

Aug 9, 2017 @ 230pm  
Dungeness Valley Health & Wellness  
Medicare Part D by Vivian Brown

“Imagine a cup of coffee going from \$2.50 to \$125 overnight”

1. MPD History
  - a. George Bush signed Dec 8, 2003, effective fully on Jan 1, 2006.
  - b. 38 years after initial Medicare implementation
  - c. Voluntary program, but about 2/3 of eligible patients enrolled.
2. MPD Structure
  - a. Patient choice & can change yearly. Enrollment Oct 15-Dec 7. ([www.medicare.gov](http://www.medicare.gov) or 1-800-medicare or local SHIBA office)
  - b. Late enrollment with penalty based on average MPD premium.
  - c. Low income assistance available.
  - d. Cost utilization measure: quantity limits, prior auth & step therapy.
  - e. Must cover at least one med in each approved category.
  - f. Cannot negotiate pricing with pharmaceutical manuf. (All other nations negotiate).
3. MPD Goals
  - a. Help seniors or disabled (anyone on MPA/B) who were paying average of \$2200/year for meds before implementation.
4. MPD Advantages
  - a. Saves from financial disaster (medical debt bankruptcy).
  - b. Medication review with pharmacist (certain plans).
  - c. Limits patient expense.
  - d. Provides guidance for prescribing (BEERs list)
  - e. Vaccine coverage (limited).
5. MPD Unintended effects:
  - a. Drug price escalation and plan costs.
  - b. Less than 5% of MPD participants are in the best plan.
  - c. The future of drug pricing scenario with Alzheimer's treatment.

FDA limitations:

1. Drug study requirements compare new medication to placebo—not to other current medications, so comparison of meds is difficult.
2. Disallow importation (in general), but approve and allow US marketed meds from other countries.
3. Approval basis on drug studies that is proprietary information.

Desire System change by Manufacturers and Regulators:

1. Allow drug importation by both patients and pharmacies.
2. Give pharmacists more prescribing power (vaccinations now, birth control new in California & Oregon. Later: asthma inhalers or thyroid meds).
3. Reform the FDA patent process:
  - a. Restrict patent extensions on drug novelty additions.
  - b. No patent protection on no-benefit changes – i.e. chewable tab.

- c. Determine patent challenge legitimacy before allowing manufacturers to file patent extension lawsuit, which provides automatic extension of patent protection for 30 months.
- d. Accept results of scientific studies from other countries.
- e. Require approval for ceasing production (currently atenolol).
- 4. NEGOTIATE NATIONAL PRICES (PhRMA lobbying powerful).
- 5. Single payer system.
- 6. Promote pharmaceutical transparency and cost effectiveness at all stages of the approval process. Insist on a price point from the very start of the FDA application process.
- 7. Create a national body (like the UK's NICE—National Health and Care Excellence) that is tasked with assessing the value of new drugs and treatments.
- 8. Professional affiliation ally with patients vs. industry.

#### Managing Personal Medication costs

- 1. Lifestyle changes (smoking, weight, exercise, relaxation, food habits)
- 2. Non-drug alternatives (example: vinegar and Listerine soaks or topical Vicks VapoRub for toenail fungus vs Jublia for \$20,000).
- 3. OTC alternatives.
- 4. Generic use. (Authorized generics & their history).
- 5. Change to another selection within same drug category.
- 6. Discuss cost concerns with prescriber and pharmacist.
- 7. DNC on MPD or other insurance and use of discount coupons (GoodRx).
- 8. Canadian pharmacies & legalities. (CIPA & storefront address).  
[www.pharmacychecker.com](http://www.pharmacychecker.com).
- 9. [www.helpingpatients.org](http://www.helpingpatients.org) or 1-888-477-2669 to see if you qualify for free medication.
- 10. Comparison shopping for insurance or meds (limitations).

#### Other Current Issues:

- 1. Drug shortages: currently atenolol & many basic IV hospital drugs. Dozens at any one time.
- 2. Pricing complacency of patients and lawmakers (shielded from reality).
- 3. Older med price increases: i.e. Premarin \$6.90 in 1975, \$501.99 in 2015, Lanoxin \$1.00 in 1975, \$850.99 in 2015.

#### References:

- 1. The Pharmacist's Letter (Medication learning without advertising support).
- 2. An American Sickness, How Healthcare Became Big Business and How You Can Take it Back by Elisabeth Rosenthal, 2017.
- 3. [www.medicare.gov](http://www.medicare.gov)
- 4. The **Beers** Criteria for Potentially Inappropriate Medication Use in Older Adults. (Commonly called the **Beers List**: guidelines for healthcare professionals to help improve the safety of prescribing medications for older adults. Updated regularly
- 5. The People's Pharmacy, Joe and Theresa Graedon