



KEEPING TABS

Absolute Pharmacy is the prescription for what ails you.

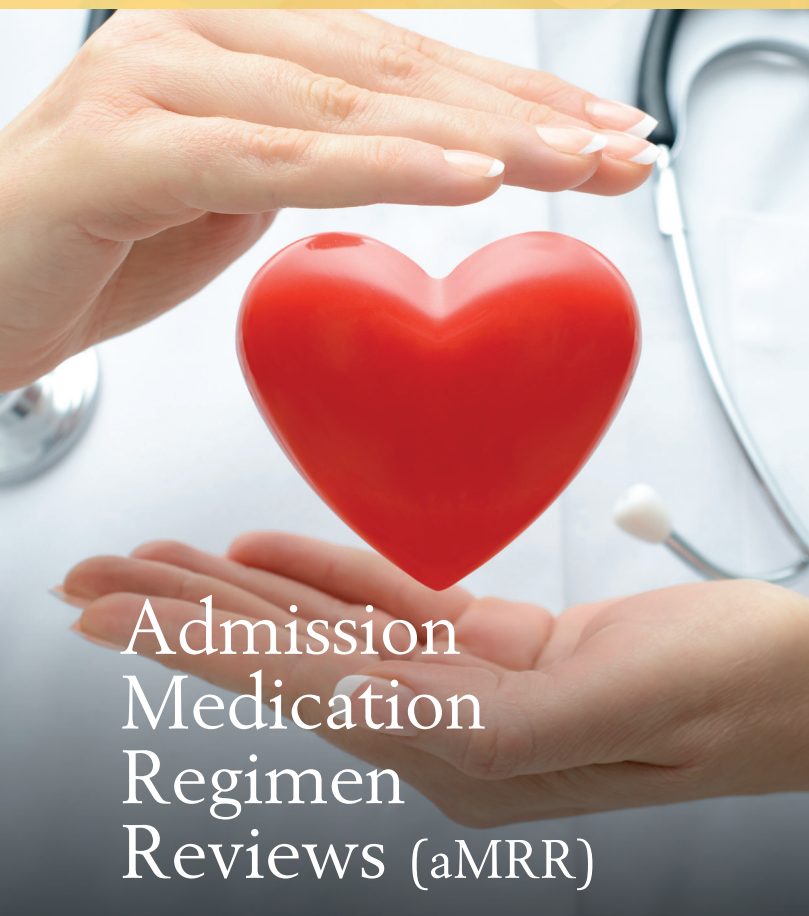
In each quarterly edition, you'll find the latest news about pharmacy, new medications, technology and more — all through the lens of what is pertinent to the long-term care (LTC) industry.

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 maryjo.mcelyea@abshealth.com.

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Admission Medication Regimen Reviews (aMRR)

Background and Influence

The Impact Act of 2014 states a medication regimen review should be completed closely following admission. Extensive revisions were made by CMS to the Requirements for Participation under the Medicare and Medicaid Programs: "Reform of Requirements for the LTC Facilities."

F Tag 756 stipulates the requirement for the MRR applies to short- or long-stay residents without exception. Recently, additions of the new Section N items of the Minimum Data Set 3.0 (MDS) specifically address if an aMRR was performed timely and its inclusion impacts the facility's quality measures. All of these factors highlight the need to add an expanded aMRR to the services we provide you.

Potential and actual resident medication adverse consequences and errors are prevalent in health care settings and often occur during transitions in care. Emergency department visits followed by rehospitalizations can negatively affect a resident's health, safety, and quality of life and the SNF standing within the Accountable Care Organizations with which they collaborate. Adverse consequences related to medications may even result in serious harm or death. Drug regimen review is intended to improve resident safety by addressing potential and actual clinically significant medication issues at the time of a resident's admission (start of SNF PPS stay) and throughout the resident's stay (through Part A PPS discharge).

Positive Effects of the Admission aMRR to the Resident Medication Care Plan

Goals of aMRR

1. Optimize quality and safety of the medication care plan for residents.
2. Improve SNF regulatory compliance.
3. Manage medication costs.
4. Decrease re-hospitalization due to adverse medication events.
5. Positively affect SNF Quality Measure.

Process of an aMRR

1. Facility provides written agreement on interest in participation in services, and fees.
 - Access for Absolute pharmacist to hospital records, transfer orders, diagnosis list, lab results for aMRR
 - Agreed upon preferred method of communication and facility designee who will be responsible for ensuring prompt follow up with the prescriber
2. An Absolute pharmacist monitors facility admissions. Using available information, the pharmacist completes an aMRR within 72 hours of the pharmacy receiving admission orders.
3. A review of the aMRR with recommendations will be communicated to facility identified designee. Recommendations preventing potential clinically significant adverse effects and needs to be communicated with the physician within the required time frame will be identified.

aMRR Includes but is not Limited to:

- Medication reconciliation when hospital discharge records are available.
- Review and monitoring of medications' dosing.
- Appropriate length of therapy.
- Evidence of adequate indication.
- Reduction of duplicate therapy.
- Cost management strategies.

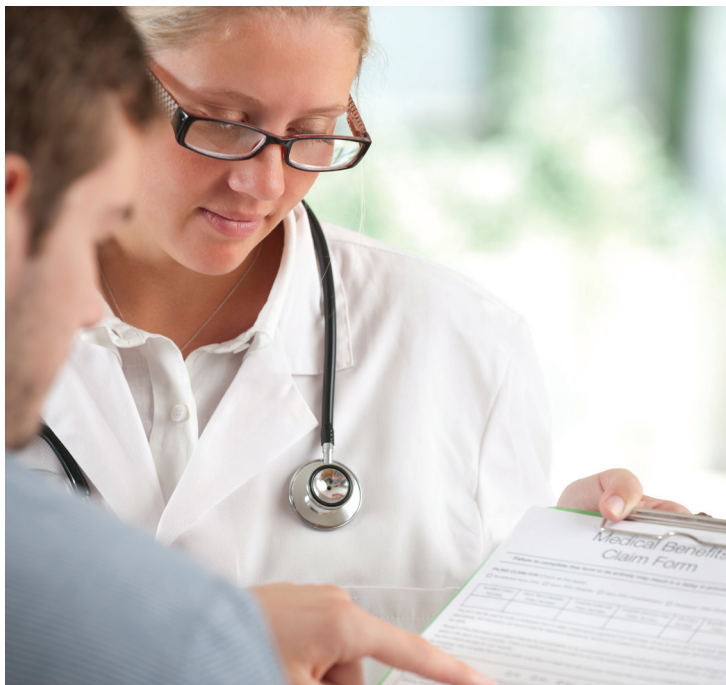
Emphasis on High-Risk Medications:

- Anticoagulants
- Diabetes medications
- Antipsychotics
- Opioids
- Antibiotics



For More Information or Questions Contact:

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Medicare Open Enrollment

by Jodi Hull, VP of Billing

Medicare Part D

Open enrollment for Medicare Part D is from Oct. 15 - Dec. 7. Absolute Pharmacy is reviewing your skilled nursing facility's resident plans for possible changes that are a better clinical or financial fit. We sent you the status of residents who have their signed authorization on file with us. Those residents will be reviewed with CMS plan finders and all of the 2019 plans for changes. If changes are made, we will mail those to the pharmacy on file. We will also mail changes to the facility once open enrollment has closed.

Medicare Advantage Plans

Medicare Advantage Plans open enrollment (OEP) period returns in 2019. That will run from Jan. 1 - Mar. 31, 2019 and will allow anyone in an advantage plan to switch or return to traditional Medicare. This enrollment should be done by the authorized person on file at Medicare for your patients.

Q&A

What's the Part D late enrollment penalty?

An amount that's permanently added to your Part D premium. You may owe a late enrollment penalty if at any time after your initial enrollment period is over, there's a period of 63 or more days in a row when you don't have Part D or other creditable prescription drug coverage.

Which drugs are covered?

Each plan has its own formulary, many placing drugs into different tiers on their formularies. Drugs in each tier have a different cost.

What are coverage rules?

Each plan may have the following coverage rules being prior authorization, quantity limits and or step therapy.

What is a Medication therapy Management (MTM) program?

Plans with coverage may offer additional MTM services. These help beneficiaries and caregivers know how to manage medications and use them safely.

Do I need a supplement insurance (Medigap) with prescription drug coverage?

Medigap policies can no longer be sold with prescription drug coverage. If a resident has a current supplemental plan, tell your Medigap company so they can remove the prescription coverage.

What if help is needed paying for prescription drug costs?

If there are limited income and resources, a person may qualify for extra help. If you qualify for extra help and join a Medicare plan, beneficiaries will receive help paying for Medicare drug plan costs, won't have any coverage gaps and there will be no late enrollment penalty.

Please contact your Absolute Pharmacy biller with questions.



Medical Marijuana Regulations

by Tracy Penrose, R. Ph., BCGP, Absolute Pharmacy Consultant Pharmacist

Following the November election, Medical Marijuana (MM) use is approved in 32 states. Recreational use is approved in 10 states including Michigan. Canada became only the second country to legalize recreational use. Ohio legalized MM in September, and the State of Ohio Board of Pharmacy is responsible for implementing rules for patients and caregivers. The Ohio's Medical Marijuana Control Program (MMCP) will establish guidelines for cultivation, processes, testing, dispensing and use. MMCP's helpline for patients, caregivers and medical professionals as a reference for services and assistance is 833-4OH-MMCP.

The cannabis family (i.e. hemp, marijuana) and synthetic cannabinoids have been used medicinally and recreationally for a variety of purposes for many years. More than 100 cannabinoids are in cannabis. Two active components are delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD). THC and CBD act differently within the body due to differences in receptor affinities and activities. THC activates receptors in the brain and leads to a "high" while CBD does not.

FDA Approved for Physician Prescription:

- **THC-based synthetic products:**
Dronabinol (Marinol)- for anorexia and chemo induced nausea and vomiting, Nabilone (Cesamet)- for antiemetic
- **CBD based product:**
Cannabidiol (Epidiolex) - for (LGS & DS) seizure disorders

Combination products are available in Canada, but none are currently approved in the U.S. Cannabis products come in forms including tablets, capsules, solutions, oils, edibles, topicals, inhalants, suppositories, etc. It is difficult to determine the quality and ingredients of unregulated products. CBD oil was advertised and used by many until August when the board banned the oil's sale in Ohio except by marijuana dispensaries.

As demand for natural marijuana plant products and its different forms increase, many regulations come with it. Here are some of the rules for using and obtaining cannabis from Ohio Administrative Code 3796:

The Patient:

- Must qualify for registry and have a bona fide physician-patient relationship.
- Must have a qualifying diagnosis.
- The physician (or delegate) submits registration to State of Ohio Board of Pharmacy.
- Government approved ID and proof of Ohio residency is required.
- An annual fee is required.

The Physician:

- Must show DEA number, medical license number and "Certificate to recommend MM" ID number.
- Must complete two hours CE for diagnosing and treating those using MM.
- Attest that he or she has explained risks and benefits associated with MM use for patient.
- If terminal illness treatment is needed, registry will be valid for 6 months only.

The Caregiver:

- Only a person 21 or older with no criminal record can register as a caregiver.
- A patient can have no more than two caregivers. A caregiver can have no more than two patients. However, a written request may be submitted for exceptions including:
 - A patient needs more than two caregivers to avoid unnecessary hardship.
 - A patient is in a hospice program.
- A caregiver is providing for multiple patients who reside in the same household. The patient's caregiver or a legal representative shall notify the State Board of Pharmacy when the patient dies.

The Hospice:

- Shall register all employees who will possess or administer MM.
- Shall notify the state board when the patient is admitted with active registration so the six-month expiration will start.
- Shall notify the state board when patient dies.

The Purchase of Medical Marijuana:

- A patient or caregiver may only purchase medical marijuana pursuant to a valid recommendation issued by a physician through a certified, active MM dispensary.
- Patients and caregivers must be older than 18, provide registry ID card and photo before entering the dispensary department, and when purchasing MM.
- Any portion of their 90-day supply may be purchased at any time. No patient shall receive more than a 90-day supply in a 90-day period.
- MM must be stored in a secure location to prevent theft, loss, or access by unauthorized persons in the original dispensing package with an unaltered dispensary label.
- An employee of a hospice provider, nursing facility, medical facility, a visiting nurse, personal care attendant or home health aide serving as a caregiver shall not receive payment above or beyond regular wages.
- Patients and caregivers shall dispose of all medical marijuana within seven calendar days of the expiration of their registration.

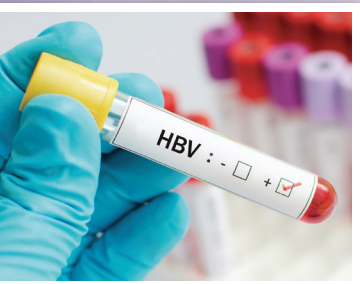


To read the full administrative code, visit <http://pharmacy.ohio.gov>.

HEPLISAV-B

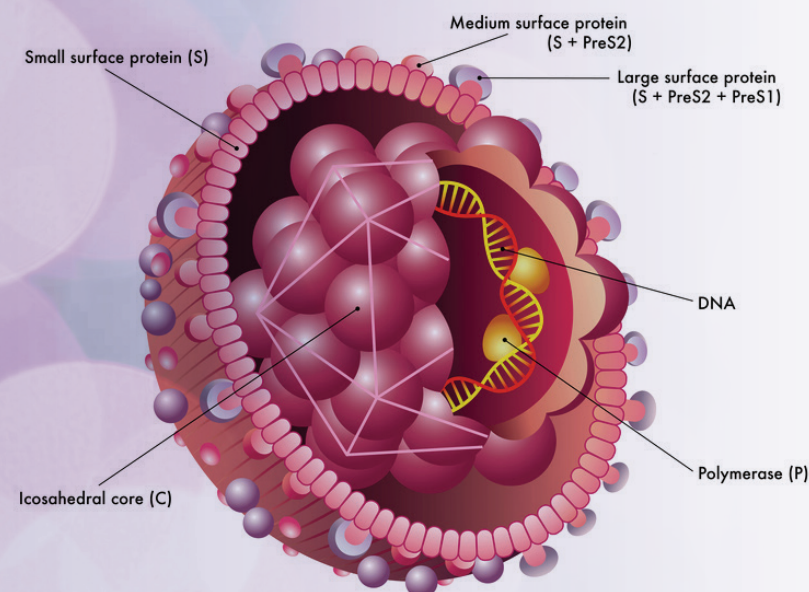
by Victor Silea, R. Ph., Absolute Pharmacy
Consultant Pharmacist

On April 19, 2018, the CDC published the Advisory Committee on Immunization Practices' (ACIP) unanimous recommendations for use of HEPLISAV-B® [Hepatitis B Vaccine (Recombinant), Adjuvanted] in adults in the U.S. This can be found in the Morbidity and Mortality Weekly Report (MMWR)² on the CDC's website.



Hepatitis B is an extremely infectious and potentially deadly virus affecting a wide range of adults in the United States. There is no cure for hepatitis B, and infections are on the rise. In 2015, new cases of acute hepatitis B increased by more than 20 percent nationally.² Hepatitis B can be prevented through effective vaccination. Current vaccines require

three shots over a six-month period. However, almost half of adults fail to complete the series within one year.³



HEPLISAV-B is indicated for prevention of infection caused by all known subtypes of hepatitis B in adults 18 years of age and older.⁴ HEPLISAV-B® is the first and only two-dose hepatitis-B vaccine for adults 18 years or older over one month. It is the first FDA approved Hepatitis-B vaccine in the United States in more than 25 years.

Indication

HEPLISAV-B is indicated for prevention of infection caused by subtypes of hepatitis B virus in adults 18 years of age and older.

Important Safety Information

Do not administer HEPLISAV-B to individuals with a history of severe allergic reactions (eg, anaphylaxis) after a previous dose of any hepatitis B vaccine or to any component of HEPLISAV-B, including yeast.

Appropriate medical treatment and supervision must be available to manage possible anaphylactic reactions following administration of HEPLISAV-B.

Immunocompromised people, including those receiving immunosuppressant therapy, may have a diminished immune response to HEPLISAV-B.

HEPLISAV-B Now Available in a Prefilled Syringe.



For more information,
visit www.HeplisavB.com.

Hepatitis B has a long incubation period. HEPLISAV-B may not prevent hepatitis B infection in individuals who have an unrecognized hepatitis B infection at the time of vaccine administration.

The most common patient-reported adverse reactions reported within seven days of vaccination were injection site pain (23-39 percent), fatigue (11-17 percent), and headache (8-17 percent).

References: 1. Schillie S, Vellozzi C, Reingold A, et al. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. MMWR Recomm Rep. 2018;67(1):1-31; 2. CDC. <https://www.cdc.gov/hepatitis/statistics/2015surveillance/index.htm#tabs-5-8>. Fig 3.2 3. Nelson J, et al. Compliance with multiple-dose vaccine schedules among older children, adolescents and adults: results from a Vaccine Safety Datalink Study. American Journal of Public Health. 2009;99:S2. 4. HEPLISAV-B [package insert]. Berkeley, CA: Dynavax Technologies Corporation; 2018.



Put a Face to a Name: Robert Doidge

Q: How long have you worked for Absolute Pharmacy?

A: 8 ½ years

Q: What do you do for Absolute Pharmacy?

A: Pharmacist

Q: What do you absolutely love about working for Absolute Pharmacy?

A: The comradery and flexibility with our team, and the ability to switch around to different tasks during the day.

Q: What's your favorite quote or saying?

A: It is what it is!

Q: What do you enjoy doing the most?

A: Carpentry, I spend hours in my garage doing projects.

Q: If you could be any fictional character, who would you choose?

A: Donald Duck.

Q: If you could take a vacation anywhere in the world, where would it be?

A: I would love to vacation in one of the overwater bungalows off the island of Bora Bora, French Polynesia.

ABSOLUTE INSIGHTS

Give Us 5 Minutes



Please Take Our Short Survey

It takes less than five minutes. How are we doing? We value your input and feedback and are always looking for ways we can improve. Please take this brief survey and we will use the information to continue providing the services you like and identify areas for improvement. We want to hear from you!

www.abshealth.com/abpsurvey

UPCOMING EVENTS

OHCA - WINTER CONFERENCE

Jan. 15-16, 2019

Columbus, OH

CLIENT VIP EVENT

March 20, 2019

North Canton, OH

