



Warfarin Information Newsletter

WINTER 2020

VOLUME NO. 11 ISSUE NO. 1



Dianne Turner is our new Anticoagulation Support Assistant. She is originally from Western, PA but she's lived in Lancaster for over 20 years. Dianne has an associate degree in Invasive Cardiovascular Technology and worked in the cardiac catheterization lab for many years. She enjoyed working in cardiology but got tired of being on call all of the time so changed her career path to Anticoagulation. Dianne has been with the Anticoagulation Clinic at Penn State Milton S. Hershey Medical Center since May 2019. Prior to that, she worked for two years at The Heart Group of Lancaster General Health's Anticoagulation Clinic.

Although Dianne loves the Lancaster area, she heads to the beach during her time off. She is happiest when she is near the ocean. Dianne loves to travel and wants to see the world. In her spare time she enjoys hiking and reading. She recently discovered Audible and can now do both at the same time!

Dianne is single and currently lives in Mount Joy with her sister, a love bird named Peanut, three kittens named JJ, Poopers (don't ask) and Mia.

Elderberry: Benefits & Dangers

Elderberry (*Sambucus nigra*), a dark purple fruit found in North America, Europe, Asia and Northern Africa can be cooked into jams, pies and flavorings, and it is one of the most commonly used medicinal plants in the world. There is evidence showing that elderberry is helpful for constipation due to its laxative effects. Elderberry can also prevent and treat symptoms of viral illnesses (such as the flu or common cold) by activating the immune system.

Which elderberry products are available? Elderberry extracts and concentrates are used to make teas and supplements are also available as lozenges and capsules.

Is elderberry safe? Elderberry products are safe when used for up to 12 weeks, however uncooked leaves, stems, and unripe or uncooked fruit are not safe to consume. The plant contains toxic cyanide-producing chemicals when ingested. Cooking the fruit, stems and leaves removes these toxic chemicals.

What are the side effects of elderberry? The most common side effects are nausea, vomiting and diarrhea. Because elderberry boosts the immune system, it may cause symptoms such as runny nose or difficulty breathing in people who have grass pollen allergies.

Which medications interact with elderberry? Because elderberry stimulates the immune system, it can interfere with medications taken to suppress the immune system (e.g., steroids, cyclosporine, mycophenolate, tacrolimus, azathioprine) causing "flares" of certain diseases like lupus, multiple sclerosis (MS) and rheumatoid arthritis (RA). Elderberry can potentially interact with antifungals, blood pressure medicines, antidepressants, anti-anxiety medications and others.

What about elderberry and warfarin? The interaction between elderberry itself and warfarin is not considered significant. However, some supplements also contain other ingredients such as echinacea, senna flowers and anise fruit, all of which can affect the INR (blood-clotting time) of patients taking warfarin.

Always talk to your physician or pharmacist before using elderberry-containing products to discuss possible warfarin interactions.



TITLE **RED FISH CHOWDER**

6 servings



NUTRITION PER SERVING:

Calories	216
Fat	4.4 g
Cholesterol	54
Sodium	146 mg
Protein	16.5 g
Carbs	19.7 g
Fiber	6.3 g
Vitamin K	7 mcg

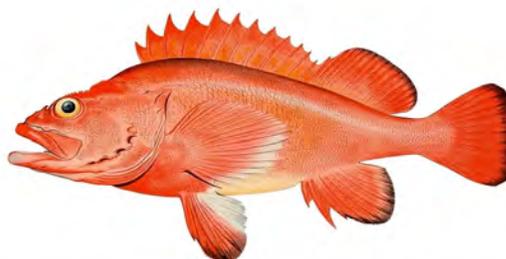
INGREDIENTS

- 2 T Butter
- 1 t Garlic cloves, minced
- 4 oz. Onion, diced (about ½ cup)
- ½ c Green pepper, diced
- 1 c Tomatoes, crushed, canned
(use fresh tomatoes to reduce sodium)
- 1 c Dry red wine
- 1 lb Haddock
- 3 c Potatoes, peeled and diced
- 6 c Water
- ¼ t Ground black pepper
- 1/8 t Tabasco sauce
- 1/8 t Worcestershire Sauce

DIRECTIONS

Melt butter in stock pot and sauté garlic, onion, green pepper and celery until tender, stirring often.

Add water, fish, tomatoes, wine and potatoes. Add seasonings, bring to a boil and cook until the potatoes and fish are tender. Enjoy!



Please Join Us for Patient Appreciation Day

April 21, 2020

First Session: 2:00-3:00 p.m. Second Session: 6:00-7:00 p.m.

Hope Drive, Entrance B, Room 2005 (Second Floor)

Please join the Penn State Health Anticoagulation Clinic on Tuesday, April 21, 2020, for Patient Appreciation Day! To accommodate our patients who work during the day, two different sessions are scheduled. The first session will be from 2:00-3:00 p.m. and the second from 6:00-7:00 p.m. We have several planned events:

- Watch a cooking demonstration of a healthy and tasty meal to be shared by all attendees.
- Learn about Acelis Connected Health™ home monitoring system for those who are interested in monitoring their INRs in the comfort of their own homes.

The Anticoagulation Clinic staff are eager to meet you and answer all of your questions!

Patients are welcome to bring one guest. Please RSVP by calling 717-531-5312 (choose option 2), and leave your name, phone number, date of birth, number of people, and which session you plan to attend.

This is a great opportunity to come out and meet our staff members. We look forward to seeing you!

Safe Medication Disposal

Penn State Health Milton S. Hershey Medical Center is proud to announce the installation of MedSafe Medication Disposal kiosks on campus. MedSafe allows us to safely collect unused and expired medications, including controlled (Schedules II-V), non-controlled, and over-the-counter medicines. **MedSafe Kiosks are located at:**

- 30 Hope Drive Entrance B Lobby
- Penn State Cancer Institute Entrance
- University Physicians Center Lobby

You may use MedSafe disposal for the following items. When possible, leave the medication in the original packaging:

- Prescription drugs, including narcotics and other controlled substances
- Over-the-counter (OTC) pills, capsules and topical medications
- Liquid medications (4 oz. or less) sealed in a plastic bag

The following items are NOT accepted:

- Aerosols/sprays
- Sharps (needles, syringes, lancets)
- Illicit drugs
- Batteries
- Medical devices

The PA Department of Drug and Alcohol Programs (PDAP) offers similar disposal systems at community locations, including retail pharmacies and police departments. Go to the PDAP website to search for Prescription Drug Take-Back locations by zip code or county:

<https://apps.ddap.pa.gov/GetHelpNow/PillDrop.aspx>

Additionally, every spring and fall, the U.S. Drug Enforcement Administration (DEA) sponsors National Prescription Drug Take-Back Day in communities across the country. On April 25, 2020, the Medical Center will accept needles, syringes unused or expired prescription drugs for disposal at several on and off campus locations.

You may choose to safely dispose of unused medications in your home following the instructions below:

- Remove medication from original container.
- Mix into an undesirable substance such as used coffee grounds or cat litter
- Seal mixture in sealable container or bag
- Place sealed container or bag in your regular trash
- Remove personal information from empty prescription vials and dispose in regular trash or recycling

Ask your pharmacist how to safely dispose of used needles, syringes and lancets using items you have in your home. Please do not bring these items to the Anticoagulation Clinic for disposal.

Proper disposal of medications keeps you, your families, your pets and our communities safer!



Heart Disease is the Leading Cause of Death for Both Men & Women

You can make healthy changes to lower your risk of developing heart disease. Controlling and preventing risk factors is also important for people who already have heart disease. To lower your risk:

- Watch your weight.
- Quit smoking and stay away from secondhand smoke.
- Control your cholesterol and blood pressure.
- If you drink alcohol, drink only in moderation.
- Get active and eat healthy.





What you should know about 2020 Medicare prescription drug plans



Brush up on Medicare basics

Medicare insurance and benefits are divided into four parts.

Part A—Hospital coverage

Covers inpatient hospital stays, inpatient stays at most skilled nursing facilities, and hospice and home health care.

Part B—Medical coverage

Covers physician visits, clinical lab services, outpatient and preventive care, screenings, surgical fees and supplies, physical and occupational therapy, durable medical equipment, and some prescription drugs.

Most patients are automatically enrolled upon reaching age 65 and typically pay a Part B premium.

Part C—Combines Parts A and B

Also known as Medicare Advantage (MA), Part C plans can be combined with Part D prescription drug coverage through a Medicare Advantage Prescription Drug (MA-PD) plan. Patients with MA plans continue to pay Part B premiums.

Part D—Prescription drug coverage

Part D plans, provided by private insurers and approved by Medicare, can be purchased to work alongside Part A and B plans or combined with Part C through an MA-PD plan.



2020 Part D plan structure

According to CMS, the average cost of a 2020 plan premium is \$32.74, a \$0.45 decrease from 2019. Premiums can vary significantly from plan to plan and by region.

2020 deductible

\$435

The initial deductible for minimum allowable plans is \$435, a \$20 increase from 2019. Patients pay 100% of drug costs during the deductible stage.



2020 initial coverage limit

\$4,020

25%

After reaching the deductible, patients pay 25% of drug costs until their benefits total the initial coverage limit. Medicare pays 75%.

\$4,020

In 2020, this limit is \$4,020, an increase of \$200 from 2019.



2020 coverage gap

Once patients have accrued \$4,020 in benefits, they enter the donut hole. The donut hole for brand name drugs closed in 2019—patients continued to pay 25% of costs, just as they did in the initial coverage phase. In 2020, the hole will close for generic drugs as well. The cost of emerging from the donut hole is more complicated in 2020 (see next page), but patients must pay \$6,350 in out-of-pocket costs to enter the catastrophic phase—a \$1,250 increase from 2019. In 2020, patients receive the following:

BRAND NAME



70%

drug manufacturers pay

25%

patient pays

5%

plan pays

- 75% discount on brand name drugs (70% comes from manufacturers, 5% from Part D plans). The patient pays 25%. So, if a brand name drug costs \$100, the patient pays \$25.

GENERIC



25%
patient pays

75%
plan pays

- 75% discount on generic drugs. The patient pays 25%. So, if a generic drug costs \$100, the patient pays \$25.

The new year brings new plans, new cards, and new questions. There are a few notable changes to Part D in 2020; for one, while the donut hole has technically closed, the cost to emerge from the coverage gap has increased by a whopping \$1,250. Here's what you need to know.

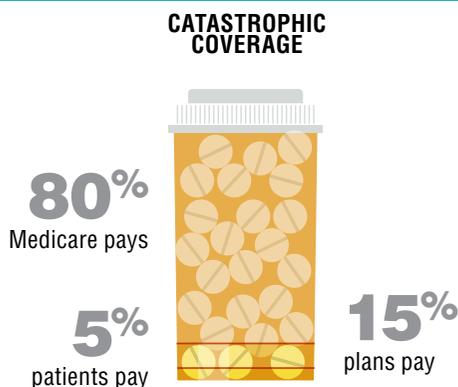


2020 catastrophic coverage

Upon spending \$6,350 out of pocket over the course of the deductible, initial coverage, and donut hole stages—approximately \$9,719 in total drug costs—patients enter the catastrophic coverage stage.

In the catastrophic coverage stage:

- Medicare pays for about 80% of costs.
- Plans pay about 15% of costs.
- Patients pay about 5% of costs.
- Patients pay 5% or \$3.60 for generics/\$8.95 for brand name—whichever is higher.



Beneficiaries' out-of-pocket costs to increase in 2020

In 2020, Medicare Part D beneficiaries will pay 25% of the cost of generic and brand-name drugs while in the coverage gap—also known as the donut hole—meaning that their share of drug costs will not increase after leaving the initial coverage phase. It's a big change from 8 years ago, when beneficiaries covered 100% of costs while in the coverage gap.

The Patient Protection and Affordable Care Act (ACA) included a provision that kicked in during the 2011 plan year to gradually reduce the out-of-pocket burden on coverage-gap patients ineligible for low-income subsidies. It required Part D plans to pay a greater share of drug costs and manufacturers to provide a 50% discount on brand-name drugs; that discount increased to 70% in 2019 plans. The manufacturer discount counted toward the true out-of-pocket (TrOOP) cost threshold to reach the catastrophic phase. The provision was aimed at "closing" the donut hole by 2020, and it has.

Between 2014 and 2019, the ACA provision also lowered the out-of-pocket amount that qualified beneficiaries to enter the catastrophic coverage phase, further reducing out-of-pocket costs.

Although their responsibility for payment will not change from the initial cov-

erage phase, beneficiaries will spend longer in the coverage gap phase because the ACA provision was allowed to expire in the 115th Congress. A bill sponsored by Reps. Frank Pallone (D-NJ) and Richard Neal (D-MA) that would have extended the ACA provision did not advance.

In 2020, the TrOOP threshold for catastrophic coverage will revert to what it would have been without the ACA reductions: from \$5,100 in 2019 to \$6,350 in 2020—a \$1,250 increase. To reach that \$5,100 threshold in 2019 required a drug spend of about \$8,140. In 2020, the drug spend is about \$9,719.

In addition, during the coverage gap phase, the portion plans pay (5% for brand-name drugs and 75% for generics) will not count toward the TrOOP threshold to enter the catastrophic phase. However, plans' contributions in the initial coverage phase still push beneficiaries toward the threshold to enter the donut hole.

Other items to note:

The CMS Coverage Year 2020 Call Letter included a number of specific areas that will affect pharmacy.

Review the call letter at <http://apha.us/2020CallLetter>.

- **Policies specific to pain management and substance use disorder:** Part D sponsors should include products used in medication-assisted therapy (MAT) in preferred formulary tiers, while generic drugs indicated for MAT should be included in brand tiers. Plans should also include at least one naloxone product on a tier that provides for \$0 or low cost-sharing.

- **Annual medication therapy management (MTM) threshold:** The 2020 MTM program annual cost threshold increased \$211 to \$4,255, which continues to exclude many beneficiaries with complex conditions, but smaller drug spends—potentially through the use of generic medications—who could benefit from MTM services. CMS cites APhA's and other requests urging the agency to lower the MTM program annual cost threshold. The agency will consider revisiting the MTM program annual cost threshold and conduct analyses to explore options for lowering the threshold through rulemaking in the future.

Rachel Balick, reporter

Cardiac Arrest Can Strike Without Warning

The Signs

Sudden Loss of Responsiveness. A non-responsive person will not move, speak or react when you tap their hands or shoulders, or ask loudly if he or she is OK.

Abnormal Breathing. The person is not breathing or is gasping for air.

What to Do

If the person is not responding and you think they suffered a cardiac arrest:

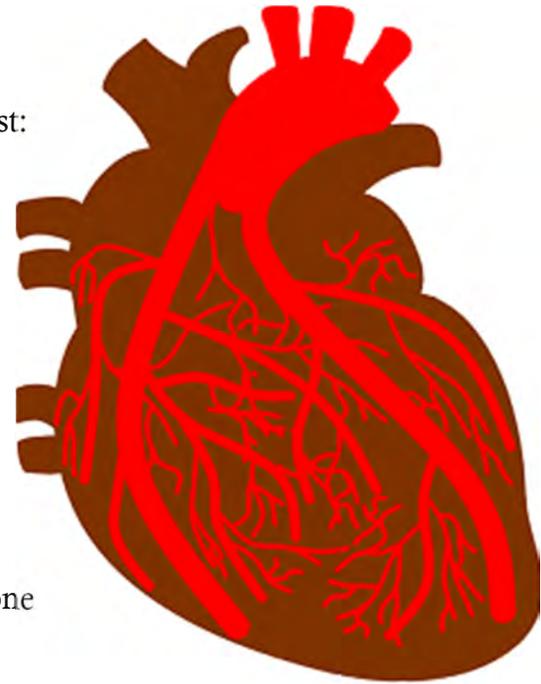
Yell for Help. Tell someone to call 911. Ask them to quickly bring you an AED (automated external defibrillator). If you're alone with the victim, call 911 and get an AED, if available.

Check Breathing. If the person is not breathing or is gasping for air, initiate CPR.

Begin CPR. Push hard and fast; compress the center of the chest at least 2 inches 100 – 120 times per minute. Allow the chest to rise to its normal position after each compression.

Use an AED as soon as it arrives. Power it up and follow the prompts.

Continue CPR until the person starts breathing or moving, or until someone with advanced training, like an EMS professional takes over.



SPOT A STROKE

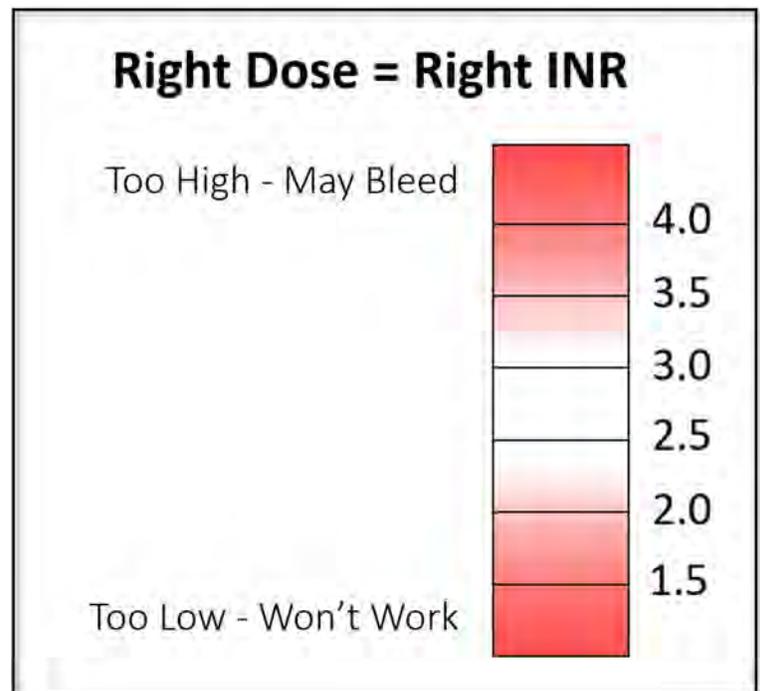
BE FAST

B BALANCE LOSS
E EYESIGHT CHANGES
F FACE DROOPING
A ARM WEAKNESS
S SPEECH DIFFICULTY
T TIME TO CALL 911

Experiencing or recognizing any of these?
Notify a staff member immediately!

 **PennState Health**
Milton S. Hershey Medical Center

inspired together





Daylight Saving Time is coming!

Spring forward on March 8!

Did you know?

The Anticoagulation Clinic is now listed in the [My Penn State Health Patient Portal](#). When accessing your records through the patient portal, look for the Anticoagulation Clinic listing in the area where you communicate to providers. My Penn State Health is a secure website where you can conveniently manage your healthcare information related to your visits with Penn State Health providers. A mobile app is available for both Android and iPhone. Some features of the system are:

- Secure messaging with your care team
- View medical history
- Manage prescriptions

- Schedule and manage appointments
- See test results
- Manage family member accounts



You can [create your account online using the Self-Enroll process](#) or you may sign up during any visit to Penn State Milton S. Hershey Medical Center or one of our Medical Group locations.

[Visit pennstatehershey.org/myhealth](http://pennstatehershey.org/myhealth) to learn how to use your own personalized website.

UPC Pharmacy

Phone 717-531-8094

Hours: M-W 8am - 5:30pm

Th-F 8am - 6pm

Sat 8:30am - noon

Closed Sundays and holidays

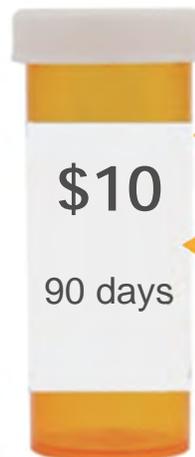
Cancer Institute Pharmacy

Phone 717-531-1272

Hours: M-F 9am - 9pm

Sat-Sun 9am - 5:30pm

Holidays 9am - 5:30pm



Get a **90-day** supply of brand-name Coumadin at either of our pharmacies for only **\$10**.

Fingerstick appointments are available at both of our locations:

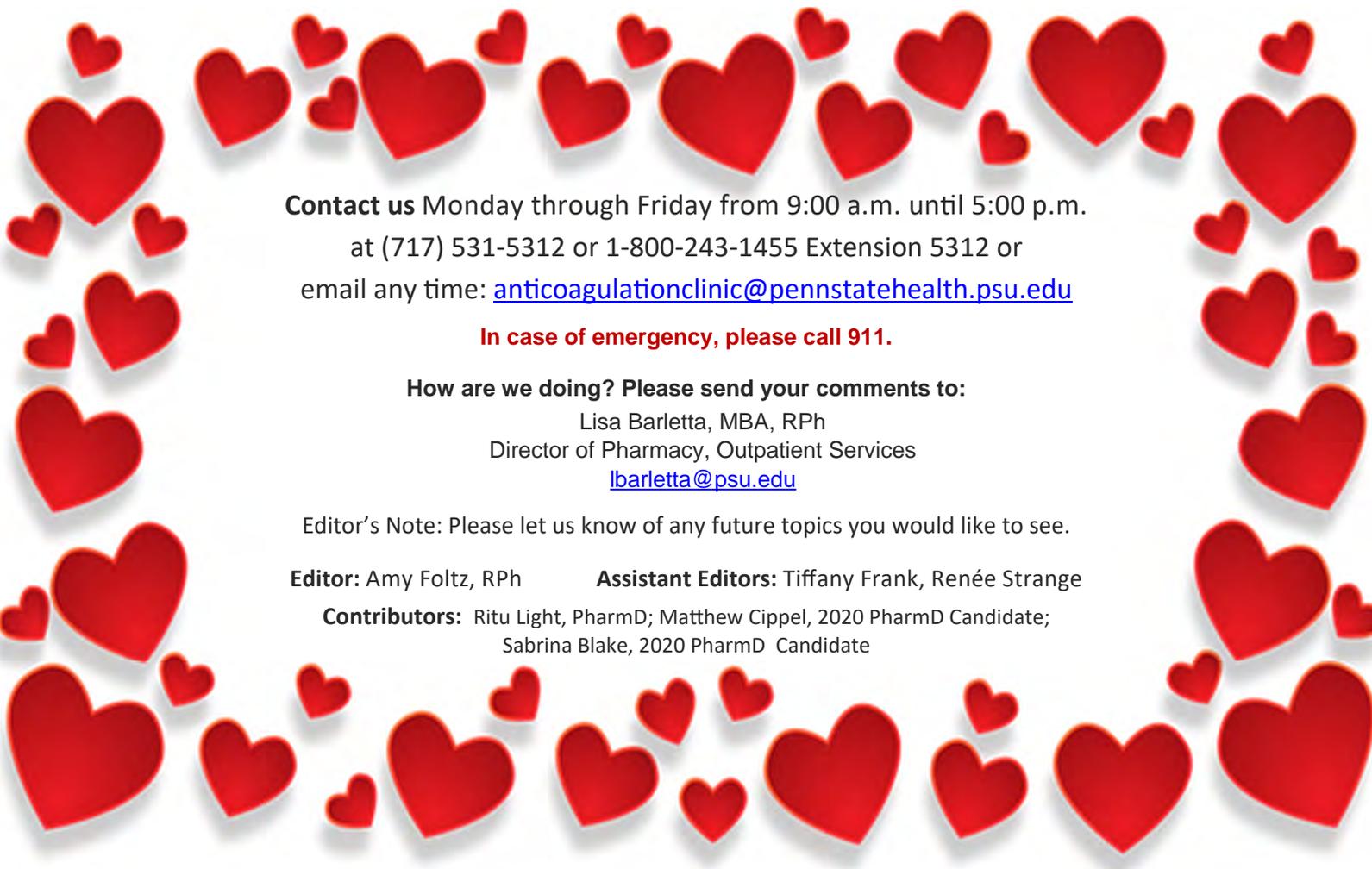
30 Hope Drive Hershey, PA 17033 and 121 Nyes Road Harrisburg, PA 17112

Call us at 717-531-5312 or

Toll Free: 1-800-243-1455 x 5312

Anticoagulation Clinic
Mail Code EC79
PO Box 859
Hershey, PA 17033-0859

Return Service
Requested



Contact us Monday through Friday from 9:00 a.m. until 5:00 p.m.
at (717) 531-5312 or 1-800-243-1455 Extension 5312 or
email any time: anticoagulationclinic@pennstatehealth.psu.edu

In case of emergency, please call 911.

How are we doing? Please send your comments to:

Lisa Barletta, MBA, RPh
Director of Pharmacy, Outpatient Services
lbarletta@psu.edu

Editor's Note: Please let us know of any future topics you would like to see.

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