

THE Medicine Cabinet

A newsletter from MEDPIN – Medicine For People In Need

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Medicine for
people in need

Statewide P&T Committee Inaugurated

The inaugural meeting of the first statewide Pharmacy & Therapeutics (P&T) Committee run by and for California's safety net clinics convened on June 26, 2003. This is the first step of a larger effort to launch the Safety Net Provider Purchasing Alliance (Alliance). Initiated by Medpin with support from the California HealthCare Foundation, the Alliance aims to help California's safety net clinics select, purchase and manage pharmaceuticals, which represent a growing portion of their health care costs and efforts. Members of the committee include physicians and pharmacists from the University of California, the University of Southern California, large and moderate sized counties, and community clinics from throughout the state.

Initial Therapeutic Classes: Over the next few months the committee will review scientific evidence related to the following drug classifications: Proton pump inhibitors (PPI), H2 blockers (anti-ulcer), non-steroidal anti-inflammatory drugs (NSAIDs), anti-infectives,

angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARB), diabetes drugs, and lipid lowering drugs (statins). Using an evidence-based approach, the P&T Committee will base its choices first on proven clinical safety and efficacy, and second on the overall cost of the drug to safety net providers.

The Alliance's business plan indicates that hospitals or clinics can save up to 20% on their outpatient drug spending if they join the Alliance, purchase off the Alliance PDL, and increase their use of generic rather than brand name drugs.

Clinical Care Guidelines: The P&T also agreed to adopt clinical care guidelines developed by national consensus panels. The combination of a PDL and clinical

care guidelines provides the highest quality medical and pharmaceutical care to patients.

Next Steps for Implementation:

Membership agreements for the Alliance will be available in Fall 2003. For more information on the P&T Committee or the Safety Net Provider Purchasing Alliance, contact:

info@medpin.org.



Asian Pacific Health Care Venture, Inc., L.A., CA

The Nuts and Bolts of Accessing Free Drugs

Many needy patients throughout California have received brand name drugs at no cost through Medpin's Drug Distribution Project (DDP). With the end of the DDP, many clinics have expressed interest in expanding their use of pharmaceutical companies patient assistance programs (PAPs).

On June 17, 2003 Medpin, convened a telephone conference call, **CREATING SYSTEMS TO OBTAIN AND TRACK PATIENT ASSISTANCE PROGRAM (PAP) DRUGS**. The call highlighted the successful

systems utilized by a community clinic serving a predominantly Asian population and a county health system with a large percentage of undocumented patients. Over 100 people participated in the call to learn more about the nuts and bolts of starting up or expanding access to PAPs. Medpin's new booklet, *PAP Information Management Resources for Clinics to Help Uninsured Patients*, has mini-case studies outlining the systems used by successful clinics to access PAPs. Download a copy of the new booklet at www.medpin.org.

Medpin's Annual Conference Comes to Los Angeles



Keynote presenter, Schumarry Chao, MD

What happens when you bring together 150 people actively engaged in caring for low income and high-risk people in outpatient settings? The responses of participants at Medpin's second annual conference, **Setting the Standard: Quality Care and**

Affordable Drugs, May 8th & 9th in Los



Luncheon presenter, Michael Steinman, MD

Angeles were enthusiastic. "Excellent effort to keep needed medications flowing to needy patients. Remarkable for such a young organization in such an industry-dominated field." "Great to know that a Statewide Pharmaceuticals and Therapeutics Committee (P&T) has been talked about and

starting to move forward." "I always have a goal to really learn one new thing/strategy to improve my service to clinics. However, I always leave Medpin conferences and seminars with two or



Elaine Balchior, MD



Conference presenters: Clifton Louie, DPA; Emily Ebert, MD

more lessons/information learned that I can use. Thank you so much."

Conference participants came from all over California as well as Delaware, Iowa, Michigan, Oklahoma and Rhode Island.



Closing presenter, Walter Zelman

Executive directors, financial officers, business and purchasing managers, physicians, pharmacists, and nurses from community clinics, clinic consortia and county health systems engaged in lively dialogue and asked challenging questions of the presenters and themselves.

Safety Net Provider Purchasing Alliance

During the first afternoon plenary session, Medpin outlined its vision and plan for a



Drug Company awardees

statewide pharmaceutical purchasing and management organization, the Safety Net Provider Purchasing Alliance, to reduce pharmaceutical costs and to enhance evidence-based medicine. The first step in this process is the launching of a Statewide Pharmaceuticals and Therapeutics Committee (P & T). (See accompanying article). Following the session, caucuses met to address the issues specific to community clinics, counties with public hospitals and smaller counties.



Conference presenters: Dan Koyama, PharmD; Peter Glassman, MD

Photo Credits Annual Conference Photographer, Sally Aristei

MEDPIN AWARDS

Medpin's Award Reception honored outstanding accomplishments in several areas.

Congratulations to:



Safety Net Provider Pharmacists:

Ruth Smarinsky, *Venice Family Clinic*
Douglas Del Paggio, *Alameda County Behavioral Health Care Services*

Academic Partner Pharmacists:

Mel Baron, *USC School of Pharmacy*
Clifton Louie, *UCSF School of Pharmacy*
Greg Prouty, *UC Irvine Medical Center*

Key Contributors to the Drug Distribution Project's Success:

Bill Bernstein and Steve Tindall, *Lieff, Cabraser, Heimann & Bernstein*
Los Angeles County Department of Health Services
Mountain Health and Community Service
Bristol-Myers Squibb
Eli Lilly & Co.
GlaxoSmithKline
Merck & Co., Inc.
Pfizer
Pharmacia

SF County Negotiates Contract with Rite Aid to Dispense 340B Drugs

After months of negotiations, Sharon Kotabe, PharmD, Administrator for Pharmaceutical Services for the San Francisco Department of Public Health, reported that the county successfully implemented a contract with Rite Aid Corporation to dispense 340B drugs for sixteen of the County's eighteen 340B eligible primary care clinics. An independent pharmacy will dispense 340B drugs for the

remaining two clinics. Rite Aid is the first chain pharmacy in California to participate in 340B dispensing. San Francisco County will also be using Pharmaceutical Care Network (PCN) for third party administrator services to adjudicate prescription claims, and to track dispensing history by individual pharmacy, for inventory replenishment purposes.

Kotabe maintains that using Medpin's model contract was helpful in moving the negotiations along. "Our new indigent patient prescription program will save County taxpayers a significant amount of money without limiting patient choice of pharmacy service provider to our single, county-operated, pharmacy. It's decidedly a 'win-win,'" says Kotabe.

California Clinics Evaluate the DDP

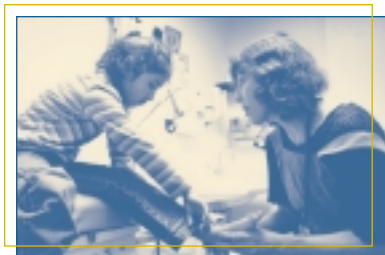
What was the DDP's impact on California safety net clinics and their indigent patients? A short evaluation survey was e-mailed to all DDP Participant Clinics, who responded with written comments such as:

"We have a high number of indigent patients. These [DDP] drugs help many!!!! patients who would not otherwise have medications."

"Clinic and doctors were able to see patients that we would not otherwise have been able to handle due to the high cost of meds."

"It was frustrating to deal with the closure of the DDP and the fact that patients would have to be switched to less costly and possibly less effective medications."

How did clinics choose drugs to request from the DDP? According to the survey results, 89% of clinics chose to request drugs from the DDP based on drugs used most frequently by their patients; 42% requested drugs not available to their clinic



St. Anthony's Free Clinic S.F., CA

due to the high cost of the specific drugs (more than one selection was permitted).

Almost 60% of clinics reported that the DDP drugs represented 0-30% of the total number of prescriptions filled at their clinic.

How did the DDP drugs impact patient care? Clinics most frequently indicated that the DDP's cost savings allowed them to care for more uninsured patients.

More than half the clinics indicated one or more of these additional effects:

- uninsured patients were more likely to get newer and more expensive drugs;
- uninsured patients had improved medication compliance;
- clinic staff had improved morale because it was easier to help indigent patients;
- clinic staff used the DDP as an alternative to time-consuming drug company patient assistance programs (PAPs).

For more information on results of this survey, visit the Medpin website at

www.medpin.org.

The Official End of the DDP: Medpin's Final Report to the Court

Court Hearing. San Francisco Superior Court was the setting for a June 20th hearing and final report to the court on the recently completed Drug Distribution Project ("DDP"). In this hearing, attorneys for plaintiffs and defendants in the underlying class action lawsuit were joined by staff from Medpin, the designated "Ordering Agent" for the lawsuit's *cy pres* settlement. Judge Charlene Mitchell reviewed Medpin's final report, gave all parties a chance to comment, and closed the hearing by stating that the DDP has been a "highly successful" distribution, per the terms of the settlement agreement.

Medpin's Final Report. Medpin's final report noted that the DDP successfully distributed to indigent patients 99% of \$171 million worth of diverse brand name medications. This represents approximately 2.6 million one-month medication supplies filled for indigent Californians who otherwise might not have received those medications.

The full report and attachments are now available on the Medpin website at www.medpin.org. These documents summarize information on the California clinics and drug companies that participated, the assignment and use of DDP credit limits as a method of allocating free drugs fairly and efficiently, the design and operational challenges of the DDP ordering system, and creation of initial and revised lists of brand name drugs available through the DDP. The report also notes Medpin's ongoing efforts to work with drug companies having higher-than-average DDP Product Balances to suggest how those companies could improve the value of the product mix available through the DDP. As a result, the DDP ended with a record of all companies, excepting only one (formerly named AHP, now Wyeth), having offered sufficiently valuable drugs that all or very nearly all of their total DDP Product Balance was expended. **Congratulations!**



Lifelong Medical Center, Berkeley, CA

Best Buys

Best Buys for Just a Penny!

Compare these prices with the AWP price

Nordette 28 tablets
6 packages
NDC#00008-2533-02
\$0.01 (\$223.48 AWP)

Livostin Ophthalmic Susp 5 ml
NDC#58768-0610-05
\$0.01 (\$51.95 AWP)

Livostin Ophthalmic Susp 10 ml
NDC#58768-0610-10
\$0.01 (\$73.94 AWP)

Retin A Cream 0.05% 20 gm
NDC#00062-0175-12
\$0.01 (\$47.12 AWP)

Retin A Cream 0.05% 45 gm
NDC#00062-0175-13
\$0.01 (\$88.35 AWP)

Silvadene 1% Cream 1000 gm
NDC#61570-0131-98
\$0.01 (\$89.74 AWP)
(all sizes from 20 gm and up are \$0.01)

Ventolin MDI 17 gm
NDC#00173-0321-88
\$0.01 (\$38.35 AWP)

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. Best Buys prices are generally available only to clinics that are 340B eligible. To find out more about the 340B program and how to participate go to our website at www.medpin.org and click on Low Cost Drugs.

PLEASE ROUTE TO:

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

www.medpin.org • 510.302.3341 • info@medpin.org

Q&A: Ask the Pharmacist

Q Thanks to the DDP, we have been able to provide Glucophage to our uninsured diabetic patients. But now our supply is running out! This drug costs \$80 per 100 tablets. What can we do?

A You can purchase generic Glucophage (metformin) for a fraction of the price of the brand name drug. Several drugs that were offered on the DDP, for example, Prozac, Buspar, Anaprox, and Prinivil also have generic equivalents now. For a complete list of the DDP drugs with generic equivalents, visit the Medpin website at www.medpin.org.

Q Do we need a clinic permit from the California Board of Pharmacy to dispense drug samples? We have been getting conflicting information on this issue.

A It depends on who the drug samples belong to and how they are dispensed. Traditionally, drug samples belong to the individual physician and must be dispensed by that doctor. Federal regulations do not allow co-mingling of drug samples (although it is routinely done in many clinics and doctors' offices). The physician, however, may donate the drug samples to the clinic. These donated drug samples then belong to the clinic. The clinic must obtain a clinic permit from the California Board of Pharmacy to dispense the drug samples. A clinic permit is not required when drug samples are owned and dispensed by individual physicians.

Medpin

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