

## All-In-One New Therapy Notes

- All-In-One Script Pad: These are great for physicians that see all types of therapy (Family Practice, Internal Medicine, etc.). If there is a need, this form can be customized further.
- We have specific patient information sheets we send out with each of these prescriptions. A copy of those will be attached to an email.
- Blue general patient information sheets for the doctors to give to patients should be available next week (update: we got some in today!) Let me know how many you need. We have a limited supply right now, but more are on order)
- Rack cards are being finished out. I will let you know when they are ready.
- Water-soluble wound gel (Wound Care)
  - Different from past wound care compounds
    - Polyethylene glycol (PEG) ointment base w/ herbal ingredients that help w/ wound healing on its own. It has a germicidal, anti-inflammatory, and healing properties
    - Water-soluble (can be washed off) yet still adhesive
      - Great for open wounds that are hard to treat for this reason. This allows for minimal contact of the wound.
      - Previous compounds that were used had to be cleaned out of the wound and the wound had to be debrided which further aggravates/irritates the wound.
    - The water-soluble gel has a vitamin E oil feel to it.
    - Tingling sensation when applied.
  - Great for wounds, ulcers, burns, sores, cuts
  - Ingredients we add to the base include antibiotics, antifungals, non-steroid anti-inflammatory, gabapentin for nerve pain, lidocaine for topical numbing agent, and aloe vera (which has it's own set of healing properties and helps to increase wound healing when added to these other ingredients). See the patient info sheets for further detail on other ingredients we add to the water-soluble base.
  - Wound care gels are used for someone who already has a wound developed. Typically at this point the infection has been cultured so the MD will know what type of antibiotic to choose. The wound care gel typically is not used prophylactically since the antibiotics used are very strong.
    - We want the body's natural first stages of its own wound care to take place (inflammation helps to contain the infection).
    - Using these strong antibiotics topically rather than orally or via IV can help prevent damage to the liver and kidneys. Using these topically also eliminates the constant blood level tests to prevent nephrotoxicity and ototoxicity since very little gets into the blood stream.
    - Topical application targets local tissue

- Scar gel
  - Combination of ingredients from the Amazon
  - Anhydrous Silicone based gel
    - Great for:
      - New scars
      - Old scars
      - Surgical scars
      - Keloid scars
      - Hypertrophic scars
      - Stretch marks
      - Any skin condition that benefits from barrier protection
    - We have several ingredients we add to these. Please see the patient handouts for ingredients and their purpose in the compounds.
    - It can take 10-14 weeks to see changes, but on smaller areas patients may see improvement in as little as 4 weeks
  - Scar therapy can be used prophylactically after the wound has healed
- Combination of these therapies:
  - Can prescribe wound care first, then scar therapy (like a step-therapy)
  - Some physicians write for the wound and scar therapy at the same time for the patient w/ the understanding they start the scar therapy only after the wound has healed.
    - This is typically the better choice for everyone involved since wounds heal at different rates for everyone. This way the patient has the med on hand when it is time to start the scar therapy.
  - These meds have a 150 day beyond use date making the above possible.
- Nasal Rinses (not a new therapy for us)
  - 2 types
    - Wash – messier, larger volume of liquid, liquid must drain back out (patient typically does this therapy over the sink)
    - Nebulizer – aerosolizes meds so does not have to drain back out, uses smaller volume of liquid, better penetration, takes less than 2 minutes, not cumbersome
  - We compound the pure powders of ingredients into an oil capsule for stability
    - The patient breaks the capsule and dissolves the contents into the required amount of biofilm rinse (this process does not take long)
    - The solution is then poured into the device of patients choice
  - Both come with a biofilm rinse that we provide at no charge
    - Biofilm is like the slime on top of a standing pool of water
      - Can be present in nasal cavities
      - Blocks the absorption of the same antibiotics that have worked for patients in the past

- The biofilm rinse contains detergents that break up this biofilm that can build up in the sinus cavities
  - Research shows antibiotics cannot be as effective if this biofilm is present in the gut or nasal cavities.
- If the patient prefers the nebulizer, we provide the nebulizer at no charge
- By using these meds locally in sinuses the patient does not get the systemic absorption or measurable blood levels, so you don't see the side effects like you normally would with these meds. The patient may notice some dryness from the steroid, but most do not notice this as much since they are typically already on steroid therapy.
- These rinses may be a good choice post nasal surgery.
- Good for chronic sinusitis, chronic allergic rhinitis
- Other treatments (oral antibiotics, IV antibiotics) can be harsh on the body and can be invasive.
- The insurance is only charged for the antibiotic and steroid
- Pricing
  - 1 months' supply twice daily is in the \$400-\$500 dollar range
- 1 months' supply three times daily is around \$750
- Reimbursement:
  - Wound and scar therapy compounds have a high AWP
  - PEEHIP and TRICARE pay well on these compounds
  - NOT covered by Medicare or AL MEDICAID
  - BCBS: we are still limited to a \$500 dollar limit, which is about 30 grams for these
    - We send out a 7-day supply out to patient and put them on auto ship until the patient says not to
    - We do not charge the copay until the patient has received at least 1 months' worth of med.
  - We still have a "money-back-guarantee" for these compounds
  - Insurances that do cover compounds typically do not differentiate between one compound or another. They assign the highest copay to compounds no matter what compound it is.
  - No testers except on pain creams
- Types of doctors to target with wound care/scar therapy:
  - Plastic surgeon/Reconstructive
  - Bariatric Surgery
  - OB/GYN
  - Dermatology
  - Weight loss clinics
- Things to keep in mind:
  - Older doctors are typically set in their ways
  - Younger doctors are usually more open to trying new therapies
  - These therapies are not affordable if they are not covered by insurance

- These types of therapies may be tried before referring the patient to a specialist
- Testers are not available for these therapies (except for the pain creams we already do)
- Educate the doctors on which insurances will pay for these therapies and what kind of patients are good candidates for these therapies
- As a reminder, always try to contact us by email first, text second, call last. (There are always exceptions...for example you are in the doctor's office and need an answer to a question)