

Ohio hospitals advertise ER wait times on billboards, internet

Akron General Health System, a hospital system in Ohio, “recently began advertising up-to-the-minute wait times for its emergency rooms on billboards throughout town,” the Akron Beacon Journal reports. “Six digital billboards in Akron are automatically updated every 20 minutes to show current average wait times to see a doctor at the main ER in downtown Akron and in satellite ERs in the Montrose area and Stow.

The average times are computer generated, based on current patient information from the health system’s electronic medical records, marketing director Mary Brackle said.” The times are also listed on the hospital’s website.

The campaign may be part of a growing trend of emergency room advertising.

“More hospitals nationwide are starting to advertise their ER wait times through billboards, Web sites, text messages or social media sites, such as Twitter. Some emergency medicine doctors, however, see this as a dangerous trend.” They worry that patients with serious problems might seek care at a facility away mistakenly thinking they will get treatment faster “when, in fact, ER personnel make sure those with the most critical problems are seen immediately, said Dr. David C. Seaberg, a member of the board of directors of the American College of Emergency Physicians” (Powell, 2/4).

(Kaiser Daily Health Report)

President wants private sector to help with health care fraud fight

To mitigate against health care fraud, White House officials met recently with law enforcement, government regulators, and insurance industry officials to discuss methods to improve communication and sharing of data. Referencing the “staggering” loss of approximately \$60 million in private and public health care funds annually, Attorney General Eric Holder testified before a National Summit on Health Care Fraud that fighting fraud is one of the Obama administration’s most pressing national challenges. Kansas Insurance Commissioner Sandy

Praeger said the entities involved in health insurance must foster better cooperation.

(NAIC Newswire)



North Dakota
INSURANCE
DEPARTMENT
PROTECTING THE PUBLIC GOOD
PRESCRIPTION CONNECTION

■ 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 sstaubin@nd.gov or call her at 1.888.575.6611.



Adam Hamm
Insurance Commissioner

Nursing jobs no longer recession-proof

“A few years ago, hospitals were offering nurses \$10,000 signing bonuses, loan payoffs, even cars as incentives to battle a nursing shortage in Texas. Today, some nursing school graduates say they’re fortunate to find a job,” *The Star-Telegram* reports.

“Three years ago there were three job offers for every graduate,” said Dr. Pamela Frable, director of nursing at Texas Christian University’s Harris College of Nursing and Health Sciences. “But at graduation last summer, there were more students without a job than ever before. A surge of applicants from nursing schools and from other states, as well as more older nurses coming back into the work force, has increased competition for jobs, especially at the area’s large hospitals.” Adding to the surge of new nursing candidates are “[e]xperienced nurses from other states that have been hard hit by the recession” (Jarvis, 1/30).

The *Philadelphia Inquirer* profiles an airline employee who went to nursing school when the job market was strong but struggled to find a job when he graduated. “Over and over again, hospitals told him they were not hiring. He wanted to work for a hospice, but he was told he could not until he had worked in a hospital. ... Nursing educators worry that potential students will hear that the job market is tight now and stay away. ‘What I’m concerned

about, and what I think every American should be concerned about, is this is just a blip,’ said Mary Ellen Glasgow, associate dean for nursing at Drexel. She believes that the current hiring woes ‘are very short-term’ and that a ‘major shortage’ is still on the way. ‘That’s what we need to impress upon the public’” (Burling, 1/31).

Meanwhile, the *St. Petersburg Times* reports on the poor job prospects for Americans attending Caribbean medical schools. “Oversight of offshore schools by U.S. regulators is minimal to nonexistent. Promises made over the Internet can evaporate once students arrive in a foreign country, leaving them with little recourse. Credits earned at such schools often can’t be transferred. And guarantees of training slots in U.S. hospitals—key to getting a physician’s license in the States—can prove illusory as fast-growing schools accept more students than they can ever place.” The Times cites one school where the “Web site lists the name of 56 graduates who reportedly passed all their U.S. medical licensing exams, out of hundreds of enrollees over the years” (Hundley, 2/1).

(*Kaiser Health News*)

GlaxoSmithKline (GSK) launches copayment assistance program for oral oncology/specialty drugs

GSK is introducing a copayment assistance program for patients with commercial prescription drug coverage, excluding residents of Massachusetts, whose income is at or below 500% of the federal poverty level.

Eligible patients can receive assistance with copayment or coinsurance for certain oral oncology as well as certain oral specialty drugs. The amount of assistance will vary with the income level of the patient. Those whose income is at or below 150% of the federal poverty level (FPL) would receive assistance with any copayment or coinsurance amount that exceeds \$25. Those whose income

is between 151-250% of the FPL would receive assistance with any copayment or coinsurance amount that exceeds \$50. Those whose income is between 251-350% of the FPL would receive assistance with any copayment or coinsurance amount that exceeds \$300.

For more information regarding the products covered by the copayment assistance program visit www.CARESbyGSK.com. Or you can call 888-825-5249 and reference the GSK Cop-pay Assistance Program.

(David A. Moules, VP, Payer Markets Division)

NeedyMeds drug discount card and Medicare

Several folks have asked if they can use NeedyMeds' free drug discount card if they are enrolled in Medicare. The answer is yes! The card can help Medicare recipients in a three important ways:

1) If someone falls into the donut hole and has no chance of paying his way, then he can use the card to save on his medication costs. It's important to remember that what that person spends using the card will not count as a true out of pocket expense (TROOP) and so won't help him get out of the donut hole. Some pharmacists may tell people they can't use the card but the pharmacists are wrong. No one ever has to use his drug insurance. By using

the card, the patient is going outside his insurance coverage.

2) The card may help if the person is on a medicine not covered by her Medicare Part D plan.

3) The card may help with the cost of over-the-counter medicines and medical supplies. To work, these items must be written as a prescription even though they are not prescription items.

For more information on the drug discount card, and to download a free copy, visit <http://www.needymeds.org/drugcard/index.shtml>

PAP updates

- United Therapeutics has a new PAP for Adcirca.
- Tyvaso has been added to the United Therapeutics PAP.
- Starlix is now generic and was removed from the Novartis PAP.
- Bristol-Myers Squibb has removed Zerit from its PAPs.
- Leukeran, Myleran, and Tabloid are still covered under GSK's Commitment to Access oncology tPAP.
- The Visudyne Patient Assistance Program is closed.
- Rilutek Care Connection replaces Rilutek

Continuity Program, and there is a new application on their site.

- Evoclin, Extina, Luxiq, Olux, Olux-E, Olux Complete Pack and Verdeso have been added to GSK Bridges to Access and GSK Access programs.
- The program for Accu-Check strips from Roche Diagnostics has closed but patients will be able to obtain strips at participating clinics. See their website for info on the clinic location: <https://www.accuchek.com/us/customer-care/patient-assistance-program.html>

(Patient Advocate News)

More than 2,000 new medicines in development for older Americans



More than 2,000 medicines for older Americans are currently being tested in clinical trials or are waiting for Food and Drug Administration approval, according to a new report released by the Pharmaceutical Research and Manufacturers of America (PhRMA).

This latest PhRMA report on new, cutting-edge medicines in the research pipeline comes as a growing number of older Americans face severe health challenges and greater life expectancy. The National Center for Health Statistics has predicted that people born in 2005 will live for

nearly 78 years. In 1955, the average American was expected to live for only 69.6 years.

Topping the health challenges for seniors are heart disease, cancer and cerebrovascular disease, according to the Centers for Disease Control and Prevention. Hypertension alone affects 67 percent of those aged 60 and older. Chronic lower respiratory diseases, Alzheimer's disease, diabetes, and flu and pneumonia complete the seven chronic diseases that are the leading causes of death in older Americans.

The new medicines include 150 for diabetes, which affects 12.2 million Americans age 60 and older; 62 for eye disorders that contribute significantly to late-life disability; and 91 for Alzheimer's disease, which could afflict 16 million people by 2050 without further advances in treatment. Other medicines target depression, osteoporosis, Parkinson's disease, prostate disease, bladder and kidney diseases, and other debilitating conditions. Among the experimental treatments is a medicine that could potentially prevent or reverse the progression of Alzheimer's disease.

(Older Americans)

Study finds nearly a quarter of prescriptions go unfilled

Reuters: "Many people whose doctors start them on medications for conditions like diabetes and high blood pressure may never fill those prescriptions, a new study suggests. Researchers found that among more than 75,000 Massachusetts patients given drug prescriptions over one year, 22 percent of the prescriptions were never filled. ... Such 'non-adherence,' the study found, was common even among patients prescribed drugs for chronic conditions that can have serious health consequences. Between 28 percent and 31 percent of new prescriptions for diabetes, high blood pressure and high cholesterol, for example, went

unfilled, according to findings published in the *Journal of General Internal Medicine*." Some people may not have understood the need for medicines if the health problems had few symptoms—such as heart disease or high cholesterol. In addition, although the study included only people with health insurance, the researchers noted that co-payments for medications may be high or some people may be prescribed a drug not covered (Norton, 2/17).

(Kaiser Daily Health Report)

Increasing demand of services needed

The Administration on Aging (AoA) released a new report, *A Profile of Older Americans: 2009*, which provides most recent demographic information on older Americans. The report includes a chart with interesting state-level data on the number of people age 65 and older living below poverty.

The report reveals that even though most (non-institutionalized) Medicare beneficiaries—

87 percent—have some type of supplementary coverage, older adults still spend an annual average of \$4,605 in out-of-pocket health care costs. This spending accounts for 12.5 percent of their total expenditures, compared to 5.9 percent spent by all consumers.

(HAP eNewsletter)

New publications

The Office of Medicare Ombudsman offers two recently revised educational pieces for SHIPs to share with beneficiaries:

Programs That Can Help You Pay Your Medical Expenses (Pub. 11445) is a three-page resource that can be used as a handout for spreading the word to beneficiaries about federal and state assistance programs, or as a general reference for the assistance programs available and where to go to apply for any particular one.

Are You a Hospital Inpatient or Outpatient?

(Pub. 11435) is a six-page booklet, which offers a general explanation of the term hospital status (inpatient or outpatient) and how your hospital status can affect Medicare coverage and your out-of-pocket expenses.



These publications are also available on the Medicare website under Find a Medicare Publication.

Express scripts turning prescription discount business into nonprofit

Anticipating “more people will need access to discount prescriptions no matter what ultimately happens in Washington” with health reform, Express Scripts’ Rx Outreach program will become a nonprofit, the St. Louis Post-Dispatch reports. “Heading the new effort is Michael R. Holmes, executive vice president of Express Scripts. He says the change in status will help one of the largest pharmacy benefit management companies in North America extend its reach to the country’s poor.”

Holmes said “by increasing the percentage of drugs donated, we would be able to further lower the costs for low-income patients. We could start

developing alliances with health care organizations and associations to raise awareness among the patients they serve. And we could customize programs for free clinics to enable them to serve patients better. We have not seen other major pharmacy benefit managers offer a similar service model or establish nonprofit organizations to address this need.” Families and people who earn up to 300 percent of the federal poverty line will be eligible to receive more than 400 medications at a rate of \$20 for a 180-day supply (Moore, 2/18).

(Kaiser Daily Health Report)

Medicaid enrollment growth in 2009

With the country mired in a deep recession, nearly 3.3 million more people were enrolled in state Medicaid programs in June 2009 compared to the previous June, according to a new analysis by the Kaiser Family Foundation's Commission on Medicaid and the Uninsured. It was the biggest ever one-year increase in terms of absolute numbers, and boosted the June monthly Medicaid enrollment by 7.5 percent to 46.9 million people.

It was the first time in decades that every state experienced an increase in Medicaid enrollment, and in 32 states enrollment grew at least twice as fast as the year before, according to the analysis, which includes data breakouts by state.

The increase in enrollment reflects the role that Medicaid plays in reducing the numbers of people who become uninsured when the economy falters, with many people turning to the program for help after being laid off and losing their employer-based health insurance. Millions more who were not eligible for Medicaid likely joined the ranks of the nation's uninsured.

"State Medicaid programs have been able to help millions of Americans who have nowhere else to

turn in a recession," said Diane Rowland, Executive Vice President of the Foundation and Executive Director of KCMU. "But the states obviously face significant fiscal pressures as increases in enrollment push up costs at a time when state budgets are already severely constrained."

A new Kaiser survey of state Medicaid directors finds that 44 states and the District of Columbia are experiencing higher than expected program enrollment, resulting in increased spending for fiscal year 2010. At least 29 states say they are considering additional mid-year cuts in provider rates and program benefits.

Enhanced federal matching money for Medicaid provided through the American Recovery and Reinvestment Act of 2009 has proved critical in helping states maintain coverage. But that money is scheduled to expire on Dec. 31, 2010, which will increase the strain on state fiscal year 2011 budgets, Medicaid directors reported.

(Kaiser Family Foundation)

Change in Cymbalta 60 mg formulation

A formulation change, in the 60 mg formulation, the pellet concentration of active pharmaceutical ingredient (API) is increasing from 20 to 32 percent. The capsule will appear less full. Fewer, though larger, more concentrated pellets inside the capsule will continue to deliver the same bioavailability found in the previous 60 mg capsule.

In addition, the full NDC numbers changing are:

- 30-count bottles
- 1000-count bottles
- 100-count blister ID 0002-3270-30
0002-3270-04
0002-3270-33

No new prescription is required. The new formulation allows for more efficient

manufacturing. Lilly will cease manufacturing the Cymbalta 20% formulation for the 60 mg capsules only.

Size, Excipients, Coloring and Packaging for the 60 mg capsules will remain the same.

All other doses for Cymbalta remain the same. The formulation change should not affect patient copays in any way.

There is nothing you need to do. Continue to use the 20% Cymbalta formulation until inventories are exhausted. If you have any questions, contact the Lilly Answer Center at 1-800-545-5979.

Medicines in development for diseases affecting seniors

Alzheimer's Disease: More than 5 million Americans are living with Alzheimer's disease, with 98 percent of those over age 65, according to the Alzheimer's Association. A potential medicine in development is a humanized monoclonal antibody designed to remove beta amyloid protein from the brain and prevent or reverse progression of Alzheimer's disease. The medicine provides the patient with antibodies directly, rather than the patient having to create their own immune response to beta amyloid. This process—called passive immunization—may provide greater reduction or the elimination of safety concerns due to the lack of stimulation to the patient's immune response to beta amyloid.

Depression: In its many forms, depression affects more than 6.5 million Americans age 65 or older, according to the National Alliance on Mental Illness. One medicine in development is an inhibitor of a brain enzyme that is responsible for decreases of neurotransmitter levels that can cause depression. Depression is associated with decreased levels of three neurotransmitters—serotonin, norepinephrine and dopamine. These transmitters are needed to maintain normal mood, and when decreased, patients can become depressed. Currently available medicines that act against the brain enzyme—and help to maintain healthy levels of the three neurotransmitters—require dietary restrictions to avoid cardiovascular side effects. The potential new medicine is highly selective and allows normal metabolism of food and a diet free of restrictions.

Diabetes: Among Americans age 60 and older, 12.2 million have diabetes, according to the U.S. Centers for Disease Control and Prevention. Uncontrolled diabetes can lead to kidney failure, blindness, amputations and premature death. A new, first-in-class medicine in development addresses insulin resistance, the underlying cause of type 2 diabetes. The medicine selectively modulates genes responsible for insulin sensitization without activating genes responsible for weight gain and edema.

Epilepsy: A seizure disorder affecting more than

3 million Americans of all ages, with the highest incidence in children under the age of 2 and adults over age 65, according to the Epilepsy Foundation. A potential first-in-class medicine in development may treat epilepsy facilitating specific neuronal potassium channels.

Insomnia: The prevalence of insomnia is higher among older adults. According to the National Sleep Foundation's 2003 Sleep in America poll, 44 percent of older persons experience one or more of the nighttime symptoms of insomnia at least a few nights per week or more. One potential medicine binds more selectively than currently marketed products at the specific subtype of GABA-A receptors within the brain believed to be responsible for promoting sleep.

Macular Degeneration: Age-related macular degeneration (AMD) currently affects 1.8 million Americans, but due to the rapidly aging U.S. population, that number is expected to rise to almost 3 million by 2020, according to the National Eye Institute. The potential first-in-class medicine targets vascular endothelial growth factor receptor-1 (VEGFR-1). VEGFR-1 is a key component of the VEGF pathway and is stimulated by both VEGF and PIGF (placental growth factor) resulting in the growth of new blood vessels (angiogenesis). The medicine is designed to reduce angiogenesis mediated by both VEGF and PIGF, a cause of age-related macular degeneration.

Parkinson's Disease: Approximately one million Americans suffer from Parkinson's disease, and each year 60,000 new cases are diagnosed—one every nine minutes, according to the National Parkinson Foundation. Currently available treatments for Parkinson's disease can diminish the symptoms of the disease, but do not replace lost nerve cells or halt the progression of the disease. A nervous system growth factor (gene therapy) is being studied. The therapy aims to deliver the growth factor, gill derived neurotrophic factor (GDNF), into the brain to prevent degeneration and the loss of the neurotransmitter dopamine.

(Innovation.org)

New medications

Actemra (tocilizumab)

AdrenaClick (epinephrine)

azelastine (first-time generic for Optivar)

betamethasone sodium phosphate/betamethasone acetate (first-time generic for Celestone Soluspan)

Coartem (artemether/lumefantrine)

estradiol valerate (first-time generic for Delestrogen) (*Epocrates Pulse Newsletter*)

Fanapt (iloperidone)

Fluzone High-Dose (influenza A and B (seasonal flu) vaccine)

Pentoxil (pentoxifylline)

pramipexole (first-time generic for Mirapex)

Sumavel DosePro (sumatriptan)

Twinject (epinephrine)

Bristol-Myers Squibb Patient Assistant Foundation (BMSPAF)

Beginning Jan. 31, 2010, the following drugs will no longer be available through the BMSPAF:

Coumadin

Glucophage

Glucophage XR

Kenalog

Megace OS

Pravachol

Sinemet

Videx

Zerit

The BMSPAF has increased the program's income eligibility criteria to 250% of the Federal Poverty Level for the following products:

Abilify

Avalide

Avapro

Onglyza

Lodosyn

Plavix

(*Bristol-Myers Squibb PAF Inc*)

Safety review of Avandia (Rosiglitazone)

FDA offers advice to people who take the diabetes drug Avandia (rosiglitazone) while the agency continues to review data on possible heart-related risks.

[Click here for more information.](#)

(FDA)

For updated CMS documents such as LIS brochures for low literacy individuals, Medicare and mental health services, and skilled nursing facility brochures, please contact the SHIC office at 1.888.575.6611.