

a publication for transplant recipients and their families

inside

medicaid and  
medication issues

contacting your  
donor family

erectile dysfunction

# renew

vol.1, no.2

## generic and brand and transplant ... oh my!

Heather H. Dobie, RPh, PharmD  
Outpatient Transplant Pharmacist

Successful management of anti-rejection medications is essential for the health of transplanted organs. Medication compliance is the single most important element of the post-transplant experience but is also the most confusing to many people. To complicate the scenario, many of the anti-rejection medications used at University Transplant Center are available in both brand-name and generic forms. The purpose of this article is to sort out the brand versus generic confusion and present some ways to manage these key medications.

First of all, transplant recipients DO take generic drugs. In fact, many insurance companies require their use ... mostly to contain costs. Your prescription drug plan might pay for a brand-name drug but may require you to pay a higher co-pay for choosing not to take a less expensive generic form if it is available.

Many people wonder what a “generic” drug is and if it will work as well as a brand-name medicine. Rest assured that a generic drug is required by the Federal Drug Administration (FDA) to meet the SAME bioequivalency test as the brand-name product. To be considered therapeutically equivalent, the generic must demonstrate **both** pharmaceutical equivalence **and** bioequivalence. Although the drugs don't LOOK the same, the FDA requires that they ACT the same.<sup>1</sup>

oh my continued on inside >

University **Transplant** Center  
Experts On Life.



Many transplant recipients can be switched from a brand-name drug to a generic drug without problems. However, CHANGES from brand to generic anti-rejection medications may require extra lab monitoring initially. This is because of the small window between therapeutic levels and toxic levels of these drugs. This is why you have “blood levels” drawn before you see the doctors in the Transplant Clinic.

Regardless of how you get your medication (pick it up from the pharmacy, have it delivered to your home, receive it in the mail), if it looks different from what you have received in the past you should immediately call your pharmacy to ask WHY it looks different. This is to make sure you received the right drug in the right dose.

Next, if you got the correct order, but in a generic rather than a brand-name form, then call the Transplant Team at 210-358-4500 to see if extra lab monitoring is necessary. Your physician must decide if you need additional lab monitoring and when. If the results show that your blood levels are in the target range then no changes will be made to your dose. If your blood levels are NOT at target, then a dose change will be made by a transplant team physician.

If a change in dose is necessary, does that mean the generic is bad? Not at all! It could mean that your body is using the generic form differently enough that the dose needs to be changed to keep you in your current target range.

It's also important to remember that every brand drug has at least two names. For safety reasons, you should learn BOTH names. For example, if you've been getting Prograf,<sup>®</sup> you may now receive Tacrolimus. This drug can easily be mixed up with Sirolimus, another immunosuppressant medication, because they sound similar and are both available in a 1mg dosage form. If you've been getting Cellcept,<sup>®</sup> your insurance may now require you to get Mycophenolate Mofetil. This drug can easily be mixed up with Mycophenolic Acid, which requires different dosing. So, learn each of these drug names and always double-check your medications before taking them. Your computer-generated Medication Action Plan provided by the Transplant Pharmacist has both names listed.

The bottom line is... transplant recipients DO take generic drugs. It is not that one form is “better” than another, but that any CHANGE in the FORM of your medication may require additional monitoring to make sure it works the SAME. If your insurance won't pay for a brand-name immunosuppressant anymore, simply contact the Transplant Clinic and make arrangements for the necessary lab follow-up immediately upon receiving the new form of the medication. NEVER SKIP DOSES OF YOUR LIFE-SAVING MEDICATION. Call the Transplant Clinic to see if you need to schedule extra lab monitoring after switching to a generic and, if so, when. Make sure to go to your follow-up appointments. If you miss one then reschedule as soon as possible... the health of your transplanted organ depends on this.

Finally, request that your pharmacy give you the SAME generic every time. The same rules apply... if you switch between different forms of a generic then you may have to have additional lab monitoring again. If you have any questions call the Transplant Team pharmacists at 210-358-4630.

#### References:

- Pharmacist's Letter: Generic Drugs: A Law CE, Volume 2009, Course No. 70
- The Dynamic Complexities of Immunosuppression—Assessing Generic Supplements. 7-31-9

## save the date

### Cystic Fibrosis Tower Climb

February 20, 2010  
Tower of the Americas  
6–9 am  
[www.cff.org](http://www.cff.org)

### Transplant Games Bowling Fundraiser

March 7, 2010  
Oak Hills Lanes  
12:30–5 pm

### 21st Annual Vital Alliance Memorial Tree Planting Ceremony

April 17, 2010  
Rosedale Park  
303 Dartmouth Dr  
San Antonio, TX 78237  
8–10 am  
[www.vitalalliancetexas.org](http://www.vitalalliancetexas.org)

Vital Alliance is a nonprofit organization composed of volunteers representing recipients, donor families, and representatives from organ, eye, and tissue organizations, as well as the medical community. Our mission is to increase community awareness and medical knowledge about organ, tissue, and eye donations.

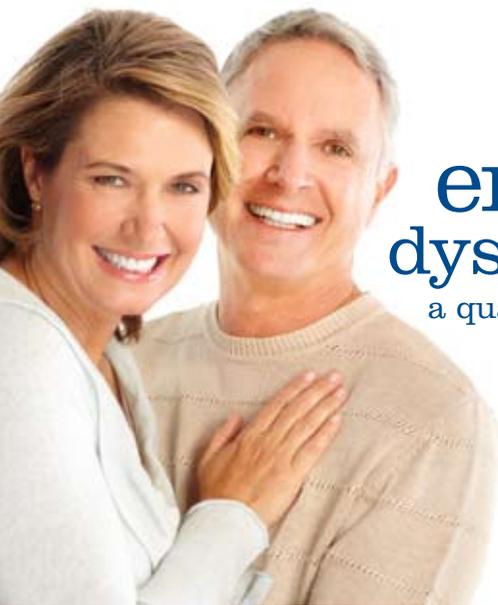
Each year, April is designated as “National Organ, Eye & Tissue Donation Awareness Month.” A Tree Planting Ceremony is held during this time honoring those who have graciously given the “Gift of Life.”

In honor of your donor, consider donating the tree, a bronze plaque to identify the tree, and/or flowers for the ceremony. If you wish to make a donation for Tree Planting Ceremony please contact Debra C. Aparicio at 210-387-0331 for details.

### US Transplant Games

July 30–August 4, 2010  
Madison, Wisconsin  
[www.transplantgames.org](http://www.transplantgames.org)





# erectile dysfunction

a quality of life issue

Ann Hardee, RN  
GI Nurse Coordinator

Organ Transplantation is done to improve quality of life. For most people, sexual activity is a vital quality of life issue. Erectile dysfunction (ED) is a common problem in male pre-transplant patients due to their advanced disease state or it may occur as a side effect of medication or dialysis or be the early signs of cardiovascular disease. Studies suggest that 30 – 50% of men with End-Stage Liver or Kidney disease experience some degree of ED and may continue after transplant. While ED is most common in men in their 50's and older, men of any age who are experiencing an advanced disease process may experience this problem. The impact on quality of life is that men may not seek physical intimacy because of their concerns about "performance" leading to a relationship void of any affection.

ED may reverse after a transplant or may need to be treated with medications, either to treat an underlying condition or using performance-enhancing drugs. The important first step is for men to be comfortable talking about this important issue with their physician. I can assure you that you will not be the first patient to discuss ED with your physician. Men concerned about ED may need to initiate this discussion because "How is your sex life?" is not generally a part of the Q&A portion of a clinic visit!

I have personally experienced many success stories in the treatment of ED. Most patients will be referred to a urologist who can evaluate the causes of ED thoroughly and make the most appropriate recommendations for treatment. Patient and partner education is a key component in this process, particularly when starting performance-enhancing medications.

Because of the need to have a medical history and labs before making a urology specialty referral, pre-transplant patients who are concerned about ED should contact their Transplant Coordinator to start this process because they will have this information readily available. Post-transplant recipients should discuss their ED concerns with their physician at a follow-up appointment and the Transplant Clinic can start the referral process for you.

University Transplant Center professionals are committed to maximizing your quality of life before and after transplant. If ED or any issue that negatively impacts your quality of life is concerning you, do not hesitate to bring this to your transplant team and, together, we will work to give you the best possible outcomes.

# Dear Ann Livers,



# Q:

I am concerned about all the different types of flu we are hearing about this year. What precautions do transplant recipients and their families need to take?

# A:

**There are actually two different types of influenza (flu) this year** ... seasonal flu and novel H1N1 flu. H1N1 was prevalent in the Spring of this year and has returned. Seasonal flu comes a bit later and has its peak in the late Fall and Winter. There are several things transplant recipients AND their families need to do.

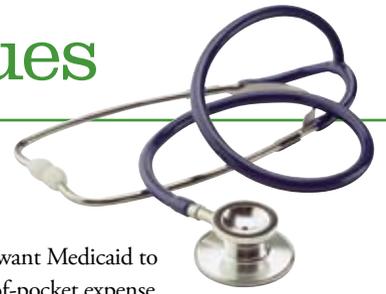
First, increase your hand washing. Hand washing is the best way to minimize the spread of viruses and bacteria. Wash your hands with soap and running water for at least 15 seconds. Alcohol-based hand cleansers should only be used as a temporary measure until you can get to soap and running water ... they should NOT be used in place of soap and water when that is available.

The second way to minimize the spread of viruses and bacteria is by putting up a barrier. Flu viruses are primarily spread through the air. Wear a mask in environments such as medical facilities or in environments where you will be in contact with "casual encounters" such as elevators, theaters, buses, churches, etc. Another effective barrier method is using paper towels, particularly in public restrooms, to turn off the faucets when you are finished washing your hands and opening the rest room door before discarding the towel.

Staying healthy by eating a proper diet and getting plenty of rest and exercise will help prevent the spread of the flu virus. Immune-suppressed recipients are easy targets for these viruses and maintaining optimum health levels will be a great benefit to staying healthy through the flu season.

Finally, immunizations are available for both types of flu. Transplant recipients, and their family members who are in direct contact with them, cannot receive the flu "Mist" form of the vaccine because it administers a live virus which can be dangerous to immune-suppressed people. You may only get the immunization or "Shot" version. Because transplant recipients are immune-suppressed, there is some question as to the amount of immunity that will be generated by receiving the vaccination so discuss this with your physician if you have any concerns.

# medicaid and medication issues



**Ryan Phlipsen, LCSW**  
*Transplant Social Worker*

This article is a continuation of the discussion started in the last newsletter regarding funding and the long-term cost of medication coverage. In the last newsletter we discussed the basics of Medicare and how your transplant medications can be covered. In this article we will continue our discussion by talking about Medicaid coverage.

Medicaid in Texas, like Medicare, can provide coverage in several different forms or plans.

Like Medicare, Medicaid has what is referred to as a traditional form and, like Medicare, Medicaid also has forms of Medicaid that are administered by insurance companies in each county in Texas.

Traditional Medicaid covers your transplant and follow-up care. It covers the cost of three prescriptions per month. These three prescription “slots” can be very challenging to negotiate and plan for whether you are pre- or post-transplant. After transplant you will likely be on more medications than you were pre-transplant and definitely greater than the three per month allowed by Traditional Medicaid. One way to navigate through this is to get your doctor to write your prescriptions for 180 day (6 month) fills. This will allow you to get three each month freeing up the three slots each month for three additional medications. Planning ahead and rotating prescriptions in this manner will allow you to get up to 18 different medications over a six-month period from Medicaid. Six months is the largest duration Medicaid allows doctors to write for a particular medication.

Because you will be going home after transplant with more than 3 medications it is necessary, and highly recommended, that you do some saving or fundraising as needed to pay for your additional medications until you can rotate them into your Medicaid coverage. Your pharmacy or University Transplant Center staff can assist you with identifying the most

expensive medications that you will want Medicaid to cover first and how much your out-of-pocket expense will be on the remaining medications until you can rotate them onto the Medicaid coverage.

In recent years most counties in TX have begun transitioning from the Traditional Medicaid plan to a form of Medicaid managed by individual insurance companies. In Bexar County individuals who have transitioned to this form of Medicaid usually have one of three forms: Superior, Amerigroup or Molina Medicaid. Other counties in TX may have their Medicaid plans of this type administered by other companies. These forms of Medicaid can be both beneficial and challenging. The benefit to this type of Medicaid plan allows for unlimited drug coverage which prevents the medication “staggering” discussed in a previous paragraph. The downside, if there is one to these plans, is they can restrict your care and where you may be able to receive your medical care to include care for your transplant.

Medicaid can also be used as a supplement for Medicare by those who can qualify with a low income, usually less than \$1,000 per month. These Medicaid plans typically are associated with a grouping of letters on your Medicaid card. You will typically see either QMB, MQMB or SLMB.

Medicaid also has a few other forms that offer additional services such as case management or other community based services. If you have one of these forms of Medicaid you may see PCCM (Primary Care Case Management) or Star Plus on your card.

If you have any questions regarding your Medicaid and medication coverage or other benefits you can always look at the back of your card which has many contact numbers for various services, or feel free to contact a University Transplant Center social worker at (210) 567-5777 or 1-888-336-9633 and we will be glad to assist you.

## contacting your donor family

**Deborah Ramirez-Cotter**  
*Organ Donor Family Coordinator*

Part of the healing process following transplant is acknowledging the significant role the donor and their family played in the process. One way that many recipients find effective is communicating with their donor’s family. University Transplant Center strongly encourages written correspondence between transplant recipients and their donor family.

It is very natural for recipients to want to learn about their donor. Many transplant recipients have difficulty starting this process because words can’t adequately express the gratitude they feel for this awesome gift of life made possible by the generosity of a total stranger. Don’t let this stop you! Guidance is available to all transplant recipients and their family’s to assist in this process. Donor contact packets include instructions on things you may want to include in your letter, things you should not include, and even cards written by a fellow transplant recipient that will assist in that process.

Ricki Fisher (Liver, 2008)  
with his donor family.



Initially, all correspondence is anonymous and identities are kept confidential by using a “third party” to route letters between donor families and recipients. Every donor family is different and the healing process from the loss of a loved one may prevent them from communicating with you. Some donor families feel that writing about their loved one helps in the grieving process. Other families find writing about their loved one is too difficult.

The decision to communicate with your donor family is very personal and your decision alone. If you need assistance, you can call me, Deborah, at 210-567-6623.

## tissue donation and Women's Health

**Mariluz Martinez**

*UTHSCSA Allograft Resources*

Skipping a social outing with friends for fear of being too far from a restroom, avoiding intimate contact with your partner because of embarrassment—both are examples of life-limiting behaviors resulting from pelvic organ prolapse, a condition that is easily treated with the help of biologic implants.

Often, when we think of organ and tissue donation, we think of the use of bone tissue, solid organs and eye tissue. But, the use of skin tissue to improve the lives of thousands of women suffering from conditions that impact the quality of their lives is not one we may typically consider.

**While there are some non-surgical treatment options for the correction of pelvic organ prolapse, the most effective and longest lasting treatment involves surgical repair using biologic implants.**

“Pelvic organ prolapse” is a term that describes the abnormal descent of any of the pelvic organs into the vagina. This may include descent of the upper portion of the vagina itself, the bladder, the uterus, the intestines, the rectum or some combination of these structures. Factors that increase the likelihood that a woman will experience pelvic organ prolapse include aging, vaginal childbirth, previous abdominal surgery and a family history of the condition. While pelvic organ prolapsed is not life threatening, it can be extremely debilitating. Women who suffer from the condition may suffer for years before seeking treatment because the symptoms are embarrassing to discuss, even with their physicians.

While there are some non-surgical treatment options for the correction of pelvic organ prolapse, the most effective and longest lasting treatment involves surgical repair using biologic implants. These implants may be made from donated skin or dermis tissue and are effective support structures for regeneration of the patient's own tissue. Once placed, these implants are accepted by the patient's own body as a natural material, and regeneration of new tissue begins to build onto the implanted tissue support structures.

These remarkable biologic implants would not be possible without the generous donors and their families who give selflessly during times of great emotional pain. Additionally, through the efforts of healthcare facilities, funeral professionals and skilled recovery technicians, the gift of donated tissues is providing thousands of women with the ability to live a robust and physically active life. The miracle of regenerative medicine provides families the opportunity to help others, a testament of how donation can touch so many through the gift of one.

Source: RTI Biologics, 2009, [www.rtx.com](http://www.rtx.com)

*For more information, contact Allograft Resources at 210-567-9005.*



1) Michael Watkins (Liver, 2000) earned the distinction as 2008 C-Class 20 Gauge World Champion held at the National Shooting Complex in Corpus Christi. Mike is a member of the Corpus Christi Gun Club. 2) Erika Bond (Liver, 2009) waited for 6 months for her transplant. While waiting for “the call” she quilted blankets and donated them to pediatric transplant recipients when they received their “Gift of Life.” 3) Gracie Cortez (Bilateral Lung, 2008) walked with her donor family at the 12th Annual Vital Alliance Donate Life 5K Run/Walk. 4) Paola Cerda (Liver, 2006) visited Disney World this summer with her family. The trip was made possible by the Make a Wish Foundation.

*If you have a story or picture of you “living your life” after transplant that you want to share with fellow recipients in future newsletters, send them to [Darnell.Waun@uhs-sa.com](mailto:Darnell.Waun@uhs-sa.com).*

# from the medicine cabinet

**Heather H. Dobie, RPh, PharmD**  
*Outpatient Transplant Pharmacist*

When your pharmacist recommends you take a medication “WITH FOOD”, most people assume the reason is to prevent an upset stomach. While this may be true with some medications such as antibiotics used to prevent or treat an infection, this may not be the case with other drugs.

Some medications should be taken with food to increase the amount of drug you ABSORB. One example for transplant recipients is Valcyte.<sup>®</sup> Additionally, some cardiac medications should be taken WITH FOOD for another reason—to decrease the chance of your blood pressure going too low when you get up quickly from a sitting or lying position.

On the other hand, some medications should be taken on an EMPTY STOMACH. The definition of empty stomach is either 1 HOUR BEFORE or 2 – 3 HOURS AFTER a meal. These drugs are absorbed better this way. Examples of drugs that must be taken 1 hour BEFORE eating include drugs used for the treatment of osteoporosis such as Fosamax,<sup>®</sup> and Actonel.<sup>®</sup>

Even the SAME drug in DIFFERENT dosage forms can have different recommendations for administration. A good example is Sporanox,<sup>®</sup> the anti-fungal medication taken by most of our lung transplant recipients. Sporanox<sup>®</sup> SOLUTION should be taken on an EMPTY stomach while Sporanox<sup>®</sup> CAPSULES should be taken WITH FOOD, both to ensure maximal absorption of each formulation.



Some people take medications with food so that they will remember to take them. They know they're going to eat, so they assume they'll take their meds if they schedule them together. Remember that storing your meds in the kitchen is not a good idea due to extreme changes in temperature and humidity. Most meds should be kept in a cool, dry place away from children and pets, unless otherwise notated.

The bottom line is—if you want to know if you should take your medication WITH or WITHOUT FOOD, then ask your Transplant pharmacist. They can be reached at (210) 358-4630.

**renew**

**Editor:** Darnell Waun, MSN, RN,  
*Darnell.Waun@ubs-sa.com*



4502 Medical Drive MS 18  
San Antonio, TX 78229