



Pharmacy Thoughts for SHIP counselors

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THE LINK BETWEEN YOU AND MEDICARE

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- Bachelor's, Master's and Doctor degrees in Pharmacy from the St. Louis College of Pharmacy now the University of Health Sciences and Pharmacy.
- Owned two pharmacy related companies
- A government policy and Medicare expert from her time with a large pharmacy benefits management company.

Objectives for presentation

- Most common conditions in Seniors
- Prescription medication use in seniors
- Part B vs Part D
- Medication naming conventions
- Medication pronunciation
- Questions

Most Common Conditions in Seniors

Heart Disease	> 65%
Cancer	>30%
Lung disease (COPD, Asthma)	>10%
Osteoarthritis	50%
Hypercholesterolemia	57%
Hypertension	67%
Diabetes	27%
Stroke	8%
Alzheimer's	10%

The prevalence of disease drives the medications we will see our clients taking chronically

Prescription Medication use in Seniors

- 87-89% use at least one medication
- 36% use 5 or more
- Nearly 40% use over-the-counter products
- Following a hospitalization and discharge to skilled nursing found an average of 14 prescribed medications

Why did it take so long to get a drug benefit?

- Introduced as early as 1945 by Harry Truman
- Not included in 1965 due to fears of unpredictable costs
- From the outset Medicare covered prescription drugs dispensed in a physician's office
- 1972 drugs were added to address ESRD
- 1990s saw the addition of anti-cancer drugs
- Recommendations for the benefit continued (1969, early 70s, late 80s, 1993)
- Finally in 2003 an outpatient benefit was passed and enacted

Medications are now estimated to represent 13% of healthcare costs (may be as high as 20% with hospital drug costs).

Part B vs Part D- why are medications in both?

☾ Part B - Medical coverage instituted in 1965

The intent was to cover medical services but not encourage hospitalization for any medication that had to be physician-administered (vaccines, infusions)

Medications not usually self-administered and furnished/administered as part of a physician's service

☾ Part D - outpatient prescription drug coverage instituted in 2006

Coverage for medications obtained generally through a pharmacy

NOTE: Medications are also covered under Part A when part of a hospitalization or as part of hospice

B versus D

(a headache in the pharmacy world!)

Part B

- Vaccines (flu, pneumonia, Hepatitis B)
- Injectables & Infusions
- Transplant medications associated with a Medicare-covered transplant
- Nebulized medications
- ESRD (EPO, Aranesp)
- Osteoporosis infused medications
- Immunoglobulin in the home
- Hemophilia clotting factors
- Antigens
- Certain oral anti-cancer and anti-emetic drugs

Part D

- Outpatient medications obtained at pharmacies
- Shingles
- Prescription medications only
- Not within the excluded classes (vitamins, lifestyle drugs, anorexia, weight loss, fertility, cosmetic purposes)

Considerations when consulting

- ☉ Albuterol - the inhaler is Part D; a nebulized version is Part B
- ☉ Insulin - injected is Part D; via pump is Part B
- ☉ Prolia - self administered is Part D, physician administered is Part B
- ☉ Prednisone - generally Part D; if associated with Medicare covered Transplant it is Part B
- ☉ Cancer drugs - some are Part D if self administered; Part B if physician administered

Note: correct coverage is not always clear which has made auditing a necessary function for CMS and a headache for pharmacies and plans as pharmacy is point-of-service.

How do medications get those names?

Generic Name

- Must be approved by USAN and WHO (Avoids the issue of acetaminophen = paracetamol)
- Suffix imparts how the drug works in the body
- Prefix rules
 - Must be 2 syllables
 - Must NOT have: Y, H, K, J, W
 - No marketing or superlatives
 - Avoids medical terminology

Brand names

- Establishes the brand for the company that lives on once the patent expires
- Cannot make an overt claim or be promotional
- Avoid the generic 'stem'
- Reviewed by FDA and EMA
- Trademark checks
- Linguistic checks
- Safety checks (similar to other names)
- Market checks

LINK TO RESOURCE ON DRUG NAME ENDINGS

How do you say that?

- Don't be afraid or ashamed....these are weird words

- Spell it to confirm

- Ask clients to spell it

- If you want to practice and test yourself

- <https://clincalc.com/PronounceTop200Drugs/>

- Other tips

- Brand names are capitalized; generics are in lower case

- Salt names can make a difference (tartrate, succinate, hydrochloride(HCl))

Questions

