

What we've been doing...

Our Consultant Pharmacists have reached some impressive numbers through the first 6 months of 2022. They have reviewed over 16,500 resident charts and made over 6,300 treatment recommendations in which over 2800 were accepted by the provider. This represents a 45.7% acceptance rate which is well above the industry average 35% .

Rumor vs. Truth...

Rumor... You can get a first and second COVID-19 booster with Johnson & Johnson

Truth... Only Pfizer & Moderna are being given for boosters. FDA updated J&J EUA May 5, 2022 for thrombosis and thrombocytopenia syndrome. J&J should only be given for a first dose if Pfizer or Moderna is not available or individuals elect to receive J&J because they would otherwise NOT get vaccinated

Suggestions/Comments...

We'd love to hear how we are doing and are always open to your feedback to improve our services. Please call 1-800-913-8174 or visit our website greentreepharm.com and click "contact us" to submit the request / comment.



Highlights

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News from Our Pharmacy Operations Team

Hot Topics: Paxlovid Rebound

Paxlovid continues to be recommended for early-stage treatment of mild to moderate COVID-19 among those at high risk of progression to severe disease to help prevent hospitalization and death.

After finishing Paxlovid, a reoccurrence of symptoms or a new positive viral test after testing negative has been reported to occur between days 2 and 8 after recovery. Those who experience this rebound should restart isolation for at least 5 additional days and wear a mask for 10 more days. A repeat paxlovid course is not recommended for rebound symptoms.

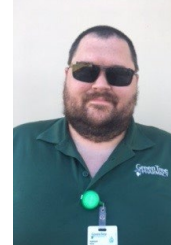
Mounjaro (Tirzepatide):

Mounjaro was FDA approved for type 2 diabetes May 13, 2022 as the first Glucose-dependent insulinotropic polypeptide (GIP)/ Glucagon-like peptide (GLP-1) Receptor Agonist.

This subcutaneous weekly injection was shown to lower A1c, as well as lead to weight loss. At week 72, average weight loss was 15% for 5mg dose, 19.5% for 10mg dose, and 20.9% for 15 mg dose (max). This was compared to placebo weight loss of 3.1%.



Pharmacy Team Spotlight:



Congratulations to Matt Tull, our Employee of the Quarter. Matt joined our team in August of 2020 and is a courier driver & covers most of our routes. He shows his "Happy to Oblige" attitude with his incredible work

ethic and consistently shows that he's a team player. He is always willing to pick up extra shifts & help his fellow co-workers and is greatly appreciated by all of us at Green Tree Pharmacy.

Special thanks and shout out to all of our drivers who travel over 75 combined hours to cover 3,087 miles per night to deliver to our 123 facilities across the state of Illinois and into Indiana. Their efforts often go unnoticed as they are responsible for making sure our residents receive their medications, even when conditions are very hazardous.

Operations Tips and Tricks

Be sure to communicate with pharmacy when medications from the convenience boxes have been used to ensure timely replenishment and eliminate the need for utilizing a back-up pharmacy due to stock-outs.

Upcoming Events

Be sure to schedule your Covid-19 booster clinics with Sydney Benson. We have dispensed over 3,000 Covid-19 vaccines and boosters since January 2022. Please schedule at least 4 weeks ahead of time to assure on-site pharmacist assistance and adequate supply.

Clinical Acorns and Guidelines

Medication Safety Facts...

August is National Immunization Awareness Month

Flu season is coming up, the CDC recommends to be vaccinated each year by the end of October. Adults, especially those 65 years + should not get vaccinated early (July or August), since protection may decrease over time.

Regulatory Update/ Review

Time-critical scheduled medications

Medications which an early or late administration might cause harm or have negative impact. These must be administered within 30 minutes before or after their scheduled dosing time, for a total window of 1 hour. This includes: antibiotics, anticoagulants, insulin, anticonvulsants, pain meds & immunosuppressives.

Non-time critical medications

Medications that can be given within 2 hours before or after the scheduled dosing time, for a window that does not exceed 4 hours. This includes daily, weekly, or monthly prescribed medication. If a medication is ordered more frequently than daily, but not more than every 4 hours, it must be administered within 1 hour before or after the scheduled dosing time, or a window that does not exceed 2 hours.

August is Summer Sun Safety Month



Drug induced photosensitivity reactions can occur when medications cause unexpected sunburn or dermatitis on sun-exposed skin. Apply broad-spectrum sunscreen that covers both UVA and UVB rays & reapply at least every 2 hours.

Most common medications that increase photosensitivity include:

- Antibiotics, especially tetracyclines (doxycycline), which is dose-dependent, fluoroquinolones (ciprofloxacin) & sulfonamides (Bactrim)
- Anticonvulsants (carbamazepine, lamotrigine)
- Antidepressants (amitriptyline)
- Antifungals (voriconazole)
- Antimalarials (chloroquine)
- Antipsychotics (chlorpromazine)
- Cardiovascular (nifedipine, furosemide, hydrochlorothiazide, amiodarone)
- NSAIDs (naproxen)
- Hypoglycemic agents (glipizide, glyburide)
- Chemotherapy agents (capecitabine, vemurafenib)

September is Healthy Aging Month

Follow these 6 tips from the CDC to remain active and independent as long as possible:

- Eat & drink healthy: choose fruits, vegetables, whole grains, lean meats, low-fat dairy and water
- Move more, sit less: being active can help you prevent, delay, & manage chronic diseases, improve balance, reduce risk of falls & improve brain health
- Don't use tobacco: 1-800-QUITNOW for free help towards quitting
- Get regular checkups: to prevent disease or find it early
- Know your family history
- Be aware of changes in brain health



Clinical Focus: Overactive bladder

Overactive bladder (OAB) is a common health condition seen in the elderly. OAB can be exacerbated by CNS dysregulation, stroke, Parkinson's Disease and Alzheimer's Disease, which are all commonly found among the older population. Common symptoms include increased urgency, frequency, nocturia, and frequent small volume voiding.

Common treatment choices for overactive bladder include anticholinergic (ex. oxybutynin) and Beta3 agonists (ex: Myrbetriq, Gemtesa). Although all are very efficacious for the given indication, all three medications have pearls that should be noted when treating geriatric patients.

Oxybutynin is often first line treatment for OAB. Some limiting side effects to be aware of are dry mouth, constipation, drowsiness, urinary retention, and cognitive impairment. This medication is listed on the Beers Criteria.

Myrbetriq is another first line treatment option for OAB, with a significantly safer side effect profile (ex. Urinary retention). It is important to note this medication can raise blood pressure. But, because of Myrbetriq's cost, its use is sometimes limited.

Gemtesa is in the same drug class as Myrbetriq but doesn't have the hypertension concern Myrbetriq does. Gemtesa can be crushed, unlike Myrbetriq. Gemtesa's biggest limitation is being the newest on the market.

All three medications may take patients 6-12 weeks to see clinical improvement.

There are also non-pharmacological treatment options to help aid in the treatment of overactive bladder. This includes, but is not limited to, bladder training, pelvic floor management, and fluid management.