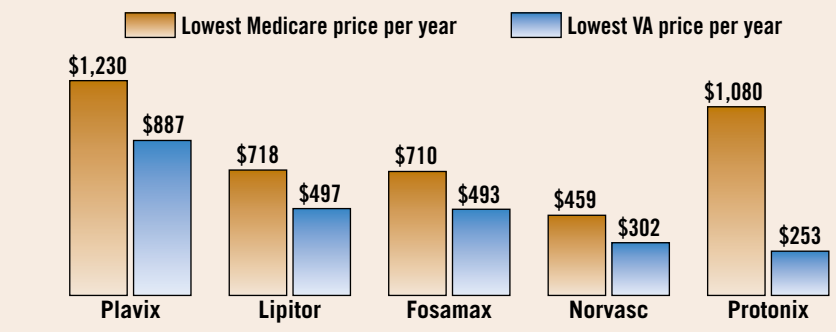


VA Patients Pay Less for Drugs Than Medicare Part D Patients



Note: Prices for the top 5 drugs used by seniors were calculated the week of Nov. 14, 2005.
Source: Families USA

Study: Part D Won't Save Seniors Money

BY JENNIFER LUBELL
Associate Editor, Practice Trends

Medicare's new prescription drug benefit offers meager savings on drug prices, according to a Families USA survey.

For 19 out of the top 20 drugs prescribed to seniors in 2004 in several regions of the country, Families USA found that

Medicare's prices were much higher than those negotiated by the Department of Veterans Affairs (VA). "The median price difference for the top 20 drugs was 48.2%. This means that, for half of the top 20 drugs prescribed to seniors, the lowest price offered by any Medicare prescription drug plan was at least 48.2% higher than the lowest price available through the VA," the survey indicated.

"The huge prices paid by seniors and taxpayers could have been avoided if Congress and the president had not caved in to the pressure of the drug lobby," said Ron Pollack, executive director of Families USA. "They prohibited Medicare from bargaining for cheaper prices and, to ensure that this would never change, they delegated the administration of the benefit to private plans, which have far less bargaining clout."

According to Peter Ashkenaz, deputy director of public affairs for the Centers for Medicare and Medicaid Services, Families USA just rehashed the argument that there should be government price controls and a one-size-fits-all benefit.

The VA has a restricted formulary and limits where patients can get their drugs, he said. "You have to get your drugs from a VA doctor, at a VA facility. For example, in Georgia there are 9 VA pharmacies, compared [with] 1,833 local pharmacies in that state," Mr. Ashkenaz said in an interview. Also, the Government Accountability Office looked at using the VA model for the Medicare Part D drug benefit, "and found that doing so would raise prices in the commercial market and thus in Medicare."

The survey also compared the annual difference between the lowest VA prices and lowest Medicare drug plan prices among the top seven drugs prescribed for seniors. Huge differences were noted in a few of these drugs (see chart).

The total percentage difference between VA and Medicare plan prices may be even higher than 48%, however, since no single Medicare plan offers the lowest price for all 20 drugs compared with its plan competitors, the survey noted.

VA prices are lower for both generic and brand-name drugs, Families USA noted. Eighteen of the 20 most-prescribed medicines for seniors are brand-name drugs. For the two generic drugs, the median difference between the lowest Medicare drug plan and the lowest VA price was 95%.

Jeff Trewhitt, a spokesman for the Pharmaceutical Research and Manufacturers of America, agreed with CMS that it was unfair to compare Medicare's new drug plan—a private marketplace system—to a government-mandated price control system such as the VA. One thing to keep in mind is that VA hospitals and clinics make up only 1%-2% of the marketplace, he said.

A report from the nonpartisan Congressional Budget Office said the best way to achieve cost savings was to provide drug coverage using a wide range of competitive private health plans.

"We agree with that conclusion," Mr. Trewhitt said.

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THE ECS IMPACTS THE METABOLISM OF LIPIDS AND GLUCOSE¹⁻³

- ECS overactivity may be associated with the development of cardiometabolic risk factors including:
 - Low HDL cholesterol
 - Elevated fasting glucose
 - High triglycerides
 - Insulin resistance
 - High waist circumference

THE ECS HELPS REGULATE PHYSIOLOGIC PROCESSES¹⁻⁴

- The ECS consists of signaling molecules and their receptors, including the cannabinoid receptor CB₁²
- Endocannabinoids bind to CB₁ receptors and trigger events that may have a negative impact on lipid levels and insulin sensitivity¹
- CB₁ receptors are located in sites such as muscle, the liver, the brain, and adipose tissue^{1,2,4,6}



RESEARCH CONTINUES TO INVESTIGATE THE ROLE OF CB₁ RECEPTORS IN MUSCLE*

- Reduced glucose uptake has been observed in isolated skeletal muscle of genetically obese, insulin-resistant animals



ENDOCANNABINOID TARGET FATTY ACID PRODUCTION IN THE LIVER³

- May contribute to dyslipidemia and insulin resistance^{3,7}



PRESENT IN MULTIPLE AREAS OF THE BRAIN²

- Hypothalamus integrates signals from adipose tissue and other peripheral tissues^{8,9}



ADIPOSE TISSUE—MORE THAN SIMPLY A FAT STORAGE DEPOT

- Produces factors active in the metabolism of lipids and glucose¹⁰
- Low levels of adiponectin negatively affect glucose and free fatty acids^{1,10}

EXPLORING THE EFFECTS OF THE ECS

- This newly discovered physiologic system provides new opportunities for understanding cardiometabolic risk

*Data from animal model only.

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