACU), a national organization that includes a number of clinicians who served in the National Health Service Corps, plus other clinicians working to improve the health of underserved populations.

ACU's members are involved in direct care, teaching, research, administration, public service, volunteer community involvement, or participation in advocacy initiatives through local, state, and national organizations.

ACU's current priorities include improving access to comprehensive pharmaceutical services for uninsured/indigent patients, and increasing collaboration between primary care and mental health professionals. ACU has established a National Workgroup on sustaining the use of the pharmaceutical industry's patient assistance programs, and joined with Medpin and other organizations to seek models for getting medications and

medication education to uninsured and low income families managing chronic diseases. A Virtual Center for Comprehensive Pharmaceutical Services is available through the ACU web site.

Current ACU member products include a new Comprehensive Pharmaceutical Services Booklet Series (9 booklets—available in July 2002). This series includes guidance on use of the Federal Drug Pricing Program (340B), establishing drug formularies, and a summary of the Patient Assistance Programs. Booklets can be purchased at member and non-member rates. For more information on ACU membership, contact:

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