

Pharmacy Benefit Dimensions®

An Independent Health  company

PHARMACY BENEFITS NEWSLETTER • VOLUME 14, ISSUE 1

MARCH 2018

Flu outbreak has been widespread across the nation

The Centers for Disease Control and Prevention (CDC) says there's been widespread flu activity from this season's outbreak in all of the continental United States – something that hasn't happened in the CDC's 13 years of tracking the spread of influenza via particular surveillance.

Dr. Dan Jernigan, director of the influenza division at the CDC, characterized the current flu season as “on the severe side,” but said it does not appear to be as severe as the 2014/2015 flu season, which was also driven by an H3N2 virus. However, flu activity is likely to remain elevated through the end of March.

As of March 5, CDC data indicates:

- The 2017-2018 flu season peaked at 7.4% in early February (during weeks 5 and 6) and is now on the decline.
- 45 states plus Puerto Rico continue to report widespread flu activity and 32 states, plus New York City and the District of Columbia, continue to experience high influenza-like illness activity.
- The overall hospitalization rate and all age-specific hospitalization rates are now higher than the end-of-season hospitalization rates for 2014-2015.
- There have been 114 flu-related pediatric deaths reported this season.

Flu season runs from October to May, with most cases happening from late December to early March. Most flu shots cover four flu viruses: two influenza A viruses (H3N2 and H1N1) and two B viruses. According to the CDC, the flu strain currently causing the most infections is H3N2, especially in young children and adults over age 65.

It's important to get an annual flu shot

- The CDC recommends a yearly flu vaccine as the first and most important step in protecting against flu viruses. Everyone 6 months of age and older should get a flu vaccine every year.
- Getting vaccinated before the flu season is in full force gives the body a chance to build up immunity to the virus.
- Flu vaccination can reduce flu illnesses, doctors' visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations.
- Vaccination of high-risk persons is especially important to decrease their risk of severe flu illness.

How to stop the spread of germs

- Try to avoid close contact with sick people.
- While sick, limit contact with others as much as possible to keep from infecting them.
- If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. Your fever should be gone for 24 hours without the use of a fever-reducing medicine.
- Cover your nose and mouth with a tissue when you cough or sneeze.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Clean and disinfect surfaces and objects that may be contaminated with germs like the flu.

For more information, visit www.cdc.gov/flu/

Please direct questions or comments you have about the Pharmacy Benefit Dimensions newsletter to:

Keith Page, Editor
(716) 635-4950

Michael Cropp, M.D.
President and CEO
Independent Health

Lynne Olewine
President
Pharmacy Benefit Dimensions

More effective shingles vaccine now available

In October of 2017, the U.S. Food and Drug Administration (FDA) approved Shingrix® for the prevention of herpes zoster (shingles) in adults age 50 and older. Shingles vaccination is the only way to protect against shingles and postherpetic neuralgia.

Shingles is a painful rash that usually develops on one side of the body, often the face or torso. The rash consists of blisters that typically scab over in 7 to 10 days and clears up within 2 to 4 weeks. Some people describe the pain as an intense burning sensation. For some people, the pain can last for months or even years after the rash goes away. This long-lasting pain is called postherpetic neuralgia, and it is the most common complication of shingles.

There are an estimated 1 million cases of shingles in the United States each year. One in three Americans will develop shingles in their lifetime. The risk increases to one in two for adults aged 85 years and older.

Studies show that Shingrix is safe. The vaccine helps your body create a strong defense against shingles. The side effects of Shingrix are temporary, and usually last 2 to 3 days. While you may experience pain for a few days after getting this vaccine, the pain will be less severe than having shingles and the complications from the disease.

The Centers for Disease Control and Prevention (CDC) recommends that healthy adults age 50 and older get two doses of Shingrix, separated by 2 to 6 months, to prevent shingles and the complications from the disease. Two doses of Shingrix is more than 90% effective at preventing shingles and postherpetic neuralgia. Protection stays above 85% for at least the first four years after vaccination. Shingrix is the preferred vaccine, over Zostavax®, a shingles vaccine in use since 2006. Since your risk of shingles and postherpetic neuralgia increases as you get older, it is important to have strong protection against shingles in your older years.

Who should get Shingrix?

If you had shingles in the past and/or have received Zostavax, you can get Shingrix to help prevent future occurrences of the disease. Chickenpox and shingles are related because they are caused by the same virus (varicella zoster virus). After a person recovers from chickenpox, the virus stays dormant (inactive) in the body. It can reactivate years later and cause shingles.

You should not get Shingrix if you:

- have ever had a severe allergic reaction to any component of the vaccine or after a dose of Shingrix.
- tested negative for immunity to varicella zoster virus. If you test negative, you should get the chickenpox vaccine.
- currently have shingles.
- currently are pregnant or breastfeeding. Women who are pregnant or breastfeeding should wait to get Shingrix.

New definition and treatment targets for high blood pressure

The American College of Cardiology (ACC) and the American Heart Association (AHA) have released a new guideline on high blood pressure (hypertension) with a new definition that will call 130 to 139 mmHg systolic or 80 to 89 mmHg diastolic “stage 1 hypertension”. The new “Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults” eliminates the classification of prehypertension and divides those blood-pressure levels previously called “prehypertension” into “elevated blood pressure” and “stage 1 hypertension”.

Blood pressure categories in the new guideline are:

- Normal: Less than 120/80* mm Hg
- Elevated: Systolic between 120-129 and diastolic less than 80
- Stage 1: Systolic between 130-139 or diastolic between 80-89
- Stage 2: Systolic at least 140 or diastolic at least 90 mm Hg

(*The first number describes the pressure on blood vessels when the heart contracts, and the second refers to the pressure as the heart relaxes between beats.)

The new guidelines – the first comprehensive set since 2003 – lower the definition of high blood pressure to account for complications that can occur at lower numbers and to allow for earlier treatment with medication. It will result in nearly half of the U.S. adult population (46%) having high blood pressure, with the greatest impact expected among younger people. However, only a small increase is expected in the number of adults requiring blood pressure medication.

What does this mean for you?

The new guidelines indicate that some people might now be candidates for medication treatment for their high blood pressure that were not candidates for treatment under the old guidelines. Aggressive treatment of blood pressure is often recommended due to significant adverse health effects of long-term uncontrolled high blood pressure. High blood pressure is second only to smoking as a preventable cause of heart attacks and strokes, while heart disease remains the leading killer of Americans.

The good news for patients is that nearly all the drugs used to treat high blood pressure are available as generic products. These medications are often inexpensive, and most people can take them without side effects. It is important to take medications consistently and in accordance with your doctor’s recommendations.