



**Medication Access Program
Newsletter**

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The Medication Access Program (MAP) is a statewide program for solid-organ transplant recipients in Georgia that offers information about medication assistance programs and helps with the enrollment into these programs.

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MAP 2005 Status Report

The Medication Access Program (MAP) is a statewide program, available at no cost, for solid-organ transplant recipients in Georgia that offers information about programs that can increase transplant recipients' accessibility to medications (e.g., Medicare, Medicaid, pharmaceutical manufacturer sponsored medication assistance programs). The mission of MAP is to increase access to medications for solid-organ transplant recipients who reside in the State of Georgia. In addition to identifying medication assistance programs, MAP also provides assistance to transplant recipients in the enrollment process necessary to participate in these programs. MAP is available through a grant from the Carlos and Marguerite Mason Trust and the University of Georgia College of Pharmacy.

Financial circumstances resulting from a lack of insurance for medication coverage may force transplant recipients to become noncompliant with medications. Noncompliance with immunosuppressants and other critical transplant medications may lead to organ rejection, increased healthcare cost, and decreased quality of life. MAP provides information about and enrollment services into assistance programs concerning immunosuppressant medications and other medications for concomitant disease states that may develop in transplant recipients. These disease states include, but are not limited to, hypertension, diabetes, pulmonary diseases, and lipid disorders. Additionally, MAP is a valuable resource to healthcare professionals and transplant recipients by providing the most up-to-date information regarding available medication assistance programs.

From October 1999 through December 2005, MAP has aided over 550 Georgia solid-organ transplant recipients. Through MAP's services, these recipients have received over \$12.1 million in medications, based on

average wholesale prices. We encourage all transplant recipients and healthcare professionals to contact MAP. MAP personnel may be reached Monday through Friday from 9:00 AM to 5:00 PM by calling (706) 721-0131 or 1-800-736-2273 ext. 0131.

MAP Can Help Georgia Transplant Patients Choose a Medicare Part D Plan

Beginning January 1, 2006, Medicare will offer a prescription drug benefit (Part D) to all Medicare beneficiaries. Part D is a drug insurance program that will be provided by private health-insurance companies for a monthly premium to help people with the rising out-of-pocket costs of prescription drugs. The new Medicare benefit will give patients a choice of prescription plans that offer various types of coverage for brand/generic medication(s). **It is very important that you choose the plan that offers coverage for most, if not all, of your medications.**

MAP is currently assisting all transplant recipients that reside in the State of Georgia, with selecting and enrolling into a Medicare Part D prescription drug plan. The initial sign-up period began November 15, 2005, and will continue until May 15, 2006. Coverage begins January 1, 2006. A penalty of 1% of the monthly premium cost for every month that enrollment is delayed will be applied after May 15, 2006.

Low-income subsidies will be available to individuals with an income below a set amount and individuals who have limited resources. Those who qualify will receive assistance with paying their drug plan's monthly premium and/or some of their co-payments. In some cases the monthly premium will be eliminated.

For more information concerning Medicare prescription drug plans, please call MAP at (706) 721-0131.

*MAP is sponsored by the Carlos and Marguerite Mason Trust
Visit MAP at www.mapuga.com*



New Medications

Fosamax Plus D™ (alendronate sodium/cholecalciferol)

In April 2005, Merck & Co., Inc. introduced Fosamax Plus D™, a new option for the treatment of osteoporosis in men and postmenopausal women. An estimated 44 million Americans either have osteoporosis or are at an increased risk of developing the disease. A single once weekly tablet of Fosamax Plus D™ contains 70 mg of Fosamax® (alendronate sodium) and 2800 IU of vitamin D₃, which is equivalent to seven days of the recommended daily intake of 400 IU of vitamin D.

The introduction of Fosamax Plus D™ comes on the brink of the release of the Third National Health and Nutrition Examination Survey (NHANES III), indicating that the majority of Americans are not consuming enough vitamin D. Because vitamin D plays an integral role in calcium absorption, vitamin D insufficiency can lead to reduced calcium absorption, bone loss, and an increased risk of fractures. There are two sources of obtaining vitamin D, sunlight and diet. For many Americans, these sources alone are not enough and a vitamin D supplement is warranted.

The most common side effects associated with Fosamax Plus D™ are abdominal pain, musculoskeletal pain, indigestion, regurgitation, and nausea. These side effects are generally mild and infrequently cause patients to discontinue use of the medication. Some patients may experience irritation, inflammation, or ulcers of the esophagus, which can be limited by swallowing the tablet whole and drinking a full glass of water with each dose. Fosamax Plus D™ must be taken at least 30 minutes before the first food, beverage and/or medication of the day. You should also remain upright for at least 30 minutes after the dose and until after the first food of the day. Fosamax Plus D™ is contraindicated in patients with esophageal abnormalities,

hypocalcemia, inability to stand or sit upright for 30 minutes, and hypersensitivity to alendronate and any of its components. Fosamax Plus D™ is not recommended for use in patients with renal insufficiency (CrCl less than 35 mL/min).

Merck & Co., Inc. provides a patient assistance program for Fosamax Plus D™. For more information concerning the patient assistance program, contact Merck & Co., Inc. at 1-800-727-5400 or visit their website at <http://www.merckhelps.com/patientassistance/>. You can also contact the MAP office at (706) 721-0131.

Authored by Ebony L. Roberts

ZMAX™ (azithromycin extended release)

ZMAX™ (azithromycin extended release), manufactured by Pfizer, is the first single dose extended release microsphere formulation for oral suspension. It was approved by the FDA in June 2005 for the treatment of mild-to-moderate acute bacterial maxillary sinusitis and community-acquired pneumonia in adults. The unique microsphere technology allows a complete course of antibiotic therapy to be administered in a single two-gram dose. In comparison to the immediate release formulation of azithromycin, ZMAX™ has a three-fold increase in tissue penetration. This allows for maximal drug levels early in the course of infection where the highest bacterial load is usually present.

Because the microsphere formulation allows the drug to be released in the small intestine rather than in the stomach, the side effect profile for ZMAX™ is said to be favorable. Side effects were found to be generally mild to moderate. The most common side effects were diarrhea (11.6%), nausea (3.9%), abdominal pain (2.7%), headache (1.3%), and vomiting (1.1%). Since ZMAX™ is primarily excreted via the liver, caution should be used in

patients with impaired hepatic function. Caution should also be used in patients with impaired renal function and dosage adjustments are required in patients with a glomerular filtration rate (GFR) of less than 10 mL/min. Contraindications to ZMAX™ include hypersensitivity to azithromycin, erythromycin, or any macrolide or ketolide antibiotic. If an allergic reaction occurs, the drug should be discontinued and an appropriate regimen should be instituted. Pseudomembranous colitis has been reported with nearly all antibacterial agents, therefore, it is important to consider this diagnosis in patients who present with diarrhea.

ZMAX™ is supplied as a 2 g azithromycin powder for constitution with 60 mL of water. Patients should be instructed to take ZMAX™ on an empty stomach (at least one hour before or two hours following a meal). Unlike other macrolide formulations, ZMAX™ can be taken without regard to antacids containing magnesium hydroxide and/or aluminum hydroxide. The entire contents should be consumed at one time and within 12 hours of constitution. ZMAX™ can be stored at room temperature.

Pfizer, the manufacturer of ZMAX™, provides a patient assistance program. For more information on Pfizer Helpful Answers™ program, contact Pfizer at 1-866-706-2400 or visit their website at <http://www.pfizerhelpfulanswers.com>. You can also contact the MAP office at (706) 721-0131.

Authored by Ebony L. Roberts

The MAP newsletter is published quarterly to present topics of interest to the transplant community. If you would like to submit material to be considered for publication in the newsletter, please contact MAP at: Medication Access Program University of Georgia at the Medical College of Georgia Clinical Pharmacy Program CJ-1020 Augusta, Georgia 30912-2450 706-721-0131 or 800-736-2273 ext. 0131 or e-mail us at: map@mapuga.com

