Memorandum

To: Board Members

From: Communication And Public Education Committee

Subject: Committee Activities – April Update

The Communication and Public Education Committee met April 8, 2003, in a teleconferenced meeting. Minutes of this meeting are provided in this tab section.

Also provided is the committee’s quarterly update report to the board on the committee’s strategic objectives.

For Action

1. Approve the board’s strategic goals for 2003/04.

The board’s strategic goals have been converted into the new strategic plan format; these goals need to be reviewed and approved by the board.

Attachment 1

Information Only

Significant Activities

1. The board contracted with Hope Tamraz to produce two issues of The Script annually. The next issue has been written and is undergoing review by the Legal Office. This issue should be mailed in February 2003.

The board will mail the newsletter to all pharmacies. To reduce printing and postage costs, other licensees will be encouraged to download the newsletter from the board’s Web site.
2. Also nearing completion is the “Geriatrics” issue of Health Notes. This issue was developed with UCSF. Since the last board meeting, all articles have been edited and approved for publication. Currently the graphic designer is working on the layout. UCSF received outside funding to develop this issue, and CSHP has obtained a grant to assist with printing. The board will pay for postage.

Continued on next page

3. The board has obtained translations of the new “Notice to Consumers” poster into five languages -- Spanish, Vietnamese, Chinese, Korean and Russian. The new translations are being confirmed by others to assure their quality. Each translation has been converted into an 8.5 x 11 inch sized poster that looks like a small version of the English poster. Once the translation verification process is complete, the translated posters will be available for downloading from the board’s Web site and from the board. This should occur in about four weeks.

4. The board-sponsored series “Hot Topics in Pharmacy” began with its first seminar on “Antibiotic Use and the Risk of Bacterial Infection” on October 18 in the State Capitol. The board is cosponsoring this series with the UCSF’s Center for Consumer Self Care and the Department of Consumer Affairs.

The second seminar is scheduled for January 17 on “Consumers and the Dietary Supplement Marketplace.” And the third seminar is set for February 21 on “What Everyone Needs to Know about Managing Pain Effectively.”

A flyer is provided that lists the remaining three seminars.

5. The committee is interested in developing much-needed consumer information about purchasing drugs from foreign counties as a means to reduce drug costs. This is a new area of consumer and media interest, and is generating a number of media calls to the board. An informational hearing on this will be held during this board meeting, after this discussion.

6. The committee wants to encourage and increase board attendance at consumer information forums and fairs to provide our publications and information about the board. Recent activities on outreach are listed in the committee’s status report, and include:
   ▪ President Jones presented a seminar on quality assurance at the NABP Executive Officers Biennial Meeting
   ▪ Board Member Goldenberg met with long-term care pharmacy providers

In the future, the board plans to present:
   ▪ A continuing education program at CPhA’s annual meeting and education forum.
Information to pharmacists-in-charge of the California State University System
Consumer information to those attending a consumer education forum sponsored by the Department of Consumer Affairs at California State University Sacramento in February.
Attachment 1
California State Board of Pharmacy  
Strategic Plan  

Communication and Public Education  

Goal: 4: Provide relevant information to consumers and pharmacists.  
Outcome: Improved consumer awareness and pharmacist knowledge.

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<th>Objective 4.1:</th>
<th>Develop 10 communication venues to the public by June 30, 2005:</th>
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<td>Tasks:</td>
<td>1. Convert <em>Health Notes</em> articles into consumer columns or fact sheets for wide-dissemination to the public.</td>
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<td>2. Develop and update public education materials.</td>
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<td>3. Maintain a vigorous, informative Web site.</td>
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<td>4. Sponsor “Hot Topics” seminars to the public.</td>
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<th>Objective 4.2:</th>
<th>Develop 10 communication venues to licensees by June 30, 2005:</th>
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<td>Tasks:</td>
<td>1. Publish <em>The Script</em> two times annually.</td>
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<td>2. Publish one <em>Health Notes</em> annually.</td>
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<td>3. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentation at local and annual professional association meetings throughout California.</td>
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<td>4. Maintain important and timely licensee information on Web site.</td>
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<td>Objective 4.3:</td>
<td>Participate in 20 forums, conferences and public education events by June 30, 2005:</td>
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<td>Objective 4.4:</td>
<td>Respond to 100 percent of information requests from governmental agencies regarding board programs and activities:</td>
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| **Tasks:**     | 1. Prepare and submit Sunset Report.  
3. Provide information to legislators regarding board implementation of statutory requirements.  
4. Provide agency statistical data information to the department. |
Attachment A
Communication and Public Education Committee

Meeting Minutes
April 8, 2003

Via Teleconference

Present: William Powers, Chairperson
Caleb Zia, Board Member
Patricia Harris, Executive Officer
Virginia Herold, Assistant Executive Officer

Call to Order

Chairperson Bill Powers called the meeting to order at 4:09 p.m.

Discussion of Planned Activities to Fulfill Strategic Goals

- Status of The Script

  The board mailed the most recent edition of The Script in early March 2003. This is the first issue to be published in slightly over one year.

  The board mailed the issue only to all California pharmacies, and a copy is now available on the board’s Web site. The cost for the printing and mailing for this scaled down production of about 6,000 copies was:
  
  - Writer: $4,800
  - Printing: $7,950
  - Mailing: $1,575
  - $14,325

  Ms. Herold noted that the CPhA’s Education Foundation is printing and mailing the newsletter to all California pharmacists. The foundation has indicated that it hopes to print and mail the newsletter three times annually to California pharmacists. As such, the board will produce three newsletters annually.

  The next issue of The Script is planned for the summer of 2003. Retired Annuitant Hope Tamraz is on contract to develop this issue.
By way of comparison, the expenses to print and mail the January 2002 *The Script* were (staff wrote the issue):

- Printing: $23,385
- Postage: $10,773
- $34,158

- Pharmacy Lawbook and Pharmacy Law

The board now has a 2003 version of Pharmacy Law available on the board’s Web site, with a newly expanded index. This information was added by staff to the Web site because the board cannot afford the $60,000 it would cost to mail lawbooks to California pharmacies. Nevertheless for those who wish to purchase a 2003 *Pharmacy Lawbook*, Lawtech Publishing now has a copy of the 2003 lawbook available for $24.26.

- Board-Sponsored Seminar Series “Hot Topics in Pharmacy”

The board is a cosponsor along with UCSF’s Center for Consumer Self Care and the Department of Consumer Affairs of a seminar series of health care topics for the public. The series is called “Hot Topics in Pharmacy.”

The first seminar was held October 18, 2002, and the remaining seminars have been held or are scheduled for once a month in January through May 2003. The seminars are held in Sacramento in the Capitol, and are about 1.5 hours in length.

The topics for this series are:
- Antibiotic Use and the Risk of Bacterial Infection.
- Consumers and the Dietary Supplement Marketplace
- What Everyone Needs to Know about Managing Pain Effectively
- Direct-to-Consumer Advertising of Prescription Medications
- Current Issues in Tobacco Cessation
- Deciding on Hormonal Options for Menopause

The committee discussed that one of the department’s recommendations for the board’s Sunset Review is for the board to work with the department on developing new consumer materials. Producing consumer education flyers from the information presented during these seminars may be a good strategic goal for the board.
Additionally the board can also work with the department to convert some of the information contained in Health Notes into consumer columns and fact sheets as well.

Chairperson Powers stated that he has shared the “Hot Topics” flyer with other interested parties and groups to aid in publicizing the series.

- **Health Notes** Publication Plans for the Future

Ms. Herold stated that the State Printing Plant is currently mailing the next *Health Notes* titled “Geriatrics.” This was truly a collaborative effort with our stakeholders. UCSF produced this issue with outside funding. Also the CSHP obtained a grant to assist with printing costs ($35,000). The board paid the graphic designer for layout services ($6,700), and postage and mailing expenses ($15,750 est.).

By way of comparison, the costs for Quality Assurance Programs was $124,520; specifically:

- develop the manuscript and CE certification $50,250
- printing $60,923
- postage $13,347

*Health Notes* Issues published:

- “Quality Assurance Programs” September 2002
- “Alternative Medicines” July 2001
- “Care of Children and Adults with Development Disabilities” May 2000
- “Anticoagulation” 1999
- “Women’s Health” 1999

The California Department of Developmental Disabilities was authorized to reprint the “Care of Children and Adults with Development Disabilities” issue, which is widely distributed by that agency.

At future meetings, the committee will identify future development of *Health Notes*. This monograph is expensive, and the board’s budget may not be able to withstand continued development of this monograph until the budget is stabilized and economic conditions improve. Additionally two issues need revision (Pain Management
and Women’s Health) due to changes in drug therapy since initial publication of these issues.

The board also has not converted articles into fact sheets and consumer columns as it had intended due to lack of staff. Discussions with the Department of Consumer Affairs, which has offered its assistance to aid the board in public outreach, may be helpful in this area.

- Develop a Schedule to Revise and Update Consumer Brochures

Ms. Herold stated that the board has recently revised several consumer brochures because it has depleted its existing supplies and new ones need to be reprinted.

Prescription Drugs from Canada – Brochure on Purchasing Drugs for Lower Costs

Chairperson Powers referred the committee to the draft text of a consumer brochure developed by staff on purchasing prescription drugs from foreign countries. This brochure was requested by the board following two discussions and informational hearings on the issue at the last two board meetings.

Ms. Herold stated that the text actually is divided into three subject areas:
- Purchasing drugs from foreign countries and why this is illegal
- Ways consumers can reduce their expenses for prescription drugs
- Discount programs for prescription drugs available to the public

Ms. Herold added that the last segment is intended to be updated periodically, perhaps quarterly, so that the drug discount program list is current and accurate.

The committee discussed whether a paragraph should be added to specifically address purchasing drugs from the Internet, use of the VIPPS certification and the need for a legitimate prescription. Ms. Herold stated she would add this information.

Committee Goals and Objectives: Strategic Plan Update for 2003/04

The committee reviewed the reformatted goals for 2003/04. There were no changes and this item will be brought to the board for approval.
Public Outreach Activities

The board has participated in a number of public or professional outreach forums to share the board's consumer information materials and educate others about the board. This has been done despite the staff reductions, showing the board's commitment to public education and outreach.

The board’s activities for the year will be fully listed in the committee’s quarterly status report to the board. However, activities completed or planned in the last three months are:

- January 2003 -- Board staff provide information to pharmacists-in-charge in the California State University system on pharmacy law
- January 28, 2003: Board attends California Health Advocates training conference on “Clue into Medicare Fraud and Abuse – It’s the Key to the Future”
- February 3, 2003 – Board staffs booth at the Department of Consumer Affairs’ Consumer Fair at CSUS Sacramento
- February 2003 – Board President Jones and staff present continuing education program for 50 pharmacists about the Board of Pharmacy at CPhA’s Annual Meeting and Ed Fair
- February 2003 – executive staff meet with wholesale association.
- April 1-2, 2003: Board Member Gubbins participates in the California Commission on Aging’s forum on developing a statewide strategic plan for aging; “Oral Health; Alcohol & Medication Interaction; Preventative Health Care for the Aged.”
- April 3, 2003: Board President Jones and staff present continuing education program for 80 pharmacists at the San Diego Pharmacists Association.

Future Activities

- Additional continuing education courses will be given by teams of board members and inspectors to pharmacist association meetings in Santa Rosa, Orange County and Santa Barbara.
- April 22, 2003 -- Board Member Gubbins will present information at the California Congress of Seniors’2003 Convention Program on Importing Drugs from Canada
Adjournment

There being no additional business, Chairperson Powers adjourned the meeting at 4:40.
Purchasing Prescription Drugs from Canada & Reducing Drug Costs

The prices of prescription drugs are high. Today, many patients are seeking lower priced drugs from nontraditional sources – places other than their local pharmacies. Some patients are purchasing prescription drugs from foreign countries, typically Canada or Mexico, because the prices are lower. Other patients are purchasing drugs online, from companies they do not know. Some patients purchase these drugs online without a prescription.

Some patients go without food in order to obtain their medication or reduce the quantity of prescription drugs they are supposed to take to make a prescription last longer. Other patients simply don’t purchase medication prescribed for them because it is too expensive.

Can you purchase drugs for lower prices? What should you know about purchasing drugs from foreign countries? What about purchasing drugs from the Internet? Do you really need a prescription before you obtain prescription drugs? The following information may help you in making wise choices.

First, some definitions.

“Prescription drugs” means those drugs which are considered so dangerous that they may be sold only after a specially trained health care provider has examined a patient and ordered the drug for the patient. The order is typically called a prescription. Consumers cannot legally purchase these drugs without a prescription written by a health care provider who has examined the patient.

“Foreign country” as used in this brochure means any country located outside the borders of the United States of America. Typically consumers seeking lower priced drugs are getting them from Canada or Mexico, but drugs are also purchased from other countries. Consumers buying drugs from the Internet may unknowingly be buying drugs from foreign-located businesses as well.

Q: Can I bring prescription drugs I buy outside the USA into the country legally?
A: No. This is illegal regardless of how you bring the drug into the USA – by mail, by traveling to the foreign country yourself, or by using a business to import the prescription drug for you. If a drug has been approved for use in the USA, it is not legal for you or anyone else to import the drug. It is also illegal for any business to import drugs from foreign countries into the USA unless the company is the
The Federal Food and Drug Administration (the FDA) regulates prescription drugs made in the USA. Under federal law it is illegal for anyone except a drug manufacturer to import prescription drugs into the USA, and there are strict requirements on drug manufacturers who do import drugs. These laws were established for consumer protection – to ensure the only prescription drugs available to patients and health care providers in the USA have been made by companies approved by and at locations inspected by the government to produce the specific drugs. This ensures uniformity and consistency -- that a specific drug has the same ingredients, strength and will act the same regardless of who manufactures the drug or when the drug was made. This is important because it means the strength of the drug will be the same for every dose. Such consistency in your medication is important for health care providers to treat you, and for you to receive the drug treatment planned and prescribed for you.

However, the FDA does not strictly enforce provisions for importing prescription drugs for certain prescription drugs that are FDA approved for sale in the USA on “humanitarian grounds” because some drug treatments for serious conditions such as AIDS, while not approved for use in the USA, may benefit seriously ill patients. In the past the FDA also has not enforced provisions against those who obtain a 90-day supply of medication for their personal use.

**Q:** Why are prescription drug prices lower in Canada or in other countries?

**A:** There are a number of reasons. Among them: the Canadian government sets maximum drug prices for prescription drugs and the Canadian dollar is weaker than the USA dollar. Also, the overall income of residents in other countries is less than that of USA residents. In the USA, the government does not set maximum prices overall for prescription drugs. Also, typically the costs of researching and developing new drugs is passed on to USA customers as part of a drug’s price here.

**Q:** Why are prescription drug prices different at the local pharmacies in my neighborhood?

**A:** There are a number of factors – among them:

- **Volume discounts** – some pharmacies can purchase drugs from wholesalers at lower prices than other pharmacies, based on the quantities of drugs sold or whether the pharmacy is part of a buying group of other pharmacies.
- **Rebates** – money is sometimes paid to pharmacies by drug manufacturers for sales of particular drugs. Not all pharmacies may get these rebates.
- **Overhead** -- changes that cover the expenses of the operations of the pharmacy and the services provided

**Q:** Are the drugs I get from a foreign country lower in quality or strength?
The drugs you obtain this way may be of the same quality as those you get in the USA – the prescription drugs may even have been manufactured here. However, you cannot tell what the drug is just by looking at it.

If the drugs are counterfeit, are of a different strength, stored improperly or are not really the drugs they are labeled as, a patient could have serious health problems result.

Q: Is the Internet a good way to obtain prescription drugs?
A: Sometimes – be cautious and careful.
   - Make certain you are dealing with a pharmacy, and not another type or unknown form of drug supplier. Some businesses operating what appear to be Internet pharmacies are not pharmacies at all.
   - Learn where the company is located – it may located outside the USA in a country you know little about and where there is little government regulation of drug supplies.
   - Beware if you do not need a prescription to purchase prescription drugs. The requirement for a prescription from a health care provider who has examined you is a legal requirement that exists to protect your health.
   - Be careful if you must provide personally identifiable information (health information, social security number, credit card numbers) -- identity theft is a growing problem and you may not know to whom you are providing this sensitive and important personal information.
   - Evaluate all costs for purchasing the drugs this way – it may not be cheaper after all.
   - Purchase prescription drugs only from sites that are certified by national organizations – like the National Association of Boards of Pharmacy VIPPS seal on the Web site (the California Board of Pharmacy can help you with this information).
   - Advise your health care provider if you obtain prescription drugs this way.

Before buying drugs from a foreign country or from the Internet, carefully consider your options.
   - Beware of any changes in your health you notice after taking any drug obtained this way
   - Identify whether you want to give a credit card number to a company that is making these purchases for you.
   - Determine the handling and other extra fees you pay for imported prescription drugs. How much will you really save?
   - Ask any company that orders prescription drugs for you what it will do if there is a problem with the medication you receive.
   - Keep your health care provider informed.

How can I reduce the amount I pay for prescription drugs?
1. **SHOP AROUND AND ASK FOR THE LOWEST PRICE:** Call various pharmacies and ask each of them how much it would cost to purchase your prescription medication at that pharmacy. Don’t be shy -- let them know you are comparison shopping. Write down the prices you are quoted by each pharmacy.

2. **ASK FOR GENERICS:** Ask your pharmacist or your health care provider if a generic drug can be prescribed instead of a brand-name drug. Generic drugs can save you a lot. Generic drugs are chemically identical to brand name drugs and are available after a patent has expired on a brand name; when this occurs, other drug manufacturers can make and sell the drug. Generic drugs are not inferior to the brand name drug, but they often are much less expensive.

3. **ASK FOR A THERAPEUTICALLY SIMILAR DRUG** – Ask your pharmacist or health care provider if another drug would have the same therapeutic effect as a more expensive drug that has been prescribed for you. Sometimes your condition can be treated with another drug that is less expensive.

4. **BEWARE OF PRESCRIPTION DRUGS ADVERTISED TO CONSUMERS** -- Today many drug companies advertise prescription drugs directly to the public, recognizing that patients then will ask their health care providers to prescribe these drugs to them. These drugs are often new, brand name drugs, and expensive. Instead ask your pharmacist or health care provider if there are other drugs that could provide the same therapy for a lower cost.

5. **DO NOT SKIP DOSES OR REDUCE THE AMOUNT OF PRESCRIPTION DRUGS YOU ARE SUPPOSED TO TAKE TO MAKE YOUR MEDICATION LAST LONGER** – Sometimes patients take less of the medication they are prescribed so that the drugs will last longer. This can include skipping doses or taking only one-half of a pill. However, reducing the amount of medication you are supposed to take can interfere with your drug therapy and actually harm you. Don’t reduce your medication without talking to your pharmacist or health care provider.

6. **LEARN IF YOU QUALIFY FOR SPECIAL, LOW COST DRUG PROGRAMS OPERATED BY GOVERNMENTAL AGENCIES, DRUG COMPANIES, INSURANCE COMPANIES OR OTHERS** -- Do you have insurance that can cover a portion of your drug costs? Do you qualify for government or drug-company operated programs that can reduce drug expenses? The California State Board of Pharmacy has a free list available of drug programs that can help qualified patients reduce their drugs costs. Please contact the board at the address below for a copy if there is not a list attached to this fact sheet.

7. **PURCHASE A GREATER QUANTITY OF MEDICATION AT ONE TIME** – Ask the pharmacy if you can reduce your total drug costs if you purchase drugs for a longer period of time, for example, a 60-day supply instead of a 30-day
supply. You may also be able to obtain a higher dose of a drug for about the same price and then split the medication. However, pill splitting is not possible for some medication (like sustained release drugs) or for some patients. Ask your pharmacist or health care provider.

8. KEEP A LIST OF ALL MEDICATION YOU TAKE – Make a list of all prescription drugs you take and who prescribed them. Also include all nonprescription drugs you take (like aspirin, nasal spray, antacids, cold medication) that you do not need a prescription to buy. Also, add to the list any herbal and food supplements you take. Be sure to share this list with your health care providers and pharmacist every time a prescription is filled. Don’t be shy about sharing this list -- sometimes these drugs combine to cause harmful effects and this information could save your life or provide duplicate drug therapy.
Additional resources for discounts on prescription drugs

Pharmaceutical Companies

1. **Together Rx**  800-865-7211  [www.togetherrx.com](http://www.togetherrx.com)
   Joint discount card from Novartis, Abbott, AstraZeneca, Aventis, Ortho-McNeil, Bristol-Myers-Squibb, GlaxoSmithKline, & Johnson pharmaceuticals. Discount 20%-40%. Effective 11/15/02 includes generic treatments.

2. **Novartis Care Card**  888-974-2273  [www.novartis.com/carecard](http://www.novartis.com/carecard)
   Cover selected Novartis outpatient prescription drugs. Discount 25% or more.

3. **Orange Card**  888-672-6436
   GlaxoSmithKline medical savings program for seniors. Discount average 30%.

4. **Pfizer Share Card**  800-717-6005
   [www.pfizerforlilving.com/sharecard](http://www.pfizerforlilving.com/sharecard)
   Discount card that covers all Pfizer drugs. $15 per each 30-day prescription.

5. **Lilly Answers**  877-795-4559  [www.lillyanswers.com](http://www.lillyanswers.com)
   All Lilly products except controlled substances. $12 for each 30-day prescription.

Pharmacies

1. **Longs Senior Advantage** – Pricing plan identical to the Medicare Discount Program but also includes discounts on Longs products and services. No fee to join and you do not need to a Medicare recipient. Longs also accept most discount card plans and covers the generic treatments not covered under the TogetherRx plan.

2. **Walgreens Senior Dividends Discount Card**. No fee for card. Each time a prescription is purchase a dollar amount to 10% of the retail price is credited toward the card. The credit balance may be used for other purchases at Walgreens (except selected items where prohibited by law).

3. **Rite Aid** accepts the Pfizer discount card, Novartis discount card, and the GlaxoSmithKline discount card.

Offering prescriptions to those that are 60 and over at an average of 30% discount. Membership fee is $1 per month.

Additional resources via the Internet

1.  www.seniors.gov/health  Select the Prescription Drugs link. Allows the user to research up to 5 pharmaceutical companies at a time to determine if the pharmaceutical company offers a prescription drug discount.

2.  www.BenefitsCheckUp.org  Assists seniors in locating programs that may pay for some of the costs associated with prescription drugs, health care, utilities, and other essential items or services.
Prescription Drug Resources

This is a partial list of resources for people in need of drug coverage or discount programs. California Health Advocates provides this list for informational purposes only, does not endorse any particular program, and cannot vouch for the effectiveness of any program.

California Discount Prescription Drug Program: This program allows California Medicare beneficiaries to use any Medi-Cal participating pharmacy and purchase their drugs at the state-discounted Medi-Cal rate, plus a 15-cent processing fee for each prescription. People must present their Medicare card and their prescription to receive this discount. As Medi-Cal reimbursement rates vary from drug to drug, the amount of savings also varies. Anyone with a Medicare card is eligible for the discounts. For more information, please see our fact sheet “California Prescription Drug Discount Program.” Also, please visit www.dhs.ca.gov, and click on “Medicare Beneficiaries can now get Prescriptions at Medi-Cal Prices!”

Department of Veterans Affairs (www.va.gov/vbsh/health/): People who have served in the military may be eligible for Veterans Affairs (VA) health benefits and services, including prescription drug coverage. For coverage, a drug must be medically necessary and prescribed by a VA physician. A $7.00 co-payment applies for a 30 day supply. For information about eligibility and enrollment, please call 877-222-VETS (8387) or visit the Department of VA’s website. Veterans receiving prescription drugs and vitamins through the VA should check whether the new $21 co-pay for a 90-day supply exceeds the cost of purchasing these drugs on the open market. Generic drugs and vitamin supplements may be cheaper from non-VA sources.

Medi-Cal (California’s Medicaid program): Medi-Cal provides “medically necessary” health coverage for people with low incomes and limited assets: $966/month with $2,000 of assets for an individual and $1,299/month with $3,000 assets for a couple. (These amounts are adjusted April 1st of every year.) People on Medi-Cal receive full prescription drug coverage for all Medi-Cal covered drugs. Prescription drugs not normally covered by Medi-Cal (namely brand-name drugs) may be covered when a physician submits a special request, called a Treatment Authorization Request (TAR) form.

MedicineAssist Program (www.unitedhealthalliance.com): Based in Bennington, Vermont, this program allows people to buy their prescription drugs through Canadian pharmacies. Patients must have their doctors fill out and fax a form to a participating Canadian pharmacy. These forms are available on the United Health Alliance (UHA) website or by calling UHA toll-free at 888-633-7482. The pharmacy then ships the drugs to the physician’s office for the patient to pick up. The prescriptions are charged to the patient’s credit card in U.S. dollars but reflect Canadian prices.

Contact the Health Insurance Counseling and Advocacy Program (HICAP) • 1-800-434-0222

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www.cahealthadvocates.org
Peoples Prescription Plan (www.peoplesrxcard.com): This membership plan ($8.95/month) allows people to access the lowest price available for their prescription drugs at local participating pharmacies. On average people save about $35 per month on brand-name and generic drugs, yet actual savings depends on the drugs used. To receive the discounted prices, patients must present their Peoples Prescription Plan card to the participating pharmacist. Cards can be used to order prescriptions online at www.drugstore.com. For more information call 800-568-0003 or visit their website.

PhRMA (Pharmaceutical Research and Manufacturers of America) Directory of Prescription Drug Patient Assistance Programs (www.phrma.org, 1-800-762-4636): This directory alphabetically lists the pharmaceutical companies that provide free drugs to physicians whose patients can not otherwise afford them. Each company has specific information about how to request assistance, what prescription drugs are covered, and basic eligibility criteria. Physicians and other social service providers, including HICAP Counselors have access to this directory. It is also available on the phrma website listed above. People interested in applying for drug assistance should talk to their doctor.

NeedyMeds (www.needymeds.com): A database for all pharmaceutical company drug assistance programs. Information can be found by searching either by program name or by the name of the prescription medication. Some of the drug assistance programs need a letter and prescription from a physician.

Pharmaceutical company programs featuring discounted prescription drugs include:

- Eli Lilly: Eli Lilly is offering "LillyAnswers" - their discount program for Medicare beneficiaries with disabilities and to those over 65 whose annual incomes are less than $18,000 annually for an individual or $24,000 per household, and who have no other prescription drug coverage. The program allows a qualified individual to pay $12 for a thirty day supply of any Eli Lilly medication. For more information and/or to apply, call Eli Lilly at 1-877-RXLILLY (795-4559). Some information is available on Eli Lilly's website, www.ellilly.com.

- GlaxoSmithKline (GSK): GlaxoSmithKline is offering the "Orange Card" - their free discount drug program advertising savings on GlaxoSmithKline products - for people on Medicare whose annual incomes are below $26,000 for an individual or $35,000 for a couple, and who have no other prescription drug coverage. For more information and/or to apply, call GSK at 888-ORANGE-6 (888-672-8436).

Contact the Health Insurance Counseling and Advocacy Program (HICAP) • 1-800-434-0222

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www.cahealthadvocates.org
• **Merck-Medco**: Merck-Medco offers its own drug discount program through mail order and participating pharmacies to anyone over the age of 18. The program costs $25 a year ($40 for families) and has no income limit. For more information and/or to apply, call 877-733-6765 or visit the website at www.yourrxplan.com. Participating pharmacies and drug prices are also listed on the website.

• **Novartis**: Novartis is offering the “Novartis CareCard” — their free discount drug program for people on Medicare whose annual incomes are below $25,000 for an individual or $35,000 for a couple, and who have no other prescription drug coverage. For more information and/or to apply, visit the website at www.novartis.com/carecard/ or call Novartis at 866-974-CARE (2273).

• **Pfizer Share Card**: Pfizer is offering the Share Card Program — their free discount drug program for people on Medicare whose annual incomes are below $18,000 for an individual/$24,000 for a couple who have no other prescription drug coverage. The Share Card allows members to purchase a 30-day supply of a Pfizer prescription for $15 and can be used at participating retail pharmacies. For more information and/or to apply, visit their website at www.pfizerforliving.com or call 800-717-6005.

**TriCare Senior Pharmacy Program** (www.tricare.osd.mil/pharmacy/seniopharmacy): The TRICARE Senior Pharmacy Program, provided by the 2001 National Defense Authorization Act, authorizes uniformed services beneficiaries 65 and older to obtain low-cost prescription medications from the National Mail Order Pharmacy (NMOP) and TRICARE network and non-network civilian pharmacies. Co-payments vary depending on the type of pharmacy used but there is no annual limit. To be eligible, beneficiaries must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS). Those who turned 65 on or after April 1, 2001 must also be enrolled in Medicare Part B. To register or update information in DEERS, call 800-334-4162 or visit the website at http://www.tricare.osd.mil/DEERSaddress. For more information on this pharmacy benefit, call 877-DOD-MEDS (363-6337) or visit the website.

**World SHARE Pharmacy** (www.worldshare.org): A non-profit organization, World SHARE Pharmacy has a discount program that advertises substantial savings on prescription drugs. World SHARE can be contacted by telephone at 800-542-1110, or by fax at 800-232-4231. Physicians can call or fax in prescriptions directly to the numbers above. Free price quotes on prescriptions are offered at 800-542-1110. Further information is available on the World SHARE website and by email at: pharmacy@worldshare.org.
Other Discounts: Many other companies and organizations offer their own discount programs and mail order services. Although not all of them are listed, a few include:

- **AARP**: AARP offers discount drugs to members through a mail-order service as well as through retail drugstores. One must be 50 to join AARP and pay a $15 annual fee. For more information on AARP Pharmacy Services, call 800-289-6031 or visit their website at www.aarppharmacy.com.

- **COSTCO Pharmacy**: Prescription drug prices at Costco's pharmacies may often be less than other discount programs. A person does not need to be a Costco member to use the pharmacy.

**NOTE**: The Health Insurance Counseling and Advocacy Program (HICAP) would like to remind people with retiree coverage that if they are considering changing health insurance, they should be very careful about dropping their existing coverage. Many retirement plans offer more comprehensive drug coverage than that found in Medicare HMOs, Medigap policies, or the discount programs. If a person does disenroll from their retirement plan, they may not be able to rejoin. If you would like to speak with a HICAP Counselor about your health insurance and/or prescription drug coverage, please call 800-434-0222.

- Information for this fact sheet was provided courtesy of Legal Assistance for Seniors, Inc. and the Alameda County HICAP.

*Information current as of April 10, 2002.*
## Communication and Public Education

### Goal

Provide relevant information to consumers and pharmacists.

### Implementation Responsibility

Communication and Public Education Committee and Staff

<table>
<thead>
<tr>
<th>Strategic Objectives</th>
<th>Timeline</th>
</tr>
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<tbody>
<tr>
<td>1. Evaluate the results of the consumer survey and develop a consumer outreach plan.</td>
<td>July 2002</td>
</tr>
<tr>
<td>October 2002: New committee develops plan to develop and reprint consumer brochures and participate in consumer forums given lack of staff assigned to program.</td>
<td></td>
</tr>
<tr>
<td>2. Evaluate the effectiveness of board outreach programs (<em>The Script, Health Notes</em>, consumer brochures and columns, PSAs).</td>
<td>January 2003</td>
</tr>
<tr>
<td>October 2002: Committee strives to continue development of essential components of communication and public education program given budget limitations and elimination of staffing.</td>
<td></td>
</tr>
<tr>
<td>January 2003: Board-prepared newspaper articles released as part of public outreach three years ago are still being published by CA newspaper. Committee discusses methods to assess effectiveness of board brochures since the committee lacks staff to perform assessment. Board directs development of consumer brochure on Buying Prescription Drugs from Foreign Countries. Board presents its first continuing education seminar about the board, pharmacy law and enforcement priorities to pharmacists at CPhA's annual meeting.</td>
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</tr>
<tr>
<td>3. Revise the “Notice to Consumers” poster for distribution to pharmacies.</td>
<td>October 2002</td>
</tr>
</tbody>
</table>
September 2002: Poster is approved for printing. Text of poster is sent to translator service for translation into five languages.

October 2002: Poster distributed to 5,500 community pharmacies. Press release publicizes national “Talk to Your Pharmacist Month” and highlights new poster and the five questions all patients should understand before taking medications.

January 2003: Translations of poster into Spanish, Russian, Vietnamese, Korean and Chinese are obtained and formatted into smaller (8.5x11 inch) sized Notice to Consumers posters. These translations are available for downloading from the board’s Web site.


5. Develop a schedule to revise and update consumer brochures. July 2002

October 2002: Committee strives to continue development of essential components of communication and public education program given budget limitations and elimination of staffing: new committee develops plan to develop and reprint consumer brochures given lack of staff assigned to program.

January 2003: Board revises and reprints patient drug information cards and “What You Always Wanted to Know About the Board but Were Afraid to Ask,” to replenish supplies of these publications.

April 2003: Board staff develops pamphlet on buying prescription drugs from foreign countries, reducing prescription drug costs and prescription drug discount programs.

Board begins revision of Prescription Drug Discount Program for Medicare eligible patients.

6. Obtain a freeze exemption to create a staff position to oversee the consumer education program. July 2002

September 2002: Governor signs 2002/03 budget which includes elimination of 6,000 position, including elimination of four positions at the board (two of them associate analysts for The Script and Public Outreach).
April 2003: Administration directs agencies to make a 10 percent reduction in their personnel services budgets. In the case of the board, this is $353,000, and will end attempts to restore the positions for the foreseeable future.

Ongoing Objectives

7. Publish the board’s newsletter (The Script) four times a year.

   September 2002: Board contracts with Hope Tamraz to produce two The Scripts each year.

   October 2002: Committee considers ways to provide consumer and licensee information given the board’s budget constraints.

   January 2003: Articles for The Script undergoing legal review. The next issue to be published in shortly.

   March 2003: The Script published and mailed to pharmacies. CPhA’s Education Foundation to mail to California pharmacists.

8. Publish the board’s monograph, Health Notes, at least once per year.

   September 2002: Board publishes and distributes “Quality Assurance Programs” Health Notes.

   October 2002: Draft articles are edited for “Geriatrics” and returned to authors for approval; production date still planned for early 2003.

   January 2003: Articles approved for publication and provided to graphic artist for development of page proofs.

   March 2003: Board authorizes State Department of Developmental Services to reprint the developmental disabilities issue of Health Notes.

   April 2003: “Geriatrics” printed, distributed and mailed. This is a collaborative effort of UCSF, CSHP and the board.

9. Educate the public through the media; distribution of Health Notes, board member public speaking activities; board-developed consumer columns; newspaper articles, and responses to oral and written inquiries.

   September 2002: Board wins national Council on Licensure, Enforcement and Regulation Program Award for its Quality Assurance Program. Board President Jones receives award at annual CLEAR meeting. Press release prepared to highlight these questions and encourage the public to look for the new posters.

   Quality Assurance Health Notes published and distributed.
<table>
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<tr>
<td>October 2002:</td>
<td>New Notice to Consumers poster distributed to all California community pharmacies. Press release highlights poster and “Know Your Medicines, Know Your Pharmacist” week.</td>
</tr>
<tr>
<td>Third Quarterly Report Updated April 2003</td>
<td>Board attends California Health Advocates training conference on “Clue into Medicare Fraud and Abuse – It’s the Key to the Future.”</td>
</tr>
<tr>
<td>February 2003:</td>
<td>Board presents its first continuing education program on the board, enforcement priorities, legislation and application of laws at CPhA’s annual meeting to 50 people.</td>
</tr>
<tr>
<td>March 2003:</td>
<td>“Hot Topics” Seminar presented on “What Everyone Needs to Know About Managing Pain Effectively.”</td>
</tr>
<tr>
<td>April 2003:</td>
<td>Board presents its CE program to 80 pharmacists at a San Diego Pharmacist Association Meeting.</td>
</tr>
<tr>
<td>Board Member Gubbins participates in the California Commission on Aging’s forum on developing a statewide strategic plan for aging; “Oral Health; Alcohol &amp; Medication Interaction; Preventative Health Care for the Aged.”</td>
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</tr>
<tr>
<td>Board member Gubbins presents information at the California Congress of Senior’ 2003 Convention Program on Importing Drugs from Canada.</td>
<td></td>
</tr>
<tr>
<td>“Hot Topics” Seminar presented on “Current Issues in Tobacco Cessation.”</td>
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</table>

10. Inform licensees, applicants and governmental agencies about the board, pharmacy law and regulations, practice standards, guidelines and interpretations. Prepare timely updates on changes in regulations and policies.

| September 2002: | Board initiates contract to develop a January 2003 The Script that will highlight new laws and regulations. |
| Staff presented information on pending compounding regulations to the National Home Infusion Association. |
| Board members and staff attend CPhA’s 2002 Western Pharmacy Education Faire; board participates in a segment on Quality Assurance Programs and staffs an informational booth. |
| Quality Assurance Health Notes published and distributed to advise licensees about California’s requirements and provide samples of how develop such programs and prevent prescription error. |
October 2002:

Board members and staff attend CSHP’s Seminar 2002; board participates in segments in emerging policy and staff an informational booth.

Board President Jones and staff present information on CURES to the Los Angeles District Attorney’s Office, and other law enforcement agencies and officials.

Board President Jones and executive officer attend the Districts 7 & 8 Meeting of the National Association of Board of Pharmacy.

New Notice to Consumers poster distributed to all California community pharmacies.

Board President Jones is participating on an NABP task force on privacy issues.

November 2002:

Board President Jones presents information on Regulating for Outcomes, Quality Assurance Programs at NABP’s Fall Conference.

January 2003:

Board staff present seminar with California State University pharmacists-in-charge on California pharmacy law.

Board staff provides information to pharmacists-in-charge in the California State University system on pharmacy law.

February 2003:

Board President Jones and staff present continuing education program for 50 pharmacists about the Board of Pharmacy at CPhA’s Annual Meeting and Education Fair.

Executive staff meeting with wholesale association.

Presentation about board provided to UCSF pharmacy students.

March 2003:


April 2003:

Board President Jones and staff present continuing education program for 80 pharmacists at the San Diego Pharmacists Association.

11. Develop outreach initiatives to respond effectively to public policy issues.

September 2002:

Board completes and submits Sunset Report to the Joint Legislative Sunset Review Committee, which contains a number of health care initiatives that would better enable the board to ensure Californians receive quality pharmacists’ care.

Board Members represent board at newly formed Patient Safety Forum.
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<td>October 2002:</td>
<td>Board schedules public meeting of Legislation and Regulation Committee to solicit ideas for necessary legislation and regulation changes.</td>
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<tr>
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<td>In response to numerous consumer inquiries, committee initiates discussion of need for consumer information regarding purchase of drugs from Canada or other foreign countries to reduce their drug expenditures.</td>
</tr>
<tr>
<td></td>
<td>Board President Jones participates on an NABP task force on privacy issues.</td>
</tr>
<tr>
<td>January 2003:</td>
<td>Board holds informational hearing on purchasing drugs from foreign countries or online. Second public seminar presented on “Consumers and the Dietary Supplement Marketplace.”</td>
</tr>
<tr>
<td>April 2003:</td>
<td>Draft Brochure on Purchasing Drugs from Foreign Countries developed.</td>
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</tbody>
</table>

12. Participate in interactive conferences to influence specific policy issues.

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<td>September 2002:</td>
<td>Board members and staff present seminar on Quality Assurance Programs at CPhA’s 2002 Western Pharmacy Education Faire.</td>
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<td>October 2002:</td>
<td>Board members and staff attend CSHP’s Seminar 2002; board participates in segments in emerging policy and staff an informational booth.</td>
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<td>Board President Jones and staff present information on CURES to the Los Angeles District Attorney’s Office, and other law enforcement agencies and officials.</td>
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<td>Board President Jones and executive officer attend the Districts 7 &amp; 8 Meeting of the National Association of Board of Pharmacy. Board President Jones participates on an NABP task force on privacy issues</td>
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<td>January 2003:</td>
<td>Board continues liaison activities with AG’s Office to establish parameters to implement legislation for practitioners to obtain CURES data on their patients.</td>
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<td>Board attends California Health Advocates training conference on “Clue into Medicare Fraud and Abuse – It’s the Key to the Future.”</td>
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<td>April 2003:</td>
<td>Board Member Gubbins participates in the California Commission on Aging’s forum on developing a statewide strategic plan for aging; “Oral Health’ Alcohol &amp; Medication Interaction; Preventive Health Care for the Aged.”</td>
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<td></td>
<td>Board Member Gubbins will present information at the California Congress of Seniors’2003 Convention Program on Importing Drugs from Canada.</td>
</tr>
<tr>
<td></td>
<td>New computer software installed to facilitate analysis of CURES data.</td>
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