

Newsflash

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Formulary Changes

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

Drug	Condition	New Tier
Bactroban	Antibiotic	Tier 3
Clorpres	Blood Pressure	Tier 3
Dutoprol	Diuretic	Tier 3
Edecrin	Diuretic	Tier 3
Mirvaso	Facial Rosacea	Tier 3
Rhofade	Facial Rosacea	Tier 2
Tegretol XR 100mg	Anticonvulsant	Tier 3
Zontivity	Blood Thinner	Tier 3

Take Care When Cycling

Bicycling around to view the glorious fall foliage? Be sure to wear your helmet. Fatal bicycle accidents in the U.S. involving people 45 and up more than doubled between 1999 and 2013. And nonfatal accidents resulting in a trip to an emergency room rose by 2 percent, according to recent analysis by researchers at several medical institutions. The investigators say the jump in accidents may be due in part to the growing popularity of cycling.



Previous issues of Newsflash can be viewed under “PBM Resources>Newsletters>Clinical” at: www.ProCareRx.com

Your Protein Prescription

Making the right choices can help you stay strong and satiated – and even lose weight.

Got protein? Scan supermarket aisles and you'll see protein claims on everything from cereal to cookies. Protein is important, especially as you get older. It helps preserve and build muscle and can spur weight loss by helping you feel satisfied. But you may be meeting your protein needs in a less-than-ideal way. We combed the research and talked to experts to help you make the best choices.

1. Get the right amount. Adults need 0.4 grams of protein per pound of body weight per day. If you weight 160 pounds, that's 64 grams. You can reach that goal pretty easily – for example, 6 ounces of Greek nonfat yogurt (17 grams), ½ cup of lentil soup (8 grams) a 4-ounce chicken breast (35 grams), and a cup of quinoa (8 grams) gets you there.

A little more may be better. With age, you become less efficient at using protein, and need greater amounts to get the same benefit. A growing body of literature shows diets that are moderately above the recommendations can have some positive outcomes on health. After age 60, get at least 0.6 grams per pound daily to help prevent age-related muscle loss or sarcopenia, which increases the risk of disability. If you're trying to lose weight, as much as 0.7 grams per pound, 112 grams for a 160 pound person, seems to be the right amount.

2. Spread it out. Most of us typically get about two-thirds of our protein at dinner, 20 percent at lunch and only 10 percent at breakfast. But to stave off hunger, maintain and build muscle, or lose weight, it's better to evenly distribute your protein intake. Your body needs at least 25 – 30 grams in one sitting to give you that full feeling and stimulate muscle protein synthesis, the foundation of muscle building. By loading up on the nutrient at dinner – and not downing nearly enough at other meals – you shortchange your ability to take advantage of those two factors throughout the day.

3. Choose the best source. Many foods that tout their protein content contain added soy, whey, or another processed form of protein. They also often come packed with sugars and sodium. Ideally, the majority of your protein should come from whole foods: lean meat, seafood, eggs, low-fat dairy, tofu, quinoa, nuts and beans. That helps you avoid less-than-healthy ingredients and take advantage of whole foods' synergistic combination of vitamins, minerals, and other beneficial compounds.

4. Fill in the gaps. Add protein to your snacks – vegetables and humus, peanut butter on a few crackers or an apple, and a handful of nuts are good choices. Protein shakes, just like juices, sodas, and other liquid calories, may not bring the same feeling of fullness that solid foods do, which can be a problem if you're trying to lose weight and don't compensate elsewhere in your diet for the additional liquid calories. Shakes (see below) may be a good strategy for older adults. As we age we often have less hunger and feel full faster, making it hard to consume the higher level of protein we need. Shakes can deliver plenty of protein without feeling you up.



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
Adzenys ER (amphetamine)	Suspension	Treatment for ADHD
Aliqopa (copanlisib) Cyltezo (adalimumab-adbm)	Injection	Treatment for follicular lymphoma
Fiasp (insulin aspart)	Injection	Treatment for diabetes type 1 and type 2
Mvasi (bevacizumab-awwb)	Injection	Treatment for cancer
Mylotarg (gemtuzumab ozogamicin)	Injection	Treatment for acute myeloid leukemia
Solosec (secnidazole)	Oral Granules	Treatment for bacterial vaginosis
Trelegy Ellipta (fluticasone furoate, umeclidinium and vilanterol)	Inhalation	Treatment for COPD
Vabomere (meropenem and vaborbactam)	Injection	Treatment for urinary tract infection
Verzenio (abemaciclib)	Tablets	Treatment for breast cancer
Xhance (fluticasone propionate)	Nasal Spray	Treatment for nasal polyps

Q & A

Q: Is it true that mold from rotting leaves might be causing my allergy symptoms?

A: YES. Fallen leaves – whether they are on the ground, waiting in bags to be collected at the curb, or piled in drifts against the foundation of your house – are an ideal breeding ground for many varieties of mold that can trigger respiratory allergies. If you're allergic, spores from those molds may set off bouts of sneezing, itching, and nasal congestion, and may make breathing problems such as asthma worse. You can limit exposure to mold by ensuring that leaves are raked up and disposed of regularly. It's best to have someone else do the raking for you or, at least, to wear a face mask if you are doing the chore yourself.



Don't Worry, Be Happy & Healthy

Wouldn't it be nice if healthful thoughts could, in fact, help make us healthy? Recent research suggests that this isn't just wishful thinking.

It comes from the Duke University Medical Center in Durham, NC, where researchers found that cardiac patients with optimistic expectations of recovery were more likely to survive. The study of 2,818 patients found that the optimistic ones were 30 percent less likely to die over the next 15 years than the less hopeful ones. The study was published in 2011 in the Archives of Internal Medicine.

So how can we use this and related research to live longer and healthier?

Martin Seligman, PhD, a psychologist in Pennsylvania and author of *"Learned Optimism: How to Change Your Mind and Your Life,"* offers strategies to break negative thinking that were designed to help people with depression but could also help treat other conditions. Seligman, a past president of the American Psychological Association, says these measures can move patients toward a more hopeful outlook:

- **Stop the spiral.** People who are pessimistic should interrupt negative thoughts by telling themselves to stop before spiraling into a depressed state.
- **Use facts to dispute negativity.** The way people react to adversity is often more damaging than the adversity itself. Those with low levels of optimism often blame themselves when things go wrong. For instance, when a woman who has been successfully dieting overeats, she might decide that she's "blown" her diet and proceed to devour even more food. A less destructive reaction would be to realize that one slip does not completely doom a diet.

Two small-scale studies found that heart-attack patients who understood their condition and could discuss concerns seemed more confident about recovering and could resume work sooner than patients who weren't counseled.

What's needed, Seligman says, is a major study that looks at how teaching optimism can benefit heart patients. If successful, he thinks that strategy could offer a cheaper treatment that is also free of side effects.