

Some medications and driving don't mix

If you are taking a medication, is it OK to drive? Most likely, yes. But the Food and Drug Administration (FDA) advises that it's best to be absolutely sure before you get behind the wheel.

While most medications don't affect driving ability, some prescription and over-the-counter (OTC) medicines can cause reactions that may make it unsafe to drive.

These reactions may include:

- Sleepiness/drowsiness
- Blurred vision
- Dizziness
- Slowed movement
- Fainting
- Inability to focus or pay attention
- Nausea
- Excitability

Driving while on medications can also be a legal issue. State laws differ, but being found driving under the influence of certain medications (prescription and OTC products) could get you in the same kind of trouble as people caught driving under the influence of alcohol.

Products that require caution

Knowing how your medications—or any combination of them—affect your ability to drive is clearly a safety measure involving you, your passengers and others on the road.

Products that could make it dangerous to drive include

- Prescription drugs for anxiety
- Some antidepressants
- Products containing codeine
- Some cold remedies and allergy products
- Tranquilizers

continued on page 2



Adam Hamm
Insurance Commissioner

Welcome to the *RxConnector* newsletter!

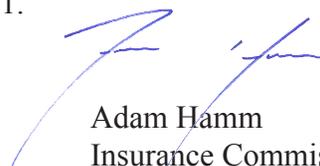
Dear friends,

This newsletter is designed to keep you up-to-date about the Prescription Connection for North Dakota program and to keep you in the know about the various prescription assistance programs that are available. From time to time, we may also include other items of interest related to Medicare and the State 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 at ssaubin@nd.gov or call her at 1.888.575.6611.



Adam Hamm
Insurance Commissioner

**NORTH
DAKOTA**
Insurance
Department

**Prescription
Connection**

Adam W. Hamm, Commissioner

RxConnector is a publication of the Prescription Connection for North Dakota program.

Contact us at:

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

- Sleeping pills
- Pain relievers
- Diet pills, “stay awake” drugs and other medications with stimulants (e.g. caffeine, ephedrine, pseudoephedrine)

Products that contain stimulants may cause excitability or drowsiness. Also, never combine medication and alcohol while driving.

If you have to drive

Let’s say that you must take medications that could affect your driving. But you also have to get to work, pick up the kids from school or sports practice, or run errands. Here are some tips for what to do:

- Don’t stop using your medicine unless your doctor tells you to. Take medications at prescribed levels and dosages. Talk to your health care professionals about side effects. Doctors and pharmacists can tell you about known side effects of medications, including those that interfere with driving. Request printed information about the side effects of any new medicine.
- Inform health care professionals about all of the products you are taking, including prescription, OTC and herbal products. Also, let them know about any reactions you may experience.



Health care professionals may be able to

- Adjust the dose
 - Adjust the timing of doses or when you use the medicine
 - Add an exercise or nutrition program to lessen the need for medicine
 - Change the medicine to one that causes less drowsiness
- Monitor yourself. Learn to know how your body reacts to the medicine and supplements. Keep track of how you feel, and when the effects occur.
 - Carry a medication list. In case of an emergency, carry a list of all medications you are taking, including product names and dosages.

Source: FDA

Fax number for AZ&Me



It has been brought to our attention that some patients trying to enroll via fax to the AZ&Me(tm) Prescription Savings Program for people without insurance are dialing the incorrect fax number. Please note that the correct secure fax number for this program is

888-810-5282 and not 800-810-5282.

The 800 fax number is a home fax machine.

We urge you to please reach out to your colleagues and others that you know that may be using fax to apply to the AZ&Me program to use the 888-810-5282 number.

AstraZeneca is currently taking the necessary steps to ensure that all appropriate corrective actions are taken to protect patient confidentiality.

Hospitals offering extra amenities to draw privately insured patients

The AP/*San Francisco Chronicle* recently examined the new trend of hospitals providing extra incentives to “lure in” patients covered by private insurance, which pays higher reimbursement than government programs such as Medicare or Medicaid.

According to the AP/*Chronicle*, hospitals “are finding it pays to pump up perks” for visitors, such as gourmet food, cooking classes, patient concierges, internet access, walking trails and valet parking. In addition, many hospitals offer single rooms, which have been made more available because of federal regulations protecting patient privacy, according to the AP/*Chronicle*.

Source: Kaiser Daily Health Policy Report



Administrative practices of PFFS plans

Administrative practices used by PFFS plans can lead to higher costs for Medicare beneficiaries (Edney, *CongressDaily*, 12/15). PFFS plans can charge Medicare beneficiaries for the full cost of services, whereas the fee-for-service program does not charge beneficiaries the full cost unless health care providers warn that Medicare might not cover the services, the report stated. PFFS plans also do not have to protect Medicare beneficiaries from financial liability, a requirement that Medicare HMOs and PPOs must meet, according to the report. In addition, in the event that Medicare beneficiaries do not inform PFFS plans before they receive services, the plans can require beneficiaries to pay a large share of the cost, a possible violation of federal rules, the report stated.

In the report, CMS officials said that they have begun to examine the practices of PFFS plans and intend to take action to ensure the plans follow agency guidance. CMS officials said that they do not have data on the number of Medicare beneficiaries enrolled in PFFS plans who have higher costs as a result of the practices, according to the report.

The report called on CMS to investigate PFFS plans that require Medicare beneficiaries to inform them before they receive services and ensure that the plans follow agency guidance.

Dingell said, “PFFS plans pose an imminent risk to the financial health of their enrollees” (*CQ HealthBeat*, 12/15). Waxman said, “Today we learn that these plans charge Medicare beneficiaries more than three times the Medicare cost-sharing for some benefits when a beneficiary doesn’t jump through obscure administrative hoops” (*CongressDaily*, 12/15).

More likely to leave

The report also found that Medicare beneficiaries are more likely to leave PFFS plans than other private Medicare plans. According to the report, 21 percent of Medicare beneficiaries enrolled in PFFS plans decide to leave during the year, compared with nine percent of those enrolled in other private Medicare plans. The report found that Medicare beneficiaries who left PFFS plans were sicker compared with all beneficiaries enrolled in the plans, an indication that the “plans are not helpful for sick enrollees who need to use their benefits,” according to *CQ HealthBeat*.

Source: Kaiser Daily Health Policy Report

Social Security Benefits America



Use the new online Benefit Estimator:
www.socialsecurity.gov/estimator

About the Retirement Estimator

The Retirement Estimator produces estimates that are based on your actual Social Security earnings record. Retirement estimates are just that, estimates. They will vary slightly from the actual benefit you may receive in the future because:

- Your Social Security earnings record is constantly being updated;
- These calculators use different parameters and assumptions (e.g., different stop work ages, future earnings projections, etc.); and
- Your actual future benefit will be adjusted for inflation.

CMS slow to audit Part D plans' drug prices

By July 2008, the Centers for Medicare & Medicaid Services (CMS) had completed only one audit of Part D prescription drug plan pricing data from 2006, and as of November, had started fewer than half the audits of plans' drug prices for the first year of the Part D benefit, according to a recently released Government Accountability Office (GAO) report.

Part D providers negotiate drug prices with manufacturers and pharmacies. Part D providers must report the concessions to CMS, which uses the data to calculate final payments to the plans. If the concessions data is inaccurate, this affects the accuracy of CMS's payment calculation, which could potentially result in overpayments to the plans.

You can use the Retirement Estimator if:

- You have enough Social Security credits at this time to qualify for benefits and
- You are not:
 - o Currently receiving benefits on your own Social Security record;
 - o A Medicare beneficiary;
 - o Age 62 or older and receiving benefits on another Social Security record; or
 - o Eligible for a Pension Based on Work Not Covered By Social Security.

For security reasons, there are time limits for viewing each page. You will receive a warning after 25 minutes without doing anything, and you will be able to extend your time on the page. After the third warning on a page, you must move to another page or your time will run out and your work on that page will be lost.

As of October, CMS had started 81 of 169 audits for the 2006 price concessions data reported by the plans; CMS had fully completed only one audit as of July 2008. The completed audit found inconsistencies in reported data. While the audit process is statutorily required, the statute does not include a time line that auditors must follow. CMS created a 22-month time line for Part D provider audits, based on the agency's Medicare Advantage audit time line. In a response to GAO's request for comment on the report, CMS officials state that they could not meet the self-imposed time frame because Congress did not allocate an adequate level of funding to do so.

Source: Medicare Watch

Patient assistance program eligibility criteria and Medicare Part D

Will your Medicare patients be eligible for Patient Assistance Programs?

No Medicare Patients may apply for PAPs		
<p><u>Actelion</u> <u>American Regent</u> <u>Axcan</u> <u>Biogen</u> <u>Boehringer Ingelheim</u> <u>Cangene</u> <u>Cephalon</u> <u>Dermik</u></p>	<p><u>Eisai</u> (Part D see below) <u>IVAX</u> <u>MedImmune</u> <u>Millenium</u> <u>Mylan</u> <u>Purdue</u> <u>Reliant</u></p>	<p><u>Salix</u> <u>Savient</u> <u>Sciele Pharma</u> <u>Scios</u> <u>Teva/Gate</u> <u>Watson</u></p>
Medicare Patients without a Part D plan may apply for PAPs		
<p><u>Alpharma</u> <u>Amgen</u> (Part D see below) <u>Amylin</u> <u>Astellas Pharma</u> (Part D see below) <u>Bayer</u> <u>Berlex</u> <u>Biovail</u> <u>Bradley Pharmaceuticals</u> <u>Centocor</u> <u>Daiichi Sankyo</u> <u>Duramed</u> <u>Eli Lilly</u> (Part D see below)</p>	<p><u>Endo</u> <u>Enzon</u> <u>ESP</u> <u>Forest</u> <u>Galderma</u> <u>Genentech</u> <u>Genzyme</u> (Part D see below) <u>Graceway</u> <u>Intermune</u> <u>King</u> <u>MedPointe</u> <u>MGI</u> <u>NitroMed</u></p>	<p><u>Novo-Nordisk</u> <u>Ortho-Biotech</u> (Part D see below) <u>PDL Biopharm</u> <u>Reckett Benckiser</u> <u>Roche</u> (Part D see below) <u>Serono</u> <u>Shire</u> (Part D see below) <u>Solvay</u> <u>TAP</u> (Part D see below) <u>Upsher-Smith</u> <u>Valeant</u> (Part D see below) <u>Vistakon</u></p>
All Medicare Patients may apply for PAPs		
<p><u>Abbott</u> * <u>Alcon</u> (Part D enrollees must submit a hardship letter) <u>Allergan</u>* <u>AstraZeneca</u>-Part D enrollees use AZ Medicines & Me <u>Bristol Myer Squibb</u>* <u>Berlex/Beta Seron End.</u> (Cannot be LIS eligible) <u>Celgene</u> <u>Chiron/TOBI</u> - Part D enrollees may be eligible for product or co-pay assistance</p>	<p><u>Digestive Care</u> <u>Eytech</u> <u>Gilead</u>* <u>GlaxoSmithKline</u>-Part D enrollees use GSK Access program <u>Johnson & Johnson</u>* <u>Kos</u> <u>Merck</u>* <u>Merck/Schering Plough</u> * <u>NABI</u> (Cannot be LIS eligible) <u>Novartis</u></p>	<p><u>Pfizer</u>* (Some medications may not be available to Part D enrollees) <u>Procter & Gamble</u> (Cannot be LIS eligible) <u>Sanofi-Aventis</u> (Appeal process for Medicare enrolled, financially-needed patients who have a life threatening condition confirmed by physician) <u>Schering-Plough</u> <u>Takeda</u>* <u>UCB</u> <u>Wyeth</u> (Part D enrollees must submit a hardship letter or LIS denial letter)</p>
Medicare Part D patients may apply for selected medications		
<p><u>Amgen</u>- <u>Sensipar</u> and <u>Enbrel</u> only <u>Astellas Pharma</u> - <u>Prograf</u> only <u>Eisai</u> - <u>Aricept</u> only <u>Eli Lilly</u> - <u>Zyprexa</u>, <u>Forteo</u> and <u>Humatrope</u> only through <u>Lilly Medicare Answers</u></p>	<p><u>Genzyme</u> - <u>Renagel</u> only through <u>Renagel Part D PAP</u> <u>Ligand</u> - only if drugs not in patient's Part D plan <u>Ortho-Biotech</u> - Only if drugs not in patient's Part D plan <u>Roche</u> - Only if drugs not in patient's Part D plan</p>	<p><u>Shire</u> - <u>Fosrenol</u>, only if drug not in patient's Part D plan <u>TAP</u> - <u>Prevacid</u> Only <u>Valeant</u> - Only if drugs not in patient's Part D plan; Part D enrollees ineligible for <u>Infergen</u> PAP</p>

LIS = Low-Income Subsidy within Part D

*Will consider allowing some Part D enrollees to apply for PAPs; contact the company for more information.

Last updated Sept. 5, 2008.

Drugmakers expected to adopt voluntary restrictions on direct-to-consumer advertising



The pharmaceutical industry is expected to announce voluntary restrictions on direct-to-consumer drug advertising, the Wall Street Journal reports. The

Pharmaceutical Research and Manufacturers Association

will disclose restrictions that include suggesting drugmakers consider implementing a minimum time period before launching advertising for newly approved drugs. According to the Journal, the new recommendations will update guidelines the trade group adopted in

2005, which were intended to ensure drug ads were accurate and provided balanced information regarding safety and effectiveness.

According to the Journal, the new restrictions come after scrutiny from the House Energy and Commerce Committee, which had said that ads for the cholesterol drugs Vytorin, co-marketed by Merck and Schering-Plough and Lipitor, manufactured by Pfizer, and a Johnson & Johnson anemia drug were potentially misleading and deceptive.

The Journal reports that the drugmakers' concessions come amid an overall decline in spending on ads. U.S. pharmaceutical ad spending declined by 6% to \$3.2 billion in the first eight months of 2008, following a decline of 3% in 2007 to \$5.3 billion, according to TNS.

Source: Kaiser Daily Health Policy Report

WANTED

Volunteers for Medicare Part D 2009

The North Dakota Insurance Department is looking for Medicare Part D volunteers to work October to December 2009. Compare Part D plans online and help beneficiaries enroll in new plans and change plans for 2010. Training is provided and the hours are flexible to fit your schedule.

It's a small effort that makes a big difference. For more information, call 1-888-575-6611.

REWARD

helping North Dakota Medicare beneficiaries