

INSIDE THIS ISSUE:

What's Up in Disability Legislation 1

BEST PRACTICES Back-up Pharmacy 2

New Med News: Lialda 2

Clozaril® Monitoring: Why We Do It 3

Q & A: LOA Meds 3

Abbott sponsors DDNA 4

Spotlight on Louisville: Your PAL in KY 4

What's Up in Disability Legislation

On March 4th, National constituents concerned about Disability Policymaking on Capitol Hill will convene at The 2007 Disability Policy Seminar in Washington, DC. The goal will be to provide better opportunities across the nation for the millions of people with disabilities and their families. Disability advocates will educate on a variety of public policy issues affecting the individuals we support. Vital issues will be discussed, such as:

- Long-term services
- Health care
- Employment
- Housing
- Education
- Family supports
- Financial appropriations

These educational meetings will be followed by interactive sessions with legislators, to further educate *them* to the needs of people with disabilities. It is an integral part of all of our jobs as advocates for those we support, to be involved in the legislative process and be catalysts for change. But...what can we do? Working as a primary nurse in Austin, Texas? Writing programs and managing staffs as a QMRP in Indiana? Working as a House Lead in Virginia? **WHAT CAN WE DO?**

Now is the time to write to your Senators and Representatives and tell them about the needs of people with disabilities in the real world. Explain the problems you run into trying to get dental surgery done under sedation because a guardian must sign the consent....and there is no guardian...and no money to get one. Tell the story of how an individual with MR/DD gets discharged from the hospital too early (he/she "won't stay in bed"), with medical needs that staff are untrained/unlicensed to provide in the community, and no nurse because "the reimbursement for nursing doesn't pay for their salaries."

These are the situations that legislators need to understand on a real level. And you, the consumers, and their families are the people who have the information to shareREALLY.

To find out who your senators and representatives are and to email your personal observations and stories, go to:

www.house.gov to find the Representatives for your state and his/her contact information and/or go to:

www.senate.gov to find the Senators for your state and his/her contact information.

It is the grassroots information that you provide these legislators that will make a difference. Use



Please remember that all protected information according to HIPAA should NOT be shared with legislators. No names, no personal identifying information or medical information. General situations and observations of how the systems that are in place work...or don't work. This is the key.

We will keep you posted on the legislative process related to Disability Policy. Stay Tuned.

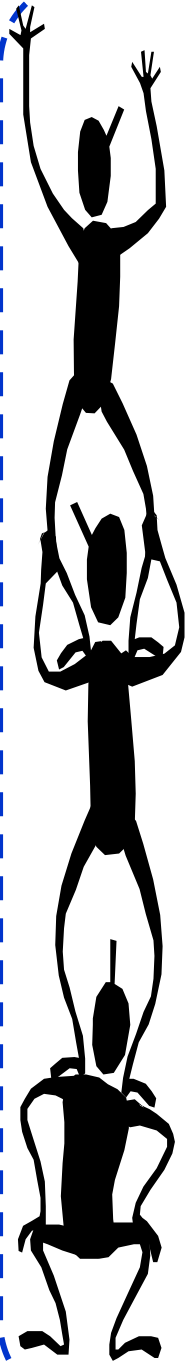


Side Notes: The Disability Policy Collaboration and National Hate Crimes Coalition are working on Senate approval of hate crime legislation to include disability in the federal definition of a "hate crime" and to provide resources to states for prosecution of hate crimes against people with disabilities.

Indiana is working on legislation to have funds appropriated for guardianships for people with disabilities who need them.

National DDNA Conference
Albuquerque Convention Ctr.
Albuquerque, New Mexico
May 5-8th, 2007
For information or to register, call: 1-800-888-6733

BEST PRACTICES BACK-UP PHARMACY



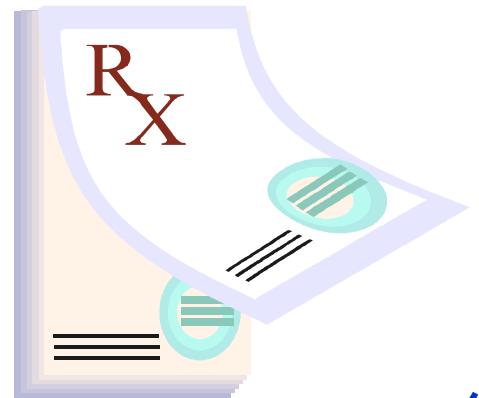
Backup pharmacies are provided by Pharmacy Alternatives as a way to expedite medication delivery and to ensure timely administration. The need to utilize a backup pharmacy may occur during business hours, after business hours, and on weekends/holidays. In order to make this process operate as efficiently as possible, please observe the following recommended guidelines:

- Always encourage staff to review the need for submitting timely refill requests for existing medication therapy to avoid unnecessary time, travel, and expense when these situations can be handled through routine handling procedures.
- During business hours when an order from backup is requested, please fax the order to the pharmacy, include any note or clear directive that indicates your wish to have a small qty of the prescription to be transferred by Pharmacy Alternatives to the backup pharmacy. Follow up these important faxes with a phone call to ensure the fax was received by the pharmacy and that no barriers exist for proper handling.
- During non-business hours, weekends, and holidays, please contact the pharmacy at the standard phone number and listen

for the menu of options as they will guide you on how to be connected directly to the after-hours live answering service. The answering service will then place you in contact with the on-call pharmacist to handle your request. Please fax a copy of your request/order to the pharmacy at your earliest opportunity.

- Backup medications may not be placed on the charge account at the backup pharmacy without the consent of a pharmacy representative.

*Written by Scotty Sears RPh,
Louisville Pharmacy Director &
Doug Russell RPh, FASCP,
Sr. Vice President
Pharmacy Alternatives LLC*



NEW MED NEWS

Lialda
(mesalamine)

Used for: induction of remission in patients with **active mild to moderate ulcerative colitis**

Available as: 1.2 g tablets with a red-brown film coating that should not be crushed or split

Recommended Dosage: two to four tablets to be taken once daily with meal for a total daily dose of 2.4 g or 4.8 g

Lialda is the only ulcerative colitis treatment that utilizes a gastro-resistant

coating that is pH dependent and breaks down at above a pH 7, normally occurring in the terminal ileum where the medication is needed. Method of action appears to be topical and works to decrease factors that create inflammation in the bowel.

Full **prescribing** information can be found at www.LIALDA.com or you may call your Pharmacy Alternatives pharmacist.

Clozaril® (clozapine) Monitoring

The FDA requires blood level monitoring of Clozapine due to a potential side effect of agranulocytosis, a condition in which there is an insufficient number of white blood cells called neutrophils (also called granulocytes). This condition can be caused by a failure of the bone marrow to make sufficient neutrophils, or when these white blood cells are destroyed faster than they can be produced. Affected people are susceptible to infections.

Federal reporting procedures for pharmacies require that an ANC (absolute neutrophil count) be reported along with each WBC (white blood count—a total count) according to established frequency guidelines. This is why your friendly PAL pharmacist calls you when the lab result has not arrived at the pharmacy in a timely manner. Without the monitoring lab results evaluated and reported appropriately, more medication cannot be sent to you.

Clozaril® monitoring guidelines (how often to have blood levels drawn) can be confusing, even for medical personnel. The Rules in a Nutshell are:

- Before the 1st dose of Clozaril®, do a blood level:

$$WBC \geq 3500/mm^3$$

and

$$ANC \geq 2000/mm^3$$

(these are normal levels)

- Do six months of weekly labs
- Then do six months of labs every 2 weeks
- After 1 year, you may start monthly lab draws if all of the above labs have come back within NORMAL LEVELS (as shown above)
- If ANY ABNORMALS in the WBC or ANC occur, then refer to guidelines for monitoring frequency and other interventions

- At a level of moderate leukopenia, Clozaril® therapy should be interrupted, with a possible rechallenge (start giving Clozaril® again later) after certain criteria are met
- At a level of severe leukopenia, treatment should be STOPPED and not restarted

Nurses, QMRP's, House Managers, and others can assist consumers to have an organized system for getting their Clozaril® without missing any doses, by insuring an accurate blood draw schedule is written down, staff are trained on the reasons why it must be done and the time frames, and that that follow up is done to insure labs get drawn as scheduled with results faxed to the Pharmacy.

You can access all dosing and monitoring information on Clozaril® at www.clozaril.com or contact your Pharmacy Alternatives pharmacist for more information.

LOA MEDS: QUESTIONS & ANSWERS

QUESTION: Why can't we get extra meds sent in separate bubble packs for consumers going on LOA?

ANSWER: Currently, Medicaid and Medicare Part D will ONLY pay for a 1-month supply of the prescribed medication at the prescribed dosage. Requests for more medication for LOA will NOT be approved and paid for by Medicaid or Medicare Part D. A consumer or specific facility CAN opt to pay this additional cost. (usually not the best option)

QUESTION: Our consumers/families can't afford to pay for LOA meds and the facility director will not approve it. What do we do?

ANSWER: The choices may be :

1) Packaged medications in the form that they currently exist can be sent on LOA. It is important to utilize your systems for education, documenting prior to LOA and upon return from LOA. This presents some obvious concerns in the event that the medications sent may not be returned timely or at all following the LOA.

2) Special packaging for the LOA may be available if a consumer has a routine and predictable pattern of LOA. If you have a consumer who always goes on LOA one weekend a month, for example, a request for special handling should be made in advance or during the time of routine ordering from the pharmacy.

3) For short-notice LOA's, the pharmacy may send an empty vial for each medication if allowed in your state, labeled with the consumer's name, med, dose, etc. and a "0" showing that NO meds were dispensed in that vial. The consumer or responsible staff

designee, as defined by your organizational policy can secure the appropriate number of doses needed for the LOA. Be sure to review the procedures or policies within your organization and any subsequent state regulations as they pertain to this method. It is suggested that you continue to follow any systems for double-checking accuracy and insuring that the 6 RIGHTS OF MED ADMINISTRATION ARE FOLLOWED.

Medicaid and Medicare Part D do NOT allow for more than a 31-day supply of medication to be dispensed with most medications in the majority of states. We do NOT want a consumer or facility to be unnecessarily charged for additional medications. The 3 options above are the some choices to consider.



Pharmacy Alternatives

Exceptional service - Exceptional people

Abbott sponsors DDNA

I became involved with DDNA at the network level working with the Indiana network. Through Kim Goodrich, President of the Indiana network, Abbott Laboratories was able to sponsor a speaker at the national DDNA meeting in Reno, Nevada. This led to the first Indiana DDNA Annual Conference. We had over 170 people at the first conference. This was such a success that we decided to break into two networks: The Central Indiana Network and the Southern Indiana Network. We have since had two other conferences with similar success. Through my position at Abbott Laboratories working with Depakote ER, I have been able to support other DDNA networks in various ways. Currently, we are in the midst of starting the Kentucky network. An educational, network launch meeting was held in Louisville on December 12th, where we appointed a president, Phyllis Fogarty, and started the network going. Also, through Abbott, we have been able to sponsor educational dinner programs at the national DDNA meeting. In Columbus, Ohio, our dinner program was attended by over 300 nurses and then increased to over 400 nurses in Daytona Beach. We are looking forward to another strong turnout in Albuquerque! I have been blessed to be able to work with DD nurses. They are clearly the most devoted, compassionate, and determined group of nurses that I am fortunate enough to work with.

Written by Wes Matthias R.Ph., BCPP

Abbott Laboratories, Regional Account Manager

THE POST SCRIPT

A publication of
Pharmacy Alternatives
1620 Eastpoint Parkway
Louisville, KY 40223

Phone: 1-866-501-3997

Fax: 1-866-567-3643

E-mail contact: gswank@palrx.com

All articles to be considered for submission to this newsletter should go to Georgia Swank at the above email address. We welcome your comments and ideas!

Kentucky DDNA

1st meeting

WEDS, March 21st,

9:00-12:00

Clarion Hotel

9700 Bluegrass Pkwy
Louisville, KY

RSVP by Email

To Phyllis Fogarty @
pfogarty@rescare.com

Pharmacy Spotlight

Your PAL in Louisville, KY

Pharmacy Alternatives of Kentucky opened their doors on January 1, 2006. Opening the first PAL pharmacy operation was very exciting for everyone involved, but it was also a very challenging moment. January 1, 2006 marked the first official day of the historic transition to Medicare D for the majority of the consumers PAL was scheduled to serve. Thanks to a dedicated and persevering staff, PAL Kentucky made it through that difficult and challenging transition with flying colors. The next enduring accomplishment made by the staff at PAL KY was the safe transition of over 2500 consumers based in KY, IN, and OH to their service by the end of 2006. The staff at the KY operation should certainly be commended for this accomplishment. It has been very enjoyable to watch a starting staff of 5 grow into a great team of 20+ employees. At the end of 2006, PAL KY enjoyed the addition of a very talented new Director of Pharmacy, Scotty Sears. RPh.

Scotty's resume includes accomplishments such as 2002 KPhA Distinguished Young Pharmacist of the Year and 2000-2001 President of Jefferson Co Academy of Pharmacy. His most recent accomplishment was as the proud owner of Scotty's Pharmacy in Louisville, KY. Scotty's first challenge was to hire two new staff pharmacists to compliment an already excellent staff.

After a long search, Scotty is very excited to announce the addition of Carey Miller, Pharm D., and Jared Thornton, Pharm D., to the PAL KY team. Although the space was limited to name each employee, we couldn't end this newsletter without providing you with a team photo. Thanks PAL KY for a great 2006 !!!!!

Written by Doug Russell RPh, FASCP

Senior Vice President,

Pharmacy Alternatives LLC



LOUISVILLE PAL STAFF

Back row, left: Scotty Sears, Director of Louisville PAL; Ashley, Brittany

2nd row down: Crystal, Brooke

3rd row down: Tiffany, Amanda, Danielle, Gail (in red)

Front left stairs: , Nicole, Wendy (in pink)

Front floor: Denny, Tara, Teresa, Lindsay, Kyle, Katrina, Carey, Billie (behind)