

## POLICY & PRACTICE

### Wal-Mart Adds \$9 Contraceptives

Wal-Mart has added several family-planning drugs to its list of discounted generic prescription drug products. Although most drugs in the Wal-Mart generic discount program are available for \$4, generic versions of the birth control drugs Ortho Cyclen and Ortho Tri-Cyclen and the fertility drug clomiphene will cost patients \$9 in most states. Estradiol, estropipate, and medroxyprogesterone in several different dosages are available for \$4. Because of state laws, the contraceptives are not available for \$9 in California, Colorado, Hawaii, Minnesota, Montana, Pennsylvania, Tennessee, Wisconsin, and Wyoming, Wal-Mart said. The company has continued to expand its discount generic drug program and added 24 medications to its list in September, making a total of 361 products available. Wal-Mart claims that since its \$4 generic program began in the fall of 2006, customers have saved \$613 million.

### High Court Declines Coverage Case

The U.S. Supreme Court has turned down a request by Catholic Charities of New York to review a state court decision requiring insurance companies to include contraceptive coverage in drug benefit packages. The court's refusal to hear the case leaves in place a law that requires insurance companies to cover women's preventive health care, including mandating that insurance plans covering prescription drugs cannot exclude contraceptives from that coverage. The law exempts religious employers such as churches, mosques and temples. However, it does not exempt religious service organizations or other organizations that may hire people who don't necessarily share the same religious beliefs. Ten religiously affiliated organizations had brought the challenge against the law, which was upheld by the Court of Appeals for the State of New York.

### FDA Eyes 'Behind the Counter' Drugs

The Food and Drug Administration is considering creating a new category of drugs that would be available without a prescription, but only after a consultation with a pharmacist. This new potential "behind-the-counter" class of drugs would be limited to a few drugs that are largely safe with few side effects, and could include contraceptives, according to the FDA. Only a few behind-the-counter non-prescription drugs, such as Barr Pharmaceuticals Inc.'s Plan B morning-after pill, are sold in the United States, but the drug class is more common in Britain, Europe, Australia, Canada, and New Zealand. The FDA will hold a public hearing on the issue Nov. 14 to get feedback on the idea. The agency said it "is interested in exploring the public health implications of BTC [behind the counter] dispensing of certain drug products, including (among other things) the implications for patient access and utilization, including drug prices, the continued safety and effectiveness of drugs, and patient compliance with drug therapy."

### HRSA Announces AIDS grants

The federal Health Resources and Ser-

vices Administration has allocated \$42 million in funding to support medications, care, and services for people living with HIV/AIDS. The grants include \$1 million to improve primary medical care, research, and support services for HIV-infected women, infants, children, and youth and to provide support services for their affected family members, according to HRSA. Under this part of the package, 15 current grantees—including the Sonoma (Calif.) County Health Services Department, the New Jersey Department of Health, and Albany (N.Y.) Medical Col-

lege—will receive up to \$75,000 each in one-time expansion grants for their HIV/AIDS programs.

### High Maternal Mortality Persists

Continuing high rates of maternal mortality in sub-Saharan African countries are offsetting progress made in other regions of the world, making it unlikely that rates of maternal mortality will fall far enough to meet the worldwide target of a 75% decline by 2015, researchers writing in the *Lancet* concluded. They estimated a maternal mortality of 402 deaths per 100,000 live births, most concentrated in sub-Saharan Africa and Asia. Risk

varied tremendously, from a low of one maternal death per 100,000 live births in Ireland to a high of 2,100 maternal deaths per 100,000 live births in Sierra Leone. Overall, the authors found evidence of a very slow decline in maternal mortality—less than 1% per year between 1990 and 2005. To achieve the 75% reduction target, set at the United Nations Millennium Summit in 2000, maternal mortality must decline much faster in high-risk regions, which will require "a huge and urgent emphasis on improved pregnancy and delivery care throughout the developing world."

—Jane Anderson

### IT'S A QUESTION WORTH ASKING.

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- A 39-year history of safety and reliability
  - No documented cases of viral transmission
  - No interruptions in product supply
- A select pool of dedicated, long-standing plasma donors
- Dosing guidelines that align with ACOG standards
- Robust viral inactivation (including West Nile virus) and removal (including hepatitis A) processes to minimize risk of viral transmission
- A product free of latex, thimerosal, and human serum albumin

#### Important Safety Information

RhoGAM<sup>®</sup> and MICRhoGAM<sup>®</sup> Ultra-Filtered PLUS Rh<sub>0</sub>(D) Immune Globulin (Human) are made from human plasma. Since all plasma-derived products are made from human blood, they may carry a risk of transmitting infectious agents, e.g., viruses, and theoretically the Creutzfeldt-Jakob disease (CJD) agent. RhoGAM and MICRhoGAM are intended for maternal administration. Do not inject the newborn infant. Local adverse reactions may include redness, swelling, and mild pain at the site of injection and a small number of patients have noted a slight elevation in temperature. Patients should be observed for at least 20 minutes after administration. Hypersensitivity reactions include hives, generalized urticaria, tightness of the chest, wheezing, hypotension, and anaphylaxis. RhoGAM and MICRhoGAM contain a small quantity of IgA and physicians must weigh the benefit against the potential risks of hypersensitivity reactions. Patients who receive RhoGAM or MICRhoGAM for Rh-incompatible transfusion should be monitored by clinical and laboratory means due to the risk of a hemolytic reaction.

\*in the U.S. (Data on file. Ortho-Clinical Diagnostics)

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