

***Hello! This is the first in what we plan to be a free monthly newsletter produced by us for your enjoyment and information. We will attempt to present timely articles in short capsule form, mostly regarding pharmaceutical questions, but also articles of general interest.***

***Some Canadian Web sites providing counterfeit drugs. Source: Associated Press***

WASHINGTON- Testing revealed fake versions of Lipitor and other widely used prescription drugs ordered through Web sites linked to a Canadian pharmacy, the Food and Drug Administration said Wednesday. Consumers who bought drugs through the 10 Web sites should not use the medications because they may not be safe, the FDA said. Consumers who ordered drugs through the Mediplan-linked Web sites should talk to their doctors and get their prescriptions refilled, said FDA Associate Commissioner Randall Lutter.

***Changes to Medicare Prescription Drug Plans for 2007***

Just as physicians, pharmacists and patients were beginning to understand the 2006 Medicare Part D plans, changes have been announced for the 2007 plans. Open enrollment starts November 15th. Patients happy with their current plan should still take a look....their best choice for 2006 May NOT be best for 2007. The AVERAGE monthly premium will stay at around \$24 to \$29, but the cheapest will go UP to about \$10. Plan premiums, formularies, and co-pays may be different, even if patients stay in the SAME plan. With a full year's worth of experience, your pharmacist is in the best position to offer advice as to which plan may be best for you. Please do not hesitate to call upon us to answer any questions you may have. It has been our experience during the last year, that the cheapest plan is not usually the best, and we now know which of the many insurance companies are best avoided.

***Airline rules regarding carry-on medications are changing.***

Although we have always urged patients to carry on all their medications in case their luggage goes missing, the new rules by the airlines make this more difficult. You can still carry on your meds, BUT they must be in original pharmacy containers, and labeled by the pharmacist. The name on the prescription bottle must match that of the ticket holder. The problems arise when the medications are large, and require large vials that may not fit in your carry on luggage. It also makes no sense to carry a 30 or more day's supply with you for a 1 or 2 week trip. We can help by reprinting your original prescription labels, and affixing them to smaller containers that will carry just enough medication to last the duration of your trip. Your liquid medications must not exceed 3 ounces, but we can also furnish a reprinted label on a 3 oz. container. This service of course, is free of

charge. It is always a good idea to check with your airline in advance, to avoid frustration and delays during security check-in.

***Political changes may bode well for Medicare recipients.***

Newly elected members of congress have indicated that one of their top priorities will be to rescind the onerous clause passed in a previous session, which prohibits Medicare from dealing directly with drug manufacturers for discounts on behalf of seniors. Any money saved by Medicare could result in increased benefits and less expensive treatments for seniors. Hopefully, at last the government seems to realize that the skyrocketing costs of Medicare and Medicaid are due to the indefensible prices charged by big Pharma.

***Saving money on cholesterol drugs.***

If you are currently taking Zetia or Vytorin for Type II (non-insulin dependent) diabetes, taking half of a tablet will usually give essentially the same results as a full tablet. The difference in LDL lowering effect is negligible. Be sure to use a good pill-splitter. It's more accurate than a knife, but be sure to check with your physician before making any changes in your dosage.

Well seems we're out of room for this month's edition. Please let us know your opinion of this newsletter, and if you would like us to continue it in the future.

**The pharmacists and staff at M.D. Pharmacy, your neighborhood pharmacy.**

December, 2006

***Welcome to the end-of-year edition of the monthly newsletter. We'll try to present timely articles of interest in short capsule form, mostly regarding pharmaceutical questions, but also articles of general interest.***

***Watch out for fraudulent e-mails regarding your Social Security.***

Many seniors have recently received emails purportedly from the Social Security Administration, under the subject of "Cost of living for 2007 update". The email claims its purpose is to inform Social Security recipients about the 3.3% benefit increase for 2007, but it also contains the following statement: "NOTE: We now need you to update your personal information. If this is not completed by (a date close to today's date), we will be forced to suspend your account indefinitely." The recipient is then directed to a bogus website which is designed to look like an authentic Social Security website. At this website, victims are asked to create a password, and to confirm their identity by providing their Social Security number, credit card information, and bank account information. Under NO

conditions should you visit the website! The Social Security Administration does not send out emails that require you to give out your personal information, nor do they use scare tactics and short deadlines via email to pressure you to update your account. Your only action should be to simply delete the e-mail as soon as you see it. This is definitely a scam designed to give your personal information to people who should not have it.

***Attorney General stops snack food companies from making false health claims.***

Attorney General Richard Blumenthal and Department of Consumer Protection Commissioner Edwin R. Rodriguez recently announced that they have succeeded in restraining several snack food companies from making false claims regarding the nutritional value of their snack foods. The food products, which Keystone Foods produced for Roberts American Gourmet contained herbal and botanical substances such as Echinacea, ginseng and St. John's wort, which the companies claimed would increase energy, and help fight colds, flu, and other illnesses. There is no reliable scientific evidence to support these claims. The companies also understated the amount of fat and sodium in the foods. "Hyping health falsely is unconscionable" Blumenthal said. "Duping customers into believing that a bag of chips will help cure a cold or enhance energy is deceptive and deplorable" "As consumers become more health conscious and keep track of their dietary intake, it's very important that they have accurate information" said Rodriguez. He went on to say that this type of marketing was not only illegal, but could prevent consumers from seeking proper treatment for an existing illness.

***Zostavax helps to prevent shingles for patients 60 and older.***

More patients will soon be prescribed a new drug, Zostavax, to prevent shingles in patients 60 and older. About 50 million people will be eligible. This new vaccine reduces the risk of shingles by about 50%, and reduces the painful post herpetic neuralgia by 67%. Most Medicare drug plans will cover the drug in 2007. It is the first vaccine that will be covered under Medicare Part D instead of part B, (like flu vaccine). Physicians cannot yet bill Medicare Part D for this service. Patients will have to obtain the vaccine from the pharmacy and pay their copay, plus a fee for the injection.

***New signup period for Medicare Part D.***

If you are considering changing your Medicare Part D prescription plan, the deadline is December 31st. If you wish to keep the same plan that you had last year, in most cases, you do not have to do anything. Be sure to check with us or your insurance agent if you intend to change plans for 2007.

***Our best wishes to you and yours for a happy and healthy holiday season!***

We would really appreciate hearing from you regarding this newsletter, and your thoughts on whether or not to continue to publish it.

**The pharmacists and staff at M.D. Pharmacy, your neighborhood pharmacy.**

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January, 2007

***Happy New Year! This is our first newsletter of 2007. We hope that you find it interesting and timely.***

***If you have enrolled in CCRX as your Medicare Part D provider, you are entitled to a free Medication Review.***

You either have, or will receive with your CCRX benefits card a card to be mailed back to CCRX which will entitle you to receive a free MTM (Medication Therapy Management) consultation with your pharmacist. The goal of this program is for patients to use the right drugs appropriately, to avoid adverse effects and improve outcomes. CCRX realizes that these cognitive services and disease management saves them a great deal of money, which translates to savings and increased formulary options for the patients. Several other insurance companies are also getting involved in MTM, but not all pharmacies have expressed willingness to participate. We can assure you that M.D. Pharmacy will be a full participant in the program.

***Quaaliquin is the only Quinine which is FDA approved, but not for leg cramps.***

Now that Quaaliquin brand of quinine sulfate has been approved, look for all the other generic quinine products to be withdrawn from the market. We all remember when quinine capsules were available very cheaply because of the competitive market, but now that Quaaliquin has the market all to itself, the price per capsule will probably be in excess of \$5.00. The makers of Quaaliquin are suggesting that all other quinine products will be considered illegal to dispense, and insurance companies will not reimburse for them. Also of interest is the fact that Quaaliquin is approved only for malaria, not for leg cramps, which is one of the more popular uses for quinine. In fact, the package insert specifically says NOT to use it for leg cramps. The FDA says quinine is not proven to work for leg cramps, and the risks outweigh the benefits. It can cause blood disorders, hearing loss, visual disturbances, cardiac arrhythmias, and even death. Other prescription products are available to treat leg cramps, such as diltiazem, muscle relaxants, gabapentin and magnesium, to name a few; but unfortunately, there's not a lot of evidence that they help either. For chronic leg cramps try stretching the calf muscles and using a heating pad before bedtime.

### ***Adverse drug events in elderly patients.***

Adverse drug events send elderly patients to the emergency department about as often as car accidents. One-third of these events are due to allergies, and another third due to unintentional overdoses. Almost one-third of adverse drug events in the elderly are caused by just THREE drugs...warfarin (Coumadin), insulin, and digoxin (Lanoxin). Patients should stay on the look-out for significant drug interactions. Make sure you are not "doubling up", by continuing a similar drug that should have been discontinued, or replaced with a generic equivalent.

### ***New Congress, new health care priorities***

Congressional leaders have indicated that one of their top priorities is the reform of America's health care system, which is currently a disgrace. America spends more on health care per person than any other country, but we have one of the lowest life expectancies of any other wealthy nation, because a good part of the money spent on health care is funneled through the insurance companies, who retain a large percentage for "administrative costs" and obscene profits. The new Congress has indicated that they will remove the ban placed on Medicare's ability to bargain with the drug manufacturers on behalf of seniors. A Medicare-run system for everyone, paid for by a special tax, would be less expensive than most people already pay in insurance premiums. It would cover the uninsured and greatly reduce the administrative costs we now pay the private insurance companies, resulting in a more efficient use of healthcare dollars. Many people are wary of anything run by the government, but a system run by Medicare will be far better than what we now have, a system run by the insurance industry for profits for them and higher prices for us. We can expect a strong reaction from the insurance industry's lobby, whose deep pockets are mainly responsible for the current mess. Let's hope this Congress is not for sale.

### ***We would really like to hear from you!***

Please take a moment to call or write us, and let us know your opinion of this newsletter, and if you would like us to continue it.

**The pharmacists and staff at M.D. Pharmacy, your neighborhood pharmacy.**

February, 2007

***Welcome to our free monthly newsletter. We hope your holiday season brought enjoyment, and contentment. We hope you find this newsletter timely, interesting and informative.***

***Your favorite over the counter cold medicines are not the same as they were last year.***

Due to legislation banning the display of cold and cough products containing the decongestant pseudoephedrine, a chemical that can easily be converted to the illegal substance methamphetamine, many of the makers of cold formulas containing this drug (Sudafed, Tylenol Cold, Alka Seltzer Plus) have reformulated their products using phenylephrine in place of pseudoephedrine, so they may continue to be displayed on the shelves in the aisles of drugstores. Unfortunately, phenylephrine is not as effective as pseudoephedrine for treating congestion, and must be taken more frequently. The products containing the original formulas with pseudoephedrine have NOT been discontinued. They are still available behind the prescription counter (without a prescription) requiring only that you show identification, and sign a log book. The rationale for this rule is that any one wishing to obtain large quantities of pseudoephedrine in order to convert it to methamphetamine, must now go through the pharmacist, who will be responsible for limiting the quantities any one person can obtain at one time. Although a necessary step, this new rule is bound to cause confusion, so before choosing a product to relieve congestion, be sure to check with the pharmacist to be sure you are getting the most effective product. Pseudoephedrine is the drug of choice, while phenylephrine gives only as much congestion relief as a placebo.

***Medicare part D nightmare begins again.***

From November 15th thru December 31, 2006, patients had a "window of opportunity" in which they were allowed to change their Medicare Part D prescription insurer. We are now seeing patients who were either not aware that they could remove themselves from plans they did not like, or were not aware that the plans were able to raise their premiums and further limit their choice of drugs. As a result, some patients are seeing increased monthly premiums, (some up to 466%), and further limits to their choice of drugs for 2007. In order to continue with the same plan they had in 2006, the patient had to do nothing, and they were reenrolled automatically. Unfortunately, many patients chose the path of least resistance, and did not change their plans before it was too late. The next opportunity to change plans will occur in November and December of 2007. We urge you to be aware of these time limits this year.

***Tobacco companies manipulate nicotine content in order to make the habit harder to break.***

A study by Harvard University has confirmed that tobacco companies have surreptitiously increased the amount of nicotine in their products. The additional nicotine content is accomplished by the use of tobacco leaves which naturally contain greater concentration of nicotine, and also by making the tobacco burn more slowly, thereby increasing the number of puffs per cigarette. In this manner, the tobacco companies hope to increase the numbers of people taking up smoking, and also make the habit harder to break. In 2004, the House of Representatives overwhelmingly approved legislation to empower to Food &

Drug Administration to regulate the nicotine content of cigarettes, but the legislation was blocked by the Republican Senate.

***Cost savings due to newly expired patents on the prescriptions you take.***

The replacement of brand name Zocor (a cholesterol lowering agent) by a generic drug, as well as expiration of patents for Norvasc, and Zithromax, three "blockbuster" drugs manufactured by Pfizer will soon result in large savings for patients. Pfizer has no new drugs ready to replace the revenue lost from sale of these drugs, due to refusal of the Food & Drug Administration to approve the safety profile for a new drug which had been under development by Pfizer. Pfizer's only big money drug at the present time is the most widely prescribed drug in the country, Lipitor, whose patent is due to expire in 2010. Many other very expensive medications are nearing their patent expirations, and we will notify you as soon as generics from reputable companies are available.

***Please look for subsequent issues, containing many more articles of interest.***

If your building does not allow us to display this newsletter in your lobby, or you have not received it with your prescription delivery, please stop by the pharmacy for your free copy, and feel free to share it with your neighbors and friends.

**The pharmacists and staff at M.D. Pharmacy, your neighborhood pharmacy.**

April, 2007

***We hope to continue to publish this free newsletter on a monthly basis. Please share it with your friends and neighbors who may not have access to it through their building's restrictions.***

***Generic Plavix will be hard to find.***

The supply of clopidogrel (generic Plavix) is reported almost entirely gone after Apotex flooded the market with the product during a three week period in August, 2006. In an unprecedented move, Apotex launched the product in early August when the Federal Trade Commission failed to approve an agreement that had been reached between the company, Bristol-Myers Squibb, and Sanofiaventis to delay a generic launch until 2011. Apotex received FDA approval for generic clopidogrel in January 2006 with 180 days of market exclusivity. After the launch, BMS and Sanofi resolved their legal differences and then filed for an injunction against Apotex, asking the courts to stop the firm from continuing to sell clopidogrel. The courts granted relief on August 31, and further appeals by Apotex have failed. The bottom line is that very soon, those patients currently taking

generic clopidogrel may have to be switched back to the brand Plavix, with the accompanying increase in price, and in many cases, refusal of the insurance companies to pay for it. We will do whatever is possible to obtain continuing insurance coverage for brand Plavix, but in the end, it may take the letters and phone calls to the insurance companies from the many consumers that will have been financially affected by this decision.

### ***Cough and cold medicines linked to infant deaths.***

Caution is being urged when administering cough and cold medications to infants younger than two years of age. The Centers for Disease Control has reported that three infants, ages one to six months, were found dead in their homes. Medical examiners found two of the infants had evidence of respiratory infection. All three had what appeared to be high levels of pseudoephedrine (a decongestant that has since been removed from self-service areas) in blood samples, and two of the infants had detectable levels of dextromethorphan (the "DM" in Robitussin DM) and acetaminophen (Tylenol). Two of the infants had received either an over-the-counter drug or a prescription product, and the third had received both. We urge you to check with your pharmacist before treating cough and cold symptoms in infants or children less than two years of age, especially with regard to over-the-counter drugs.

### ***New treatments for diabetes.***

Due to clinical and patient's acceptance of the drug Byetta, new agents for treating diabetes are providing clinicians with new ways to counter the diabetes epidemic. The new drug Januvia has been approved for treatment, and the new inhaled form of insulin, Exubera has made its debut. Diabetes remains incurable, although massive efforts are underway to find a permanent cure. In the meantime treating this disease has become more effective and much more patient friendly. Ask your physician if any of the new treatments would be appropriate for you.

### ***FDA says pills can cause "sleep driving".***

All prescription sleeping pills may sometimes cause sleep-driving according to Federal health officials. This bizarre side-effect was made public almost a year after Rep. Patrick Kennedy crashed his car after taking Ambien. It's a more complicated version of sleep-walking, but behind the wheel of a car. It involves getting up in the middle of the night and going for a drive-with no memory of doing so. There have been more than a dozen reports, but officials fear that many more incidents are going unreported. Fortunately, given the fact that millions of insomnia drugs are prescribed, this is still considered a rare, but potentially dangerous side-effect. Doctors will soon begin getting letters notifying them of the new warnings, and soon special brochures called "Medication Guides" will accompany your prescription from the pharmacy.

***Don't get too comfortable with Medicare Part D.***

Medicare's prescription-drug program may be the most financially irresponsible U.S. legislation passed in 40 years, says the U.S. comptroller general David Walker. Barring vast program and healthcare reforms, the prescription bill will bankrupt the United States he said in a "60 Minute" segment last week. We can't afford to keep the promises we've already made, much less to be piling on top of them he said.

**The pharmacists and staff at M.D. Pharmacy, your neighborhood pharmacy.**

June, 2007

***Here is the June edition of our free monthly newsletter. We hope you find the articles useful, timely, and informative. Please feel free to share this with any of your friends or neighbors.***

***New York Times finally "gets it" on Medicare.***

"One good place to look for savings (in prescription drugs) is surely in the lavish subsidies provided to the private health plans that participate in Medicare. That would help lower the overall program's cost and slow the approach of insolvency."

-New York Times editorial, "Medicare's Troubling Prospects", 4/26/07.

***No more "crush and flush".***

We used to think that flushing old Rx drugs down the sink or toilet was okay... but not anymore. Significant traces of drugs are showing up in rivers, lakes, and treated water sources. Some toxicologists say these remnants could affect fish and wildlife and contribute to antibiotic resistance. The recommended disposal technique for most solid dosage forms is to remove them from the Rx vial and destroy the Rx label. Then mix the drugs with coffee grounds, kitty litter, or another unpalatable substance, put the concoction in an unmarked can or sealed bag which can then go into your trashcan. There are still some drugs (narcotics and other controlled drugs) that should be flushed in order to prevent diversion. Most household hazardous waste facilities will take expired or unwanted drugs, but not controlled substances.

***Garlic is NOT likely to lower cholesterol.***

Earlier evidence suggested that garlic modestly lowers cholesterol, but newer and better designed studies challenge this. The new study used many types of garlic supplements, including raw garlic, to avoid any controversy over the

findings. The large NIH trial shows that even a clove a day of raw garlic, or doses of garlic powder well in excess of the manufacturer's recommendation (including aged garlic) do not lower any type of cholesterol.

### ***Some blood-pressure medications may help prevent Alzheimer's***

A new study conducted by Wake Forest University School of Medicine has found indications that some of the drugs in the class of ACE (angiotensin converting enzyme) Inhibitors which are used to treat high blood pressure may also lead to a reduction in the risk of development of Alzheimer's disease. Not all of the ACE inhibitors manifested this tendency however. The investigators found that only those ACE Inhibitors whose activities are exhibited in the brain (those that cross the blood-brain barrier) known as "centrally active drugs" showed this benefit. Dr. Kaycee Sink, M.D. said that "For older adults who are going to take an ACE Inhibitor for blood pressure control, it makes sense for their doctors to prescribe one that goes into the brain." Some centrally active ACE Inhibitors include captopril, fosinopril, lisinopril, perindopril, ramipril and trandolapril, also known by their trade names, Capoten, Monopril, Prinivil or Zestril, Aceon, Altace, and Mavik respectively. ACE inhibitors should not be used for Alzheimer's exclusively.

### ***Pharmacy errors as reported on TV.***

In light of a recent television segment of 20/20 exposing multiple errors in filling prescriptions by a well known local and national pharmacy chain, we again wish to stress the advantage of dealing with a local, independent pharmacist, who is not working on a "quota" system, and is under no pressure to prepare any certain minimum number of prescriptions in a given time. Your local neighborhood pharmacist is able to take the time to counsel you on the use of your medications, and provide clear and understandable details on what to expect from your medication. This, in addition to the use of state-of-the-art computerized drug interaction programs, 24 hour availability of the pharmacist who filled your prescription, short wait times, and available delivery service are all reasons to have your neighborhood pharmacist fill all your prescriptions.

Just a reminder that we are now in our new more convenient quarters, at 8500 Delmar, just a few yards West of our old location.

**The pharmacists and staff at M.D. Pharmacy, your neighborhood pharmacy.**

July, 2007

***July edition of M.D. Pharmacy's free newsletter. Several useful subjects in capsule form for your enjoyment, edification and safety. Please pass this on to your friends and neighbors.***

***Contact lens solution is withdrawn from the market.***

Patients are advised to immediately stop using a contact lens solution called AMO Complete Moisture Plus Multi-Purpose Solution, due to a possible link to a rare but potentially blinding eye infection caused by an amoeba. All partially used or unopened bottles should be immediately discarded, and the patient should use alternative products. Also, they should throw out their current contact lenses and the lens storage case because they may harbor the infection-causing amoeba. The CDC advises people who have used the product to call their eye doctor to report any eye pain, redness, blurred vision, sensitivity to light, feeling of something in the eye, or excessive tearing. The AMO product has never been sold by M.D. Pharmacy, but was available at several chain and big-box retailers.

***Huge discussions regarding safety of diabetes drug Avandia.***

A leading medical journal recently raised serious safety questions about pharmaceutical manufacturer GlaxoSmithKline (GSK)'s diabetes drug "Avandia. The journal's analysis, based on more than 40 clinical studies involving 28,000 patients showed that Avandia significantly raised the risk of heart attacks compared with other diabetes drugs. The drug's maker, GSK issued a news release defending Avandia's safety. The Food and Drug Administration (FDA) is also under fire for apparently ignoring early warning signs of the potential danger. Some experts raised concerns that doctors were not getting the full picture about a drug's risks and benefits because they tended to hear about only those trials in which the medication showed a benefit. In explaining its delay, the FDA said the significance of the studies had not been confirmed and in fact was contraindicated by some other studies of the drug.

Under no circumstances should a patient stop taking Avandia without the knowledge and authorization of their physician. There are other drug options which the physician may choose to employ, and given the ambiguous and contradictory evidence, the physician may choose to continue treatment with Avandia. We have a handout sheet dealing with common questions for anyone who requests it.

***Seniors make dangerous mistakes when managing medications.***

Millions of seniors are not using their 7 day reminder pillboxes correctly, especially those taking multiple medications at different times during the day. Rather than use the common 7 day reminder box, we recommend that you obtain a 28 dose pillbox which groups the medications taken at the same time each day separately from those taken earlier or later. Depending on visual identification of

the drugs can result in a patient taking the wrong drug, as colors and shapes of drugs change frequently. The patient should always keep a written checklist of the prescriptions while loading their pillboxes, (not just for themselves but for others to follow in case of emergencies) and then have someone double-check their work. Otherwise, a patient could end up taking double doses or miss a dose, which in turn could lead to dizziness and falls, confusion, or even a trip to the emergency room. Pill-reminders are a great help, but only if used properly. Let us demonstrate their use to you, so that you can derive their maximum benefit. Upon request M.D. Pharmacy will "blister-pack" your medications. Each 30 day "blister" card can be labeled AM, Noon, Mid-Afternoon, or Bedtime.

***Drug company CEO says current pricing model is "unsustainable".***

Elan CEO Kelly Martin has challenged the pharmaceutical industry to overhaul its commercial model by offering groundbreaking new treatments at lower cost, which he said his company is likely to follow for its Alzheimer's treatments. "The psychology of the industry is that if you are first, the price should be high" Martin told the Financial Times in London. "The economic structure is unsustainable. The tension will grow and something has to give".

***New thoughts on treating chronic pain.***

Chronic pain (pain lasting longer than 3-6 months) is often under-treated, and patients may be exposed to potentially toxic and/or addictive side effects. Recently physicians have been utilizing novel treatments using multiple drugs which can alleviate pain and improve quality of life. As we understand more about the mechanism of pain, we are seeing the use of antidepressants, anticonvulsants, and other drugs which work in concert with traditional pain relievers. Consult your physician if your chronic pain is not under control.

**The pharmacists and staff at M.D. Pharmacy, your neighborhood pharmacy.**

August, 2007

***August edition of M.D. Pharmacy's monthly newsletter. Late breaking news regarding your medicines and the prices you pay for them. Please share this with your neighbors.***

***Michael Moore's "SiCKO" is a must see movie***

We don't usually do movie reviews, especially of movies we have not seen, but secret memos from some of the health care company's executive officers who were instructed to see the movie in order to gauge the public's reaction said in part "You would have to be dead to be unaffected by Moore's movie". They also reported a previously unseen phenomenon of groups of strangers gathering on

the street after viewing the movie, discussing their outrage at the excesses of the government in concert with the health care companies, which was brought to light by the movie. Insurance company executives are reported to be "depressed" and are convinced that the only way they can escape significant negative impact is if the movie "flops", not a likely scenario in light of initial box-office figures. Nixon Oval Office tapes are used to show how the initial idea of a "less care equals more profit" enterprise was supported by his administration and became the HMO paradigm, and even documents cases where the doctors with the highest percentage of denials are paid a bonus. Legislators are presented as bought stooges for the political agendas of insurers and big Pharma. Insurers are the middle men in the Medicare Modernization Act-which is presented as a trick to charge seniors more for their prescription drugs. The health care providers most mentioned are Kaiser Permanente, Humana, CIGNA, Blue Cross of California and Aetna. No big Pharma companies are specifically mentioned but the movie suggests in multiple instances that prescription drugs in America are overpriced.

### ***FDA again warns of internet drug sales***

We've all seen recently revealed of cases of poisons being detected in toothpaste and dog food originating from China. There have also been cases of automobile tires from China losing their tread on the highway resulting in deaths. By the same token, drugs purchased from internet pharmacies have an unknown but possibly lethal source. The U.S. Food and Drug Administration issued another warning last week about the dangers of buying medications via the internet. FDA officials said new data show that consumers are continuing to buy drugs from internet outlets in an attempt to save money on expensive drugs sold in the United States, an unnecessary tactic because many low-cost generic versions have recently become available in the U.S.A. Officials said consumers should be aware of safety concerns of drugs purchased from unregulated internet sellers.

### ***"Something's rotten in Part D" says Committee Chairman Pete Stark***

U.S. House Ways and Means Health Subcommittee Chairman Pete Stark called for more consumer protections in Medicare Part D. "The private insurance companies that administer the Part D prescription drug benefit are taking advantage of the overwhelming number of coverage options to bamboozle seniors," he said. Because of inertia, seniors tend to stay in plans that may not be the best option for them. We have seen in our own practice a reluctance of seniors to change to better plans during the yearly sign-up window, either through inertia, or receiving bad advice from paid representatives of some of the health care insurers. Stark supports a Medicare-administered plan in which the agency negotiates drug prices with pharmaceutical companies. We definitely agree.

### ***High dose statins good for older patients***

U.S. scientists have found older patients with stable cardiovascular disease benefit from high dosage cholesterol lowering drugs used by younger patients. Lead investigator Dr. Nanette Wenger, a professor of medicine at Emory U. School of Medicine, said "researchers found not only do older patients benefit from statin therapy, but aggressive use of high-dose statins to reduce LDL cholesterol to levels lower than 100mg/dL provided additional benefit".

### ***As Co-pay rises, drug usage drops***

Attempts to get consumers in prescription drug plans to pay more for their pills appears to result in less use of medications-and more use of more expensive hospitalization and emergency department services according to U.S. researchers. Pharmaceutical advances resulting in improved though more expensive drugs are causing health benefit plans to attempt to make the consumers pay the difference in cost.

### **The pharmacists and staff at M.D. Pharmacy, your neighborhood pharmacy.**

September, 2007

***September edition of M.D. Pharmacy's monthly newsletter. Articles regarding your medications, their safety, and the price you pay for them. Please share this with your neighbors.***

### ***Controversy regarding Avandia finally "resolved".***

Those of you regular readers of this Newsletter are aware of the controversy regarding the safety of the diabetes drug Avandia, and its possible links to heart attacks. Federal health advisors recently voted strongly in favor of not removing the drug from the market, citing the lack of "conclusive" data proving the drug's link to the problem. The FDA is not required to follow the recommendations of the advisory group, but usually does. Despite evidence that the drug can cause an increase in heart attack risks, the advisory group felt that the evidence was not strong enough to merit removing the drug from the market, and that only a "black box" warning to flag the heart risks on the literature to physicians was sufficient. In May, the New England Journal of Medicine studies revealed a 43% higher risk of heart attacks for patients taking Avandia than those taking other drugs, or no diabetes drugs at all. The manufacturer of the drug, Glaxo Smith Kline recommends extending the long term studies of the drug, but FDA scientist Dr. David Graham said that waiting for more results could subject as many as 2200 people a month to serious side effects of the drug. Glaxo argued that there is no increased risk.

### ***Congress differs from Bush on healthcare.***

A rare bipartisan agreement in the Senate has been approved, which will expand insurance coverage for low-income children and cutting subsidies paid to private health plans serving Medicare beneficiaries. The Democratic-led U.S. House of Representatives is following the Senate's lead in a draft healthcare bill which President Bush has already threatened to veto. The bills call for higher federal tobacco taxes to fund an expansion of the Children's Health Insurance Program, against the wishes of the Bush administration. U.S. Rep. Charles Rangel, D-NY., who is chairman of the Ways and Means Committee said the House bill would reverse the Republican drive to privatize Medicare, reports the New York Times. The House bill enjoys lobbying support of two major groups—the 39 million strong AARP and the American Medical Association. Democrats hope to portray the issue as a fight by children and older Americans against tobacco and insurance companies, hoping to form an intergenerational coalition strong enough to override the expected presidential veto.

### ***U.S. Representatives find common-sense fix to Medicaid pharmacy reimbursement.***

In a move to protect patient access to community pharmacies, Reps. Nancy Boyda (D-Kan), and JoAnn Emerson (R-Mo), and a bipartisan coalition of 30 House members have introduced H.R.3140, the Saving Our Community Pharmacies Act of 2007. The bill provides four modifications to Medicaid's soon to be enacted generic prescription drug pharmacy reimbursement formula that will cause many community pharmacies to either limit the amount of Medicaid services they provide, leave the program entirely, or even close up.

### ***Required reading for anyone taking medication.***

If at all possible, obtain, beg, borrow or use any means possible to get the July 30th issue of Newsweek magazine. Once you have it, turn to page 45 and read the marvelous article by financial genius Jane Bryant Quinn entitled, Yes, We Can All Be Insured. In the article Ms. Quinn points out the obvious fact that so many politicians and aspirants for President have failed to grasp. The reason that America spends so much for health care, and receives so little, is because we are allowing the private insurance companies to rob us blind! There are 46 (soon to be 56) million uninsured Americans because they cannot afford health-care premiums, or they are high risk patients which the insurance companies turn away. Even people who feel secure because they think they are "well covered" may find that the insurance company can refuse to pay for certain high cost life-saving procedures. Ms. Quinn says that she agrees that we cannot afford to cover everyone under the crazy health system we have now. Ms. Quinn says "An excellent template for universal healthcare is right under our noses: good old Medicare. When you think reform, think "Medicare for all". "Medicare's overhead is just 1.5%, compared with 13 to 16 percent in the private sector. THE

PRIVATE INSURERS OVERHEAD LAST YEAR WAS \$120 BILLION, OF WHICH \$40 BILLION WAS PROFIT! By comparison it would cost \$54 Billion to cover all the uninsured. That's \$40 billion of your dollars, which instead of improving your health care, ended up in the pockets of the insurance company executives. Please, read the article.

**The pharmacists and staff at M.D. Pharmacy, your neighborhood pharmacy.**

October, 2007

***October edition of M.D. Pharmacy's monthly newsletter. Articles regarding your medications, their safety, and the price you pay for them. Please share this with your neighbors.***

***FDA Approves First Anti-Psychotic for kids***

The powerful anti-psychotic drug Risperdal was approved by the Food & Drug Administration for use in children and adolescents who have schizophrenia or bipolar disorder. Until this point, the agency had not approved any drug for adolescent schizophrenia. For bipolar disorder, only lithium had been approved for adolescents 12 and older. Diagnosing children with these conditions is difficult, and that can lead to misdiagnosis and use of inappropriate medications, said Dr. Charles Goodstein, Professor of Psychiatry at New York Medical School. Test results have shown that patients taking Risperdal had fewer side-effects, including hallucinations and delusions.

***43 Million Americans Take Aspirin Daily***

According to a U.S. Government survey one-fifth of the adult population of the U.S.A. take an aspirin every day or almost every day. Most are taking the pills for their health-such as to prevent heart attacks or strokes the agency found, but while making the blood clot less efficiently, thus preventing deadly blockages, aspirin also relieves pain and reduces fever effectively. Newer drugs such as acetaminophen (Tylenol) and ibuprofen (Motrin, Advil) have largely replaced aspirin in treating fevers and everyday aches and pains, theoretically because aspirin can also cause sometimes deadly stomach and intestinal bleeding. Ironically, ibuprofen, naproxen (Aleve) and other drugs of its type can also cause bleeding. Acetaminophen while not causing stomach bleeding is less effective in treating inflammatory conditions such as arthritis, but exceeding its daily recommended dose or drinking alcohol can cause severe liver damage.

***Many using online "rogue" pharmacies***

The DEA has reported that "rogue" pharmacies on-line are still used to obtain prescription medications. The websites approach doctors, often those who are in

debt or retired and are seeking extra income. The doctors write prescriptions for which they are usually paid between \$10 and \$25. The websites then approach small pharmacies struggling to make ends meet, and persuade them to fill the prescription and ship the drugs to the customer, charging an additional fee on top of the cost of the medication. These rogue pharmacies ignore the rules that legitimate pharmacies follow, like requiring a doctor-patient relationship and getting a certification from state boards of pharmacy. Even as law enforcement agencies police, and state governments crack down on this problem, rogue pharmacies continue to grow filling hundreds of illegal prescriptions (mostly for illegal narcotics and controlled substances) daily.

### ***Your warfarin dosage will be subject to closer scrutiny***

FDA approved updated labeling including information relating to the pharmacology, precautions, and dosage and administration sections of the prescribing information for the widely used blood-thinner warfarin (Coumadin). This new information explains that people's genetic makeup may influence how they respond to the drug. Specifically, people with variations in two genes may need lower warfarin doses than people without the genetic variations. The dosage and administration of warfarin must be individualized for each patient according to the patient's INR (International Normalized Ratio) response to the drug. Ongoing warfarin therapy should be guided by continued INR monitoring.

### ***Astra Zeneca's Biochemical Chutzpah***

When Astra Zeneca's patent on their heartburn drug Prilosec expired in 2001 they were faced with the loss of exclusivity of a drug that had brought them \$6 Billion a year in sales. With their patent protection gone, the company would have to compete with cheaper generic versions and could no longer charge whatever it wanted. Instead A/Z attempted, and got away with, a clever act of biochemical chutzpah, by introducing the exact mirror image of Prilosec, and calling it Nexium. The company then quadrupled its sales force and spent over \$16 Million in one month alone to convince doctors to switch from Prilosec to the virtually identical Nexium. More than 7 million Americans now take Nexium, which grossed over \$5 Billion last year for Astra Zeneca. All those wasted billions of dollars for a pill that sells for more than six times as much as another drug that does the same thing, and is made by the same company.

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November, 2007

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### ***Medicare audits show problems in private plans***

Tens of thousands of Medicare recipients have been victims of deceptive sales tactics and had claims improperly denied by insurers that run the system's huge new drug benefit program encouraged by the Bush administration, a review of scores of federal audits has found. The problems described in 91 audit reports include improper termination of coverage, huge backlogs of claims and complaints, and a failure to answer telephone calls from consumers, doctors, and pharmacies. The companies include three of the largest participants in the Medicare market, United Health, Humana, and Wellpoint. The audits document widespread violations of patients' rights and consumer protection standards. Some violations could directly affect the health of patients—for example, by delaying access to urgently needed medications. These problems have been obvious to pharmacists ever since the beginning of the program, when the Medicare Part D nightmare began. The Federal government could have saved the money spent on expensive audits by simply spending an hour behind the prescription counter of any pharmacy, and observing the egregious actions of the insurance companies first hand. For years, Democrats have complained about efforts to "privatize Medicare", and they are likely to cite the above findings as evidence that private insurers cannot be trusted to care for the sickest, most vulnerable Medicare recipients.

### ***Study shows older diabetes drugs more effective than some new ones***

Older, cheaper diabetes medications are highly effective, and come with far fewer side effects than a pair of drugs that received federal regulators' most stringent warning last month. Actos and Avandia, medications designed to keep blood sugar under control in people with type 2 diabetes, have been under close scrutiny for several months. Actos and Avandia (both members of the same class of drugs) may raise the risk of congestive heart failure, and rival Avandia has even more side effects including the risk of heart failure. "Patients should be taking older, cheaper drugs like Metformin (available generically) and newly diagnosed patients should not be starting on Avandia or Actos" said Dr. Sonal Singh, a professor of internal medicine at Wake Forest University. "These are third-line options. Neither of these drugs should be used" he said.

### ***Drug halts breast cancer bone loss***

Researchers at the University of Pittsburgh School of Medicine discovered breast cancer survivors taking a weekly dose of Actonel (risedronate) lost significantly less bone than did those who did not take the drug. At the beginning of the study

97% of the participants had normal or low bone mass, but after 24 months women taking the drug had a bone density much higher in the spine and hip than women in the placebo group.

### ***Daisies lead to new leukemia drug***

A compound derived from daisy-like plants developed at the University of Rochester Medical Center has proven successful in treating leukemia in laboratory studies, with clinical trials expected to begin in England by the end of the year,. The compound consists of a chemical known as DMAPT, a form of chemical derived from a plant known as feverfew or bachelor's button, a plant similar to the daisy. The Rochester team has been developing the compound for nearly five years, and its progress from a laboratory concept to patient studies is very fast progress in the drug development world.

### ***Survey shows Community CCRx ranks highest in customer satisfaction***

In a recent survey of Medicare beneficiaries conducted by CMS (Medicare), Community CCRx was ranked highest in customer satisfaction. The 2008 edition of the "Medicaid and You" handbook published each year by Medicare will list Community CCRx as the highest rated plan. We at M.D. Pharmacy are gratified by this official recognition, as CCRx has been the Medicare Part D plan recommended by us for the last year as being the easiest plan to deal with, and the best choice for seniors.

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December, 2007

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### ***Insurance companies getting interest-free billions of dollars of Medicare money.***

UnitedHealth, Humana and Wellpoint and scores of other benefit managers owe Billions of dollars that should have been refunded to Medicare for over-payments they received from Medicare to manage the Medicare Part D plans. The combined bounty held by the insurance companies' totals \$4.4 Billion dollars which Medicare had funded, but was never paid out as benefits by the insurance companies. Health and Human Services Inspector General Daniel R. Levinson said in a recent report that Medicare left insurers free to use the money because it did not collect interim repayments. Representative Pete Stark, who serves as

chairman of the House Ways and Means health subcommittee, said that UnitedHealth and scores of other insurance companies were getting "multi-billion dollar zero-interest loans from Medicare." Rep. Stark is leading the efforts in Congress to scale back Medicare's reliance on private insurers, saying of the insurance companies, "That's not advocating for prudent use of taxpayer dollars". Some of the other culprits with the largest repayment obligations are Coventry Health which owes \$390 million and Independence Blue Cross with \$230 million. Spokesmen for UnitedHealth and Humana did not offer comments on the findings.

### ***Health care excuses.***

Paul Krugman, columnist for the New York Times notes in a column for the Times, "The United States spends far more on health care per person than any other nation. Yet we have lower life expectancy than most other rich countries. Furthermore, every other advanced country provides all its citizens with health insurance; only in America is a large fraction of the population uninsured or underinsured. You might think that these facts would make the case for major reform of America's health care system, including learning from other countries experience." Instead however, apologists for the status quo offer only a barrage of excuses for our system's miserable performance. Recently President Bush himself said publicly that people in America have access to health care. "After all, you just go to an emergency room", a statement which was mocked for its cluelessness, yet many other politicians agree and seem equally clueless. The health insurance establishment also tells us that there really aren't that many uninsured Americans, missing the point that there are 47 million people without insurance, and often postpone needed medical care because of the cost. They also try to blame the unhealthy diet of most Americans, overeating and teenage sex, not the huge overhead of America's private health insurance companies. But ask yourself why, after spending 6 times more on healthcare administration than other advanced countries we still have lower life expectancy than Britain, Canada or France. The report of the McKinsey Global Institute says that diseases that are associated with obesity and other lifestyle-related problems play, at most, a minor role in the high U.S. health care costs. Then, as a last resort they list "socialized medicine" as something horrid and to be avoided. Scare tactics aside, the reality is that the best foreign health care systems, especially those of France and Germany, do as well or better than the U.S. system on every dimension, while costing far less money.

I for one, would rather rely on a non-profit single payer plan, (yes, run by the government, not unlike our very capable Medicare system) and which allows my doctor to practice medicine, than having my health care in the hands of greedy "benefit managers" and the obscenely profitable insurance companies who habitually make their profits by denying good health care to Americans.

### ***Statins help prevent heart attack.***

Cholesterol-lowering drugs (the statins) help prevent heart attacks for at least a decade after people stop taking them. The study participants were middle-aged men who had never had a heart attack, but who had a very high level of LDL, the "bad" cholesterol. The researchers wrote that statin's protective effect was probably because existing plaque was stabilized, and the progression of coronary artery disease was slowed.

***Depression drugs increase GI (gastrointestinal) bleeding risk.***

The study found that patients taking certain antidepressant drugs (SSRI's) when combined with a broad range of anti-inflammatory drugs such as Aleve, aspirin, and Celebrex increase the risk of GI bleeding is more than 600% higher.

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