



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

JAN 05 2009

The Honorable Martin O'Malley
Governor
100 State Circle
Annapolis, MD 21401-1925

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
H-107 State House
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House of Delegates
H-101 State House
Annapolis, MD 21401-1991

**RE: HB 1004, Ch. 636 (2007), Formerly SB 334, Ch. 236 (2003) - Report on the
Status of the Maryland MEDBANK Program**

Dear Governor O'Malley, President Miller and Speaker Busch:

As required by law, enclosed is a copy of the 2008 Annual Report of The Maryland MEDBANK Program. MEDBANK of Maryland, Inc., a non-profit, 501(c)(3) corporation, works by helping low-income, chronically-ill Marylanders access much-needed prescription drugs at no cost from pharmaceutical manufacturers' patient assistance programs.

If you have questions or need more information about any of the topics covered in this report, please contact Anne Hubbard, Director of Governmental Affairs at (410) 767-6481.

Sincerely,

John M. Colmers
Secretary
Department of Health and
Mental Hygiene

Robert N. McEwan
Chief Executive Officer
Medbank of Maryland, Inc.

Enclosure

cc: John Folkemer
Hank Fitzer
Tricia Roddy
Christopher Coats
Anne Hubbard
Sarah Albert, MSAR# 6163

Report on the Status of the Maryland MEDBANK Program – FY 2008

December 2008

I. Purpose of the Maryland MEDBANK Program

The Maryland MEDBANK Program became a statewide program in 2001 through the enactment of the Senior Prescription Drug Relief Act (HB 6/SB 236 – Ch. 135/134 of the Acts of 2001). The intent of the bills was to provide a safety net for seniors who could not afford their medications by providing a process and system statewide to access pharmaceutical patient assistance programs (PAP). PAPs are open to all patients regardless of age, therefore all Maryland age groups benefit. This is the report for the most recent fiscal year (2008).

MEDBANK's goal is to simplify the method by which patients can access free medications. The means to access these medications – through PAPs – had been in place for over thirty years but the paperwork, the level of need and the fact that applications were required, often four times per year, prevented most physicians from participating.

MEDBANK provides the following:

- Processing paperwork through regional offices, thus freeing up physician and staff time (without MEDBANK, average time per patient to apply for five medications is 2-4 hours)
- Use of a common database (RxBridge™) that integrates all the patient and physician information and links it to the appropriate manufacturer PAP forms for printing and signing
- Use of the MEDBANK Pharmacy, Inc., the 501(c)(3) corporation created by MEDBANK of Maryland, Inc. to receive bulk medications from manufacturers and distribute them by mail-order statewide to physicians and clinics. This eliminates the need to prepare and send applications to the drug manufacturers, which allows individuals to receive their medications sooner. Current participants include Pfizer, AstraZeneca, Abbott and Novartis and Merck.

II. Impact of the Maryland MEDBANK Program

- The Maryland MEDBANK Program operates in all geographic regions of the State as defined in HB 6/SB 236 through either local enrollment or toll-free access to a call center.
- As of June 30, 2008, 3,700 patients were actively being served.
- Over 41,000 patients had been served in the program's history as of June 30, 2008.
- The cost to the State of Maryland in FY2008 was \$425,000. The value of the medicines received through the Maryland MEDBANK Program in FY2008 was estimated (based on Average Wholesale Price) to be more than \$10.8 million.
- Over 5,600 providers have participated in the Maryland MEDBANK Program.

III. Background

MEDBANK of Maryland, Inc. is committed to obtaining the resources needed to help ensure that Maryland's underserved population is provided access to life sustaining and life saving prescription medications. Roughly 50 percent of the Maryland MEDBANK Program patients were in Medicare or became Medicare-eligible in FY2006 and were counseled to sign-up for Medicare Part D by the Maryland MEDBANK Program (5,178 Medicare patients left MEDBANK in FY2006 because they signed up for Part D). The result was that MEDBANK's population was reduced to mainly those patients under age 65. MEDBANK is working to ensure that seniors who are not signed-up for Part D are directed to PAPs as well as any Part D patients who have prescriptions from drug companies that allow patients in the "doughnut hole" to participate in their assistance programs. The level of assistance, however, will depend on the eligibility rules established by the drug manufacturers. Even with that being the case, \$1.9 million in medications were provided to patients 65 and older in FY08.

IV. Maryland MEDBANK Program Implementation

MEDBANK of Maryland, Inc. currently administers the Maryland MEDBANK Program with funding from the State of Maryland, private foundation support and software subscription sales. MEDBANK contracts with eight government and non-profit entities that operate the Program in five regions. MEDBANK of Maryland, Inc. provides services through patient service representatives at its Towson office that covers Central Maryland (Cecil, Harford, Howard, Carroll, Kent and Queen Anne's and Baltimore Counties, and Baltimore City), the three lower counties of Worcester, Wicomico, Somerset and Prince Georges County and to other patients throughout the State through its toll-free access number (as a back-up to regional sites around the State).

A. Designation of MEDBANK Programs

MEDBANK-contracted organizations are regional coordinating offices; an entity that serves the residents of a defined county in Maryland; or a specific site. These sites may be a community action agency, a health department, a rural hospital, a faith-based charity or a non-profit community health care provider. All share in the mission to provide access to medications for patients who cannot afford them and who do not qualify for other programs.

The responsibilities of MEDBANK's central coordinating office in Towson include:

- Managing paid staff and community volunteers
- Providing information technology development, high-speed Internet access, maintenance and training for all regions in the State
- Fostering relationships with PhRMA and other respective companies in the pharmaceutical industry
- Training regional MEDBANK staff
- Raising funds through applying for State and federal grants and selling subscriptions nationally to its proprietary software, RxBridge™ (all proceeds of these sales inure to the Maryland MEDBANK Program)
- Administering interim medicines programs (if available)
- Administering the program in a geographical area that does not have a MEDBANK-designated site

- Submitting reports to DHMH
- Submitting reports to the regional programs
- Establishing partnerships
- Marketing and public awareness development
- Administration of the statewide grant to DHMH.

The responsibilities of the subcontracted sites throughout the State include:

- Managing paid staff and community volunteers
- Coordinating with counties in the region (if a regional coordinator), and submitting program budgets
- Conducting local marketing and outreach
- Providing case management services to link patients with other sources such as the local departments of social services and DHMH's programs
- Utilizing high-speed Internet access to facilitate data transmission to the central coordinating office for processing
- Submitting statistical and financial reports to MEDBANK of Maryland, Inc.

The core operations and services of each MEDBANK Program include:

- Operating through a combination of paid staff and community volunteers
- Accepting referrals
- Enrolling patients and verifying income and other qualifications to receive medications
- Case management, including contact with the patient's physician and follow-up to see if the patient received medicines
- Data collection, analysis and reporting
- Patient screening and referral for other public and private prescription medicine programs, including the Maryland Primary Adult Care Program and the CareFirst Senior Assistance Prescription Drug Program

Budgets for all regional programs are submitted to the central office of the MEDBANK of Maryland, Inc. and approved prior to contract signing. MEDBANK has signed contracts with each of the organizations.

Funding is distributed to the regional programs by MEDBANK on a quarterly basis, after MEDBANK's review and approval of quarterly program and financial reports submitted by the regional programs. The first quarterly reports are due by the fifteenth day of the month following the end of each quarter. Each of four quarterly reports are submitted by each subcontractor and reviewed by MEDBANK. Budget modifications must be approved by MEDBANK and DHMH. In addition, MEDBANK of Maryland, Inc., convenes quarterly meetings, holds monthly conference calls and offers ongoing support via email and telephone. Each subcontractor uses the conference call and meeting time to update others on the status of their programs. Additionally, pharmacy, funding, marketing plans, enrollment challenges, and computer and data issues are among the topics for group discussion.

B. Geographical Areas Covered by the MEDBANK Program

HB 6/SB 236 states that the geographical areas to be served are: Western Maryland, the Eastern Shore, Central Maryland, the Maryland counties in the Washington, DC metropolitan area, and Southern Maryland.

Each rural site received a grant of \$20,000 in FY08 to provide access to the program for its rural patients. Programs are conducting local private sector fundraising and seeking matching in-kind contributions to supplement program costs. Examples of these in-kind contributions and local funding are shown in Table 1 below. The table provides the funding levels and number of new patients served for each of the regions in the Maryland MEDBANK Program in FY08. In-kind and donor contributions are down from prior-year levels of \$802,462 in FY07 and \$1,033,623 in FY06.

**Table 1
Funding Levels and Number of New Patients Served by Geographic Area, FY2008**

REGION	COUNTY	PATIENTS SERVED in FY2008	STATE FUNDING LEVEL	In-kind Contributions or Donor Contributions
Baltimore Metro Region	Baltimore, Harford, Howard, Carroll, Cecil, Baltimore City, Wicomico, Worcester, Somerset (MEDBANK of Maryland, Inc.)	2,575	\$305,000	\$306,962
Western Maryland	Garrett (Garrett County Health Department)	154	\$20,000	0
	Allegany (Associated Charities of Cumberland)	57	\$20,000	\$76,951
	Washington (Washington County Health System)	123	\$20,000	\$101,123
DC Metro	Montgomery (Primary Care Coalition)	518	0	Funded totally by local funding
	Prince Georges (Catholic Charities of the Archdiocese of DC or Central MB)	72	Served by Baltimore Metro	0
	Frederick Community Action Agency	296	\$20,000	\$30,000
Eastern Shore	Dorchester, Caroline (Choptank Community Health)	112	\$20,000	\$65,810
	Kent, Queen Anne's, Talbot	65		
	Saint Mary's	16		
Southern	Anne Arundel	164	\$20,000	\$38,610
	Charles	367		
	Calvert (Calvert Memorial Hospital)	31		
Total	All Programs	4,550	\$425,000	\$619,456

V. Data Requirements

The following data elements are required reporting from the Maryland MEDBANK Program:

- The number and demographic characteristics of the State residents served by the program.
- The types and value of prescription drugs accessed through the program.
- The nature and extent of outreach performed to alert State residents of the assistance available through the program.
- The total volume and value of medications accessed through the program.

A. Number and demographic characteristics of the State residents served by the MEDBANK program

- The program provided 3,700 patients with free medications (an additional 850 were also helped in some way, usually through access to another program or discount) from July 1, 2007 through June 30, 2008.
- Hypertension, depression, high cholesterol, diabetes, acid reflux, asthma, and arthritis are the most common patient diagnoses.
- The average number of medications per patient is seven.
- 5,600 physicians have participated in the Maryland MEDBANK program.

B. Types and value of prescription drugs accessed through the MEDBANK program

- As of June 30, 2008, there were 130 pharmaceutical companies with patient assistance programs.
- There were 700 medications included in the patient assistance programs.

As of June 30, 2008, the top 10 utilized pharmaceutical companies were:

Pfizer Connection to Care
AstraZeneca Pharmaceuticals
Bristol-Myers Squibb Company
Merck Patient Assistance Program
GlaxoSmithKline Bridges to Access
Abbott Laboratories
Wyeth Pharmaceuticals
Novartis Pharmaceuticals
TAP Pharmaceuticals, Inc.
Schering Laboratories SP-Cares Program

As of June 30, 2008, the top 10 most-requested prescribed medications were:

Lipitor
Toprol XL
Nexium
Synthroid
Norvasc
Zoloft
Accupril
Advair Diskus
Lexapro
Plavix

As of June 30, 2008 the top 10 diagnoses of patients assisted by MEDBANK were:

HYPERTENSION
DEPRESSION/ANXIETY
HIGH CHOLESTEROL
DIABETES
GERD (Gastro Esophageal Reflux Disease)
ASTHMA/COPD/EMPHYSEMA
HEART DISEASE/CAD (Coronary Artery Disease), CHF, ANGINA
ALLERGIES
ARTHRITIS
HYPOTHYROIDISM

C. Nature and extent of outreach performed to inform State residents of the assistance through the MEDBANK program.

- Each of the six MEDBANK sites across the state has partners in their specific geographical areas
- Regional communications or presentations were made to local physicians, hospitals, health care clinics, health departments, departments of social services, area agencies on aging, food resource centers and at MHIP Senior Drug Prescription Program open season enrollment sessions in the fall.
- Participation in many community and church-sponsored health fairs
- MEDBANK developed a new brochure that was distributed at health fairs, presentation sites, health departments, emergency rooms and clinics
- Maryland MEDBANK partners with the Department of Aging, the Retired Senior Volunteer Program, and various community health centers to distribute program information
- Articles about the MEDBANK program appeared in local newspapers

- A Maryland MEDBANK program website is available that links all MEDBANK program partners. The website has a map of Maryland and when the viewer selects a county, the local MEDBANK program contact information appears. It can be accessed at <http://www.medbankmd.org>
- Additional distribution partners included:
 - United Way of Central Maryland
 - Central Maryland churches through the Interdenominational Ministerial Alliance
 - Combined Health Charities
 - National Alliance of Mental Illness
 - American Cancer Society

D. Total volume of medication accessed through the MEDBANK program

- Over 30,000 scripts plus renewals (90-day supply), 40% of which were filled by the MEDBANK pharmacy, were processed from July 1, 2006 through June 30, 2007.
- Over \$10.8 million (AWP) worth of free medications were received from July 1, 2007 through June 30, 2008.

Table 2 shows the number of new patients added, total patients served and the value of the medications received from July 1, 2007 through June 30, 2008:

Table 2
New Patients Added, Total Patients Served and Value of Medications, FY2008

County by Region	Total Number of Patients Served	Total Number of Patients Receiving Medication	Wholesale Value of Medications Requested	Wholesale Value of Medications Received
Central Maryland				
Baltimore City	941	481	\$802,362	\$819,436
Baltimore County	1156	419	\$434,284	\$453,159
Carroll County	201	312	\$629,787	\$421,371
Harford County	113	95	\$344,721	\$369,826
Howard County	76	18	\$83,079	\$47,766
Region Total:	2,487	1325	\$2,294,233	\$2,111,558
DC – Metro				
Frederick County	296	214	\$1,172,519	\$899,505
Montgomery County	518	564	\$771,307	\$650,764
Prince George's County	72	62	\$236,207	\$214,380
Region Subtotal	886	840	\$2,180,033	\$1,764,649
Eastern Shore				
Caroline County	58	101	\$220,871	\$155,658
Cecil County (served by Central)	43	21	\$49,529	\$48,151
Dorchester County	54	94	\$392,834	\$321,695
Kent County (served by Central)	2	1	\$24,330	\$22,821
Queen Anne's County (served by Central)	17	11	\$122,127	\$116,983
Somerset County (served by Central)	4	14	\$406,909	\$403,624
Talbot (served by Central)	46	60	\$635,161	\$478,373
Wicomico (served by Central)	29	21	\$181,846	\$174,399
Worcester (served by Central)	12	17	\$29,793	\$29,369
Region Subtotal	265	340	\$2,063,400	\$1,751,073
Southern				
Anne Arundel County	164	154	\$642,336	\$601,439
Calvert County	31	84	\$559,502	\$547,768
Charles County	367	136	\$245,795	\$234,357
St. Mary's County	16	37	\$297,689	\$289,627
Region Subtotal	578	411	\$1,524,122	\$1,673,191
Western				
Allegany County	57	310	\$1,708,535	\$1,590,323
Garrett County	154	168	\$774,863	\$725,328
Washington County	123	310	\$1,311,092	\$1,173,029
Region Total	334	788	\$3,794,490	\$3,488,680
State Totals	4,550	3,704	\$11,856,278	\$10,789,151

VI. Overview of the MEDBANK Program in 2008

A. Data

As a result of legislation enacted during the 2001 and 2003 sessions of the Maryland General Assembly, patients across the State have access to MEDBANK. MEDBANK of Maryland, Inc. created a proprietary database (RxBridge™) that is accessible via the Internet to integrate the information from patients and physicians with applicable pharmaceutical manufacturer patient assistance program forms. This is a relational database that is used to access information about the statewide program, to provide each of the sites that use it with measures of their performance and the ability to do health policy research.

In 2002, MEDBANK Pharmacy, Inc. was created to provide a means to receive bulk medication donations from pharmaceutical companies and provide those medications by mail-order to patients all over the State at no cost to the individual. Individuals do not have to apply directly to the manufacturers for these drugs. Participating companies include Abbott, AstraZeneca, Novartis and Pfizer. The Maryland MEDBANK program determines who is eligible and mails the drugs immediately. This expedites the process and reduces the administrative burden for individuals. Physicians, recognizing the speed and simplicity of using the MEDBANK Pharmacy, have expanded their use of its formulary accordingly. AstraZeneca funded the MEDBANK Pharmacy in FY08.

1. 2008 MEDBANK Program data show:

- In FY2008, over 30,000 scripts plus new prescription applications were processed for 3,704 uninsured and underinsured Maryland residents resulting in over \$10.8 million worth of free medication being received by patients (based on average wholesale price).
- Patient characteristics statewide:
 - 63% are women
 - 60% are Caucasian; 25% are African American; 6% are Hispanic; and 9% are other ethnicities
 - 58% do not have health insurance
 - 100% do not have prescription coverage
 - The average patient age is 52
 - The average household income for a family of two is \$1,679 per month
 - The average number of medications per patient is seven
 - Over 5,600 providers have participated in the Program

Table 3 provides the demographic statistics for the Program in FY08:

**Table 3
Demographics of Patient Population FY 2008**

County	% Sex		% By Race				% BY Marital Status				Medi- care	Un- insured	Avg. House- hold Income	House- hold Size Avg.	Prescriptions			
	Male	Female	African American	Caucasian	Hispanic	Other Race	Married	Separated	Single	Divorced					Widowed	New Scripts	Re- newal Scripts	Total Scripts Count
ALLEGANY COUNTY	36%	64%	0%	100%	0%	0%	42%	0%	23%	14%	21%	75%	\$1,751	2	618	2940	3558	11
ANNE ARUNDEL COUNTY	32%	68%	14%	65%	7%	12%	41%	5%	30%	14%	9%	58%	\$1,519	2	346	1073	1419	8
BALTIMORE CITY	33%	67%	38%	14%	15%	30%	17%	6%	63%	8%	5%	41%	\$1,696	2	1128	1922	3050	5
BALTIMORE COUNTY	33%	67%	14%	30%	8%	46%	21%	5%	63%	7%	5%	36%	\$3,121	2	1260	1071	2331	4
CALVERT COUNTY	27%	73%	32%	68%	0%	0%	19%	0%	35%	26%	19%	62%	\$1,514	2	171	826	997	11
CAROLINE COUNTY	38%	62%	19%	74%	2%	3%	40%	9%	36%	7%	9%	64%	\$1,472	2	360	634	994	8
CARROLL COUNTY	33%	67%	6%	85%	6%	2%	18%	9%	48%	20%	4%	36%	\$1,367	2	633	750	1383	3
CECIL COUNTY	44%	56%	2%	88%	2%	7%	28%	12%	33%	21%	7%	79%	\$1,797	2	82	76	158	5
CHARLES COUNTY	34%	66%	50%	41%	3%	6%	20%	1%	74%	5%	1%	90%	\$2,096	2	459	355	814	4
DORCHESTER COUNTY	41%	59%	56%	40%	2%	2%	35%	13%	40%	5%	7%	64%	\$1,374	2	277	856	1133	10
FREDERICK COUNTY	42%	58%	21%	69%	3%	6%	23%	5%	47%	19%	6%	48%	\$1,443	2	1263	1070	2333	5
GARRETT COUNTY	40%	60%	1%	98%	1%	0%	45%	6%	23%	19%	7%	2%	\$1,820	2	659	1248	1907	8
HARFORD COUNTY	34%	66%	20%	58%	8%	13%	30%	9%	37%	17%	7%	51%	\$2,333	2	324	715	1039	9
HOWARD COUNTY	33%	67%	17%	35%	14%	33%	40%	6%	33%	13%	8%	65%	\$1,718	2	53	68	121	5
KENT COUNTY	40%	60%	50%	50%	0%	0%	50%	0%	0%	50%	0%	100%	\$1,444	2	13	4	17	9
MONTGOMERY COUNTY	40%	60%	22%	17%	38%	16%	33%	8%	45%	9%	5%	91%	\$1,680	3	1169	2055	3224	4
PRINCE GEORGE'S COUNTY	35%	65%	51%	21%	11%	17%	21%	11%	44%	15%	8%	55%	\$1,508	2	171	408	579	7

County	Average Age	% Sex		% By Race				% BY Marital Status				Un- insured	Avg. House- hold Income	House- hold Size Avg.	New Scripts	Re- newal Scripts	Total Scripts Count	Script Aver- age per Patient	
		Male	Female	African American	Caucasian	Hispanic	Other Race	Married	Sepa- rated	Single	Divorced								Widowed
QUEEN ANNES COUNTY	51	52%	48%	18%	82%	0%	0%	35%	0%	59%	6%	0%	10%	\$1,649	2	30	93	123	7
SAINT MARYS COUNTY	56	33%	67%	13%	81%	0%	6%	31%	0%	31%	31%	6%	24%	\$1,520	2	68	444	512	12
SOMERSET COUNTY	54	43%	57%	75%	25%	0%	0%	50%	0%	25%	25%	0%	0%	\$1,435	2	21	141	162	11
TALBOT COUNTY	56	40%	60%	39%	59%	2%	0%	30%	7%	39%	17%	7%	24%	\$1,486	2	165	346	511	6
WASHINGTON COUNTY	55	32%	68%	5%	91%	1%	2%	39%	6%	34%	18%	4%	17%	\$1,618	2	883	2846	3729	10
WICOMICO COUNTY	55	38%	62%	17%	69%	0%	14%	21%	10%	21%	31%	17%	15%	\$1,569	2	64	148	212	7
WORCHESTER COUNTY	69	41%	59%	17%	83%	0%	0%	33%	0%	42%	8%	17%	57%	\$1,372	2	27	115	142	6
Avg/Total	52	37%	63%	25%	60%	5%	9%	32%	5%	39%	17%	8%	15%	\$1,679	2	10244	20204	30448	7

2. Services:

- The Maryland MEDBANK Program links eligible individuals with pharmaceutical manufacturers' patient assistance programs.
- The Program covers brand-name drugs only – **no generics** (however, now through MEDBANK's discount card, MedbankUS, patients can purchase generics at 40% off AWP).
- Each drug company's qualification criteria and process is unique to the manufacturer.
- Patients should not have public or private coverage for prescription drugs.
- Patients must meet income criteria established by the pharmaceutical manufacturer.
- Eligible patients are also referred to public and private insurance programs.

VII. How the Program Works

Based on income and other criteria used by the pharmaceutical manufacturing companies, a patient may be referred to the program by a health care or human resource professional, or may self-refer. The patient should not have public entitlement or private insurance covering prescription medicines.

The patient application process may be initiated by a physician (or his or her staff) or by staff from a community health center, local health department, hospital or other health care provider. This process can be very time-consuming. The Maryland MEDBANK program provides an opportunity to process the paperwork through a central location in each region, which frees up physician and staff time across the State. Local and regional offices screen and enroll eligible patients, accept applications, refer patients as appropriate, conduct renewals, and forward information to the central coordinating organization office for data collecting and reporting.

Maryland MEDBANK programs may have face-to-face patient interaction to allow triage to appropriate support programs, to facilitate proper case management, and to allow quick and complete information gathering from the patient for entry into the database. All MEDBANK programs have some face-to-face patient interaction, except MEDBANK of Maryland, Inc. (Baltimore Metro), which uses a fax and telephone-based communication system.

Under the current program, prescription medicines are typically shipped from the manufacturers to the patient's physician. In some instances, the manufacturer may opt to ship the medicines directly to the patient. Only brand-name drugs are available, no generics through MEDBANK. It generally takes 1-2 weeks to get all patient information and another 4-6 weeks from the time applications are sent to the manufacturing company until medicines are shipped to the physician. For drugs requested from the MEDBANK Pharmacy, shipping via mail-order to the physician can occur as quickly as 24 hours after confirmation of all the patient's qualifications. The pharmacy formulary contains about 83 branded medications from Abbott, AstraZeneca,

Novartis, Pfizer and Merck. These companies make monthly bulk shipments of medications to the MEDBANK Pharmacy and replenish what has been dispensed during the previous month. MEDBANK is continually seeking new companies to adopt this approach because of the efficiencies it brings to the process and the speed with which drugs can be shipped to patients.

Table 4 shows the currently available medications through the MEDBANK Pharmacy, Inc.:

Table 4

Medications Currently Available Through Medbank Pharmacy

<u>ABBOTT</u>	<u>MERCK</u>	<u>PFIZER</u>
Advicor	Cozaar	Celebrex
Azmacort	Emend	Chantix
Biaxin	Hyzaar	Covera HS
Biaxin XL	Janumet	Cytotec
Cardizem LA	Januvia	Detrol
Depakote	Maxalt	Detrol LA
Depakote ER	Proscar	Diflucan
Depakote Sprinkles	Singulair	Dilantin
Mavik	Trusopt	Feldene
Niaspan	Omnicef	<u>NOVARTIS</u>
Synthroid	Comtan	Glucotrol XL
Geodon	Diovan	Glucotrol
Tarka	Diovan HCT	Lipitor
Teveten	Elidel Cream	Lopid
Teveten HCT	Enablex	Minipress
Tricor	Exelon	Navane
	Famvir*	Neurontin
	Lamisil*	Nitrostat
<u>ASTRA ZENECA</u>	Lescol	Norvasc
Accolate	Lescol XL	Procardia
Arimidex	Lotrel*	Procardia XL
Atacand	Stalevo	Relpax
Atacand HCT	Starlix	Viagra
Casodex	Tegretol XR	Vibra-Tabs
Crestor	Trileptal*	Vibramycin
Nexium		Vistaril
Pulmicort Respules		Xalatan
Pulmicort Flexhaler		Zarontin
Rhinocort AQ		Zolof
Seroquel		
Seroquel XR		
Symbocort		
Toprol XL		

Computer, Internet and toll-free phone lines for data-entry into the central coordinating office are networked with program sites in all regions across the State. Eligible locations for satellite offices must have access to high-speed Internet (DSL or cable). They may access a local hospital (or other) LAN if DSL or cable is not available at the facility.

Partnerships in the Maryland MEDBANK Program include but are not limited to:

- Federally-qualified community health centers
- Volunteers in health care
- Area agencies on aging
- Local departments of health
- Community action agencies
- Hospitals and clinics
- Faith-based groups
- Johns Hopkins Urban Health Institute & School of Nursing
- University of Maryland School of Pharmacy

Western Maryland Region (Allegany, Garrett, and Washington counties)

- Washington County Health System, Inc.
- Garrett County Health Department
- Associated Charities of Cumberland Maryland

Central Maryland Region (Baltimore City, Baltimore, Harford, Carroll and Howard counties)
Upper Eastern Shore (Cecil, Kent, Queen Anne's, and Talbot counties)

- MEDBANK of Maryland, Inc.

Middle Eastern Shore Region (Dorchester and Caroline counties)

- Choptank Community Health System, Inc., in partnership with Dorchester County Health Department

Lower Eastern Shore Region (Wicomico, Worcester, and Somerset counties)

- Three Lower Counties region is serviced by the central office of MEDBANK of Maryland, Inc.

Southern Maryland Region (Anne Arundel, Calvert, Charles, and St. Mary's counties)

- Calvert Memorial Hospital

Washington, D.C. Metropolitan Area Region (Frederick, Prince George's, and Montgomery counties)

- Frederick Community Action Agency, serving Frederick County
- Primary Care Coalition of Montgomery County, Inc., serving Montgomery County and partnering with Catholic Charities to serve Prince George's County residents

Table 5 compares the original goals of the program by region to the total number of new patients served in FY2008:

Table 5
MEDBANK Program Patient Goals vs. Actual New Patients Served, by Region, FY2008

Region	Name of Organization	Patient Goals FY2008	Actual Number of Patients Served FY2008
Baltimore Metropolitan	MEDBANK of Maryland, Inc. — Baltimore Metropolitan MEDBANK Program; regional coordinating office for Baltimore metropolitan area (Baltimore City and Baltimore, Carroll, Harford and Howard counties)	1,000	2,487
Eastern Shore	Choptank Community Health System, Inc. — coordinating office for Mid-Shore counties of Dorchester and Caroline counties; in partnership with Dorchester County Health Department	600	886
Southern Maryland	Calvert Memorial Hospital — MEDBANK Program of Southern Maryland; regional coordinating office for St. Mary's, Charles, Calvert and Anne Arundel counties (excludes clients of federally-qualified community health centers)	300	265
Maryland counties of Washington, DC Metro	Access for clients of federally qualified community health centers in Prince George's and Montgomery counties	600	578
Western Maryland	Associated Charities of Cumberland Garrett County Health Department Washington County Health System, Inc.	600	334
Total Patients Served			4,550*

*3,704 received medications

VIII. Summary Observations

- With a total investment of \$825,450 (including \$425,000 in State funds) in FY08, the value of the medicines received through the Maryland MEDBANK Program was \$10.8 million. With this funding, 3,704 patients received free medicines during the year.
- MEDBANK continues to secure private sector financing and in-kind donations to supplement the cost of the program, with \$619,456 raised in FY08. Prior-year levels of in-kind funding were \$802,462 in FY07 and \$1,033,623 in FY06.
- The rising cost of prescription medicines – double-digit increases in the costs of prescription medications – are driving the overall out-of-pocket cost of outpatient health care. Until the issue of insurance access can be resolved, prescription medicines will continue to be out-of-reach for people on fixed incomes and those with low incomes. Rising prescription medicine costs currently outpace any increase in income, thus putting prescription drugs continually out of reach for low-income, uninsured persons. The Maryland MEDBANK Program assists those who cannot pay out-of-pocket for prescription medicines and provides the newest brand medications available at no cost to patients.
- Some of the seniors in MEDBANK have difficulty in paying the cost-sharing requirements under Medicare Part D. To this end, MEDBANK has provided medications for some patients in Part D. Others that did not elect to enroll in Part D are still receiving free medications through the patient assistance programs via MEDBANK. Patients over 65 received over \$1.9 million in free medications in FY08.