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Improving Business Performance Through Data **Driven Solutions**

August 7, 2019 Fred Gebhart











Caring for patients requires a successful business.



Independent community pharmacy is all about patient care, but caring for patients requires a successful business. That's where business-oriented tools such as Good Neighbor Pharmacy's Managed Care and Business Performance value centers make a



Chuck Reed

Phyllis

Houston, MSOL

As an example, Elevate Provider Network members saw an extra \$7 per claim in

difference.

one plan compared to independents who belong to other PSAOs, said Chuck Reed, AmerisourceBergen Vice President of Pharmacy Innovation and Solutions. That increase is the result of data-driven

contracting that has seen Elevate pull out of a

growing number of high-volume, low

reimbursement preferred pharmacy provider

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contracts.

"As we know from the NCPA, 92% of revenue for the average independent pharmacy is from prescription products," Reed said. "And of that 92%, roughly 90% is paid by a third party, while 10% is paid by cash. So, it's really important that the payments received by pharmacies for medications allow them to operate profitably."

Trending: <u>Pharmacists at the FDA: Drug</u> <u>Information Specialists</u>

The typical PSAO approach is to contract with as many preferred networks as possible to maximize the potential patient pool, Reed continued. The thought is that patients choose their health coverage, then choose their pharmacy from the plan's preferred list.

Elevate analytics suggested otherwise, at least for *Good NeighborPharmacy* patients, which showed that some contracts guarantee poor financial outcomes. In 2018, the Elevate opted not to be a preferred provider in the largest plan in the marketplace. Opting out of bad contracts turned out so well that Elevate opted out of additional preferred networks for 2019.

"It's not to say that we are not in any preferred networks," Reed said. "But we only want to be in the ones that truly make sense to our members. That willingness to say no has differentiated us in the marketplace. And it is earning our members more dollars overall."

Better contracting is just one step to strengthening the core business of independent pharmacy. Better management of DIR fees is another key element. *Good*Neighbor Pharmacy offers a suite of business performance tools, including a DIR estimator that helps pharmacies better plan for fees and reduces the clawbacks by PBMs by advising stores on purchasing patterns, star ratings, and other factors that go into DIR calculations. Data makes it possible. "Without data, you have to work on soundbites and simple gut reactions," Reed explained. "Having the data gave us the gumption to make that initial change to our posture on preferred networks."

Data also helps track the consequences of decisions. It's easy to assume that opting out of preferred status on a major contract would reduce growth. Instead, Elevate members showed 2.4% year-over-year growth in Rx

volume over the past 12 months while the industry-wide Rx market declined by 0.4%.

"Patients who go to an independent pharmacy have self-selected into a different site of care, they have a different pharmacy relationship," Reed said. "The data tells us that *Good Neighbor Pharmacy* patients pick their pharmacy and then pick their plan."

One reason is *Good Neighbor Pharmacy*'s focus on adherence. Participating pharmacies have access to the Business Performance value center, which focuses on store-level data, and EQUIPP, the Electronic Quality Improvement Platform for Plans and Pharmacists, which collects patient-level data.

The Business Performance value center recently added a new safety net program to help boost adherence. The program automatically sends text messages to patients who are at risk for nonadherence. That includes patients who were late on prior refills or late on a current refill.

"We really encourage pharmacies to have a strong adherence program," explained Phyllis Houston, AmerisourceBergen Vice President of Program Development and Market Intelligence. "It's good for the patient, improving outcomes, and it's good for the pharmacy, improving refills and inventory management."

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Member pharmacies also get a monthly Star Rating Report Card that compares store performance against other pharmacies and similar industry benchmarks. Business coaches can help individual owners pick and choose the tools that are most appropriate for their specific business operations and set goals.

"There are huge amounts of data coming out of your pharmacy," Houston said. "It's coming out of your pharmacy management system, your point of sale system, EQUIPP, and other sources. What we do in Business Performance is boil all that data down to meaningful metrics you can act on. Data drives improvement and helps you recognize opportunities."

Telehealth Improves Access to Pharmacists for Medically Underserved Patients

August 24, 2020 Jennifer Barrett





An examination of how telehealth services for medically underserved patients in rural areas improve access to pharmacists for chronic care management.



Through telehealth services, medically underserved patients in rural Florida have been able to effectively access ambulatory care pharmacists and student pharmacists during the pandemic, according to a commentary published in *Preventing Chronic Disease*.

With the coronavirus disease 2019 (COVID-19) pandemic, health care professionals are tasked with finding alternative ways to deliver care to patients who may be vulnerable to poor health outcomes. As in-person interactions may be limited, the use of technologies such as telehealth through virtual and telephone medical therapy management (MTM) can help improve care for these vulnerable patients.

The initiative focused on the Northwest Florida population, which is largely rural and consists of medically underserved individuals who have limited access to medical care for various reasons. At the Federally Qualified Health

Center (FQHC), one of the community health centers in the area, 2 pharmacist faculty members from Florida Agricultural and Mechanical University College of Pharmacy and Pharmaceutical Sciences, Institute of Public Health, implemented telehealth services during the pandemic to continue care for patients in the ambulatory care setting.

According to the authors of the commentary, each pharmacist has a cohort of patients to which they provide medication-related recommendations and counseling, as well as an established MTM program that focuses on cardiovascular disease and stroke prevention among the medically underserved population.

For the MTM program, student pharmacists and pharmacists perform chart reviews, assess laboratory values, identify barriers to medication adherence, provide pharmacologic and nonpharmacologic counseling, and make medication-related recommendations to referring providers. Patients are asked about their health literacy level surrounding their medications during each MTM interview.

During the pandemic, the FQHC clinic designed telehealth encounters to allow for continued patient access to care. The clinic provided patients with tablets, and health care professionals used laptops with preloaded Zoom video software for telehealth communication.

The clinic also allowed for student pharmacists on advanced pharmacy practice experience rotations to assist pharmacists in interviewing patients and providing medication-related recommendations via telehealth, under the pharmacist's supervision. This can provide alternative ways for institutions to incorporate student pharmacists, as personal protective equipment (PPE) shortages have limited student interactions during the pandemic.

The authors also noted that, in addition to gaining experience in telehealth services, student pharmacists at another Florida clinic assisted with curbside prescription pickup and counseling sessions; however these services required students to wear PPE and practice social distancing.

With COVID-19 affecting many communities, telehealth services can greatly improve patient

access to care, especially in medically underserved rural populations.

"It is imperative that pharmacists, student pharmacists, and other health care professionals continue to adapt to these new technologies and familiarize themselves with the laws governing their practice to deliver the same standard of care to improve health outcomes for their patients during the pandemic," the authors concluded.

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Bayshore Recalls 2 Lots of Extended-Release Metformin

August 20, 2020



Relevant Topics ~

Bayshore Pharmaceuticals issued a voluntary recall of 2 lots of its extended-release metformin products due to high levels of NDMA.



Officials with the FDA have issued a safety alert regarding Bayshore Pharmaceuticals' voluntary recall of 2 lots of extended-release (ER) metformin tablets.

According to a company announcement, Bayshore Pharmaceuticals is recalling 1 lot of metformin hydrochloride ER tablets USP, 500 mg, 1000 count bottles and 1 lot of metformin hydrochloride ER tablets USP, 750 mg, 100

count bottles within expiry to the consumer level due to detection of unacceptable levels of N-Nitrosodimethylamine (NDMA).

Out of the abundance of caution, Bayshore said it had tested samples from 8 lots manufactured using the same active pharmaceutical ingredient of the failed lot. Out of the 8 lots, 1 lot (Lot number 18657) of 750 mg tablets and 1 lot (Lot number 18641) of 500 mg tablets have showed NDMA levels in excess of the Acceptable Daily Intake Limit.

In early February, the FDA posted the results of its laboratory analysis showing NDMA levels in some samples of the metformin products it tested. Overall, the levels of NDMA found in metformin ranged from "not detectable to low levels" at the time. However, recalls for ER metformin products began in May after the FDA reported it found elevated levels of NDMA in certain products.

To date, neither Bayshore nor Beximco, the company that manufactured the product, have received any reports of adverse events related to the use of the product.

The FDA published a <u>recalled metformin list</u> including details about metformin products that have been recalled. According to the FDA, its testing has not shown NDMA in immediate-release metformin products.

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Mylan Launches Generic Version of Multiple Sclerosis

Treatment

August 19, 2020







Relevant Topics

Mylan has launched the first FDA-approved generic version of Biogen's dimethyl fumarate (Tecfidera) for relapsing forms of multiple sclerosis.



Mylan has launched the first FDA-approved generic version of Biogen's dimethyl fumarate release 120 mg and 240 mg capsules (Tecfidera), which are indicated for the treatment of relapsing forms of multiple sclerosis (MS), according to a press release.

Mylan's generic is the first of any MS treatment in an oral solid dosage form available to patients in the United States.

The launch follows Mylan's win in the US District Court for the Northern District of West Virginia that invalidated Biogen's Tecfidera patent. Biogen is appealing the decision.

"The launch of the first generic Tecfidera is yet another prime example of Mylan's fundamental commitment to bringing more access to patients worldwide, in this particular case through our continued support of the MS community, while helping to provide immediate and substantial savings for the US healthcare system," said Heather Bresch, CEO of Mylan. "It also represents another significant achievement for the many Mylan scientific, regulatory, and legal colleagues who continue to work tirelessly in doing their part to bring important access to medicines as quickly as possible."

Dimethyl fumarate oral delayed-release capsules were originally approved by the FDA in 2013 as the third oral drug indicated for the

treatment of relapsing forms of MS.

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All Pharmacists Now Authorized to Administer Childhood Vaccines

August 18, 2020 Christine Blank





HHS authorized all state-licensed pharmacists to order and administer childhood vaccinations amid the coronavirus disease 2019 (COVID-19) pandemic.



Pharmacy organizations are claiming victory after the Department of Health and Human Services (HHS) today authorized all statelicensed pharmacists to order and administer childhood vaccinations amid the coronavirus disease 2019 (COVID-19) pandemic.

In its <u>third amendment</u> to the Declaration under the Public Readiness and Emergency

Preparedness Act (PREP Act), HHS authorizes state-licensed pharmacists (and pharmacy interns acting under their supervision, if the pharmacy intern is licensed or registered by his or her state board of pharmacy) to order and administer vaccines to individuals ages 3 through 18 years.¹

"This is an extremely important public health decision to ensure young Americans, their families, our communities and our nation can benefit more completely from life-saving vaccines and from the paramount education, trust and accessibility of pharmacies and pharmacists," said NACDS President and CEO Steven C. Anderson.

"HHS Secretary Alex Azar and HHS Assistant Secretary for Health Brett P. Giroir, MD, have recognized the role of pharmacies and pharmacists as the face of neighborhood health care, which is essential given the challenges facing our nation right now and in anticipation of the months ahead," Anderson added.

"We have all been pushing for this so long. Everyone has been collaborating with the same message to HHS and it is a real success story," APhA Executive Vice President & CEO Scott Knoer, PharmD, told *Drug Topics*®.

The CDC found a "troubling drop" in routine childhood immunizations as a result of families staying at home due to the pandemic, HHS said in a news release.³ "While families followed public health warnings about going out, an unfortunate result was many missed routine vaccinations. This decrease in childhood-vaccination rates is a public health threat and a collateral harm caused by the COVID-19 pandemic."

"We are going to have all kinds of long term problems because of this," Knoer added.

"Today's action means easier access to lifesaving vaccines for our children, as we seek to ensure immunization rates remain high during the COVID-19 pandemic," Azar said. "The Trump Administration has worked to allow pharmacists—alongside all of America's heroic health care workers—to practice at the top of their license, empowering the public with more options to protect their health and well-being."

"Enabling pharmacists to expand their offering of vaccinations is welcome news for families and young patients, for whom neighborhood pharmacists are often the most accessible health care providers," NCPA CEO B. Douglas Hoey, MBA, RPh, said in a statement. "NCPA will continue working to see that pharmacists are authorized to administer coronavirus vaccines, when available, and toward the development of a viable way for payers to reimburse pharmacists for providing immunization services."

Pharmacists can administer vaccines under the following requirements, HHS said:

- The vaccine must be approved or licensed by the FDA.
- The vaccination must be ordered and administered according to the CDC's Advisory Committee on Immunization Practices (ACIP) immunization schedules.
- The licensed pharmacist must complete a practical training program of at least 20 hours that is approved by the Accreditation Council for Pharmacy Education (ACPE). This training program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines.
- The licensed or registered pharmacy intern must complete a practical training program that is approved by the ACPE. This training program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines.
- The licensed pharmacist and licensed or registered pharmacy intern must have a current certificate in basic cardiopulmonary resuscitation.
- The licensed pharmacist must complete a minimum of 2 hours of ACPE-approved, immunizationrelated continuing pharmacy education during each state licensing period.

 The licensed pharmacist must inform his or her childhoodvaccination patients and the adult caregivers accompanying the children of the importance of a wellchild visit with a pediatrician or other licensed primary care provider and refer patients as appropriate.

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