Rx CONNECTOR

AUGUST 2006

A publication of the North Dakota Insurance Department

GENERIC COMPETITION: MAY RESULT IN BIG SAVINGS FOR CONSUMERS

Four of the 10 "best-selling" brand-name prescription drugs will lose patent protection this year through 2010, and the competition from generic versions of the medications could result in billions of dollars in savings for consumers, the Los Angeles Times reports. The anticholesterol medication Zocor, manufactured by Merck, and the antidepressant Zoloft, manufactured by Pfizer, lost patent protection last month. In addition, the hypertension medication Norvasc, manufactured by Pfizer, will lose patent protection next year, and the asthma treatment Advair, manufactured by GlaxoSmithKline, will lose patent protection in 2008. According to the Times, "Never have so many branded drugs, with annual sales of as much as $75 billion, lost their patents in so short a time," and the "savings for consumers could be enormous." Generic medications, which can cost as much as 80% less than the brand-name versions, currently account for about half of prescription drugs sold, compared with about one-fourth in 1986. Ron Fontanetta, a health care specialist at Towers Perrin, said that generic medications could account for more than 60% of the prescription drug market by the end of next year. According to pharmacy benefit manager Express Scripts, generic medications will result in estimated savings of $24.7 billion this year. The amount of savings that individual consumers will receive depends on "how aggressively health plan and other care providers steer patients to generics," the Times reports.

'Authorized Generics'

In response to increased competition from generic medications, brand-name pharmaceutical companies have begun to manufacture or license "authorized generics," which "are essentially the brand drug in a different bottle," the Times reports. According to the Times, consumer advo-

Continued on next page...

Welcome to the RxConnector newsletter!

This newsletter is designed to keep you up to date about the Prescription Connection for ND program and to keep you in the know about the various prescription assistance programs that are available. In addition, from time to time, we may also include other items of interest related to Medicare and the Senior Health Insurance Counseling (SHIC) program.

We've got a busy schedule this fall with many outreach events planned. Please visit our event calendar at http://www.nd.gov/ndins/consumer/details.asp?ID=238 to find out where we will be and when.

If you have items of interest that you think should be included in this newsletter, we would love to hear about them! Please contact Sharon St. Aubin by email at sstaubin@nd.gov or call her toll free at 888.575.6611.

As always, thanks for all your hard work for both the SHIC and Prescription Connection programs!

Contact the Department:

1.888.575.6611
insurance@nd.gov
www.state.nd.us/ndins

NORTH DAKOTA
a program of the North Dakota Insurance Department

Prescription Connection for North Dakota

Continued from first page...

cates maintain that the sale of authorized generics "could stifle competition from generics," but brand-name pharmaceutical companies maintain that they "are not trying to undermine competition from generics" and that they are "spurring" competition with the practice (Yi, Los Angeles Times, 7/15).

Source: Kaisernetwork.org-July 17,2006

MEDICARE PHONE SCAMS—BE AWARE!

The ND Insurance Department recently issued a consumer warning that can be found at our website ~ http://www.nd.gov/ndins/communications/press-release.asp?PRID=95

If you have questions about this alert or know of someone who may have been affected by this scam or others like it, please contact the department.

CONTRACEPTIVES AVAILABLE

Previfem (Ortho-Cyclen) and Tri-previfem (Ortho-Tri-Cyclen) are available in generic form through RxOutreach. To contact RxOutreach, call 1-800-769-3880.

Depro Provera via Pfizer is also available by calling 1-800-707-8990.

ROCHE PHARMACEUTICAL HAS NO ACTIVE PATIENT ASSISTANCE PROGRAM

According to the Needy Meds website, the Roche Labs Patient Assistance program is now closed.

After September 30th, the patients may be able to receive assistance through a program coordinator. The medications available after September 30th include boniva, cellcept, copegus, fuzeon, invirase, kytril, pegasus, roferon, valcyte, vesanoid, xeloda. Either the patient or physician can call 800-285-4484 to request assistance with these medications.

Most of the medications now provided by Roche will become available through RxOutreach. Rocaltrol and Rocephin will not be available through any assistance program.

WYETH ACCEPTING APPLICATIONS FROM PART D ENROLLEES

According to the RxAssist website at http://www.rxassist.org/docs/medicare-and-paps.cfm , Wyeth is no longer in the category of No Medicare Patients may apply. Medicare Patients currently can apply but Part D enrollees must submit a hardship letter or Low Income Subsidy (LIS) denial letter.

Older Americans are three times more likely than the rest of the population to use prescription drugs. Even though Medicare's Part D has initially helped many people obtain medications at less cost, there is still a group of Part D enrollees who need help with their medication costs because they do not qualify for the Low Income Subsidy yet they cannot afford to pay the co-payments of their Medicare Prescription Drug Plan.

Those who work with Prescription Assistance Programs can better advocate for the elderly who need prescription assistance. Advocacy may involve writing to the pharmaceutical manufacturing company, talking with pharmaceutical reps, or encouraging Part D enrollees to contact the pharmaceutical manufacturing companies and/or the North Dakota Congressional delegation.

ABBOTT DIABETES CARE INC.

The Abbott Diabetes Care Inc. Patient Assistance program is designed to assist financially disadvantages individuals. All applications are reviewed on a case-by-case basis.

Applicants may be eligible for a Freestyle Flash Meter blood glucose monitoring system, Freestyle Meter blood glucose monitoring system, or a Precision Xtra blood glucose and ketone monitoring system.

The patient must have applied to Medicaid, been denied, have no prescription insurance and meet income guidelines that are not disclosed. The income guidelines vary form state to state. The patient must have no insurance that covers diabetes testing supplies.

This program will provide one meter, strips and lancets for eligible patients for one year.
The patient must call for a prescreening. The phone number for more information on this program is 1-866-224-8887.

HIV MEDICATION

Soon there will be a new HIV Med - Atripla available through patient assistance. The manufacturer rolled it out with a program through Gilead and BMS.

Atripla (efavirenz, emtricitabine, tenofovir), a fixed dose combination of three widely used antiretroviral drugs, is to be taken as one tablet once a day. It is indicated for use alone as a complete treatment option or in combination with other antiretroviral agents for the treatment of human immunodeficiency virus -1 (HIV-1) infection in adult patients.

The approval of Atripla is significant because it markedly simplifies the drug regimen for HIV-1 infected adults. This product offers a one pill, once a day treatment option for patients receiving antiretroviral therapy. There has been interest in simplifying treatment options which may potentially improve the patient's ability to adhere to the treatment and result in long-term effective control of HIV-1.

A fixed-dose combination package has two or three drugs in a single pill. Whereas a co-packaged product refers to two or three pills in a single package. Atripla combines three drugs (efavirenz, emtricitabine, tenofovir) in a single pill.

If individuals neither have nor qualify for public or private insurance benefits and meet program eligibility criteria, Atripla will be provided free of charge until other coverage becomes available. Income levels are not published.

DRUG PLAN PREMIUMS

Some beneficiaries are receiving bills for their drug plan premiums, even though they asked for the premiums to be deducted from their Social Security checks, the Pioneer Press reports. Blue Cross and Blue Shield of Minnesota estimates that about 90,000 people across seven Midwest states could be affected by the billing error. CMS and Social Security officials during a teleconference Thursday said they are working to correct the problem and have told health insurers to maintain coverage for those people with overdue premium payments. Humana has offered to let 35,000 people switch from the automatic deduction plan to monthly billing, and Blue Cross is contacting those individuals with overdue premium payments and offering them six months to catch up, company spokesperson Monika Strom said. Medicare spokesperson Peter Ashkenaz said that most beneficiaries are experiencing no problems with the drug benefit, adding that people with automatic deduction issues will not be disenrolled

Source:St. Paul Pioneer Press, 8/4).

CANADIAN AND BRITISH PHARMACIES PRESCRIPTION DRUG COVERAGE IN 2007

Sales of prescription drugs through Minnesota RxConnect, a state-sponsored program that helps residents purchase medications from Canada and Great Britain, last month "plunged to their lowest levels," the Minneapolis Star Tribune reports. The program, started more than two years ago by Minnesota Gov. Tim Pawlenty (R), provides online links and phone numbers to Canadian and British pharmacies. The program also provides a price-comparison tool, allowing users to compare drug prices at Minnesota drug stores. It is the first such program in the nation and "is considered the most successful" of its kind, according to the Star Tribune. However, sales of imported prescription drugs fell to $30,417 last month, a 30% decrease from sales in May and a significant drop from January's peak sales figure of $153,000. Sales dropped by about half since the start of the Medicare drug benefit; Medicare beneficiaries are the primary customers of Minnesota RxConnect, according to the Star Tribune. According to the Star Tribune, the program has never been a "major source of medications for residents." If sales continue to fall, officials say they might have to end the program. Karen Smigielski, a spokesperson for the Minnesota Department of Human Services, which operates the program, said, "I don't think we've hit that point" (Wolfe, Minneapolis Star Tribune, 7/12).

Source: Kaisernetwork.org-July 14, 2006