

and since medicaid was devised to bring poor people into the main stream of medical care, that out-of-pocket cost to those specific patients is also important to the prescribing physician.

In 1967 when medicaid programs started in California we had a closed formulary and physicians then could not or would not prescribe propoxyphene for their medicaid patients.

Senator NELSON. What year was that?

Mr. BOYNOFF. 1967.

Senator NELSON. And the formulary did not list propoxyphene?

Mr. BOYNOFF. And does not as of this moment. So we have approximately 11 plus years of experience, of large numbers of patients presenting pain symptoms, treated without propoxyphene.

Now, the Medi-Cal formula does include narcotic pain relievers. It does not include the nonprescription pain relievers, although non-prescription drugs are included in the formulary and contraceptive devices and medical supplies.

Senator NELSON. But not nonprescription analgesics?

Mr. BOYNOFF. As a matter of fact, I believe our enabling act in California aspirin is specifically prohibited from being included so that the consultants that we call for authorization to supply non-formulary medications to patients and still be assured reimbursement and I have been told in the instance of a youngster with a disseminated juvenile arthritis who survives currently on aspirin, that even though it was clearly indicated as the drug of choice, the consultant was prohibited by regulations for payment of aspirin so that youngster's parents purchased the aspirin over-the-counter.

My point is that sometimes we are entrapped into dealing with images and codeine being an opiate has a poor reputation but it is unusual to receive a prescription, from a physician stipulating codeine alone.

Codeine alone is a schedule II narcotic complicated by the fact that in California, schedule II narcotics require the physician to write his prescription order on a State-supplied triplicate form and we have used that in California since 1938 or 1939 so that the kind of separate and unequal documentation required for schedule II narcotics almost assuredly guarantees that the prescriber will seek something more moderate in activity.

For these 11 years physicians have ordered codeine but always with aspirin and caffeine or with acetaminophen because that drops it down to schedule III and permits it to be a verbal telephone order.

Senator BOSCHWITZ. Schedule II is allowed under the verbal telephone order?

Mr. BOYNOFF. No; anything lower than schedule II.

Senator BOSCHWITZ. So codeine when mixed with aspirin is what?

Mr. BOYNOFF. When combined with a non-narcotic is schedule III.

Senator BOSCHWITZ. I thought you said it was a schedule II.

Mr. BOYNOFF. No; I have attained that age where I am now competent to look at some phenomenon from sort of a historic and retrospective standpoint and I think that the entire controversy regarding propoxyphene really relates first of all to the pharmacological question which is most difficult, if not impossible at this state-of-the-art to quantify. Is it a pain reliever?