A case study

Rosacea and medication adherence

Partner in health

A pharmacist's perspective

Be proactive

Take initiative with your health







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CHALLENGES

Simple changes in multiple industries, and at home, can better our nation and overall health.

Trending toward a solution

he problem has been under our noses for a long time, but it's only recently that we have come to realize just how enormous the problem really is. As many as half of all patients who should be taking their prescription medications are not doing so.

The consequences of not taking the pills that are supposed to make you better are substantial: more than \$290 billion a year in avoidable hospitalizations and other expenses when patients get sick or sicker because they're not taking their meds as prescribed. The human toll, in quality and length of life, is incalculable.

Fortunately, public awareness of the medication adherence problem continues to grow. Thanks to efforts like the Script Your Future campaign and high-profile advocacy from the U.S. Surgeon General, more and more patients and healthcare professionals are aware that something needs to be done.

Yet it will take more than heightened awareness to fix the problem.



Tom Hubbard Senior program director for NEHI and lead researcher on NEHI's patient medication adherence work

Patients receive little guidance on staying adherent—even when they are on many medications at once. To truly improve adherence, the healthcare system itself must change. And this will require real collaboration among patients, physicians, pharmacists, health plans and other sectors of our notoriously fragmented healthcare system.

The good news is that several trends in U.S. healthcare are creating golden opportunities for patients and healthcare professionals to make the necessary changes.

Here are just a few:

■ The nationwide move toward "medical homes"

An increasing number of physicians are transforming their practices to emphasize preventive care and tight coordination of care for chronically ill patients, including

a focus on adherence. As such, the medical homes are a big step forward for collaboration, as they rely on physician-led teams of nurses, physician assistants and other care givers. Insurers, too, play a role, with an increasing number of medical plans linking physician reimbursement to success in treating chronically ill patients. Success will require medication adherence.

■ The transformation of drug stores

Drug stores throughout the country-both chains and independent stores—are starting to offer services to help patients manage their medications. Although patients typically rate pharmacists as a trusted source of medication advice, pharmacists have been a largely untapped resource for helping patients manage their meds. Here again, collaboration will be critical: look for physician groups and pharmacies to experiment with new forms of collaboration so that patients benefit from both physician leadership and pharmacist skills.

■ Electronic medical records and "e-prescribing"

As many patients are now aware, physicians are pushing hard to utilize electronic medical records to help streamline and coordinate care. The best electronic medical records make it easier for physicians and pharmacists to keep track of their patients' medications—including whether prescriptions are being filled and refilled as prescribed. This should spark new forms of collaboration, not only between physicians and pharmacists, but among physicians themselves.

These and other trends should auguran era in which patients, physicians, pharmacists, and health plans may finally be able to work together to make sure that good healthcare does not go to waste when patients leave the doctor's office with a prescription in hand—and then fail to take the pills that will make them better.

TOM HUBBARD

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IT TAKES MORE THAN

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McKesson Patient Relationship Solutions





NEWS

A case study: taking control of rosacea

More than 16 million
Americans have rosacea
and most of them do not
know it. Fortunately, today's
expanding knowledge of its
many potential signs and
symptoms can unmask the
many myths surrounding
this poorly understood but
often life-disruptive disorder.

"Many people assume that rosacea is simply a sunburn or complexion problem that will eventually go away, and fail to realize they have a chronic condition that may get worse without medical treatment and lifestyle modifications," said Dr. Jonathan Wilkin, chairman of the National Rosacea Society medical advisory board.



SUBTYPE 1
PHOTOS: NATIONAL ROSACEA SOCIETY

Characterized by relapses and remissions, rosacea typically begins as a redness or flushing on the cheeks, nose, chin or forehead that may come and go. Over time, the redness becomes ruddier and more persistent, and visible blood vessels may appear.

This condition, known as subtype 1 rosacea, often occurs before or at the same time as subtype 2 rosacea, which includes facial redness with bumps and pimples if left untreated. In severe cases the skin



SUBTYPE 2

may become swollen and bumpy, especially around the nose—a condition known as subtype 3 rosacea, or rhinophyma.

One misconception is that rosacea is a minor inconvenience

In fact, it can cause substantial psychological, social and occupational problems because of its effects on personal appearance. In surveys by the NRS, more than 76 percent of rosacea patients said their condition had lowered their self-confidence



SUBTYPE:

and self-esteem, and 41 percent reported that it had caused them to avoid public contact or cancel social engagements. Among those with severe symptoms, 88 percent said the disorder had adversely affected their professional interactions, and 51 percent said they had even missed work because of their condition.

Another false myth is that the red face of rosacea is due to heavy drinking. While alcohol can aggravate the disorder, its signs and symptoms can be just as severe in a teetotaler.

Likewise, the bumps and pimples of subtype 2 are unrelated to hygiene.

Take charge of external factors

Today, medical therapy is available from dermatologists that can control or reverse rosacea's signs and symptoms. Another important step in controlling flare-ups is to identify and avoid lifestyle and environmental factors that trigger or aggravate the condition in individual cases, such as stress, heat, alcohol, spicy foods and certain skin care products.

Please visit rosacea.org for more information and see **page 9** for insight on rosacea adherence.

THE NATIONAL ROSACEA SOCIETY

editorial@mediaplanet.com



Get \$15 off your first \$75 order at BeautyBar.com. Enter **BBUSATODAY** at checkout.

*Terms & Conditions: Offer valid for first time BeautyBar.com customers only. Expires May 1, 2012.

\$15 GIFT CODE

I'm not a teenager. So why is my skin acting like one?

I'm 36 - way too old for acne. But with no warning, my skin will break out in nasty red bumps. What is this???????

- Laurel F., New York, NY



Those bumps and blemishes that sometimes resemble acne could be rosacea – a chronic inflammatory skin condition that can get worse over time. That's the bad news. The good news is that it's treatable. Ask your doctor about prescription Oracea* (OR-RAY-SHA) (doxycycline, USP), the one and only pill approved for the treatment of rosacea's bumps and blemishes.

Oracea works from within.

Oracea is a simple once-a-day pill that works inside the body to target inflammation and treat the red bumps and blemishes of rosacea in adults. Unlike some treatments, Oracea has not been shown to cause bacterial resistance. That's because Oracea does not act like an antibiotic.

Most important, Oracea works. Some patients see results in as early as 3 weeks.

To learn more, talk to your doctor or go to oracea.com. See if Oracea can help you finally get your skin off your mind.

Important Safety Information

Oracea is generally well tolerated; however, side effects like mild or moderate GI upset, sore throat and headache have been reported. You should not take Oracea if you are pregnant or nursing, have kidney disease, take blood thinners, or are allergic to tetracyclines.

For more product information including other side effects, please see the brief summary of Prescribing Information on the next page.

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Learn more at oracea.com



IMPORTANT INFORMATION ABOUT

Oracea®

(doxycycline, USP) 40 mg* Capsules *30 mg Immediate Release & 10 mg Delayed Release beads

BRIEF SUMMARY

This summary contains important information about ORACEA (Or-RAY-sha). It is not meant to take the place of your doctor's instructions. Read this information carefully before you start taking ORACEA. Ask your doctor or pharmacist if you do not understand any of this information or if you want to know more about ORACEA. For full Prescribing Information and Patient Information please see the package insert.

WHAT IS ORACEA?

ORACEA is a prescription medicine to treat only the pimples or bumps on the face caused by a condition called rosacea. ORACEA is not an antibiotic dose of doxycycline and should not be used for the treatment of infections. ORACEA did not lessen the facial redness caused by rosacea. ORACEA has not been studied for the treatment of rosacea of the eyes or of small blood vessels in the skin. It is not known if ORACEA is effective for use for longer than 16 weeks and it is not known if ORACEA is safe for use longer than 9 months.

WHO IS ORACEA FOR?

ORACEA is for use in adults.

ORACEA should not be given to infants and children 8 years or younger because it may cause staining during tooth development that will not go away.

Also, do not take ORACEA if you are allergic to any medicine known as a tetracycline, including doxycycline and minocycline. If you are not sure, talk to your doctor or pharmacist.

WHAT SHOULD I TELL MY DOCTOR BEFORE TAKING ORACEA?

Tell your doctor about all your health conditions, especially if you

- have had an allergic reaction to doxycycline or other medicines known as tetracyclines.
- are pregnant or planning to become pregnant. ORACEA may harm your unborn baby.
- · are breastfeeding. ORACEA passes into breast milk and may harm your baby.
- · have kidney problems.
- · have liver problems.
- have had surgery on your stomach.
- · have or had a yeast or fungus infection in your mouth or vagina.
- spend time in sunlight or artificial sunlight, such as a tanning booth or sunlamp.
 Although sensitivity to sunlight has not been observed in controlled clinical studies of ORACEA, tetracycline-class products can cause you to get severe sunburns.

Tell your doctor about all of the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements.

ORACEA and other medicines can affect each other causing serious side effects. Especially tell your doctor if you take

- blood thinners (anticoagulants), such as warfarin or Coumadin®. Your doctor may need to change your anticoagulant dose.
- · any medicine to treat pimples (acne) or psoriasis.
- birth control pills. Talk to your doctor about other methods of birth control because birth control pills may not work as well when you are taking ORACEA.
- proton pump inhibitors or antacid medicines containing calcium, magnesium or aluminum.
- · products containing iron or bismuth subsalicylate.
- · any medicine to treat an infection, such as penicillin.
- any medicine to treat seizures.

WHAT SHOULD I AVOID WHILE TAKING ORACEA?

- Although sensitivity to sunlight has not been observed in controlled clinical studies
 of ORACEA, you should not spend time in sunlight or artificial sunlight, such as a
 tanning booth or sunlamp. You could get a severe sunburn. Use sunscreen and
 wear clothes that cover your skin if you have to be in sunlight.
- You should not take ORACEA if you are pregnant or breast feeding or are a man
 or a woman trying to have a baby.

WHAT ARE THE MOST COMMON SIDE EFFECTS OF ORACEA?

ORACEA may cause serious side effects. Stop taking ORACEA and talk to your doctor right away if you

- · have any skin rash, redness, or unusual or severe sunburn
- have an allergic reaction, which may cause a skin rash, swelling, difficulty swallowing, or a feeling of tightness in your throat
- · become pregnant
- · have stomach cramps, high fever, and bloody diarrhea
- have fever, rash, joint pain, and feel tired. These may be symptoms of a problem where your body is attacking itself (autoimmune syndrome).

ORACEA may also cause

- · darkening of your skin, scars, teeth, or gums
- severe headaches, dizziness, or double vision from high pressure in the fluid around the brain

Other common side effects of ORACEA are soreness in the nose and throat, diarrhea, sinus infection, high blood pressure, and increase in aspartate aminotransferase in the blood.

These are not all of the possible side effects of ORACEA. For more information, ask your doctor or pharmacist.

You are encouraged to report negative side effects of prescription drugs to the FDA at www.fda.gov/medwatch or call 1-800-FDA-1088. You may also contact GALDERMA LABORATORIES, L.P. AT 1-866-735-4137.

HOW SHOULD I TAKE ORACEA?

- Take ORACEA exactly as prescribed by your doctor. Do not change your dose unless told to do so by your doctor. Taking more than the prescribed dose may increase your chance of having side effects.
- The usual dose of ORACEA is one capsule in the morning on an empy stomach. You should take ORACEA at least one hour before or two hours after a meal.
- Take ORACEA with a full glass of water while sitting or standing. To prevent irritation to your throat, do not lay down right after taking ORACEA
- Do not take ORACEA with or right after taking antacids or products that contain calcium, aluminum, magnesium, or iron. ORACEA may not work as well.
- If you take too much ORACEA, or overdose, stop taking ORACEA and talk to your doctor.
- If you miss a dose of ORACEA, skip that dose and take the next dose at your regular time.
- Do not take ORACEA to treat infections caused by bacteria, germs or viruses
- Your doctor may do blood tests from time to time to check for side effects of ORACEA.

WHERE SHOULD I GO FOR MORE INFORMATION ABOUT ORACEA?

- · Talk to your doctor or pharmacist
- Go to www.oracea.com or call 1-866-735-4137

GALDERMA LABORATORIES, L.P., Fort Worth, Texas 76177 USA Revised: January, 2012 20070-0510-BS





INSIGHT

PARTNERING WITH YOUR COMMUNITY PHARMACIST

The life of a patient with diabetes is a juggling act of maintaining good glycemic control from daily blood-glucose testing to eating healthy and staying active. This is a complex and sometimes inconvenient task requiring significant commitment. Today, the American Diabetes Association estimates that 60 percent of diabetes patients do not adhere to their treatment regimen.

Because patients with diabetes spend only an average of six hours a year with their doctors, they need more help than ever to navigate therapy choices and maintain a healthy lifestyle. Community pharmacists are available every day to provide support and information about controlling diabetes and safely managing

insulin and oral medications. With specialized training in prescription medications and disease management, pharmacists are dedicated to helping you successfully manage your diabetes.

As a Certified Diabetes Educator and a member of McKesson's Sponsored Clinical Services network of pharmacists offering coaching sessions to help patients stay on therapy, I work closely with patients every day. Here are a few recent examples of how I've coached patients on the proper use of medications and lifestyle requirements:

One of my long-time patients was having difficulty with her insulin injections with the traditional vial and syringe, so I introduced her to a new insulin pen



Jonathan G. Marquess PharmD, CDE, is a pharmacist and owner of Woodstock Health Mart Pharmacy in Georgia

as an alternative. Not only does it allow her to set the right dose, she has also found the injection process much easier and nearly painless.

■ As I was filling a patient's prescription recently, I noticed he was a week late in picking up his refill. When I asked why, he told me that he needed to make it last longer to keep his monthly costs down. Working together, we were able to identify a co-pay offset program and get him enrolled right

away so he could take each dose as directed.

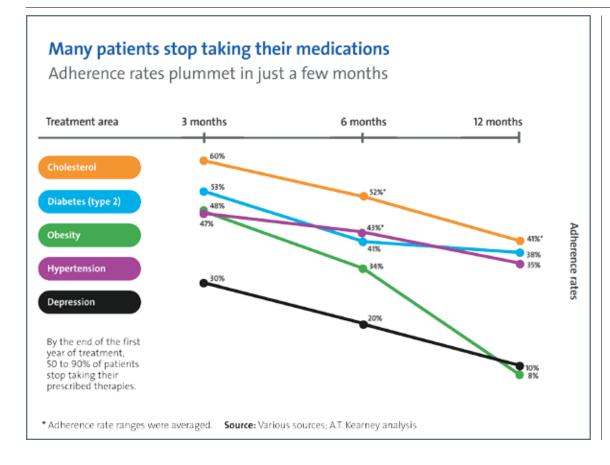
- A newly diagnosed patient came in feeling overwhelmed and unsure how to start controlling her diabetes. Through a series of coaching sessions, we developed a long-term plan to manage her condition and what to expect when taking her medications. Additionally, I introduced her to the Diabetes Life Center we offer at Woodstock Health Mart Pharmacy, which features a variety of over-the-counter health and lifestyle products to help her achieve control of her diabetes and overall better health.
- Like many community pharmacists, I believe supporting our patients starts, not ends, with the prescription. I encourage all

patients with diabetes—and anyone managing a chronic disease —to consider your pharmacist as a partner dedicated to helping you successfully manage your condition and maintain a healthy lifestyle.

Reach out to your community pharmacist today to see if he or she is a Certified Diabetes Educator who can help you develop and implement a diabetes plan. Additionally, the next time your pharmacist asks how you're doing, take a few minutes to have a healthy conversation and get them involved in helping you reach your healthcare goals.

JONATHAN G. MARQUESS

editorial@mediaplanet.com



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SEVEN STEPS TO BETTER MANAGE YOUR DIABETES

■ Blood glucose monitoring

Your pharmacist can interpret your results and let you know where you stand alongside national ADA standards.

Healthy eating

Healthy eating is important to good diabetes control. Find out how to plan menus and eat right.

Being active

Find out how to exercise safely and effectively with diabetes.

■ Taking medication

Taking insulin or oral medications regularly is critical to staying healthy. Learn more about your medications and

how to stay on track.

Problem solving

Find out how to solve diabetesrelated problems like hypoglycemia, hyperglycemia, sick days, paying for care, immunizations and more.

■ Reducing risks

Diabetic complications are not inevitable. Create a long-term plan to prevent problems.

Healthy coping

Diabetes isn't easy. Get support and learn coping skills to stay emotionally and physically healthy.

JONATHAN G. MARQUESS

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QUESTION & ANSWER

The 3-Rs for making medication adherence happen

Too many times, people misuse medications, either by not following proper use instructions or not taking them as directed. NCPIE's 3R's for Making Adherence Happen can help you make sure you are on the right track.

- **Risk.** No medicine is completely risk free. Know the risks as well as the benefits of your medicines. Get the facts about your medicine.
- **Respect** the power and value of medicines—properly used, medicines can help control pain and disease, and sustain independence. Stay with your treatment plan. Improperly used, medicines can be harmful.
- **Responsibility.** Find out what you need to know to use medicines safely. If you are not sure, ask questions. Give all the members of your healthcare team important information by speaking up about all the medicines you take and any medicine problems you may have had in the past.

Write down your questions before your visit—share them, along with your current list of prescription and non-prescription medications, dietary supplements and herbal remedies.

When in doubt, ask first!

Wm. Ray Bullman is the Executive Vice President of the National Council on Patient Information and Education.

WM. RAY BULLMAN

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The cost of non-adherence: our money and your health

Seventy-five percent of **Americans have trouble** taking their medicine as directed. This lack of adherence is costing many people their good health and the healthcare system billions of dollars. Estimates are that approximately 125,000 deaths per year in the United States are due to medication nonadherence and that 33 percent to 69 percent of medicationrelated hospital admissions are due to poor adherence.

The total cost estimates for medication nonadherence range from \$100 billion to \$300 billion every year, when both direct and indirect costs are included. Also, nearly half of all Americans—33 million people—suffer from at least one ongoing or chronic health condition. That number is expected to grow to 157 million by 2020.

Our national challenge is to become a healthy and fit nation and to prevent poor health outcomes. One way we can prevent serious health complications and even death is to ensure that people take their medicines as

directed—especially those people who have multiple chronic conditions and must manage a number of different medications to help them stay as healthy as possible. We need to involve the healthcare community and patients, working together to address the serious public health issue of medication adherence.

Many barriers can lead to poor

"Ensuring that the

advances in phar-

component of im-

proving the national

healthcare system."

macology is a critical

medication adherence. such as prohibitive high costs and copaythat ments some people must pay for their prescription medicines. Patients frequently have difficulty

remembering or managing multiple medications or complex regimens, often prescribed by multiple doctors or they do not understand the reason for and importance of drug therapy. Poor health literacy is another barrier and an important contributor to nonadherence.

Physicians, nurses, pharma-

cists, and other clinicians play a critical role in addressing this public health issue. As a family physician in rural Alabama, I often treated patients whose primary reason for taking their medications incorrectly was not understanding the instructions. Proper medication adherence starts with conversations. Make sure your patients know how to

take their medication. Have them repeat the American people get directions to you the most benefit from before they leave. Also, let them know why they are taking the meds and what to expect.

The Institute Medicine reported that

"Pharmaceuticals are the most common medical intervention, and their potential for both help and harm is enormous. Ensuring that the American people get the most benefit from advances in pharmacology is a critical component of improving the national healthcare system." This past spring, I joined with colleagues from the Department of Health and Human Services and the National Consumers League, a coalition of more than 100 of the country's most respected public and private organizations, to launch a national campaign called Script Your Future. This campaign, together with the Food and Drug Administration's safety programs, raises awareness of the importance of taking medications as directed. The campaign is making available tools to help patients begin conversations with their health professionals.

FACT

I urge doctors, nurses, nurse practitioners, physician assistants, pharmacists, diabetes educators, community health workers, and others to start a conversation with your patients about the importance of taking medications as directed and to help them overcome barriers to medication adherence. There is no better time than right now to help our patients with chronic conditions live long and healthy lives.

Regina M. Benjamin, MD, MBAVADM, is the U.S. Public Health Service Suraeon General

REGINA M. BENJAMIN, MD

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What problem can MedVantX's MedStart uniquely solve?



AN INDEPENDENT SUPPLEMENT BY MEDIAPLANET

INSIGHT



Troyen Brennan, M.D.
Executive Vice President and Chief Medical
Officer, CVS Caremark



Peggy Yelinek
Vice President and
General Manager,
McKesson Patient
Relationship Solutions



Question 1: What is the biggest challenge when it comes to getting patients to adhere to their medications? **There is no** single answer to solving the puzzle of getting patients to adhere. Among the variables impacting patients are cost, therapeutic complexity, benefit design, impact of healthcare professionals and health information technology, to name just a few.

The biggest challenge is identifying the unique adherence barriers each patient will face. Barriers may be anything from costs, to thinking it's not important, to believing the drug is not working. Understanding the distinct needs of the patient is vital for developing a solution.

Question 2: Why is it so important that people take their medications as instructed? It is clear that patients who are adherent to their medications are more productive at work as they are healthier and take fewer sick days. In addition, adherent patients tend to have lower healthcare costs, avoiding unnecessary treatments and experiencing fewer hospitalizations.

While there are significant financial implications to non-adherence, perhaps the greatest concern is the impact on a patient's quality of life. Medications simply do not work as effectively if not taken regularly and can have serious consequences.

Question 3: How can we work to improve this national issue?

As the nation faces increasing healthcare costs and while leaders express concern that those costs are endangering our economic future, medication adherence is a rare solution that offers the U.S. the ability to improve the quality of care while reducing costs.

Educating patients through efforts such as the National Consumers League's Script Your Future campaign are an important first step. Coordinating all parties to manage adherence will improve patient health and a better healthcare ecosystem.

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Adhering to your rosacea treatment plan



J. Mark Jackson, M.D. Clinical Professor Medicine/Dermatology University of Louisville, Division of Dermatology

■ When it comes to a successful rosacea treatment plan, what is the most important thing a patient should be aware of?

Patients must know that the disease waxes and wanes and that better control comes through understanding and avoiding the triggering factors and being consistent with their therapy. This will help prevent the severe exacerbations and flares and might

impact the long-term progression of rosacea.

■ What difficulties are unique to the dermatology community to ensure that patients adhere to prescription guidelines?

Since rosacea is a dermatologic condition, most patients consider rosacea as "only a red rash" as opposed to an inflammatory disease. Understanding that rosacea is an inflammatory process, they can better understand why regular use of therapy maintains improved control of inflammation, rather than treating the inflammation after it occurs.

■ Why is it so important that rosacea sufferers adhere to their medications?

We now have options for rosacea sufferers that treat the chronic inflammation through new topical and oral therapies. Adherence to therapy yields improved control of the inflammatory mediators that induce the findings we see on the skin. It is better to treat rather than wait for the findings to develop. The better we control inflammation, the more we prevent long-term findings that may develop.

J. MARK JACKSON M.D.

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play with him 'til dinnertime.

check his science homework.

lend him the car.

wait up until he gets home.

help him pick out a tux.

chase his kids around the yard.

If you have a long-term health problem, like diabetes, asthma or high blood pressure, your future depends on taking your medicine. Learn helpful tips at ScriptYourFuture.org.

Script Your Future is a campaign of the National Consumers League, with partners from every sector of the health care system, including health care professionals, patient communities, family caregivers, pharmaceus, health insurance plans, pharmaceutical companies and associations, as well as government agencies and researchers. The National Consumers League gratefully acknowledges support from McKesson for the placement of this advertisement.

TAKE THE PLEDGE.
TAKE YOUR MEDS.



INSIGHT

BE PROAC

Dr. Armand Cognetta MD Founder and President of Dermatology Associates of Tallahassee

Ten thousand people per day are turning 65, and as we age, we're more susceptible to skin cancer. Simultaneously, as patients get older they tend to be more feeble, take more medication, and their skin integrity becomes compromised. As a result, these patients become poor candidates for the typical treatment option, Mohs Surgery—where a dermatologist surgically removes the tumor and surrounding affected tissue—and radiation therapy becomes an option better suited for select elderly patients with select lesions.

Be proactive in your health, and talk to your doctor about the best treatment options for you. For more information, visit The American Academy of Dermatologist's website at aad.org.

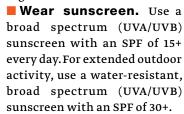
DR. ARMAND COGNETTA MD editorial@mediaplanet.com

A curable epidemic: Early detection is key

Skin cancer rates have risen at epidemic levels over the past 30 years, and show no signs of going down anytime soon. One in five Americans will develop skin cancer over the course of a lifetime. Most cases are very curable, but if left untreated, skin cancers can be painful, disfiguring, and even life-threatening. Luckily, protecting yourself from the sun's ultraviolet (UV) rays, which are associated with the vast majority of skin cancers, is simpler than ever with a few proactive steps.

■ Seek the shade or cover up with long sleeves, especially between 10 AM and 4 PM, when the sun's rays are strongest.

Do not tan or burn! UV radiation from the sun or tanning beds increases your risk of all forms of skin cancer, including melanoma.



■ Examine your skin head to toe once a month, and go in for a yearly physician's skin exam.

The two most common skin cancers are basal and squamous cell carcinoma. More than two million Americans will be diagnosed this year. The third, and most dangerous form of skin cancer is melanoma, with an estimated 76,260



Perry Robins MD, President and Founder of The Skin Cancer Foundation

new cases being diagnosed in 2012. Most cases are found in older men, as they tend to have the most exposure to UV radiation, wear the least protection, and not receive annual checkups. Simultaneously, indoor tanners, particularly women 16-29, are at an elevated risk, and melanoma rates in that demographic have increased steadily.

If the diseases are caught early, there are a variety of effective treatment options. Most treatments, including surgeries, topical treatments and radiation, involve minimal pain and can be performed on an outpatient basis.

Advanced melanomas, however, are often deadly and the mortality rates have been steadily climbing. However, the picture has been brighter since the 2011 FDA approval of two new drugs offering hope to patients with advanced disease, significantly extending lives.

Be proactive about your health. Know the risks you run, have this conversation with your family, protect yourself and be sure to seek your dermatologist.

PERRY ROBINS MD

editorial@mediaplanet.com



NON-SURGICAL NON-MELANOMA SKIN CANCER SRT TREATMENT

From head to toe, you could be at risk for non-melanoma skin cancer. Learn the facts. You have choices for treatment. Superficial radiotherapy is a painless, non-surgical treatment with high cure rates, no scarring, no bleeding, and no waiting hours at the doctor's office.

It's your skin. It's your treatment. It should be your choice. SRT Treatment.









INSIGHT

Kathleen Jaeger

Position: NACDS Senior Vice President, Pharmacy Care and

Patient Advocacy

PROFESSIONAL INSIGHT

Utilizing your community pharmacy and **building a relationship** with your pharmacist are important steps to better health.

Improve your health: Visit your pharmacy

re you looking to understand your medicines? Are you seeking medical screening for your blood sugar and blood pressure? A Flu shot? Today, community pharmacists provide these critical health services as your healthcare partners.

The facts

Over half of all Americans have at least one chronic disease, such as heart disease, asthma, or diabetes. And unfortunately, one-third of Americans are afflicted with two or more chronic conditions. Medications are the front line treatment for over 90 percent of chronic diseases.

The costs

Regrettably, most Americans do not take their medications as prescribed.

Some patients are confused about their prescriptions, and patients cite many diverse reasons for putting aside their medications. Yet, not taking medications correctly costs over \$290 billion dollars each year in needless medical complications, avoidable hospitaliza-

tions and premature deaths—not to mention the human suffering that outweighs any financial esti-

Pharmacists are trusted and highly-trained healthcare experts, who are required to obtain a six-year professional degree. This extensive education allows them to master complex medications and provide valuable patient counseling and coaching as well as immunizations. It's time to improve your health with the healthcare expert in your own neighborhood!

Ask your community pharmacist to:

- Discuss and outline your medications
- Look for drug overlaps and potential adverse events
- Teach you when and how to take your drugs
- Help you understand the importance of taking your medications as prescribed.

Through personalized, one-onone healthcare interaction, your community pharmacist can help improve your health and quality of life.

Know the other services offered at your community pharmacy. Many offer innovative screening, health education and wellness programs. Ask your community pharmacist about blood sugar and blood pressure screening, and programs to control diabetes, stop smoking, and lose weight.

Today, most community pharmacies offer immunizations. In all 50 states, you can stroll down to your pharmacy and be vaccinated against the Flu. In 47 states, pharmacists can give at least one other vaccine, such as for pneumonia, tetanus, and traveling overseas.

Help is available

Realize that in 30 states, pharmacists are working with doctors under collaborative management agreements to improve a patient's drug therapy. And, with some health plans, employers and insurers are now teaming up with community pharmacists to help patients with chronic diseases understand and take their medications correctly.

It's time to partner with your community pharmacist—the face of neighborhood healthcare—to turn your questions into answers, and to improve your health and that of a loved-one.

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START A CONVERSATION

Common reasons for non-adherence in elderly patients

Have you recently filled a prescription for an elderly loved one? Perhaps several prescriptions? Picking up that script is the first step, but ensuring that your mom or dad is properly taking their medication can be a major challenge.

The New England Journal of Medicine has published common reasons why elderly patients don't follow their prescription plans.

■ Patients' assessment of the risk and benefit

Patients may perceive the treatment benefit to be small compared with its cost.

Potential side effects

Elderly patients frequently worry about or experience sedation, constipation, sexual problems, or other adverse effects.

■ Cost

Treatment costs and prescriptions can be burdensome for uninsured or marginally insured individuals. In a survey of 875 older adults, 19 percent said they had cut back on their medication use in the past year because of cost. In the U.S., 2 million elderly Medicare beneficiaries do not adhere to medicines, citing cost as the reason.

Regimen complexity

Patients prefer simple, easily remembered medication regimens; once-daily, transdermal, or other convenient dosing formulations enhance adherence with chronic drug therapy.

Fear of addiction

Many patients avoid pain medication or reduce the dose, believing that all pain medications are addictive. In a survey of 324 patients, more than one-third believed that prescribed analgesics had dependence risks or unwanted long-term effects. Those with the strongest belief were the least adherent.

■ Cognitive decline

Lack of understanding increases risk of nonadherence.

Here's what you can do to help: Speak with your parents about their medications. Pull out their pill-caddy or prescription tray and ask them what each medication is for. How do they feel about each?

Attend their doctor's appointments when possible.

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For a better state of health, we looked to all 50.



Patients not taking their prescriptions: it is a major health problem that substantially reduces patients' quality of life and can even cost them their lives. It also costs our health care system more than \$300 billion annually in preventable illnesses, hospitalizations and care. At CVS Caremark, we have been leading efforts to address this problem. Our recent state by state report studied the experiences of 60 million of our patients to better understand how well they are adhering to their prescriptions in managing such chronic conditions as diabetes, high blood pressure, high cholesterol and depression. This and other research offer guidance in developing policies to help patients stay on their medicines – to help achieve a better state of health.

Learn more about medication adherence in your state at CVSCaremarkfyi.com/StateOfAdherence