ABSOLUTE PHARMACY

Q4: November 2016 Newsletter | #4

KEEPING TABS

Absolute Pharmacy is the prescription for what ails you.

In each quarterly edition, you'll find the latest news about pharmacy, new medications, technology and more – all through the lens of what is pertinent to the long-term care (LTC) industry.

Absolute Pharmacy has been serving the LTC industry since 1994. We're a part of a dynamic circle of care that consists of rehabilitation, home health care services, hospice care and much more. We have a rich perspective, and we're thrilled to share what we've been learning from industry leaders, our employees and our customers – you!

We are confident you'll find the information useful. If you have a suggestion for a topic you'd like to learn about, let us know at marjo.mcelyea@abshealth.com.

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Making Therapy Changes at the End of Life

by Kurt Hafeken, PharmD. Candidate 2017, The University of Findlay College of Pharmacy

In the elderly population, it is common knowledge that health is deteriorating and these patients require much greater care than the healthy adult population. Along with this comes a need for more drug therapy and more frequent lab evaluations. But situations arise where the pill burden becomes too great, the cost of living for these patients becomes difficult to manage, and some may start to question if certain treatments are even still beneficial. It is important to not only consider the patient's well-being, but their overall quality of life. For some, it may be the right decision to discontinue certain medications that may no longer be effective, and weigh the benefits and risks of starting new medications in those at advanced ages or nearing the end of life.

A recent trial from 2015 titled, "Safety and Benefit of Discontinuing Statin Therapy in the Setting of Advanced, Life-Limiting Illness" raises the point that important medications may not be required near the end of a patient's life. The study compared a group of patients continuing statin therapy to a group who were taken off the therapy, with the primary endpoint of 60-day mortality. While the data was not statistically significant for this primary endpoint, it was for two secondary endpoints: quality of life was statistically improved for the discontinuation group, and this group was estimated to have saved more than $700 over the course of the study (almost a year) compared to the group that continued statin therapy. Although the outcome of this study alone may not be clinically significant, I think the idea brings to light a more pressing matter: improving patients' quality of life and reducing medication costs can be done with little risk of reducing life expectancy. The authors also concluded that further studies should be completed comparing other medications like oral hypoglycemics, antihypertensives and even anticoagulants.

In all reality what this study truly shows is that there is potential for patients in the long-term care (LTC) and assisted living (AL) space to improve quality of life by reducing medication burden and cost of care. While at this point patients are reviewed on a case-to-case basis, long-term goals in this setting should be to conduct more studies and establish guidelines for care of end-of-life patients. The Beers' Criteria establishes medication safety in the elderly population, and recommends what can be used or what should be avoided; what needs to be done is to develop care plans for patients who have followed guidelines (cardiovascular, glycemic, coagulation, etc.) for years and may have reached a plateau of efficacy. That way, doctors and pharmacists will then be able to make consistent recommendations, patients (and in some cases facilities) have reduced cost, all while improving the end-of-life quality. It is also safer and easier to discontinue medications in the LTC/AL setting, as patients are surrounded by nurses and caregivers who could reinstate any medication if a problem were to arise. Not only will drug costs go down, but there will likely be less need for lab work and other associated costs as well.

While it will still be some time until further studies are conducted, guidelines established and solid changes made, it is important to see where long-term care's potential may be 10 years from now and be ahead of the curve. The patient's best interest should always be in mind when making decisions like this. If the last five years of someone's life can be improved by discontinuing a few medications, then it should be done when the benefits are proven to outweigh the risks.

Sources: Kutner JS, et al. "Safety and Benefit of Discontinuing Statin Therapy in the Setting of Advanced, Life-limiting Illness: A Randomized Clinical Trial." JAMA Internal Medicine. 2015. 175(5):691-700.

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Open Enrollment for 2017

by Jodi Hull, V.P. of Billing

It's Medicare Part D open enrollment time of year again! Open enrollment began October 15 and continues through December 7. The plans have been announced and can be requested from your pharmacy billing representative. This year there will be fewer standalone plan choices offered in every state. The average number of standalone Medicare Part D plans will drop to 22 compared to the national average of 26 standalone plans in 2016.

HERE IS A LIST OF SOME CHANGES FOR 2017
Standard initial deductibles are $400
Initial coverage limit is $3,700
Coverage gap (donut hole) begins at $3,700 and ends at $4,950
Discount of 60 percent while in donut hole
Copays for low income full subsidy are $3.30 for generic or preferred multi-source/$8.25 for all other drugs

During the next seven weeks, the opportunity to add, change or drop the Medicare Advantage plan or Medicare Part D prescription drug plan exists. Here are a few pointers:

1. If the current 2016 Medicare Part D plan or Medicare Advantage plan coverage meets the beneficiaries' needs and it is understood how that Medicare **plan is changing** in 2017, you do not need to do anything. You will be automatically re-enrolled into your Medicare plan along with any changes your plan may have made for 2017.
2. If the current 2016 Medicare plan is being discontinued or **not offered in 2017**, there may not be 2017 Medicare plan coverage unless you enroll in a new plan.
3. Some 2016 Medicare plans will be consolidated and 2016 plan members are being automatically "cross walked" or merged into a different 2017 Medicare plan with potentially different plan coverage. If you are currently in one of the 2016 Medicare plans being merged, your Annual Notice of Change (ANOC) letter will inform you about how you are being reassigned or "cross walked."

ABSOLUTE PHARMACY PROCESS

Absolute Pharmacy understands that this process can be confusing and stressful. To help, we use Plan Optimizer software to determine and recommend the best plan for the resident both clinically and financially (with the most coverage). Absolute Pharmacy sends those recommendations to the facility and is available for questions and assistance for the families and facility staff. Once the resident selects the plan, with appropriate authorizations Absolute Pharmacy is able to enroll them, taking the hassle and burden off of the facility.

Please contact your billing representative with questions.

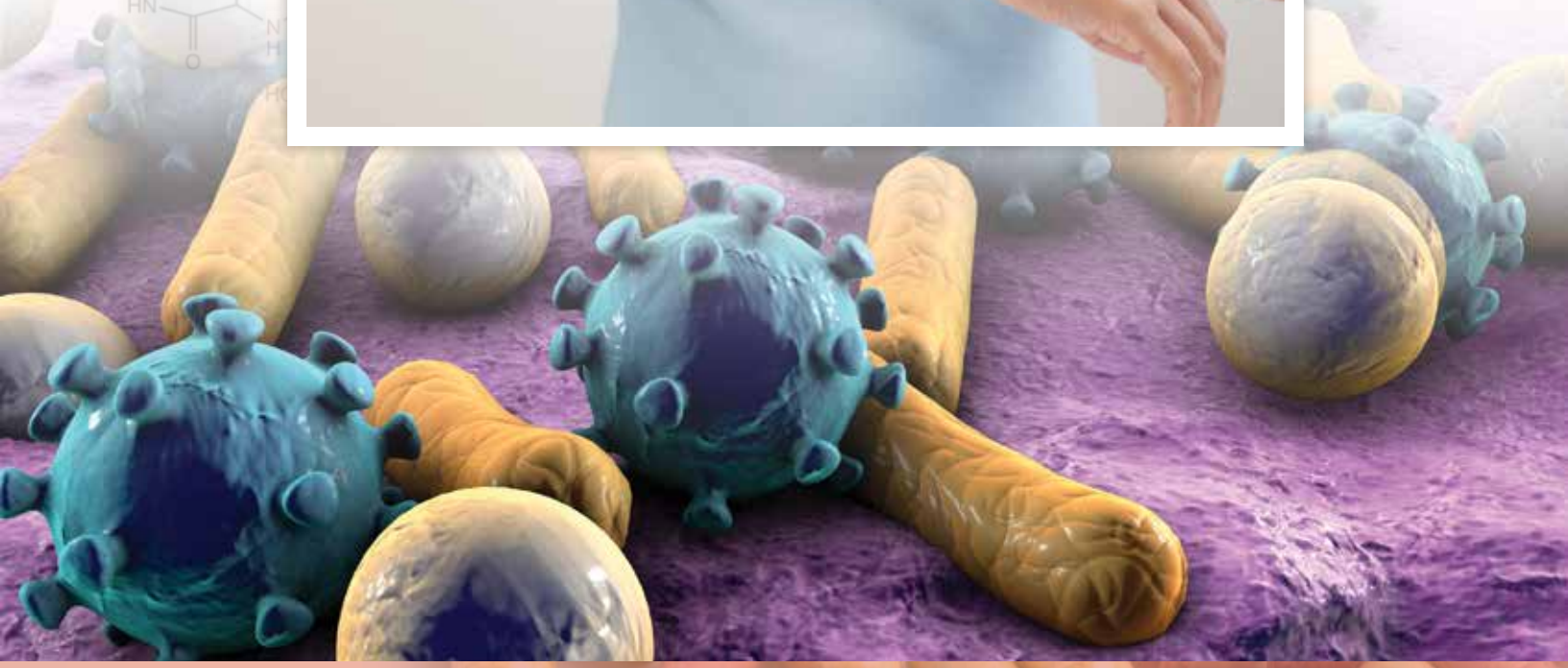
Resources:

Prescription Drug Plan (PDP) Compare
https://q1medicare.com/PartD-2017-2016PDPComparePartDAllPlans.php?utm_source=2016_1015AEP_02_NLREM&utm_medium=email&utm_campaign=reminder

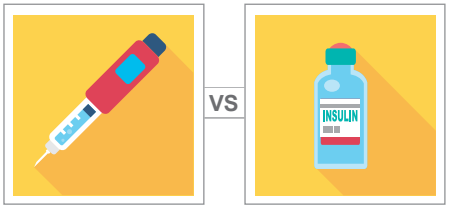
Medicare Part D Plan Reassignments
https://q1medicare.com/q1group/MedicareAdvantagePartD/Blog.php?blog_id=605&utm_source=2016_1015AEP_04_NLREM&utm_medium=email&utm_campaign=reminder

New Generic Form of Cubicin® Launches

The new authorized generic form of Cubicin® (daptomycin) has recently been released by Teva and is being added to the Cardinal Health SOURCE℠ Generics offering. The new authorized generic form of Cubicin® is indicated to treat bacterial infections of the skin and underlying tissues. The generic form is clinically equivalent to the name brand and nurses and patients should feel comfortable using the generic form. Cubicin has been a top cost driver for nursing facilities in the past and its financial impact should be considered. Now that it will be available generically it will provide grounds for competitive pricing that will hopefully lead to a more affordable price.



Insulin Pens Vs. Vials



by Becky Sommers, R.Ph V.P. Clinical Services

Diabetes is ranked 7 percent greater in costs than the second highest cost disease state in a recent client analysis by Absolute Pharmacy. Diabetes is consistently the highest cost disease state related to pharmacy for nursing facilities. The following chart is a comparison of pens versus vials and demonstrates that using pens can reduce overall spending on insulin.

Savings of Lantus Pens vs. Vials Once opened only good for 42 days then needs to be discarded.		# ml/vial or pen	Units/ml	Facility price - Med A	Price per unit	Facility price - Med A per 42 days	Pen savings due to waste in 10cc vial every 42 days
Patient Lantus 7 units QD	Lantus Vial	10	1000	$246.33	$0.25	$246.33	—
	Lantus Solostar Pen	3	300	$75.16	$0.25	$75.16	$171.17
Savings of Lantus Pens over Levemir Vials Interchanged per Absolute formulary due to 10% cost advantage of Lantus over Levemir. Longer use date of 42 days once opened with Lantus vs. Levemir (30 days open and then discard)		# ml/vial or pen	Units/ml	Facility price - Med A	Price per unit	Facility price - Med A per 30 days	Pen savings due to waste in 10cc vial every 30 days
Patient Levemir 20 units/day	Levemir Vial	10	1000	$266.50	$0.27	$266.50	—
	Lantus Solostar Pen	6	600	$148.51	$0.25	$148.51	$117.99
Savings of Humalog Pens over Vials Average sliding scale use is approximately 10 units/day		# ml/vial or pen	Units/ml	Facility price - Med A	Price per unit	Facility price - Med A per 30 days	Pen savings due to waste in 10cc vial every 30 days
Patient Humalog Sliding Scale	Humalog Vial	10	1000	$252.52	$0.25	$252.52	—
	Humalog Pen	3	300	$98.63	$0.33	$98.63	$153.89
Savings of Novolog Pens over Vials Discard after opened 30 days		# ml/vial or pen	Units/ml	Facility price - Med A	Price per unit	Facility price - Med A per 30 days	Pen savings due to waste in 10cc vial every 30 days
Patient Novolog 18 units/day	Novolog Vial	10	1000	$253.11	$0.25	$291.40	—
	Novolog Pen	6	600	$195.94	$0.33	$195.94	$95.46
Total cost savings to facility in 30 days and 4 residents with Insulin orders:							**$538.51**

Pen needles cost to facility as “Bulk Stock” item = $25/box of 100.

Supplement Orders

Absolute Pharmacy always strives to provide the best products and product support.

Please be aware that dosing and strength of vitamin supplements listed on both pharmacy and over the counter items are labeled based on the dose per tablet/capsule and not the serving recommendation/size.

When administering OTC medications, verify the dose per tablet/capsule using the suggested serving recommendation on the bottle (located in the supplement facts). Verify the correct strength is being administered as ordered by the physician because the per-serving quantity and mg per tablet/capsule strength may not be the same.

Directions: Take 2 capsules, one time daily, with a meal.

Supplement Facts

Serving Size: 2 Capsules
Servings Per Container: 15

Amount Per Serving	
Cranberry Extract *(Vaccinium macrocarpon)* (fruit)	800 mg*

*Daily Value (DV) not established.

Other Ingredients: Gelatin, Silica, Maltodextrin, Tribasic Calcium Phosphate, Magnesium Stearate, Magnesium Hydroxide, Water.

REMINDER

It's flu season! Please contact customer service at 330-498-5257 if you need vaccines.

Absolute Insights

Put a Face to a Name: Natasha Zarkovacki

Q: How long have you worked for Absolute Pharmacy?
A: A little over 7 years.

Q: What do you do for Absolute Pharmacy?
A: I manage the Medical Records department and also perform QuickMAR training for our customers that utilize the eMAR system.

Q: What's your favorite quote or saying?
A: Life is 10 percent of what happens to you and 90 percent how you react to it.

Q: What's your favorite song?
A: This seems to change frequently but currently it is "Send My Love" by Adele.

Q: What chore do you absolutely hate doing?
A: Putting away laundry.

Q: What do you enjoy doing the most?
A: I love to travel. I find it exhilarating to explore new cities, try different cuisine and learn about other cultures – but even a short trip can be inspiring to me.

Q: As a child, what did you want to be when you grew up?
A: An entrepreneur.

Q: If you could take a vacation anywhere in the world, where would it be?
A: The Adriatic: my first destination would be my uncle's beach home in Montenegro. From there, I would sail up and down the coast visiting several port cities including Split, Croatia and Venice, Italy.

UPCOMING EVENTS

OHCA WINTER CONFERENCE
February 13-14
See our table.
Columbus, OH