RxConnector is a publication of the North Dakota Insurance Department's Prescription Connection program.

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RxConnector

North Dakotans living without health insurance increase from 2000 to 2008

As Congress approaches a showdown on health care reform, the nation's largest philanthropy devoted to improving health care reports recessions since 2000 "have taken a tremendous toll on people's ability to afford health insurance and employers' capacity to offer it."

In North Dakota, the number of uninsured people in the middle class (family income of $40,000 to $75,000) jumped from 15,000 in 2000 to 17,000 in 2008, according to the report released recently by the Robert Wood Johnson Foundation.

In Minnesota, the number of middle-class uninsured rose from 107,000 to 127,000, the foundation report states.

And while employers continue to cover most of the cost of their employees' health insurance premiums, the employees' share for a family premium increased by 60 percent in North Dakota from 2000 to 2008, the report states, and by 54 percent in Minnesota.

"America's uninsured crisis means that hard-working people with average incomes are being squeezed," according to Risa Lavizzo-Mourey, president of the nonprofit, nonpartisan foundation.

"The fallout from rising health insurance costs hits everyone," she said. "Employers must choose between either passing on costs to workers who cannot afford the increase and therefore drop coverage, or paying more for their employees' coverage at the cost of creating and preserving jobs."

Blues: Claims up, so premiums up
A spokeswoman for North Dakota Insurance Commissioner Adam Hamm said that recent estimates have put the uninsured in the state at 8 percent. The department has no breakdown by income level, she said.

In the March 2009 publication by the Dakota Medical Foundation and the Center for Rural Health at UND, "An Environmental Scan of Health and Health Care in North Dakota," the state's overall uninsured rate was cited as 8.2 percent.

Asked to review the Robert Wood Johnson report Tuesday, a spokeswoman for Blue Cross Blue Shield — which does about 90 percent of the health insurance business in North Dakota — said BCBS could not immediately confirm or dispute the report's numbers.

(continued on page 2)

North Dakota Insurance Department
PROTECTING THE PUBLIC GOOD
Prescription Connection

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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

"However, we agree that increasing health care costs are unsustainable," Denise Kolpack said, "and we support and are working for health reform that works for North Dakota."

She said the report's "biggest omission" is an explanation for why health care premiums have increased, which she said is "the direct result of people using more and better health care services."

The Blues in North Dakota paid $548 million in member claims in 2000, Kolpack said, and $1.194 billion in 2008.

"Although North Dakota premiums doubled between 2000 (and) 2008, medical claims payments more than doubled" during that time, she said.

'Everyone suffers'

The report was prepared for the foundation by the State Health Access Data Assistance Center at the University of Minnesota, using data from the Census Bureau and the Department of Health and Human Services.

Researchers found that fewer people across the country were offered or were eligible for insurance coverage through their jobs as employers stopped providing the benefit or changed criteria for eligibility. Also, more workers declined the benefit because of increased premiums and benefit restrictions.

"The facts show that everyone is suffering right now, regardless of income," Lavizzo-Mourey said. "For middle-class families, changes in the cost of insurance far outweigh changes in income. That means a bigger piece of the household budget must go to insurance, or families have to go without coverage, delay needed care and face bankruptcy if anyone in the family gets seriously ill."

In addition, business owners increasingly won't be able to shoulder the burden of health care costs, and states won't be able to deal with the numbers of laid-off workers coming into public programs.

"It's a crisis in need of solutions," she said.

Kolpack, vice president for communications at BCBS of North Dakota, said that North Dakota "has one of the lowest rates of (middle class) uninsured," at 9.6 percent, and only four states—including Minnesota—are lower.

She said North Dakota was one of just 12 states that registered a decrease in the percentage of businesses not offering insurance.

(Grand Forks Herald)

LifeScan recalls specific lots of consumer and professional OneTouch® SureStep® test strips

LifeScan, Inc. is conducting a voluntary recall in the United States of eight lots of OneTouch® SureStep® Test Strips, used by people with diabetes to measure their blood glucose levels at home.

The test strips are being recalled because they may provide falsely low glucose results when the glucose level is higher than 400 mg/dL.
(FDA)

Oldest epilepsy medication is most effective for petit mal epilepsy

A landmark comparison of three drugs widely used against the most common form of childhood epilepsy finds the oldest to be the most effective.

The study of 453 children at 32 U.S. medical centers found that ethosuximide (Zarontin), one of the oldest anti-seizure medications available in the United States, is most effective at controlling what is called absence or "petit mal" epilepsy, with the fewest side effects. Valproic acid (Valproate, Depakote) came second, and the newest drug, lamotrigine (Lamictal), was third, according to a report in the March 4 issue of the New England Journal of Medicine.

"This is the first real hard evidence of comparing the three most commonly used medicines, and finds one superior to the other two," said trial leader Dr. Tracy A. Glauser, director of the Comprehensive Epilepsy Center at Cincinnati Children's Hospital Medical Center.

(FDA)

What is an insurance exchange program?

What are the key characteristics of an exchange program? Primarily, an exchange program is a marketplace where enrollees—those who do not have insurance through their employer—could buy private health insurance at a competitive price.

Currently, with employer-sponsored coverage, a group is viewed as one risk pool; everyone's health risks are averaged, or pooled, so everyone pays about the same, regardless of individual health status. But people who have to buy insurance in the private market are not part of a risk pool; their health risk is evaluated on an individual basis, so the less healthy you are, or the older you are, the more you pay. A huge benefit of an exchange program would be that an enrollee is grouped in a risk pool and would share the risk, and therefore the costs, of being insured; chronically ill, unhealthy or otherwise uninsurable people would not pay through the nose as they do now.

(Needymeds.org)

Make sure loved ones are taking the right medications

Americans over 65 take more medicine than any other age group. That's why AARP created Rx Snapshot—a simple tool from AARP's Create The Good® that helps older Americans manage their medications safely and effectively and provides tips and ideas that encourage effective communication among patients, doctors and pharmacists.

The website below could be a resource for individuals, organizations, community to promote management of medications.
www.aarpcreatethegood.com/rxsnapshot/?intcmp=ILC-HOUSE-BANNERS-MAD

(AARP Foundation website)

Driving safety

The Hartford Financial Services Group, Inc., and the MIT AgeLab developed a guide to help families initiate productive conversations with older adults about driving safety. These suggestions are based on a nationally representative survey of drivers over the age of 50, focus groups with older adults who have modified their driving, and interviews with family caregivers of persons with dementia.

http://www.thehartford.com/talkwitholderdrivers/sitemap.htm

There are many resources available at this site. These resources include brochures, worksheets and information for conversations about driving safety. The Transportation Cost worksheet may prove that owning and operating a vehicle can be more expensive than one thinks! By writing down the actual expenses, the elder can get an idea of how much money could be available for alternative transportation if the elder were to stop driving.

Editor's note: Sometimes the cost of transportation must be traded for other costs, such as the cost of medication.

(The Hartford.com)

North Dakota Donated Dental Services (DDS)

Dentists in North Dakota volunteered to provide comprehensive dental care at no charge to people of all ages who, because of a serious disability, advanced age, or medical problems, lack adequate income to pay for needed dental care. To apply call 1-877-449-4109 to request an application for ND Donated Dental Services.

"If we had no winter, the spring would not be so pleasant; if we did not sometimes taste of adversity, prosperity would not be so welcome."

Anne Bradstreet

Health care identity theft

"Experts say a different type of identity theft is on the rise—one that could compromise both the victim's credit and physical safety. Patients using someone else's name, Social Security number or insurance card to get health care could risk their victim's health if inaccurate information, such as blood type and medications, is recorded on the victim's chart." Officials at CoxHealth Hospital in Springfield, Mo., "say more and more of these patients walking through the doors are pretending to be someone else so they won't have to pay for their own medical bills."

"Pam Dixon, executive director of the World Privacy Forum ... says that in nearly all the identity cases she's seen, medical charts are changed, and that poses a major problem. 'We've had people who, all of a sudden, their health care record has different blood types,' Dixon says. 'They have health care records with different genders and ages. Different medications.' ... Dixon says there's no national standard for dealing with medical identity theft. It's also hard to fix once the damage is done" (Moore, 3/3).

(Kaiser Daily Health Policy Report)

Insurance policies to be written in understandable language

A bill that would require that insurance policies be written to the 10th grade level is headed for the Colorado Legislature.

The bill, sponsored by Rep. John Kefalas and Sen. Linda Newell, would apply to private auto and some health insurance policies.

"The bill is straightforward," Kefalas said. "We want to be sure … insurance policies are written in understandable language."

Colorado's proposed law would spell the end of puzzling words in insurance materials and could help cut back on fraud because consumers would better understand what they are getting.

"You shouldn't need a law degree to understand your insurance policy," Newell said.

The state Division of Insurance helps about 29,000 people every year, the division said in a written statement. Many people call because they do not understand the words in a policy.

(Examiner.com)

U.S. Census

The U.S. Census counts every resident in the United States, and is required by the Constitution to take place every 10 years. The data collected by the Census will help determine the number of seats your state has in the U.S. House of Representatives and will determine how much federal funding your community gets for things like hospitals, job training centers, schools, senior centers and emergency services.

Make sure you get counted! March 2010 Census forms are mailed or delivered to households. April 1, 2010 National Census Day. Use this day as a point of reference for sending your completed forms back in the mail.

Visit http://2010.census.gov for more information.

New! Medicare covers HIV tests

Medicare now covers HIV tests for anyone with Medicare who wants the test. Medicare covers one HIV test every 12 months, or up to 3 tests during a pregnancy. There's no cost for the test itself, but you generally have to pay 20% of the Medicare-approved amount for the doctor's visit.

If you want to be tested for HIV, ask your doctor. The AMA wants state agencies and the Justice Department to review antitrust mergers more aggressively.

(Ask Medicare)

AMA report finds little competition in insurance market

A new report by the American Medical Association (AMA) has concluded that the U.S. health insurance market is dominated by fewer carriers. The AMA examined 43 states and 313 metropolitan markets against an index used by federal regulators, focusing on HMO and PPO enrollment between 2006 and 2007. Approximately 99 percent of metropolitan markets in 2007 were "highly concentrated," up from 94 percent in 2006.

(Modern Healthcare)

New on MyMedicare.gov

You've always been able to track your Medicare claims and services 24 hours a day at MyMedicare.gov. Now, this secure online service just launched some great new features. You can:

- Print a temporary ID card for your Medicare drug plan.
- Print an "On the Go" report of your drug, doctor and personal health information to take to appointments.

Medicare automatically mails a password for MyMedicare.gov to people who are new to Medicare. Or, you can register by selecting "begin the registration process."

(Ask Medicare)

Researching drugs on the Medicare plan finder

This fact sheet answers frequently asked questions (FAQs) about medications a beneficiary is taking that you may not be able to locate when you research drug plans in the Customer Service Representative (CSR) Plan Finder tool. If you do not find the FAQ and/or answer you need, contact your senior representative or supervisor. Please remember that generic drugs will show up in the CSR Plan Finder tool in all capital letters.

Drug name frequently-asked questions

<u>Albuterol: Why can I not find an albuterol inhaler in the CSR Plan Finder tool?</u>
Generic albuterol inhalers containing the propellant CFC have been taken off the market due to environmental issues. Only branded albuterol inhalers containing the newer and more environmentally friendly propellant HFA (i.e., ProAir HFA, Proventil HFA and Ventolin HFA) can be priced on the Plan Finder tool. Since the caller may already have been switched to a brandname drug, ask which one he or she is taking. If the person has not switched, you can use either one, though Ventolin HFA is typically less expensive than ProAir HFA and ProAir HFA is typically less expensive than Proventil HFA.

<u>Alkeran (melphalan): Why can I not find Alkeran tablets on the Plan Finder tool?</u>
This drug may be covered under Medicare Part B. The beneficiary must contact their plan for pricing and coverage determination.

(continued)

Armour Thyroid Tablets: Why can I not find Armour thyroid tablets in the CSR Plan Finder tool?
This drug product was not submitted on plan formularies. The beneficiary must contact the plan's representative for formulary or pricing information.

Etoposide: Why can I not find Etoposide capsules on the Plan Finder tool?
This drug may be covered under Medicare Part B. The beneficiary must contact their plan for pricing and coverage determination.

Evista: Why is there not a generic drug product listed in the CSR Plan Finder tool for Evista?
There is not a generic drug product available. Since there is not a generic drug product available for Evista, you do not see a generic option for this drug in the CSR Plan Finder tool.

Ferrous Sulfate: Why can I not find Ferrous Sulfate in the CSR Plan Finder tool?
Ferrous Sulfate is an over-the-counter (OTC) drug. The Plan Finder tool does not provide pricing for OTC medications.

Hycamtin (topotecan): Why can I not find Hycamtin capsules on the Plan Finder tool?
This drug may be covered under Medicare Part B. The beneficiary must contact their plan for pricing and coverage determination.

Hymax: Why can I not find Hymax in the Plan Finder tool?
Hymax is a vegetarian form of hyaluronic acid. Hyaluronic acid is used in dietary supplements that people sometimes take for joint health. The Plan Finder tool does not provide pricing for over-the-counter medications or supplements.

Hyomax (hyoscyamine): Why can I not find Hyomax (hyoscyamine) in the Plan Finder tool?
This drug product was not submitted on plan formularies. The beneficiary must contact the plan's representative for formulary or pricing information.

Lovastatin: When I enter this drug in the CSR Plan Finder tool, why can I only find the quantities of 10, 20, and 40?
The 60mg tablet is only available as a brand-name drug. You should search under Altoprev to select Altoprev 60mg ER.

Myleran (busulfan): Why can I not find Myleran tablets on the Plan Finder tool?
This drug may be covered under Medicare Part B. The beneficiary must contact their plan for pricing and coverage determination.

Oxycodone: A beneficiary takes 40 mg of Oxycodone, but I can only find 30 mg of Oxycodone and 40 mg of Oxycontin, which is the brand form of the drug. Is there an option for a beneficiary who takes 40 mg of Oxycodone?
Oxycodone is available in both controlled release (e.g., Oxycontin) and immediate release forms. Ask the beneficiary whether he or she uses the controlled-release product (this could be denoted by a "CR" after the drug name on the prescription bottle). The highest available strength for the immediate-release products is 30 mg. There is a 40 mg strength for the controlled-release product, however.

Potassium Chloride: Trying to locate the correct entry for Potassium Chloride in the CSR Plan Finder tool is almost impossible. There are numerous choices, but they rarely match up with what the beneficiary is taking.
Type in and select "Potassium Chloride" from the drop-down list of drugs. You can then select from several of the more common forms of potassium chloride.

(continued)

Potassium Chloride Liquid: Why can I not find potassium chloride liquid in the CSR Plan Finder tool?
This drug product was not submitted on plan formularies. The beneficiary must contact the plan's representative for formulary or pricing information.

Relafen: Why can I not find Relafen in the CSR Plan Finder tool?
The Plan Finder tool cannot provide pricing for the brand-name drug Relafen. Though beneficiaries can currently still buy this product, the manufacturer of the brand name product has discontinued its marketing. The beneficiary must contact the plan's representative for formulary or pricing information. You can provide pricing for its generic equivalent, which is Nabumetone.

Salsalate: A beneficiary is unable to find Salsalate in the CSR Plan Finder tool.
This drug product was not submitted on plan formularies. The beneficiary must contact the plan's representative for pricing and coverage information.

Shingles Vaccine (Zostavax): Some prescription drug plans cover the Shingles vaccination. When I help beneficiaries compare prescription drug plans they want to know if the plan covers the Shingles vaccination. Why can I not find the Shingles vaccination in the CSR Plan Finder tool?
The name of the shingles vaccine is Zostavax. It is searchable in CSR Plan Finder tool.

Spiriva: While entering drugs into the CSR Plan Finder tool for a beneficiary I ran into an error. A drug named Spiriva is an inhaler. It came up in the tool as a capsule. I had no idea how to enter the frequency into the tool to get an accurate cost for the beneficiary.
The CSR Plan Finder tool is correct. Spiriva comes in capsules. The patient must use a "handihaler" to administer the drug properly by oral inhalation —much like an inhaler. The CSR should enter the number of capsules the beneficiary uses per month by updating the default box size in the refill frequency field (typically taken once per day or 30 per month which is entered as "30 EA BOX" on the tool).

Temodar (temozolomide): Why can I not find Temodar on the Plan Finder tool?
This drug may be covered under Medicare Part B. The beneficiary must contact their plan for pricing and coverage determination.

Triglide (fenofibrate): Generic drug products are currently available for Triglide (fenofibrate), so why does the Plan Finder tool continue to say "no generic available"?
There is no direct generic drug product equivalent to the brand-name product Triglide. This branded drug product is associated with a therapeutic equivalence evaluations code of BX in FDA's Orange Book. This means that the product is considered to be non-equivalent to other fenofibrate products and can't be automatically substituted with a generic drug product by pharmacists or on the Plan Finder tool.

Xeloda (capecitabine): Why can I not find Xeloda on the Plan Finder tool?
This drug may be covered under Medicare Part B. The beneficiary must contact their plan for pricing and coverage determination.

(SHIP/Talk.org)

New medications

Calcium citrate (generic)
Fenofibric acid (first-time generic for Fibricor)
Istodax (romidepsin)
Kalbitor (ecallantide)
Monodox (doxycycline)
Oforta (fludarabine)
Victoza (liraglutide)

(ePOCRATES.com)

Medicare outpatient mental health treatments

Year	Person pays
2010, 2011	45 percent
2012	40 percent
2013	35 percent
2014	20 percent

The Mental Health Parity Act (MHPA) was signed into law in September 1996. MHPA requires that annual or lifetime dollar limits on mental health benefits be no lower than any such dollar limits for medical and surgical benefits offered by a group health plan or health insurance issuer offering coverage in connection with a group health plan.

Mental health parity affects Medicare. People on Medicare who visit a doctor or other health care provider for a diagnosis of their condition owe only the usual 20 percent coinsurance. However, for outpatient treatment of a mental health condition, the coinsurance amount is gradually getting lower. This year and next, beneficiaries will pay 45 percent; the coinsurance drops to 20 percent in 2014.

(OSHIIP news)

Drugmakers are 'under-exposed' in emerging markets, report says

Growing markets for pharmaceuticals in China, Brazil, Russia and India are outpacing national markets in Europe and the U.S., but major drug makers have been slow to expand in these markets and may lose opportunities, a new study finds, The New York Times reports. To put the shift in perspective, China will overtake both France and Germany next year in terms of drug spending, while Brazil will overtake Britain, according to the report by research firm IMS Health. "Unless the world's current leaders in brand-name drugs move more nimbly to expand into those emerging markets, they will miss the big growth opportunities and cede those markets to local players, the report said" (Singer, 3/16).

"IMS says growth in China has come even more quickly than it expected. In 2006, it predicted China would be the world's sixth-largest pharmaceutical market by 2011," the Associated Press reports. Now, the company says it will be the third largest by that year. "The two largest markets are the U.S. and Japan" (3/16).

In other drug news, "Seniors who hit the coverage gap in their Medicare prescription drug plans and must use their own money to buy drugs are facing price increases that are far outpacing inflation, a new study finds," Kaiser Health News reports. "According to the Kaiser Family Foundation, prices paid by enrollees in standalone Part D plans who enter the coverage gap increased 5 percent or more since January 2009 for half of 10 brand-name drugs most commonly used by seniors. That's almost twice the rate of inflation over the same period" (Marcy, 3/16).

(Kaiser Health News)

Bridges to Access news

GlaxoSmithKline announces the launch of the GSK Co-Pay Assistance Program, a GSK-sponsored patient assistance program that helps eligible patients pay insurance copayments for certain GSK oral oncology medicines. Eligibility is based on household income and insurance status.

Information about eligibility requirements and how to apply can be obtained by visiting CARESbyGSK.com or by calling 1.888.ONE.GSKCARES (1.888.663.4752).

(bridgestoaccess.com)

$75 million pharmaceutical heist

"The $75 million heist at a pharmaceutical warehouse in Connecticut recently was just the most audacious example of a growing phenomenon: Thieves are stealing large quantities of prescription drugs for resale on the black market. Pharmaceutical heists in the U.S. have quadrupled since 2006, a coalition of industry and law enforcement estimates."

Experts say reasons range from "spotty security" to the high costs of drugs that make the crime lucrative. "While some stolen pills wind up overseas, others show up on pharmacy shelves in the U.S. with fake labels and lot numbers. The theft from an Eli Lilly & Co. warehouse March 14 is the largest of its kind on record and attests to the growing sophistication of those who pull off such crimes. ... Last year, roughly $184 million in pharmaceuticals were stolen in the U.S., up from $96.6 million the year before" (Perrone, 3/17

(Associated Press)

FDA warns some patients cannot process Plavix

The Food and Drug Administration is adding its strongest warning to the label for Plavix after reports that some patients cannot process the blood thinning drug. The FDA says certain patients with a genetic variation cannot metabolize the drug, putting them at increased risk for heart attack and stroke. Patients can determine if they don't respond to Plavix by taking a genetic test.

Plavix is marketed by Sanofi-Aventis and Bristol-Myers Squibb. With global sales of $8.6 billion in 2008, it was the world's second-best selling drug behind Pfizer's cholesterol drug Lipitor.

(Pharmacistelink.com)

Maalox product mix-ups

Serious medication errors have occurred when consumers used Maalox Total Relief when they had intended to use a Maalox liquid antacid product. Maalox Total Relief and the traditional Maalox products are both liquid medications available without a prescription, but are not interchangeable and are intended to treat different medical conditions.

Maalox Total Relief is an upset stomach reliever and anti-diarrheal medication, while traditional Maalox liquid products (Maalox Advanced Regular Strength and Maalox Advanced Maximum Strength) are antacids.

The risk: Maalox Total Relief is not appropriate for people who want to use an antacid, since it contains bismuth subsalicylate. This ingredient is chemically related to aspirin and may cause serious side effects such as bleeding. Maalox Total Relief should not be used in people who have had gastrointestinal ulcers or a bleeding disorder. It also should not be taken by children and teens if they are recovering from a viral infection, nor by people who are taking certain medications.

Recommendations:
• Check the active ingredients in the "Drug Facts" label before you buy a Maalox product. If your health care professional recommended you take Maalox antacid, do not get Maalox Total Relief.

• Ask your pharmacist or other health care professional for help if you're unsure of which product is right for you.

(FDA's MedWatch Safety Alerts)