

C.A.R.E.S.

PHARMACY NETWORK NEWSLETTER

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HIGHLIGHTS

“RSV in Older Adults: Transmission, Outcomes, Prevention, and the Vaccines”

Oluchukwu Ezeala, Doctoral Student, HORP

- Our last issue covered RSV in “Tripledemic’ Safety Tips for Older Adults.” Since then, the FDA has approved novel RSV vaccines.



PG. 3

“Prescription Fraud Trends and Prevention for Pharmacists and Patients”

Nicholas McCormick, Doctoral Student, HORP

- Prescription fraud continues to be a problem for pharmacies everywhere. This refresher will provide a brief overview of the current situation and what you can do to stay on top of it.



PG. 6



ONE
DOOR
ALABAMA
ONE DOOR. ONE GOAL.
INTRODUCTION



BY DR. SALISA WESTRICK

Welcome to the *21st installment of the C.A.R.E.S. Pharmacy Network quarterly newsletter*. We know that running a pharmacy is no easy task – pharmacies must constantly adapt to stay ahead of everchanging federal regulations and programs as well as patient needs. Our Q2 2023 newsletter highlights updates on two pressing topics: the introduction of novel RSV vaccines and prescription fraud.

Our free flagship CE program, *“The Role of Pharmacy Personnel in Assisting Medicare Beneficiaries with Limited Income and Resources,”* just received a massive makeover. You can access the *free, updated course* right here: (<https://aub.ethosce.com/content/role-pharmacy-personnel-assisting-medicare-beneficiaries-limited-income-and-resources#group-tabs-node-course-default1>). This program includes information on the Inflation Reduction Act and its impact on medication provisions for Medicare. *We’re also updating our 3 CE articles*. Keep an eye out for those in the near future.

In addition to quarterly newsletters, *we continue to publish regular content on our blog*. Recent blog posts have covered topics like *vaccine recommendations, updates to the Inflation Reduction Act, and C.A.R.E.S. Pharmacy Network community outreach events*.

Now, get ready to dive into our stories on the latest advancements in the fight against a dangerous respiratory virus and the continued threat of one of the most common forms of fraud within the pharmacy setting.

RSV in Older Adults: Transmission, Outcomes, Prevention, and the Vaccines

By: Oluchukwu Ezeala, Doctoral Student, HGRP



NEW VACCINES CAN REDUCE HOSPITALIZATION RISK FOR OLDER ADULTS

Respiratory syncytial virus (RSV) is a common respiratory virus that primarily affects young children, adults with compromised immune systems or underlying lung and heart conditions, and older adults.¹ It is very contagious and spreads through respiratory droplets when an infected person coughs or sneezes.² RSV infection tends to occur most frequently during the fall, winter, and early spring seasons.^{3, 4} The initial presentation of RSV infection is often mild, resembling cold-like symptoms such as coughing, sneezing, runny nose, and fever. However, in severe cases, it can progress to more severe respiratory conditions like bronchiolitis or pneumonia, posing a significant health risk.⁵

Of particular concern is the impact of RSV infection on adults aged 60 and older. In this vulnerable age group, RSV infection has been linked to an increased risk of

hospitalization, prolonged hospital stays, and a higher frequency of emergency room visits.⁶ The Centers for Disease Control and Prevention reports that approximately 10,000 older adults in the United States succumb to RSV annually.⁷ These adverse outcomes emphasize the importance of adopting effective measures to minimize the spread of RSV, among older adults. Regular and thorough handwashing is critical in reducing the transmission of the virus. Additionally, individuals should avoid close contact with infected individuals and practice proper respiratory etiquette, such as covering the mouth and nose while coughing or sneezing.⁷

In more positive news, a significant breakthrough has occurred in the battle against RSV. Arexvy and Abrysvo vaccines were approved by the United States Food & Drug Administration on May 3, 2023, and May 31, 2023, respectively, for the prevention of RSV-related lower respiratory tract diseases (LRTD) in adults 60 and older.^{8,9} Arexvy is an adjuvanted RSV vaccine produced by the British pharmaceutical and biotechnology company, GlaxoSmithKline (GSK) plc.¹⁰ GSK reports that the Arexvy vaccine has an efficacy of 94.6% against RSV-related LRTD in patients with at least one comorbidity of interest, such as advanced liver or renal disease, diabetes, chronic heart failure, or chronic pulmonary or respiratory disease.¹⁰ The overall efficacy of the vaccine against LRTD is reported to be 84.6%.¹⁰ Arexvy is available as a single-dose vial of lyophilized antigen component, which needs to be reconstituted using the provided adjuvant suspension.¹¹ On the other hand, Abrysvo is an RSV vaccine manufactured by Pfizer, a US multinational pharmaceutical and biotechnology company.¹² Abrysvo is a bivalent vaccine that contains no adjuvant.¹² Clinical trials have shown that Abrysvo reduces the risk of developing RSV-related LRTD with at least two symptoms by 66.7% and with at least three or more symptoms by 85.7%.¹³ Similar to Arexvy, Abrysvo is available in a single-dose vial of lyophilized antigen component, but it has sterile water as a diluent.¹⁴ The vaccines are recommended to be administered as a single dose of 0.5 mL intramuscular injection.^{11, 14} According to the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), individuals aged 60 and above are eligible to receive a single dose of either of the available RSV vaccines. The decision to proceed with the vaccination should be made through shared clinical decision-making involving the

healthcare provider and the individual. The ACIP also recommends receiving the vaccines prior to the start of heightened RSV activity within the society for maximum effectiveness.¹⁵

Both Arexvy and Abrysvo are expected to be released in the market later this year. Arexvy is projected to be available during the fall season, while Abrysvo is expected to be introduced between July and September. ^{12, 16} The introduction of these vaccines offers renewed hope for improved outcomes by providing a much-needed tool in the ongoing efforts to prevent and mitigate RSV infections, especially among older adults.

Still need those CE hours? Check out our updated CE courses:

<https://aub.ethosce.com/course-catalog-list>

Simply search “C.A.R.E.S.” in the search bar to find our FREE,
newly updated CE courses!

Prescription Fraud Trends and Prevention for Pharmacists and Patients

By: Nicholas McCormick, Doctoral Student, HORP



WHAT TO KNOW AND WHAT TO DO

Among both pharmacists and patients, prescription medication fraud remains an ongoing issue, with both parties affected by fraudulent billings potentially costing millions of dollars in preventable healthcare charges.^{1,2} Prescription medication fraud involves the deceptive acquisition, distribution, and use of prescription drugs for illicit purposes, bypassing the legal channels that are in place to safeguard public health. Despite the establishment of safeguards, prescription medication fraud has witnessed a concerning rise in recent years, fueled by various factors including the increasing demand for prescription drugs, their high monetary value, and the ease of accessing medications through online platforms. Providers and patients alike must be vigilant and look out for potential warning signs of prescription medication fraud.

For pharmacists, prescription medication fraud can be difficult to identify, however increased awareness of the common tactics and trends in prescription fraud can go a long way in its prevention. Drugs commonly identified as a vector for prescription medication fraud are opioids due to their prevalence as a drug of abuse in patients' use and illegal after-market resale.³ The identification of fraudulent opioid prescriptions requires pharmacists' increased awareness of and communication with the providers patients are receiving their prescriptions from. The advent of telehealth and its increased usage as a result of the COVID-19 pandemic has increased many patients access to providers who may, themselves, fraudulently prescribe opioids or be manipulated by patients to prescribe the desired medication.² To provide pharmacists, and practitioners, support in their endeavor to avoid opioid drug abuse, states have created helpful programs such as Alabama's Prescription Drug Monitoring Program (PDMP). Alabama's PDMP is a state-run electronic database designed to track and monitor the dispensing of controlled substances. It enables healthcare providers to access patients' prescription history, helping them make informed decisions and prevent the misuse and abuse of prescription drugs within the state.⁴ By being aware of patients' medication history and by communicating with their prescribing provider, especially if red flags arise, pharmacists can avoid potentially fraudulent prescribing, harmful drug dispensation, and disciplinary pharmacy board sanctions. Outside of fraudulently obtained provider given prescriptions, pharmacists must also be vigilant of forged prescriptions created by patients by either duplicating authentic ones or creating entirely fictitious documents.⁵ Again, by being aware of patients' medication history and through communication with their provider, the dispensation of forged prescriptions can be avoided by pharmacists.

Avoiding fraudulent prescription charges as a patient requires different approaches, however the core behaviors of vigilance and being proactive remain true. First and foremost, patients can choose reputable healthcare providers and pharmacies which can be identified by verifying the credentials and licensure of the establishment, seeking recommendations from trusted sources, and researching and reading reviews of potential healthcare providers. Patients should also be cautious of unsolicited offers for prescription medications, particularly those received via email, phone calls, or online advertisements.⁶ Another helpful behavior for patients is to stay informed about the medications they are currently provided, as doing so can help them be aware of any potentially fraudulent charges that may appear on their medical and insurance bills.⁵ Patients are able to check their up-to-date health insurance charges by referring to their insurer's online portal or by contacting their insurer utilizing the contact information provided on their insurance card. When reviewing billed charges, patients should pay attention to red flags such as being double charged for one health care service or being asked to cover out-of-pocket costs for services the insurer provides coverage for. Additionally, patients should safeguard their medical and prescription information and avoid sharing personal health information with anyone who is not authorized, with particular caution when providing that information online.

The prevention of prescription medication fraud benefits from a collaborative effort between patients and pharmacists. Patients can play a vital role in combating prescription medication fraud by actively engaging in their healthcare, remaining vigilant, and reporting any suspicious activity. Pharmacists, on the other hand, can exercise due diligence in verifying prescriptions, identifying red flags, and ensuring the authenticity of medications dispensed. Together, patients and pharmacists can create a stronger defense against prescription medication fraud preventing the exorbitant costs and harms that come hand-in-hand with fraud.

Continuing Education Programs Related to Medicare

In partnership with Alabama Department of Senior Services (ADSS), the C.A.R.E.S. program has partnered with the Harrison School of Pharmacy to offer an online video-based training and three ACPE approved 1-credit hour articles at no cost to you and your pharmacy technicians!

1. Online Video Training

- Three-hour comprehensive program providing an overview of Medicare, the Inflation Reduction Act, the roles of ADRCs, and how to identify and refer patients to ADRCs using 8 online modules hosted on Auburn Ethos CE (see website address below).

2. Articles

- Three one-hour home-study articles covering the following topics:
 - The Basics of Medicare for Pharmacy Personnel
 - Pharmacists' Role in Assisting Medicare Patients with Limited Income
 - Assistance Programs Available for Older Adults

**Access the CE articles and complete the post-test
and evaluation at:**

<http://aub.ethosce.com/>

Blog Highlights



1. We've been spending time at Auburn City Market in order to connect with community members who might benefit from our educational Medicare brochures. If you'd like to have these brochures in your pharmacy, please contact us, and we'll get them to you!

(<https://www.alpharmacycares.org/post/community-outreach-success-at-auburn-city-market>)

2. The Inflation Reduction Act has received new provisions that increase coverage and benefits. Further change is expected -- between new proposals and legal battles, Medicare is constantly evolving.

(<https://www.alpharmacycares.org/post/now-on-the-books-expanded-medicare-part-d-coverage-for-low-income-older-adults-extra-help>)

(<https://www.alpharmacycares.org/post/biden-administration-s-inflation-reduction-act-ira-faces-new-court-challenge>)



3. The introduction of novel RSV vaccines has offered protection to those who desperately needed it -- older adults, especially those with certain preexisting health problems and chronic disease.

(<https://www.alpharmacycares.org/post/cdc-finalizes-latest-rsv-vaccine-recommendations>)

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