

## Back by Popular Demand

During the week of October 17th, we will be moving back to Frosted/ Clear paper for our Advantage Pac. Many of our Clients who have used both Frosted/Clear and Clear/Clear paper have let us know they prefer the Frosted/Clear paper.

Their preferences include being able to better read the print on the Frosted paper and upon turning the Advantage Pac over, they are able to better see the medications on the Frosted part.

## IS YOGA AS GOOD AS PT FOR BACK PAIN?

SAN ANTONIO — Yoga is as good as physical therapy (PT) in reducing chronic low back pain, the most common pain problem in the United States, new research shows.

"Our study showed that yoga was noninferior to physical therapy for a diverse group of low-income patients," said Robert B. Saper, MD, director of integrative medicine, Boston Medical Center, Massachusetts.

Previous research has shown that yoga improves pain and function and reduces medication use. For example, a 2013 meta-analysis demonstrated small to medium effect sizes for yoga in short-term and long-term back pain-related disability.

PT is considered a conventional therapy and is the most common nonpharmacologic referral by physicians for chronic low back pain. About 22% of patients with low back pain in primary care get referred for PT.

For this new study, researchers enrolled 320 adult patients from Boston-area community health centers who had chronic back pain with no obvious anatomic cause, such as spinal stenosis. The patients had "quite high" pain scores (average of 7 out of 10 on a pain scale) and were "quite disabled" in terms of their back pain, said Dr Saper. Almost three quarters were using pain medication, with about 20% taking opioids.

Patients were randomly assigned to one of three groups: yoga, PT, or education.

Dr Saper and his colleagues organized an expert panel, which reviewed the literature on the topic. The final product was a 75-minute weekly yoga class with a very low student-to-teacher ratio. The PT group had 15 one-on-one 60-minute sessions that included aerobic exercise. The education group got a comprehensive book on back pain.

As for the percentage of participants who had at least a 30% reduction, it's 48% for yoga, 37% for PT, and 23% for education," said Dr Saper. "What that means is that for every two patients who go to yoga, about 50% of them are going to have a clinical response. Looking at odds ratios for function, comparing the various interventions, "yoga is actually superior" to PT and is "quite a bit" superior to education, said Dr Sapert. At baseline, about 70% of participants were using medication. At 12 weeks, such use was down by about 20% in both the yoga and PT groups, and hadn't changed in the education group.

# FLU SEASON IS APPROACHING

CDC recommends that everyone aged 6 months or older receive an influenza vaccine every year, by the end of October if possible. However, CDC continues to recommend that influenza vaccination efforts continue as long as influenza viruses are circulating in the community. Significant seasonal influenza virus activity can continue into May, so vaccination later in the season can still provide benefit during most seasons.

One big change for the 2016-2017 season is that only injectable influenza vaccines are recommended for use. Live attenuated influenza vaccine (also known as the nasal spray) is *not recommended* for use during 2016-2017 because of concerns about effectiveness.

Recommended 2016-2017 influenza vaccines include a number of inactivated injectable vaccines as well as recombinant influenza vaccine. Both trivalent and quadrivalent injectable vaccines will be available this season. Trivalent vaccines are designed to protect against three different influenza viruses. Quadrivalent influenza vaccines protect against the same three viruses plus an additional B virus from a different lineage of influenza B viruses. No preferential recommendation is made for one influenza vaccine product over another for persons for whom more than one licensed, recommended product is otherwise appropriate.

A high-dose injectable inactivated trivalent influenza vaccine called Fluzone® High-Dose will also be available. This vaccine, which was first approved in 2009, has four times the amount of antigen as regular-dose inactivated influenza vaccines. The additional antigen is intended to create a stronger immune response. This vaccine is approved for people aged 65 years and older, who often have a lower protective immune response after flu vaccination compared with younger people. Results from a clinical trial of more than 30,000 participants showed that adults aged 65 years and older who received the high-dose vaccine had 24% fewer influenza infections compared with those who received a standard-dose influenza vaccine.

Source: MedScape/CDC

## Featured Employee



*Andrea Bufford joined the RxAdvantage team in August of 2013; just three weeks after relocating to “Alabama the Beautiful” from central Wisconsin. She began serving RxAdvantage as a receptionist, where she was able to apply her extensive customer service and clerical processing skills; raising the bar in efficiency and administrative support. Andrea, has since, been promoted to Pharmacy Operations Support, which has enabled her to serve PharMerica/RxAdvantage and its Pharmacy Director with a broader range of administrative tasks and overall pharmacy support. She has served as the “Go To” person amidst the constant transition and growth into PharMerica.*

*She has recently planted her roots in Bay Minette, AL, with the purchase of her first home. She has embraced the beauty and nature that rural Alabama offers and lives happily in the country with her husband and three children. You will likely find them out in the yard playing with the chickens; or splashing around on one of the many shorelines of Baldwin County.*

## The Advantage Pac

Rx Advantage pioneered the use of multi-unit dose packaging (Advantage Pac) in Alabama and Florida and has been utilizing and improving this technology for over 15 years. The team at Rx Advantage has over 300 years of combined experience using multi-unit dose packaging (Advantage Pac). The Advantage Pac is a multi-unit dose, easy to read, separate, and tear open, pre-poured package produced by automated dispensing machines. This unique, “tamper evident, compliance packaging” has the residents name, drug dose, drug description, and administration time printed on each Advantage Pac. All of our customers can choose whatever cycle is convenient. (i.e. 7-day, 14- day, etc...) Most customers choose 7-day or less cycles. Since the Advantage Pacs are dispensed in revolving cycles, it eliminates the need for nursing staff to process refill requests for routine oral solid medications or “auto-refills.” Rx Advantage is the only pharmacy that provides a Batch Update when a medication is discontinued. Our Batch Update gives your nurses instructions on how to handle the discontinued medication, giving your nurses additional information to help ensure this change will be handled properly.

Dispensing in cycles allows for a real time split-billing allotment to an appropriate payor source throughout the month eliminating the manual re-bill function of traditional pharmacy practices. Dispensing a 7-day supply of routine oral solid medications versus 30 days, reduces waste at the facility by up to 80%. Studies prove that utilizing automation and providing detailed information directly on packaging, like our Advantage Pac, significantly improves accuracy. Nurses using our systems today have seen as much as a 50% reduction in med pass time after implementing our Advantage Pac System.

CMS required all LTC Pharmacies to dispense brand-name medications in increments of 14 days or less beginning January 1, 2013. Rx Advantage is proud to have exceeded this requirement for the past 15 years for both brand and generic medications.



## RxRecipe

*“The right prescription for good food”*

Recipe of the month

### Greek Baked Ziti

#### Ingredients

12 ounces ziti pasta  
1 small yellow onion, chopped  
1 tablespoon olive oil  
3 garlic cloves, minced  
1 1/2 pounds lean ground beef  
2 (15-oz.) cans tomato sauce  
1 tablespoon fresh lemon juice  
1 1/2 teaspoons dried oregano  
1 teaspoon sugar  
1/2 teaspoon ground cinnamon  
1 1/2 teaspoons kosher salt, divided  
3 tablespoons butter  
3 tablespoons all-purpose flour  
3 cups milk  
1 cup grated Parmesan cheese  
1/2 teaspoon freshly ground black pepper  
Vegetable cooking spray  
1 (8-oz.) package shredded mozzarella cheese  
1/3 cup fine, dry breadcrumbs

## RxRecipe

*“The right prescription for good food”*

### Preparation

1. Preheat oven to 350°. Cook pasta in a Dutch oven according to package directions.
2. Meanwhile, sauté onion in hot oil in large skillet over medium-high heat 4 to 5 minutes or until tender. Add garlic; sauté 30 seconds. Add beef; cook, stirring occasionally, 5 minutes or until crumbled and no longer pink. Drain mixture, and return to skillet.
3. Stir tomato sauce, next 4 ingredients, and 1 tsp. salt into meat mixture. Bring to a simmer over medium-high heat, and cook, stirring occasionally, 2 minutes. Remove from heat.
4. Melt butter in a large saucepan over low heat. Whisk in flour, and cook, whisking constantly, 2 minutes. Gradually whisk in milk. Increase heat to medium, and cook, whisking constantly, 5 to 7 minutes or until thickened and bubbly. Stir in Parmesan cheese, pepper, and remaining 1/2 tsp. salt. Add sauce to pasta, stirring to coat.
5. Transfer pasta mixture to a lightly greased (with cooking spray) 13- x 9- inch baking dish. Top with beef mixture, mozzarella cheese, and breadcrumbs.
6. Bake at 350° for 20 to 25 minutes or until mixture is bubbly and cheese is melted. Let stand 10 minutes before serving.  
MAKE IT AHEAD Fix and freeze this dish (unbaked) for a hands-off dinner. Let it stand 30 minutes before baking, and add 15 to 20 minutes in the oven.