

# RxCONNECTOR

A publication of the North Dakota Insurance Department

## NEARLY 1:5 AMERICANS SAY THEY CAN'T AFFORD NEEDED HEALTHCARE

Nearly one in five U.S. adults – more than 40 million people – report they do not have adequate access to the health care they need, according to the annual report on the nation's health released today by the Centers for Disease Control and Prevention (CDC). The report, "Health, United States, 2007," is a compilation of more than 150 health tables prepared by CDC's National Center for Health Statistics.

The report also contains a special section focusing on access to care, which shows that nearly 20 percent of adults reported that they needed and did not receive one or more of these services in the past year – medical care, prescription medicines, mental health care, dental care, or eyeglasses – because they could

not afford them.

"There has been important progress made in many areas of health such as increased life expectancy and decreases in deaths from leading killers such as heart disease and cancer. But this report shows that access to health care is still an issue where we need improvement," said CDC Director Julie Gerberding, M.D., M.P.H.

In 2005, nearly one in 10 people between the ages of 18 and 64 said they were unable to get necessary prescription drugs during the past 12 months due to cost. Nearly 10 percent said they delayed receiving needed medical care. This report did not study the relationship between

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Adam W. Hamm  
Insurance Commissioner

### Welcome to the RxConnector newsletter!

Dear Friends,

*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.*

*As always, thank you so much for all that you do for the Prescription Connection program! Without your help, our work would be that much harder. Your efforts are valued and appreciated!*

*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 [staubin@nd.gov](mailto:staubin@nd.gov) or call her toll free at 888.575.6611.*

Adam W. Hamm  
Insurance Commissioner

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access to health care services and health outcomes.

**Other major findings of the report include:**

- Young adults 18-24 years of age were more likely than children or older adults to lack a usual source of care and to be uninsured. About 30 percent of these young adults did not have a usual source of health care, and an equal percentage were uninsured.
- One in 10 adults ages 45-64 years did not have a usual source of health care, and more than 5 percent of adults in this age group who had diagnosed high blood pressure, serious heart conditions, or diabetes reported not having a usual source of medical care.
- In 2005, one out of five people under the age of 65 reported being uninsured for at least part of the 12 months prior to being interviewed. The majority of this group reported being uninsured for more than 12 months.
- One in 10 women aged 45-64 years with income below the poverty level reported delaying medical care due to lack of transportation.
- About one-third of all children living below the poverty level did not have a recent dental visit in 2005, compared with less than one-fifth of children with higher income.

The report features data on virtually every health topic from all stages of life, and does show a number of important gains:

- In 2006, 87 percent of children age 19-35 months received three or more doses of pneumococcal conjugate vaccine, an increase from 41 percent in 2002.
- In 2001-2004, the age-adjusted percentage of adults with high blood cholesterol was 17 percent down from 21 percent in 1988-94.
- In 2001-2004 about 25 percent of adults 20-64 years of age had untreated cavities, down from nearly 50 percent in 1971-74.

The full Health, United States: 2007 is available at <http://www.cdc.gov/nchs/>. For more information about the latest Department of Health and Human Services initiatives proposed to provide affordable health care coverage to every American visit [www.hhs.gov/everyamericaninsured](http://www.hhs.gov/everyamericaninsured) for more information.

Distributed by the Department of Health and Human Services on December 3, 2007.

## **ASSISTIVE TECHNOLOGY (AT) FOR DEMENTIA? ABSOLUTELY!**

The December 2007 issue of the Assistive Technology Key newsletter explains that IPAT and ND Protection and Advocacy entered into a partnership to carry out assistive technology educational/demonstration presentations and AT assessments. Activities focused on people experiencing substantial impairments to memory or thinking abilities due to dementia.

Training on AT for dementia is now available within North Dakota for families and providers by calling IPAT 1-800-895-4728.

## NURSING HOMES OVERPRESCRIBING ANTIPSYCHOTICS

An alarming number of nursing home patients are receiving antipsychotic medications to sedate them or suppress disruptive behavior associated with dementia, even though the drugs are not approved for these uses, according to a recent report in the Wall Street Journal.

Nearly one-third of nursing home patients are on antipsychotic drugs, with a full 21 percent of occupants on the drugs without a diagnosis of psychosis. Some states are finding medication rates as high as 60 or 70 percent in local institutions.

Drug companies producing the most widely used antipsychotics—newer drugs called atypical antipsychotics—are reaping record profits, raking in nearly \$12 billion in the past year. Federal reimbursements through Medicaid accounted for almost half the revenue—\$5.4 billion in 2005—before the Part D drug benefit supplanted Medicaid coverage for people with Medicare and Medicaid in 2006. While 2006 profits were derived from a total of 45.4 million prescriptions, the illnesses these drugs were developed to

treat, schizophrenia and bipolar disorder, afflict only seven million Americans.

Federal and state regulatory authorities have begun scrutinizing the widespread use of atypical antipsychotics in nursing homes, through intensifying inspections of appropriate medication usage and readily citing nursing homes that overmedicate residents. The Centers for Medicare & Medicaid Services (CMS) recently initiated a process to administer "appropriate use of medicine," resulting in a 50 percent increase in the number of nursing home inspections that produced drug violations in the past three years.

Bruce Pollock, president-elect of the American Association for Geriatric Psychiatry, told the Wall Street Journal that atypical antipsychotics are not effective treatments for dementia.

"We know the more staffing there is and the higher quality of care, the less antipsychotic usage," Pollock said.

## PRILOSEC AND NEXIUM: NO INCREASED RISK OF HEART PROBLEMS FOUND

Long-term use of Prilosec (omeprazole) and Nexium (esomeprazole) is not likely to be associated with an increased risk of heart problems.

FDA has completed a comprehensive, scientific review of known safety data for both drugs, which are used to treat the symptoms of gastroesophageal reflux disease (GERD) and other conditions caused by excess stomach acid. While long-term studies reported to the agency on May 29, 2007, collected safety data, the study protocols did not specify how heart problems, such as heart attacks, were defined or verified. As a result, evaluating the information that was gathered about the safety of both drugs in these studies was challenging.

## HAP TOOL FOR DUAL ELIGIBLES

HAP recently released an [overview](#) on Medicare and Medicaid: Dual Eligible Beneficiaries, including:

- Which Medicare Beneficiaries Are Eligible to Enroll in Medicaid?
- What Benefits Do Dual Eligible Beneficiaries Receive?

What Is Meant by "Full Dual Eligible" and "Partial Dual Eligible"?

[HAP's new chart](#), Cost-Sharing for Dual Eligible Beneficiaries, details the types of Medicare costs that Medicaid pays for full and partial dual eligible beneficiaries.

## POTENTIALLY HARMFUL “COSMETIC” EYE PRODUCT SEIZED

At FDA's request, U.S. Marshals have seized 12,682 applicator tubes of Age Intervention Eyelash, a product that may lead to decreased vision in some users. Authorities said the sales value of the seized tubes is approximately \$2 million. Age Intervention Eyelash is sold and distributed by Jan Marini Skin Research, Inc., of San Jose, Calif.

FDA also considers the seized Age Intervention Eyelash to be an adulterated cosmetic. The product contains bimatoprost, an active ingredient in an FDA-approved drug to treat elevated intraocular pressure (elevated pressure inside the eye). For patients using the prescription drug, also using the Age Intervention Eyelash in addition may increase the risk of optic nerve damage because the extra dose of bimatoprost may decrease the prescription drug's effectiveness. Damage to the optic nerve may lead to decreased vision and possibly blindness.

FDA recommends that consumers, dermatologists, and estheticians who may still have Age Intervention Eyelash discontinue using it and discard any remaining product. FDA also recommends that consumers consult their health care provider if they have experienced any adverse events that they suspect are related to the product's use.

More information is available from the US Food and Drug Administration, [Potentially Harmful "Cosmetic" Eye Product Seized](#)

## SOCIAL SECURITY DISABILITY CLAIMS DECISIONS CAN TAKE UP TO 3 YEARS

U.S. residents seeking to appeal a [Social Security Administration](#) ruling on disability claims can wait as long as three years for a decision, the [New York Times](#) reports.

Although two-thirds of those who are initially denied a claim win their cases in appeal, "in the meantime, more and more people have lost their homes, declared bankruptcy or even died while

awaiting an appeals hearing," according to the *Times*.

The backlog for appeals hearings has increased to 755,000 appeals from 311,000 in 2000, and the wait for an appeals hearing averages 500 days.

## PRESCRIPTION ASSISTANCE PROGRAM UPDATES

- GlaxoSmithKline has added Coreg CR to its GSK Access program.
- Novartis Pharmaceuticals has two new patient assistance programs, for Clozaril and Sandostatin LAR.
- Financial guidelines for Pfizer Friends have changed in that anyone can qualify. Those who have insurance coverage do not qualify, even if they are Part D and in the donut hole (gap.)
- Zelnorm is no longer covered under the Novartis Patient Assistance Program.
- Stonebridge Pharma Patient Assistance Program has a new application.
- Forteo Patient Assistance Program has program changes: patient can't have prescription coverage or be eligible for Medicare, the application fee has increased to \$25, and there is a lifetime limit of two years.

## **LABELING TO RECOMMEND GENETIC TEST FOR PATIENTS WITH ASIAN ANCESTRY**

Manufacturers of drugs containing carbamazepine--a drug used to treat epilepsy, bipolar disorder, and neuropathic pain--have agreed to recommend on the labeling that patients with Asian ancestry get a genetic blood test before starting therapy with the products. The blood test can identify a significantly increased risk of developing a rare, but serious, skin reaction.

Carbamazepine is sold under the brand names Carbatrol, Equetro and Tegretol. Studies have found a strong association between certain serious skin reactions and an inherited variant of HLA-B\* 1502, an immune system gene found almost exclusively in people with Asian ancestry. Patients testing positive for this gene should not be treated with carbamazepine unless the benefit clearly outweighs the increased risk of these serious skin reactions.

### **Warnings About Skin Reactions**

In its Dec. 12, 2007, announcement addressing the new labeling, FDA explained that the prescribing information for these drugs already includes a warning that rare but severe--and sometimes life-threatening--skin reactions can occur for all patients starting carbamazepine therapy. The life-threatening skin reactions include toxic epidermal necrolysis and Stevens-Johnson syndrome, characterized by multiple skin lesions, blisters, fever, itching and other symptoms.

Patients who have taken carbamazepine for more than a few months and not experienced any skin reactions are unlikely to ever experience these reactions, regardless of ancestry or genetic test results. Patients currently taking carbamazepine who are concerned about these skin reactions should not stop taking the drug without first consulting their health care provider.

### **For More Information :**

FDA Press Release

<http://www.fda.gov/bbs/topics/NEWS/2007/NEW01755.html>

Information on Carbamazepine-FDA Alert (Dec. 12, 2007)

<http://www.fda.gov/cder/drug/infopage/carbamazepine/default.htm>

Information for Healthcare Professionals: Carbamazepine

<http://www.fda.gov/cder/drug/InfoSheets/HCP/carbamazepineHCP.htm>

## **HELPFUL TOOL FOR CHECKING STATUS OF PDP ENROLLMENTS**

SHIPs can now check the status of online enrollments completed using the [plan finder](#) by using a new online tool from CMS. Detailed [instructions and the password](#) are also available online.

Enrollment status for both 2007 and 2008 online enrollments can be confirmed with the 14-digit confirmation number provided upon completion of the online application. Available information includes: the drug plan's contract number, the date of the online enrollment, and if the plan has begun processing the enrollment

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