

Newsflash

Issue 2015.12

According to ProCare Rx's analytics team, the drug inflation rates year-to-date are as follows:

ALL DRUGS 1.00%
BRANDS 1.57%
GENERICS -0.55%
SPECIALTY 0.47%

Generic Releases

The following brand drugs have lost their patents:

Drug	Condition	Date
Sporanox Solution	Fungus Infection	Oct 13
Canasa	Ulcerative Colitis	Nov 24

While we have done extensive research on these dates, there is a possibility that any given date may change based on legal issues or patent challenges. If we become aware of any changes, we will update this chart in the next issue.

Formulary Changes

For a complete list of formulary changes, please visit our website at <http://www.procarerx.com>

Drug	Condition	New Tier
Prepopik	Constipation	Tier 2
Osmoprep	Constipation	Tier 3



Previous issues of Newsflash can be viewed under "Publications" at: www.ProCareRx.com

First Aid Moves all Hosts Should Know

For this crazy-busy holiday season, a lifesaving refresher course – because accidents do happen.

Think you'd know what to do if you found yourself in the middle of a medical emergency? The key to keeping your head in a crisis is to take a few seconds to assess the situation. Once you've done that, call 911. Read on for how to improvise in the most common emergency situations.

- IF IT'S A HEART ATTACK.** These are the classic signs: Chest pain or pressure radiating in the jaw or neck and down the arm, along with shortness of breath or nausea. Dial 911. Then give the person an aspirin to chew if they are not allergic to it. (It's best to give 325 mg.) If they are unconscious, you can check that their airway is clear and that they are breathing. If there are no signs of life, and you know CPR, begin chest compressions right away. CPR can more than double a person's chance of survival, according to the American Heart Association. For a quick video refresher, go to heart.org/handsonlycpr.
- IF SOMEONE IS BLEEDING.** Direct pressure stops bleeding. Put your hand on the wound or, if possible, direct the victim to put their hands firmly on it. That frees you up to call 911 if necessary and find a bandage or cloth to apply to the wound. If the bleeding continues after direct pressure is applied, add more layers of absorbent material, then call 911. As for using a tourniquet, the American Red Cross recommends it only when pressure hasn't stemmed the bleeding and the blood loss is life threatening. Use whatever is at hand – a belt, or fabric, preferably 4 inches wide, with padding put underneath. You will also need a tool – like a stick – to use as a lever to turn the tourniquet very tight, until the bleeding is controlled.
- IF IT'S A BAD FALL.** If they can't get up, are in extreme pain, or lack sensation to a limb, call 911. Unless they are in a dangerous place – near traffic, for example – keep them still while you check for injuries. If there's any sign of a head, neck, or back injury, make sure they stay still until medical help arrives. Make the position they are in stable by using whatever you have – a pillow, a rolled-up jacket – around the legs and arms. Even if they are able to walk away from the accident, that doesn't mean they escaped injury. Symptoms of head trauma, including a severe headache, dizziness, nausea, and confusion, can take hours or days to appear. Be sure there's someone who stays with them to observe and call 911 if necessary.
- IF SOMEONE IS CHOKING.** A blocked airway quickly cuts off oxygen to the brain, so fast action is critical. The surest clue? The person can't speak. If they are choking on something that's visible, reach in and pull it out. But, never put fingers in the person's mouth if you don't see the object. If the airway is only partly blocked (you'll know it if they can still speak or cough), encourage them to cough until the blockage is cleared. Only perform the Heimlich if the person can't cough or speak. For a refresher course on the Heimlich maneuver go to <http://www.mayoclinic.org/first-aid/first-aid-choking/basics/art-20056637>



The following **New Drugs** were recently approved by the U.S. Food & Drug Administration and added to ProCare Rx's National formulary. Each drug will be reviewed at the next ProCare Rx's P&T Committee meeting.

Brand Name	Dose Form	FDA Approved Indication	Tier	P/A Specialty Medical
Adynovate (antihemophilic factor (recombinant) pegylated)	Injection	Treatment for hemophilia A	Tier 3	Prior Auth: No Specialty: No Medical: No
Cotellic (cobimetinib)	Oral	Treatment for melanoma	Tier 3	Prior Auth: No Specialty: No Medical: No
Darzalex (daratumumab)	Injection	Treatment for multiple myeloma	Tier 3	Prior Auth: No Specialty: No Medical: No
Genvoya (elvitegravir, cobicistat, emtricitabine, and tenofovir alafenamide)	Oral	Treatment for HIV	Tier 3	Prior Auth: No Specialty: No Medical: No
Nucala (mepolizumab)	Injection	Treatment for asthma	Tier 3	Prior Auth: No Specialty: No Medical: No
Tagrisso (osimertinib)	Oral	Treatment for non-small cell lung cancer	Tier 3	Prior Auth: No Specialty: No Medical: No
Vivlodex (meloxicam)	Oral	Treatment for osteoarthritis	Tier 3	Prior Auth: No Specialty: No Medical: No
Yondelis (trabectedin)	Injection	Treatment for soft tissue sarcoma	Tier 3	Prior Auth: No Specialty: No Medical: No

Reduce Foot Pain

If you're like most people, during the holidays you spend hours every day on your feet cooking, shopping, decorating, etc. So taking care of your feet should be a top priority.

Foot pain is not normal at any age. If your feet hurt, find out why and what you can do about it. Otherwise, you may end up with limited mobility that can restrict your activities.

While a foot or ankle problem rarely is life-threatening, can be definitely can belifestyle-threatening. Getting the right diagnosis and treatment can literally put you back on your feet.

In addition, the feet also affect other parts of the body. For example, having a high arch or flat arch is a risk for developing problems and pain in the lower leg, knee, hip and back. People with pain in those areas often need to have their feet evaluated, as well as the site of the pain.

Common types of foot pain. The heel is a common area for pain. The foot makes contact with the ground 10,000 to 15,000 times a day in a very active person, and that constant repetitive motion can take a toll. Heel pain is particularly common among people who suddenly increase their activity or don't wear footwear appropriate for the activity they are engaging in.

Heel pain is often associated with such conditions as Achilles tendinitis (inflammation of the tendon that attaches the calf muscles to the heel) and a heel spur (a protrusion on the underside of the heel bone that can intrude into the soft tissue, causing irritation and pain).

The plantar fascia, a large, fibrous band that runs along the bottom of the foot, is also a common site of pain. Inflammation of the plantar fascia (plantar fasciitis) can lead to Achilles tendinitis as well as posterior tibial tendinitis, which can cause pain on the inner side of the foot and ankle.

Tendons are especially vulnerable after age 40, when the blood supply to these connective tissues decreases significantly. When there's less blood supply, there's also less elasticity, and even small tears take longer to heal.

Prevention and treatment. You can help prevent foot pain by strengthening your feet and regularly stretching your tendons and ligaments.

Walking is the best strengthening exercise, because it puts a tremendous amount of stress and force on the foot. Wearing appropriate footwear – socks, activity-specific shoes in the correct size, and recommended insert or orthotic – can help protect the feet during walking or any other activity.

I'm also a strong believer in stretching the Achilles tendon in the morning before you get out of bed. That stretch also is good for the plantar fascia and the posterior tibial tendon. Avoid other foot exercises except under the advice and guidance of a foot health professional. If you have foot pain for more than a few days, especially if it restricts your activities, see a doctor.

The key to proper treatment is accurate diagnosis. Appropriate exercises, inserts/orthotics, or an ultrasound guided cortisone injections are common pain-relieving strategies. Surgery should be considered when all else fails.