

a publication for transplant recipients and their families

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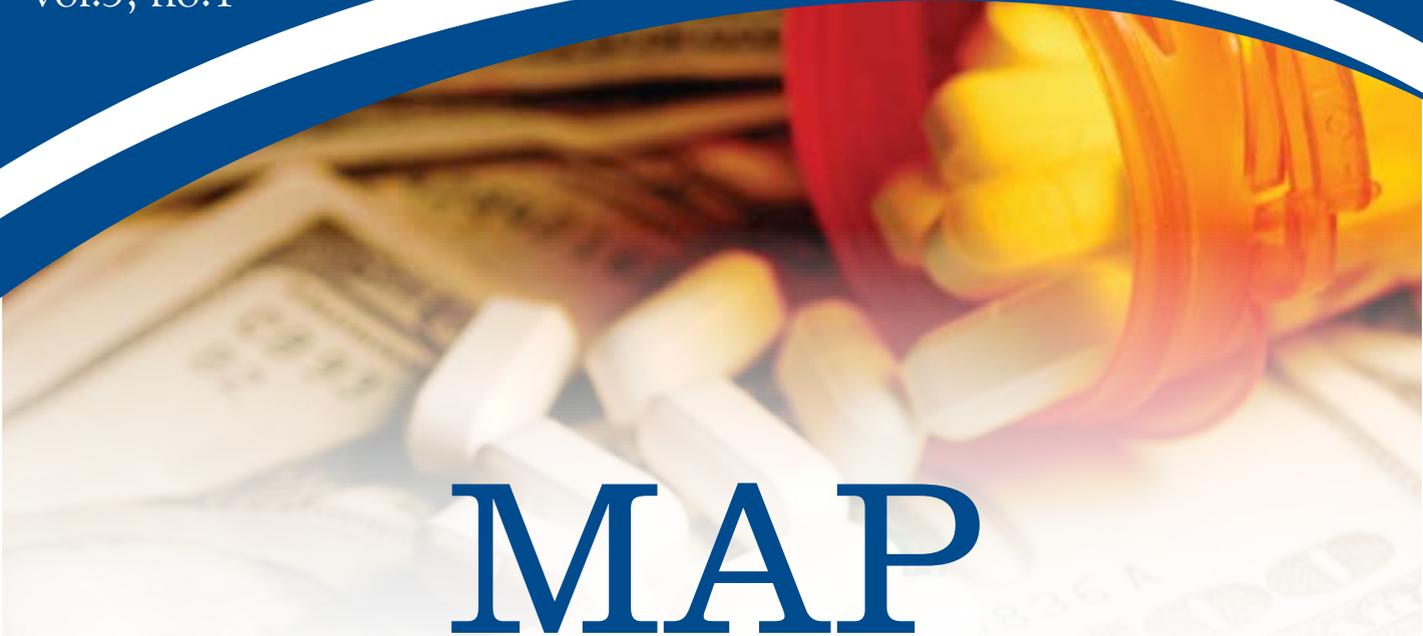
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# renew

vol.3, no.1



# MAP

# Buried Treasure

University Health System's

Christine Gonzales, PhTR  
*Transplant Reimbursement Specialist*

**Most people associate the word “MAP” with a guide to finding a lost place or to some sort of “buried treasure.” Here at University Hospital (UH), MAP stands for the Medication Assistance Program which has become a “buried treasure” for many of our patients. Receiving a transplant can be one of life’s greatest gifts, but the costs involved before and after transplant can be overwhelming. If you have received a transplant, and are currently having difficulty paying for your medications, the UH MAP is here to help.**

Nearly a decade ago, drug companies identified the struggle that some patients had in paying for their medications. This led to formation of programs within their own companies to assist patients with the cost of their medications. Initially, the programs were developed for unfunded and/or uninsured patients. Due to the growing number of patients, with and without insurance coverage, unable to afford their medications combined with the struggling economy, many companies have now opened their programs to patients with private insurance and some Federal programs, such as Medicare.

Each company requires completion of its own specific application for each medication. Although most companies offer these applications online, some private practices or physician’s offices charge a fee when helping patients complete these applications. Fortunately, for University Transplant Center (UTC) patients, UH provides this service free of charge through the MAP department. Started shortly after the implementation of the drug companies’ medication assistance programs, University Health System (UHS) started a program of its own to help patients find programs to assist with the cost of their medications. A “Reimbursement Specialist” assists patients with applications, eligibility determinations and completion of the enrollment requirements in a timely manner. UTC has a designated Reimbursement Specialist with expertise in the high-cost transplant medications used in our center.

Applications can be started while the patient is in the hospital, during a clinic visit, or some are mailed to the patient’s home along with a return envelope and list of documents needed for enrollment. The Reimbursement Specialist acts as the patient’s liaison to the drug



company to help track the process of the application and medication status. Depending on the manufacturer, patients who are approved will usually receive a three month supply of medication at their home at no cost, or will be notified by the Reimbursement Specialist by mail or phone to pick up a three month supply of their medication at the Transplant pharmacy for a processing fee of \$2.00. These medications are provided free of charge directly from the drug companies, therefore no charges are applied to the patient's insurance or prescription plan. The UH MAP and Transplant Reimbursement Specialist assist ALL transplant patients being followed by UHS physicians whether they reside locally or out of county or state.

Unfortunately, patients with Medicaid prescription coverage are the only group of patients not eligible to apply for these programs unless the patient provides documentation from Medicaid stating that a particular medication is not covered.

**Submitting an application to the drug company program does not guarantee that a patient will be approved for the program or that**

**the medications will be available at no charge.** Patients who are not approved may still be able to apply to an outside source that will assist patients in other ways such as providing monetary assistance to help with the out-of-pocket cost that a patient is responsible for paying. Your MAP Reimbursement Specialist will notify you if you qualify for these types of programs and refer you to the correct person(s) to assist you with this. Don't hesitate to contact your Transplant Coordinator or a UTC Social Worker at (210) 567-5777 to determine if there is medication assistance available through their resources. If they cannot assist you then MAP may be available to help, not only in paying for your medications, but also to help prevent some unnecessary stress brought on by the cost of essential transplant medications. Not being able to afford the cost of your medications shouldn't be a reason to not be able to celebrate one of the greatest gifts a person can receive...a second chance at life.



## UTC Stats (1/1/2011 – 6/30/2011)

Transplants:	Kidney	Liver	Lung	Pancreas
	31	25	22	2

## Outcomes Data (1/1/2008 – 6/30/2010):

Source: Scientific Registry of Transplant Recipients @ srtr.org

		Kidney	Liver	Lung
1-Year Graft Survival	Expected:	93.49	83.26	84.19
	Observed:	93.80	79.97	81.36
	National:	93.55	85.62	82.78
1-Year Patient Survival	Expected:	96.27	85.58	85.94
	Observed:	99.21	82.40	81.88
	National:	96.79	88.95	84.17



**Rick Rumbaugh** (Liver, 2011) and his wife Dove are back to enjoying his Corvette and were about to depart on a “cruise” with their local El Paso Corvette club in this picture.



**Sarah Chandler** (Living Liver Donor, 2010) (second from right) recently took a break from the rigors of “Aggie life” to take a run down the Colorado River on a whitewater rafting trip.



**Elizabeth Aguilar** (Kidney, 1993 and 2001), her husband David and big sister Crystal welcomed Reese Anthony Aguilar on May 25th 2011. He weighed 5# 11 oz and was 18 ½ inches long. Liz worked closely with her Obstetrician and the UTC transplant team to make this, her second pregnancy and delivery since transplant, successful. Congratulations!



**Dorothy “Dot” Delarosa** (Left Lung, 2010) was honored to be invited to provide the Invocation at the Texas State Capitol on April 26, 2011. The month before, she was celebrating her 9 month anniversary with a visit to the Garden of the Gods in Colorado Springs CO. Way to go Dot!



**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).**



**Angela Lewis** (Bilateral Lung, 2009) promoted transplant and organ donation in her ‘Donate Life’ car in the Llano, Texas Rodeo parade. Note the broad-brimmed hat to protect her from the sun...Way COOL!!

## Transplant Fundraising

It’s summertime in South Texas and this is the time many people plan vacations. A lot of planning goes into preparing for a vacation. You call the city you are traveling to and check hotel rates, calculate how much gas money you need for your trip, and plan for your meals. Preparing for transplant, is a lot like preparing for a vacation, except you never know when you are going to get the call to come to San Antonio. This uncertainty can make it difficult for people to prepare financially for the costs associated with having a transplant. Fundraising is a good option for patients and family members to consider. Having extra money on hand, for an unexpected surgery, can certainly alleviate the financial stress. You may have sufficient insurance coverage to cover

your transplant surgery and hospitalization but have you considered the other “hidden costs” of transplant: hotel room stay for 7—14 days, transportation costs for surgery and follow-up care, food for you and family members while in San Antonio, lost wages for you and/or caregivers, changes in co-pays to cover post-transplant medications. Even if you live in San Antonio some of these costs may still apply. At this time there is no assistance for food and lodging for patient’s or their family members who travel to San Antonio for transplant and follow-up care. Patient’s can contact the following resources listed below for help with planning fundraisers and to set up fundraising accounts.

**Elizabeth Cepeda, LMSW**  
*Transplant Social Worker*

# Label Lingo:

## What do the dates on my prescription bottle mean?!



Heather H. Dobie, RPh, PharmD  
*Clinical Pharmacist*

When you call your pharmacy to order a refill and they ask: “What’s the date on your prescription bottle?”, you might see THREE different dates! How do you make sense out of these dates? This article will explain your label’s “lingo” so you can have a more productive conversation with your pharmacy staff. Grab one of your pill bottles and follow along with me!!

First, every label will have a **“Date Filled”** section. This tells you the actual day your prescription was filled. It’s especially helpful when you’re looking at a “big” bottle filled with “tiny” pills wondering, “do I need to reorder this or not?” If you take the medicine one time every day, and the “Quantity Filled” shows #90, then you got a three-month (or 90 day) supply. To figure out when to order your refill, you can start counting from the **“Date Filled”** and determine the date you’ll be out three months from then.

**It is best to reorder at least TWO WEEKS before you expect to run out.** Many transplant drugs are “special order”, meaning not stocked regularly on pharmacy shelves, so ordering early gives your pharmacy time to get your medicine and avoid missing a dose (or more). “Drug shortages” occur when your medicine is not available due to a variety of reasons...shortage of materials needed to produce the medicine, recalled product, or an imbalance between drug supply and demand. This situation is not uncommon so ordering your refill early gives your pharmacy time to discuss an appropriate alternative medication with your prescriber.

Secondly, your label will also have a **“Refill Expires”** section. This date tells you when the prescription is no longer valid for refilling. A new prescription is required if you need the medication after this date. **“Refill Expires”** does NOT pertain to the STABILITY of the drug in the bottle. For prescriptions that are not controlled substances, this date will be one year from the ORIGINAL date that the prescriber wrote your prescription, not the first time it was filled. For controlled substances the refill expires quicker, and depends on which “class” of controlled drug this is.

Lastly, you will see a **“Drug Exp”** (or similar wording) section that tells you when the actual drug in the bottle expires. You should not take the medication after that date but get a “fresh” product instead. In Texas, this information does not have to be on the actual prescription label, but must be affixed to the container in some way, so keep an eye out for this. Some ways to avoid taking expired medicine include: not stock-piling medicine, looking for the date the drug expires on the label, and cleaning out your medicine cabinet at least once every year (if not more often).

**Remember to properly dispose of medications that have expired.** Only a handful of medications are recommended to be flushed down the toilet. Others should be taken out of the prescription bottle and mixed with an unpalatable substance (such as used coffee grounds or kitty litter) and placed in a sealed bag or unmarked can. Some communities have drug “take back programs” throughout the year.

If you have any questions about what the “dates” on your prescription bottle mean, or how to get rid of expired medication the RIGHT WAY, then call your pharmacist for more information.

# Save the Date

## Genesis Support Group

1st Tuesday of the Month  
12:30 – 1:30 PM  
Foundation Room—3rd Floor  
University Hospital  
Contact UTC Social Work Department  
210-567-5777

## TOSA Lights of Life Candle-Lighting Ceremony

Austin, TX—November 5 11:00 AM  
St. Edwards University—Ragsdale Center-Mabee Ballroom  
3001 S. Congress Ave

San Antonio, TX—November 12 11:00 AM  
Pearl Stable  
312 Pearl Parkway

Contact Clarissa Thompson  
TOSA Donor Family Services  
866-685-0277  
210-614-7030  
[www.txorgansharing.org](http://www.txorgansharing.org)

## San Antonio Walk for PKD

September 24, 2011  
7:30 AM Register/9:15 AM Walk  
Joske Pavilion  
Brackenridge Park  
San Antonio, TX  
[pkdcure.org/sanantoniowalk](http://pkdcure.org/sanantoniowalk)

## Vital Alliance Donate Life Run/Walk

Saturday, October 15, 8:30 AM  
Brackenridge Park, Joske Pavilion  
[www.VitalAllianceTexas.org](http://www.VitalAllianceTexas.org)

## National Donor Sabbath

November 12–13, 2011  
Contact Clarissa Thompson  
TOSA Donor Family Services  
210-614-7030

# Dear Ann Livers,



**Q:** I enjoy gardening and was wondering what the risk is to me after transplant.

**A:** What a timely question! South Texas summers offer an extended period in which to do gardening. Our dry and windy weather also make the hazards to transplant recipients higher than some other locations in the United States. The main gardening risks to people who have suppressed immune systems are fungal infections such as *Aspergillus* and *Sporothrix Schenckii* which is also called “Rose Cutters Disease”. These are particularly dangerous infections for transplant recipients.

The main risk does not come from being around plants but the handling of plants, plant products and what they are growing in... dirt! We recommend that you NOT do gardening for the first six months after transplant. If you enjoy gardening make sure you wear thick gardening gloves and a mask whenever working in the soil or working around plants, particularly thorny plants. When you are finished, immediately shower to remove dust particles from your body.

If you accidentally puncture your skin with thorns or other plant material, immediately wash it thoroughly with an antibacterial soap. Keep the area clean and dry and watch for any signs of infection including pain, redness or fever. Recipients who are diabetic or have problems with blood flow to their fingers must be particularly vigilant and see your Primary Care Provider or call the Transplant Clinic at the first sign of infection.

As transplant recipients we must always recognize that we have a suppressed immune system. The day-to-day decisions we make are all about recognizing infection risk and minimizing that risk as much as possible. Enjoy your Summer...but do it safely!

## Construction Update:

On September 30, the West Parking Garage (new garage) will be completed and open, with over 3,000 parking spaces! All other parking, including Lots A and B and the North Parking Garage (old garage) will be closed.





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renew

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# Transplant Action Item

Flu shot season will be coming up in September/October. Remember... transplant recipients and their immediate family members should receive only the “shot” form of the flu vaccine and NOT the flu mist. The “mist” variety of flu prevention uses a live virus which can be dangerous to people who are immune-suppressed. Recipients will receive their shots in the transplant clinic and family members should contact their physician for availability.

Rhonda Wye, RN (Lung, 2007)

