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AN EVIDENCE BASED DRUG THERAPY RESOURCE

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Options for Patients Without Prescription Drug Coverage

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Oregon's state budget crisis has forced severe service cuts in the Oregon Health Plan (OHP). About 80% of the Department of Human Services (DHS) budget goes out in direct payments to clients or care providers, 16% goes DHS employees who work directly with clients and 4% pays for administration. Thus, any significant cost savings to the DHS budget necessitates major cuts to services. (1)

Several cost-saving measures were previously employed by the state including: the voluntary use of the Practitioner Managed Prescription Drug Plan (PMPDP) drugs; implementation of co-pays; provider reimbursement reductions; elimination of mental health, addiction treatment, dental and vision services from the OHP Standard benefit package and eliminating eight lines of diagnoses-treatment pairs from all OHP coverage.

Failure to pass Measure 28 forced more substantial cuts including the elimination of drug benefits for the Medically Needy program (~8,000 people) on February 1 and for the OHP Standard benefit package (~100,000 people) on March 1. An extensive list of DHS cuts can be found at: <http://www.dhs.state.or.us/aboutdhs/budget/2001-03budget.html>.

This article is intended to present options to providers caring for patients without prescription coverage in Oregon.

Drug "Best Buys"

Generics are considered first-line therapy before many of the top 200 prescribed drugs and they are often overlooked. For example, recently it was suggested that the expensive branded angiotensin converting enzyme inhibitors (ACEIs) or calcium channel blockers (CCBs) were no better than thiazide diuretics in terms of long-term outcomes for high risk hypertensive patients.(2) Generic fluoxetine and bupropion are relatively inexpensive and effective options for depression treatment. The tricyclic antidepressants remain an option for patients with depression and comorbid conditions such as insomnia, chronic neurologic pain or allergies.

Recent evidence-based comparisons done by the OHSU Evidence-Based Practice Center for the Health Resource Commission (HRC) have concluded that generic ibuprofen and naproxen are equally effective and of comparable overall safety as the branded, expensive and highly advertised Vioxx and Celebrex. (3) Similarly, generic lovastatin compared favorably to Lipitor and Zocor.(4) Methadone is a very inexpensive long-acting opioid and was evaluated by the HRC along with other drugs in the class. (5) Table 1 depicts some of the "best buys" for commonly treated conditions in the OHP.

Be wary about prescribing new combination products (e.g. Glucovance), creative dosing kits (e.g. Prempro), extended action dosage forms (e.g. Paxil CR) or stereoisomers promoted to be more bioavailable (e.g. Nexium). Rarely do these "improvements" result in significantly better clinical outcomes and they often come at a premium price.

Sampling

Sampling is a promotional practice that often results in the use of newer, more expensive products with little advantage over existing generics. Patients may get stabilized on one drug, then the samples become unavailable and they are forced to pay for a costly brand or need to switch therapy to another available sample. If samples are used, it is most desirable to use them for acute conditions, such as antibiotics or for a starter while waiting for a patient assistance program drug supply to arrive (see below).

The advantage of a sample program is that it is relatively easy to create. All it takes is access to pharmaceutical representatives willing to accommodate program needs and a system for collecting, storing and tracking the samples.

The disadvantages include a limited variety of drugs on hand, potentially diminished sample availability due to recent federal regulations, short-dated or expired drugs, no continuity of medications over time, inconvenient packaging and lack of appropriate labels.

Providers with an extensive sample closet need to be aware that inventory control and access is federally regulated (21CFR203.39). (6) The clinic should note expiration dates on samples as it is a known practice to donate "short-dated" samples and samples are often exposed to less than ideal storage environments. Volunteers in Health Care publishes a "Guidance to Management of Physician Samples" that delineates regulations and provides models for sample programs on their web-site. (7)

Table 1 - Drug "Best Buys"

Indication	Top 200 Drug	Avg Cost / Mth [^]	Low Cost Alternatives	Avg Cost / Mth [^]
Depression	Effexor XR	\$103	bupropion	\$39
	Wellbutrin SR	\$93	fluoxetine	\$29
	Paxil	\$82	nortriptyline	\$8
	Zoloft	\$78	amitriptyline	\$6
Chronic Neuropathic Pain	Neurontin	\$133	amitriptyline	\$6
			nortriptyline	\$8
			capsaicin	\$7
Chronic or Malignant Pain	OxyContin morphine LA	\$247 \$109	methadone	\$17
GERD; Gastric or Duodenal Ulcers	Nexium Protonix	\$119 \$91	ranitidine	\$17
			cimetidine	\$11
			famotidine	\$11
Cholesterol reduction	Zocor Lipitor	\$105 \$77	lovastatin	\$39
			niacin	\$2
musculoskeletal pain; Rheumatoid Arthritis; Osteoarthritis	Celebrex	\$96	salsalate	\$11
	Bextra	\$90	naproxen	\$10
	Vioxx	\$86	ibuprofen	\$6
			acetaminophen	\$5
hypertension; diabetic nephropathy; CHF; post MI	Cozaar	\$53	lisinopril	\$18
	Norvasc	\$50	enalapril	\$13
	Diovan	\$48	hydrochloro-thiazide	\$5
	Accupril	\$37		
hypertension; post MI; angina; CHF	Toprol XL	\$28	atenolol	\$5
	Coreg	\$86	metoprolol	\$6
Diabetes Mellitus	Avandia	\$107	metformin	\$28
	Actos	\$133	glyburide	\$14
	Glucophage XR	\$50	glipizide	\$7
	Lantus	\$60	Novolin N	\$36

[^]Lower of Average Wholesale Price (AWP)-14%, Oregon maximum allowable cost (MAC) or Federal upper limits (FUL) before rebate and including dispensing fee in Jan-Feb 2003.

Patient Assistance Programs

Another option for patients without prescription coverage is enrollment in patient assistance programs. Pharmaceutical manufacturers offer such programs to provide medications to eligible patients at no or reduced cost as a philanthropic effort. Chisholm, et al. found that approximately 53% of the top 200 prescribed drugs in 1999 were offered through assistance programs. (8) The Oregon DHS web-site contains several links to these programs. (9) Table

2 includes sites that offer free information about industry sponsored patient assistance programs. This table was adapted from information provided by Medicine for People in Need, which also has information about application services that charge various fees. (10)

A patient may need to apply to several programs in order to get all of their needed drugs. Each program has varying eligibility criteria established by the individual pharmaceutical company. Many companies require that the prescriber initiate enrollment. Some programs allow patients to initiate the process but all require prescriber involvement. Most programs require that patients verify their ineligibility for other coverage (i.e. Medicaid or Veteran's benefits) and provide financial documents such as tax returns. Programs can be restrictive, change at any time, deliveries may take several weeks and reapplication must be made on a regular basis. This option can be extremely labor intensive for clinic staff depending on the number of patients requiring this service.

Other Options

The Oregon Senior Prescription Drug Assistance Program is another option available to low income seniors. (11) Up to 100,000 seniors statewide are believed to be eligible for the program, which will enable them to fill prescriptions at the state's reduced Medicaid price (currently at Average Wholesale Price (AWP)-14% and capped generic prices) for a \$50 annual fee. Seniors must be 65 years or older, have an income below 185% of the federal poverty level (\$16,391 annually for an individual), have less than \$2,000 in liquid assets (excluding primary residence) to be eligible. Unfortunately, patients are required not to have been covered by a public or private drug benefit program in the prior six months.

Pharmacy involvement is voluntary. So far, about 35% of the state's 750-plus pharmacies, including several chains have signed up to participate in the program. An Oregon mail order company, Wellpartner, has agreed to participate at the discounted rate of AWP-17% for branded drugs and AWP-50% for generics.

Seniors in Baker, Clatsop, Columbia, Douglas, Gilliam, Hood River, Klamath, Lake, Sherman, Tillamook, Union, Willowa, Wasco, Washington and Wheeler counties may now request an application by calling toll-free (800) 359-9517 (TTY: 800 325-0778). The phone line takes calls weekdays (except holidays)

from 8 a.m. to 5 p.m. Seniors in the state's 21 other counties will be phased in during March, April and May. Further information about the program is available by logging on to http://www.dhs.state.or.us/healthplan/app_benefits/spdapinfo.html.

Conclusion

More than 100,000 OHP patients lost their drug coverage on March 1. This article offers some options to mitigate the impact of this loss. There are many low cost generic alternatives to the top 200 prescribed drugs. Patient assistance programs run by the pharmaceutical industry are available for over half of the popular drugs though the application process will require significant provider commitment and time. Some discount may be available for low-income seniors via the Senior Drug Prescription Drug Assistance Program.

References:

1. Key facts about the DHS budget. Jan 30, 2003. <http://www.dhs.state.or.us/aboutdhs/budget/keyfacts.pdf>
2. ALLHAT Officers and Coordinators for the ALLHAT Collaborative Research Group. Major outcomes in high-risk hypertensive patients randomized to angiotensin-converting enzyme inhibitor or calcium channel blocker vs diuretic: the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT). JAMA. 2002; 288:2981-97.
3. The Oregon Health Resources Commission Non-Steroidal Anti-inflammatory Drug Subcommittee Report. June 2002. <http://www.oregonrx.org/OrgrxPDF/NSAIDS%20-%20FINAL%207-25-02%20-28.pdf>
4. The Oregon Health Resources Commission Hmg-CoA Reductase Inhibitor (Statins) Subcommittee Report. June 2002. <http://www.oregonrx.org/OrgrxPDF/STATINS%20-%20FINAL%207-26-02.pdf>
5. The Oregon Health Resource Commission Long-Acting Opioid Analgesics for Non-Cancer Pain Subcommittee Report June 2002. <http://www.oregonrx.org/OrgrxPDF/OPIOID%20-%20FINAL%207-25-02-22.pdf>
6. <http://www.access.gpo.gov/nara/cfr/index.html>
7. <http://www.volunteersinhealthcare.org/resource.htm#Pharmaceutical>
8. Chisholm MA and DiPiro JT, "Pharmaceutical Manufacturer Assistance Programs", Arch Intern Med. 2002; 162:780-784.
9. Oregon DHS Prescription Assistance Web sites <http://www.omap.hr.state.or.us/clientinfo/rxsites.html>
10. Medicines for People in Need. http://www.medpin.org/freedrugs/pap_links.html
11. DHS The Senior Prescription Drug Assistance Program (SPDAP): an overview. http://www.dhs.state.or.us/healthplan/app_benefits/spdapinfo.html

Table 2 – Links to Patient Assistance Program Information (Sites that offer no-cost information) ¹⁰

Program	Comments
RxAssist.org/RxAssist Plus http://www.rxassist.org/ (877) 844-8442	Contains a free and searchable database of patient assistance programs, with up-to-date information on how to access assistance from nearly 100 companies and more than 700 medications. Searches can be performed on any of a multitude of variables: company name, brand drug name, generic name, and drug therapy class. Funded by Robert Wood Johnson Foundation, it includes .pdf versions of more than 40 patient assistance program applications that can be printed out and used. Volunteers in Health Care, the nonprofit organization that operates RxAssist, also makes available patient and medication tracking software called RxAssist Plus to help address the administrative needs of free clinics and other community-based health care programs serving the uninsured.
2001-2002 Directory of Prescription Drug Patient Assistance Programs http://www.phrma.org/searchcures/dpdpap/	Developed by member companies of the Pharmaceutical Research and Manufacturers of America (PhRMA), this directory lists company programs that provide drugs to physicians whose patients could not otherwise afford them. The programs are listed alphabetically by company. Under the entry for each program is information about how to make a request for assistance, what prescription medicines are covered, and basic eligibility criteria.
RxHope.com http://www.rxhope.com/ (908) 850-8004	Another website providing free prescription drugs information, it is financially supported by PhRMA and participating pharmaceutical companies. It has a Drug Information Center, which contains the PDR® Family Guide to Prescription Drugs and an Alphabetic Drug Index. There is also a Patient Assistance Information section that allows for retrieval of Indigent Patient Program information for a particular product or company.
NeedyMeds.com http://www.needyeds.com/	This web site includes an alphabetical list of approximately 1,000 drugs. There are many ways to access the information: by manufacturer, by drug name, or by drug category. An updated book on available programs is offered to physicians and administrators to help fund the web site.
National Organization for Rare Diseases (NORD) http://www.rarediseases.org/	NORD administers 14 prescription drug assistance programs for people who are uninsured or underinsured. NORD works in conjunction with nine drug manufacturers to offer free medication assistance to patients suffering from uncommon disorders. NORD also administers early access programs for investigational new drugs (IND) under the Food and Drug Administration's (FDA's) approved "Treatment IND" programs.
Medicare.gov http://www.medicare.gov/Prescription/Home.asp	Sponsored by the Medicare program, this is a clearinghouse of information, including a downloadable database. It provides information on programs that offer discounts or free medication to individuals in need. It helps people find information on prescription drug assistance programs, Medicare managed care plans, and Medigap plans that offer prescription drug coverage in their area.

