

'Secure Your ID Day' Set in Fargo, Bismarck

AARP and the Better Business Bureau (BBB) of North Dakota invite Fargo-Moorhead and Bismarck-Mandan area residents to shred unneeded documents on "Secure Your ID Day," Saturday, April 16.

The Fargo event will be held at the Wells Fargo branch on 13th Ave. S. The Bismarck event will be held at the Wells Fargo Gateway Mall location at 1050 E. Interstate Ave. The times for both events are 8 a.m. to 1 p.m.

Working together with the National Association for Information Destruction (NAID) and local partners—Wells Fargo, Recall, The Forum and The Bismarck Tribune—AARP and the BBB hope to educate North Dakota consumers on the importance of preventing identity theft. Residents and small businesses are encouraged to attend the event and take a key step in identity protection by shredding and properly disposing of sensitive paper documents as well as CDs and floppy discs. BBB experts will also be on hand

offering important advice and simple steps everyone can take to prevent identity theft.

Recall will provide document shredding free of charge. There is a two box per vehicle limit, and documents to be shredded should be removed from binders, but staples, paper clips, CDs and floppy discs are okay to be shredded.

Identity theft occurs when someone uses your personally identifying information, like your name, Social Security number or credit card number, without your permission, to commit fraud or other crimes.

For more information on the BBB's "Secure Your ID Day" and identity theft prevention measures for both consumers and businesses, visit: www.thefirstbbb.org or www.us.bbb.org/secureID.



AARP ND News



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 ssaubin@nd.gov or call her at 1.888.575.6611.



Adam Hamm
Insurance Commissioner

Judge rules that CMS misinterpreted off-label drug coverage standard

As a result of a challenge filed in court by the Medicare Rights Center in 2007, a judge recently held that the current interpretation of the coverage standard for drugs used off-label under the Medicare prescription drug benefit, also known as Part D, is invalid. Since Part D began, the Centers for Medicare and Medicaid Services (CMS) has not covered drugs used for off-label indications—drugs used for treatments other than those approved by the Food and Drug Administration—if the use is not listed in statutorily identified, privately owned and published drug guides known as compendia.

However, Judge Harold Baer of the U.S. District Court in the Southern District of New York ruled, as Medicare Rights Center had argued, that the list of compendia in the Medicare law was not meant to be restrictive, but to be an illustrative example of materials that may be used to determine if coverage of a drug used for off-label purposes is appropriate. Medicare Rights Center filed suit on behalf of plaintiffs Judith M. Layzer, who recently lost her battle with ovarian cancer, and Ray J. Fischer, who suffers from a rare form of muscular dystrophy.

Both plaintiffs used off-label drugs as treatment for their conditions. While these uses were supported

by peer-reviewed medical literature, they were not included in the compendia listed in the Medicare statute.

In addition to challenging the interpretation of the Part D statute through litigation, the Medicare Rights Center has pursued a legislative remedy, seeking clarification from Congress that off-label drug treatments can be covered under Part D if there is evidence of efficacy in peer-reviewed literature such as the *New England Journal of Medicine*.

That effort was successful with respect to anticancer chemotherapy drugs with the passage of the Medicare Improvements for Patients and Providers Act (MIPPA) in 2008, which clarified that peer-reviewed medical literature may be used for coverage decisions of off-label drug treatments of cancer. As a result of MIPPA, Medicare Rights Center secured coverage for Mrs. Layzer of her drug going forward, but her estate still requires reimbursement for thousands of dollars of medication she used before MIPPA took effect.

Medicare Watch

Just the Medicare Part D facts

In 2010, 80% of PDPs did not offer coverage for medications while in the donut hole. Of the 20% that did, just 2% provided coverage for brand-name drugs.

Approximately 9.8 million 2010 Part D enrollees received the low-income subsidy.

In 1990, prescription drug spending was \$40.3 billion. In 2008, it was \$234.1 billion.

The average monthly PDP premium in 2011 is \$40.72, a 10% increase from 2010 and a 57%

increase from 2006 (the first year of the benefit).

In 2009, AARP Medicare Rx had the highest number of enrollees of any stand-alone PDP, 3 million.

The number of PDPs available in 2011 is about 1/3 less than available in 2010.

In 2011, 332 PDPs will be available to LIS enrollees for \$0.

Patient Advocate News

Potential savings from greater use of \$4 generics

Discounted generic prescription drug programs (\$4 per 30-day supply or \$10 per 90-day supply) are currently offered at several retail stores. Researchers found that about half the people in the survey filled a prescription during 2007 and about half of those people used a drug that is available as a generic for \$4. But less than 6 percent buying those drugs purchased them in the \$4 programs offered by the retailers.

“The societal savings would be \$5.8 billion in 2007 if all potential users switched to a \$4 program,” the authors note, which they point out would be a savings of 2.5 percent of the nation’s total health expenditures (Zhang, Zhou and Gellad, 3/14).

Kaiser Health News

Medicare reminder

If you have formally asked your Medicare drug plan to pay for a drug, override a restriction or move your drug to a lower cost tier (requested an “exception”), and your plan turns you down, you should appeal.

Before you can begin the appeals process, you must have already asked for an exception and been officially denied in writing. A “no” at the pharmacy is not an official denial.

The process for appealing is the same whether you are in a Medicare private health plan with drug coverage (MA-PD) or stand-alone private drug plan (PDP).

Learn how to appeal your plan’s decision at www.MedicareInteractive.org.

Medicare Watch



PAP updates

- The following have been added to the BMS Patient Assistance Foundation: Kombiglyze XR (saxagliptin and metformin HCl extended-release) tablets 5 mg/500 mg, Kombiglyze XR (saxagliptin and metformin HCl extended-release) tablets 5 mg/1000 mg, and Kombiglyze XR (Saxagliptin and metformin HCl extended-release) tablets 2.5 mg/1000 mg. Valide (iarbesartan/hydrochlorothiazide) tablets 150mg/12.5 mg have been removed from the program.
- Valeant Patient Assistance Program and the Valeant Patient Assistance Program for Mysoline are now one program with one application
- ViiV Healthcare Patient Assistance Program is a new program for HIV medications. It offers 10 drugs that were previously on GSK Bridges to Access Program. The meds have been removed from the Bridges to Access program and are now on the ViiV program, with a new application
- K-Dur, Cozaar and hyzaar are no longer on the Merck PAP.
- Three products have been added to Rx Outreach: Prodigy Preferred Blood Glucose Monitor, Prodigy No Coding Blood Glucose Strips and Prodigy Twist Top Lancets 28G, Aricept (donepezil) tablet 5 mg, 10 mg; Lefunomide (aravar) tablet 10 mg, 20 mg; and Zonegran (zonisamide) capsule 25mg, 100mg
- Touchpoints copay Assistance Program is a new program for Vivitrol Injection 380mg (naltrexone.)
- NeedyMeds has added the Qutenza PAP for Qutenza Patch 8% (capsaicin) to its website.

Women’s Way helps pay for screenings

Women’s Way provides a way to pay for most breast and cervical cancer screenings for eligible North Dakota women. Call Women’s Way at 1-800-449-6639.

What are the guidelines?

- You live in North Dakota
- You are age 40-64
- You are not eligible for Medicare Part B or Medicaid
- You meet the following income guidelines:

Number in household	Yearly income	Monthly income
1	\$21,660	\$1,805
2	29,140	2,428
3	36,620	3,052
4	44,100	3,675
5	51,580	4,298
6	59,060	4,922
7	66,540	5,545
8	74,020	6,168
9	81,500	6,792
10	88,980	7,415

N.D. Department of Health

Primatene Mist with chlorofluorocarbons no longer available after Dec. 31, 2011

The only over-the-counter asthma inhaler sold in the United States will no longer be available next year as part of an international agreement to stop the use of substances that damage the environment. Primatene Mist (epinephrine) is approved by the Food and Drug Administration (FDA) for the temporary relief of occasional symptoms of mild asthma. FDA urges those who use Primatene Mist to see a health care professional soon to switch to another asthma medicine.

Primatene Mist inhalers are being discontinued because they use chlorofluorocarbons (CFCs) as a propellant (spray) to move the medicine out of the inhaler so patients can breathe the medicine into their lungs.

CFCs harm the environment by decreasing the earth's ozone layer. This layer of the atmosphere protects us from some of the sun's harmful ultraviolet radiation, which can increase the risk of skin cancers and cataracts. The United States and most other countries have signed an international agreement to phase out CFCs and other ozone-depleting substances.

“There are many other safe and effective medications to treat the symptoms of asthma,” says Badrul Chowdhury, M.D., Ph.D., director of FDA's Division of Pulmonary, Allergy, and Rheumatology Products. But you need to find out if you really have asthma—not just pick another over-the-counter medicine, adds Chowdhury. “If you have breathing problems but have not been diagnosed by a health care professional, it's important to see one. Not all breathing problems are asthma, so you need to get an accurate diagnosis and the proper medicine.”

FDA first began public discussion about the use of CFCs for Primatene Mist and generic epinephrine inhalers in January 2006. FDA finalized the phase-out date for using CFCs in these inhalers and notified the public in November 2008.



Many manufacturers have changed their inhalers to replace CFCs with an environmentally friendly propellant called hydrofluoroalkane (HFA). There is currently no HFA version of the Primatene Mist inhaler.

Advice to consumers who use Primatene Mist:

- See a health care professional soon to get another medicine. Primatene Mist may be harder to find on store shelves even before Dec. 31, 2011.
- Ask your health care professional to show you how to use your new inhaler or other medicine to make sure you are using it correctly and getting the right dose.
- Follow the directions for using and cleaning your new inhaler or other medicine to make sure you get relief of your asthma symptoms.
- If you haven't used up your Primatene Mist by Dec. 31, 2011, it's safe to continue using it as long as it hasn't expired. Check the expiration date, which can be found on the product and its packaging.

View the “Close Up” on North Dakota Head Start

Investing in our future ...

"Early Childhood Development should be high on any economic development list. We know a high-quality workforce will lead to economic growth."
-Art Rolnick, Federal Reserve Bank

Early education is a wise economic investment. At-risk children who receive high-quality early childhood education are:

- More likely to be literate by third grade
- More likely to graduate from high school
- More likely to be employed as an adult
- Less likely to need special education
- Less likely to be retained in first grade
- Less likely to be arrested

North Dakota Head Start has proven to be an effective and successful early childhood program. Waiting lists are growing for North Dakota Head Start. Head Start families are often working-poor families.

Discover a website to help you determine eligibility for public assistance programs (health care coverage, child care assistance, food, heat and tax credit) in North Dakota.

- Free
- Confidential
- Easy access to application
- 15 questions about you and your family

Use this new flier to communicate to others about this program.

Sponsored by the Children’s Defense Fund-North Dakota. For further information, contact Paul Ronningen, State Coordinator, at 701-400-1827

ND Kids Count

Catalyst picks up Walgreen’s benefits business

Catalyst Health Solutions Inc said it will buy Walgreen Co’s pharmacy benefits management unit for about \$525 million in cash, a deal that might spur more consolidation before big generic drug launches that could boost the business. Catalyst shares rose 16 percent to \$51.86 recently on Nasdaq.

Walgreen shares were almost flat at \$42.49 on the New York Stock Exchange. Walgreen is the largest U.S. drugstore operator, but is a small player in the pharmacy benefit management business. Rival drugstore operator CVS Caremark Corp struck a much bigger deal when CVS bought Caremark in 2007 (Sengupta, 2/9).

Reuters