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Who are we?

CareKinesis is a comprehensive pharmacy solution for PACE providers.

We offer dedicated PACE pharmacy services, including 24/7 personalized medication management and customized adherence packaging for PACE participants.

The CareKinesis model improves medication-related outcomes and increases PACE clinic operational efficiency.

PALM BEACH PACE: SUCCESS STORIES FROM A NEW PACE

In 2013, MorseLife of Palm Beach County added PACE to their continuum of health care and housing services for more than 2,200 seniors. They opened Palm Beach PACE Center on their campus, and in November began enrolling participants.



MorseLife's Dr. Alan Sadowsky, SVP of Community-Based Services, led program development for PACE. Understanding that PACE provides a unique model of care, he was dedicated to collaborating with innovative and experienced "PACE-specific" partners. Dr. Sadowsky also hired a Medical Director, Clinic Manager, and Nurse Manager with past PACE expertise.

A seasoned PACE medical director, Dr. Ivan Merkelj knew that efficient medication management is key to the success of clinical operations. He was familiar with the challenges of using local and LTC pharmacies for PACE, and he was confident that by partnering with a PACE-specific pharmacy he could avoid waste and medication errors.

"CareKinesis was the front-runner because their systems are designed to streamline PACE clinic workflow, eliminating redundancy," stated Dr. Merkelj.

Susan Larimore, RN, is the Palm Beach PACE Nurse Manager. Also a seasoned veteran of the PACE world, she is very satisfied with the partnership.

"CareKinesis understands difficulties of PACE location and status changes," she explains. As the prime end-user of a CareKinesis/Cognify integration and the sole nurse managing PACE medications, she finds that 'next cycle' or 'next day' delivery options to home or center provide flexibility, and the cycle refill process reduces calls from families and participants.

By March 2014, Palm Beach PACE had grown to 35 participants. "It is not too often that one can say that a system makes their job easier, but CareKinesis does. I am one happy camper," stated Larimore.

Excerpts from new Palm Beach PACE Case Study on CareKinesis.com: "Systematized Approach to Pharmacy: Eliminates Waste and Streamlines Clinic Workflow" at www.carekinesis.com/case-studies

"The CareKinesis cycle refill process eliminates calls from families and participants... they tailor mid-month med changes to synchronize them to the next routine fill, eliminating waste."

*- Susan Larimore, RN
Nurse Manager, Palm Beach PACE*



NAMENDA *Don't panic.*

In total, a few hundred of the participants CareKinesis serves take Namenda (memantine), a twice-daily medication indicated for the treatment of moderate to severe dementia of the Alzheimer's type.

The drug maker, Forest, is discontinuing brand-name Namenda prior to the release of its generic. Forest has already released their new drug, once-daily Namenda XR.

Participants who are currently stable on Namenda may be switched over to Namenda XR. This may make a second switch back to generic much more difficult.

Don't panic; there are other options. Contact your CareKinesis clinical pharmacist for consultation (since dementia therapy is individualized for each participant).

Looking for Comprehensive Pharmacy Services?

- ⇒ Medication Management & Risk Mitigation
- ⇒ Dispensing
- ⇒ Multi-Dose Packaging
- ⇒ On-Site Medication Access
- ⇒ Assigned PharmD Partners
- ⇒ PDE Resources

CareKinesis *eliminates* the "Pharmacy Hassle Factor"!

MORE SOFTWARE SOLUTIONS

Drug Interactions Tools

- Drug—drug interactions (and drug-drug-drug-drug...)
- Drug—allergy interactions
- Drug—gene interactions and drug metabolism guidance (enhanced)

Participant-centered Medication Information (Polyglot)

- Easy-to-access, printable drug leaflets
- Health-literacy level appropriate resources
- "Meducation" training videos (e.g., proper use of inhalers)
- 18 available languages



And, new enrollee diagnosis & med history—prior to PACE!

PACE CASE: Diazepam & Verapamil

A 70 year old PACE participant (JM) is brought to the hospital after his son found him lying on the floor of his living room, mumbling incessantly in a panicked state. Ever since JM's wife has passed 3 years ago, he has been drinking 12 to 24 cans of beer per day on the days when he is not at the Center.

The hospitalist immediately initiates diazepam IV to start treating his alcohol withdrawal and to alleviate his current anxiety. The only other medication JM was taking before being hospitalized is verapamil (sustained release, 240 mg QD) for migraine prophylaxis. The diazepam IV treatment is continued for 2 days and he is discharged on PO diazepam (scheduled 10 mg TID).

Five days post-discharge, though he is still sober, JM falls at home, breaking his hip.

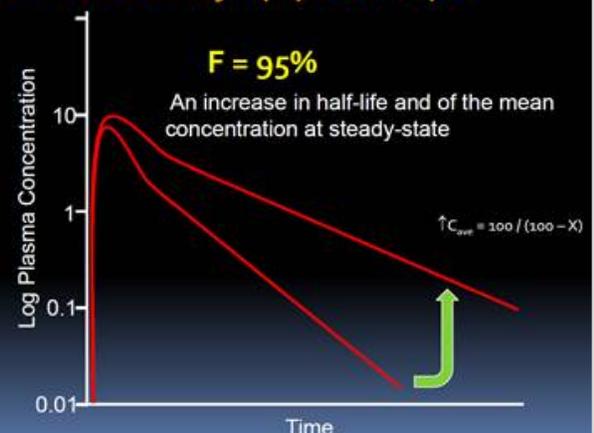
What's happening here?

When consulted, the pharmacist reminded PACE clinical staff that diazepam is extensively metabolized by CYP 3A4. When given intravenously it bypasses first-pass metabolism. However, JM had *also* been taking verapamil, which is a strong CYP 3A4 competitive inhibitor.

Because diazepam has good oral bio-availability, the effect of the competitive inhibition (increase of CMax) will NOT be seen immediately with the first oral dose. However, over a period of time, the steady state levels will slowly rise (see below chart). Furthermore, because diazepam has a very long half-life (due to active metabolite) its sedative properties will be greatly pronounced days after the IV to PO switch.

The pharmacist and PACE medical director decide that the best course for JM, as long as he could remain sober, is oxazepam po 30 mg TID for both alcohol withdrawal and depression. Oxazepam is not metabolized by the CYP system and would not be subject to metabolic inhibition by verapamil.

Bioavailability (F) concept



ARE MY PARTICIPANTS’ MEDICATIONS PLAYING ‘MUSICAL ENZYMES’?

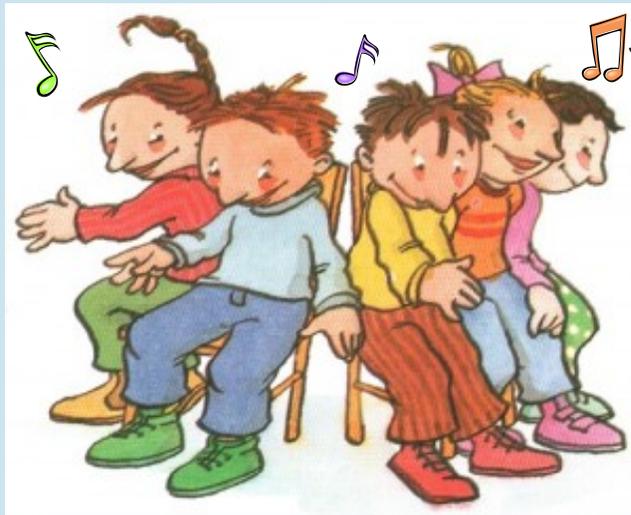
Remember the childhood game Musical Chairs? Players circle a row of chairs, and when the music stops whoever fails to grab a seat is **out**. (And, there are always fewer chairs than players!)

In some cases, our participants’ medications play the same game.

You probably know that one’s ability to metabolize most medications is based on his/her genes—specifically, on the types of metabolic protein enzymes that were inherited from his/her biological parents. When two or more drugs try to use the same metabolic pathway and one drug ‘out-competes’ the other (i.e., wins) this is called “competitive inhibition.”

The ‘PACE Case’ on the facing page of this newsletter provides a perfect example of competitive inhibition and its possible effects.

A profile review of our participants revealed that 86% are on at least one medication that has an important genomic metabolic pathway for activation, transport, or elimination. Between 15-25% of our participants are taking two or more medications



that compete for the same gene. In these cases, it is helpful to know which drug wins and what happens to the other drugs.

For these reasons, we are delighted to launch our ‘PrecisionPrescribing™’ initiative. Through a partnership with Coriell Life Sciences and an Innovation Grant by IBM, CareKinesis clients can receive pharmacogenomic (PGx) results for participants. PGx results can help guide prescribing, as they reveal whether a PACE participant has the functional genes necessary to metabolize particular drugs.

Stay tuned for more information on this effort, and on our partnership with InterMed-Rx for their gene/drug interaction tools soon!

PART D Overutilization Monitoring System (OMS)

As part of a focused CMS initiative, Part D sponsors and beneficiaries are being monitored for potential overutilization of acetaminophen and opioids. PACE can access reports on the Acumen Patient Safety Analysis Website. Responses are required if participants are flagged for potential overutilization.

To date, five client PACE organizations have shared their 2013 Acumen reports. Of these, a total of only 15 PACE participants were flagged for potential overutilization of acetaminophen.

CareKinesis has assisted our clients by providing participant-specific reports based on dispense data, including response information and recommendations, as appropriate, to reduce potential overutilization.

CareKinesis PACE partners, if you would like assistance with data review, please email OMS@CareKinesis.com or contact your client liaison.



INTEGRATION UPDATE

Allscripts—Developed; Beta release 4/14.
Centricity—Discovery stage.
Cognify—Successfully deployed and operational.
Mediture—Planning stage.
NetSmart—Discovery stage.
NextGen—Discovery stage.
PACECare—Testing; Deployment in April 2014.
Suncoast Solutions—Final testing is underway.

Non-EHR Integrations:
CareKinesis continues to pursue interoperability with many best-of-breed software vendors for ready access to past Part D medications and diagnosis history, multi-language support, and clinical reference documentation at the point of prescribing. Our Clinical Advisory Panel provides ongoing support and direction on interoperability.





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CAREKINESIS CALENDAR OF EVENTS

Apr 10	Webinar: EireneRx 101
Apr 24	Reception: Precision Prescribing (Philadelphia)
Apr 30	Webinar: Overutilization
May 8	Webinar: EireneRx 101
May 29	Webinar: Clinical Topic (TBD)
Jun 7	Breakfast: EireneRx User Group Mtg @ NPA Clinical Meeting (Detroit)

Email RSVP@CareKinesis.com to register or for more information.

CAREKINESIS CLINICAL ADVISORY PANEL

On March 15, CareKinesis hosted a Pharmacogenomics workshop for our pharmacists and for members of our Clinical Advisory Panel (CAP).

This seven-hour CME- and ACPE-accredited workshop focused on 50 case-studies on gene-drug interactions. Attendees received a practical review of pharmacokinetics and direct experience with a tool at the cutting edge of scientific knowledge that will impact prescribing practices to reduce drug-drug interactions and enhance safety.

“The high incidence of poly-pharmacy in the PACE populations brings higher risks of drug interactions. We now know that competitive inhibition is the root-cause of most drug-drug-drug interactions and adverse drug events,” said CAP chair, Dr. Richard Schamp of Capstone Performance Systems. “We applaud Jacques Turgeon, BPharm, PhD of InterMed-Rx for his scientific insight and ability to demonstrate practical applications of gene-drug interactions.”

If you are a PACE Medical Director interested in joining the CAP group, email DBlanton@CareKinesis.com.

