

CONNECTION

UNITEDRX CORPORATE NEWSLETTER

What's new at UnitedRx?

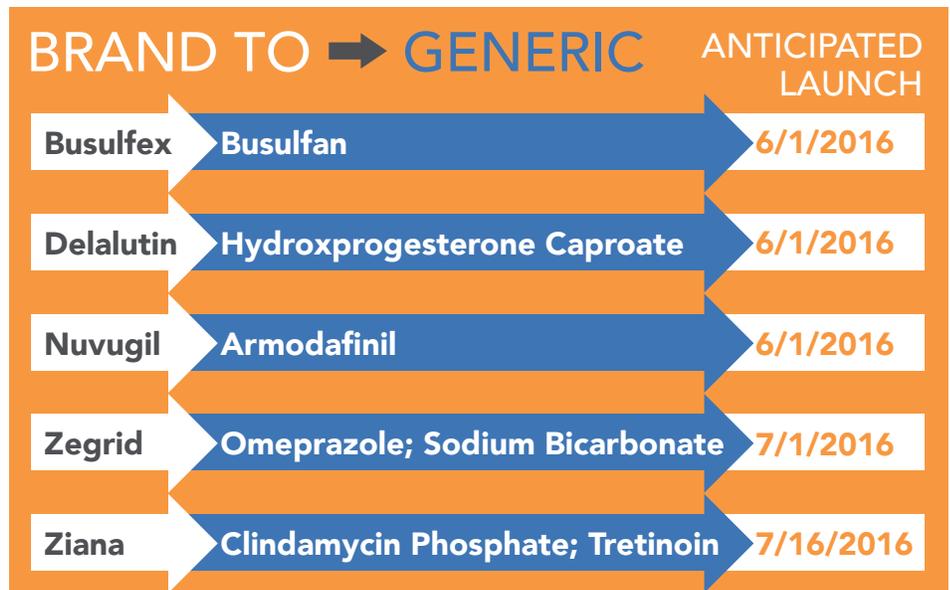
UnitedRx and Technology

As many companies around the globe are turning to technology, UnitedRx leads the industry in the use of new technology driven methods to heighten accuracy and deliver the best care to patients. Delivery scan to tote is one new technology driven process UnitedRx is implementing. When prescriptions are being toted for delivery to each home, they are scanned by barcode and placed into the tote that is also barcoded for a specific home and or nursing station. This barcode matching system ensures the patient's drug is placed in the right tote going to the right location. The use of delivery scan to tote has been shown to reduce the number of prescription delivery error rates to as low as 1 per 10,000 prescriptions.

Another piece of technology (5 to be exact) that UnitedRx uses is the DOSIS L60. What is DOSIS, you ask? DOSIS is a robot that handles the filling, packaging and patient specific labeling of custom quantity single medication blister cards (bingo cards). These L60 robots are utilized for the (high volume) medications and are part of a select group of machines on the market that allow the pharmacy to prepare both pre-packaged and on demand prescriptions. The model L60 is proven to increase safety, productivity and reliability in our pharmacy. It is safer because the correct drug is labeled correctly every time. Our machines work 24-hours a day, increasing production time while reducing cost of up to \$1 per prescription. Lastly, they are more reliable due to the around the clock operation and have multiple checks built into them before final dispensing. What makes the DOSIS L60 so efficient is the use of canisters in its design. These canisters are inexpensive, don't require manufacturer calibration, have no electronic components and are not tied to any particular location which allows for greater flexibility in the number of combinations of medications that the machines can hold.

These are just two of the many new technologies UnitedRx is leveraging to stay ahead of the ever changing medication demands of patients.

Generic Update →
What drugs are about to become generic?



UnitedRx has launched a new website, check us out at www.unitedrx.net

Clinical Corner

Out with the Old, In with the New



Previously for the treatment of Heart Failure with reduced ejection fraction, the use of Angiotensin Converting Enzyme Inhibitors (ACE-I) or Angiotensin Receptor Blockers (ARB) has been routine and recommended practice. New guidelines published on May 20th, 2016 by the American College of Cardiology, the American Heart Association Task Force on Clinical Practice Guideline and the Heart Failure Society of America (ACC/AHA/HFSA) recommend the use of another agent in place of an ACE-I or ARB.

Entresto by Novartis was launched in September of 2015. Entresto is a combination medication that includes Sacubitril, a neprilysin inhibitor and Valsartan. Neprilysin is responsible for the breakdown of atrial and brain natriuretic peptides. By blocking neprilysin, it leads to increased levels of natriuretic peptides which help lower blood pressure by reducing blood volume and sodium. Valsartan the other drug included in the combination is an angiotensin receptor blocker that directly antagonizes the angiotensin I and II receptors resulting in the reduction of blood vessel tightening and lessening accumulation of fluid and sodium resulting in decreased blood volume and corresponding blood pressure.

ACC/AHA/HFSA recommends that patients who have chronic heart failure with reduced ejection fraction specifically NYHA class II-IV who tolerate an ACE-I or ARB, should replace their ACE-I or ARB with Entresto because randomized controlled trials have showed it to further reduce morbidity and mortality. The table below includes valuable information you will need to know as your physicians begin to prescribe this medication for your residents.

Available Doses	Entresto (sacubitril/valsartan) 24/26 mg, 49/51 mg and 97/103 mg
Dosing	<p>Not taking ACE-I or ARB currently: start with Entresto 24/26 mg twice daily, then double the dose as tolerated every 2 to 4 weeks to target maintenance dose of Entresto 97/103 mg twice daily.</p> <p>Previously on low doses of ACE-I (≤ 10 mg/day of enalapril or an equivalent dose of another ACE-I) or ARB (≤ 160 mg/day of valsartan or equivalent dose of another ARB): same dosing as not taking ACE Inhibitor or Angiotensin Receptor Blocker currently.</p> <p>Previously on high doses of ACE-I (> 10 mg/day of enalapril or an equivalent dose of another ACE-I) or ARB (> 160 mg/day of valsartan or equivalent dose of another ARB): start with Entresto 49/51 mg twice daily, then double the dose as tolerated every 2 to 4 weeks to target maintenance dose of Sacubitril/Valsartan 97/103 mg twice daily.</p> <p>CrCl < 30 mL/min: Entresto 24/26 mg twice daily.</p>
Side Effects	Hypotension, hyperkalemia, increase ($> 50\%$) in serum creatinine, angioedema, and cough.
Monitoring	Blood pressure, Chem 8 (specifically K ⁺ and Serum Creatinine), and angioedema.
Boxed Warning	Drugs that act on the renin-angiotensin system can cause injury and death to the developing fetus. Discontinue as soon as possible once pregnancy is detected.
Contraindications:	<p>Allergy to sacubitril or valsartan</p> <p>Allergic reaction/angioedema while on ACE inhibitor or Angiotensin Receptor Blocker in past</p> <p>Taking Entresto 36 hours before or after and ACE inhibitor</p> <p>Having Diabetes AND taking a medication that contains aliskiren</p>
Drug Interactions:	ACE Inhibitors, Aliskiren, Amphetamines, Second generation antipsychotics, Amifostine, Barbiturates, Blood pressure lowering agents, Brimonidine, Canagliflozin, Cyclosporine, Dapoxetine, Diazoxide, Drospirenone, Duloxetine, Eltrombopag, Eplerenone, Gemfibrozil, Heparin, Herbs, Levodopa, Lithium, Methylphenidate, Molsidomine, Nicorandil, NSAIDs, Obinutuzumab, Pentoxifylline, Phosphodiesterase 5- inhibitors, Potassium sparing diuretics, Prostacyclin analogues, Sodium phosphates, Statins, Teriflunomide, Tolvaptan, Trimethoprim, and Yohimbine.

To learn more about any of our services please contact Andrew Tutt, Marketing Director, 708-375-5762 or atutt@unitedrx.net

In conclusion, although change can sometimes cause people discomfort, the change from using ACE-I or ARBs to using Entresto will bring about better health related outcomes such as decrease in morbidity and mortality in patients with heart failure. The use of Entresto for treatment is now becoming the standard of care and it is important that patients, health care providers and their families are educated on the benefits and potential risks of this new treatment modality.