

Solutions to Common Issues...

*Allocations of certain monoclonal antibodies used for COVID-19, Regen-COV and BAM / Ete, are being temporarily held since the data shows that these medications are **unlikely** effective against the Omicron variant that is beginning to enter Illinois.*

Sotrovimab has shown to retain activity against the Omicron variant and we have received a limited allocation. Sotrovimab must be given by IV infusion over 20 – 30 minutes, as opposed to subcutaneous injection with Regen-COV.

What we've been doing...

Green Tree Pharmacy celebrated 10 years in their facility December 2021. During this time, over 6,177,724 prescriptions were filled.

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

- Hot Topics: oral COVID-19 p1
- New Products / Supply Issues p1
- Operations Tips and Tricks p1
- Poison Prevention Month p2
- Regulatory Update / Review p2
- Clinical Focus : Diabetes p2

News from Our Pharmacy Operations Team

Hot Topics: Oral COVID-19 treatment

The first oral antivirals to treat COVID-19, Molnupiravir & Paxlovid were issued an emergency use authorization by the FDA. These antivirals block viral replication by incorporating itself into the RNA of SARS-CoV-2...causing viral death.

Paxlovid was found to reduce the risk of hospitalization or death by 89% in high-risk adults with COVID-19. Must be at least 12 years old and 88 lbs for Paxlovid. Molnupiravir reduced the risk of hospitalization or death by ~50%. Molnupiravir is not for those under 18 years or pregnancy.

Must start antivirals within 5 days of symptoms versus 10 days with monoclonal antibodies (mabs). Molnupiravir is four 200mg capsules q 12 hours x 5 days & Paxlovid is 3 capsules (two 150mg nirmatrelvir, one 100mg ritonavir) q 12 hours x 5 days.

Limitations of both oral antivirals:

- Not authorized for those hospitalized
- Not authorized for pre-exposure/post-exposure prophylaxis
- Not authorized for use longer than 5 consecutive days

No data at this time on combining an antiviral with mabs. Patients can be vaccinated against COVID-19 after isolation with oral antivirals, compared to 90 days with mabs. Continue to self-isolate after both.

Pharmacy Team Spotlights:

Kim Johnson, Pharmacy Technician



Kim joined our team in August of 2021. She is a Pharmacy Technician and shows her "Happy to Oblige" attitude with her incredible work ethic and

Willingness to take on other tasks to help the department makes her an invaluable member of the team. Her contagious constructive attitude has proven to make her a great co-worker.

Dave Wegman, RPh MS, FASCP



Dave Wegman announced his retirement after 45 yrs in pharmacy. Dave has been a Registered Pharmacist since 1977 and has been with Green Tree since 1996, serving as the

Director of Pharmacy and then Senior Vice President of Pharmacy Services until 2021 when he transitioned to Director of Business Development. Dave was a tremendous part of the success that Green Tree Pharmacy has had over the years. Happy Retirement, Dave!

Booster dosage

Remember: Moderna boosters are half the dose at 0.25 mL, compared to the 1st and 2nd dose at 0.5 mL.

Pfizer boosters continue at 0.3 mL and J & J continue at 0.5 mL.

Booster doses for both Pfizer and Moderna are now 5 months after the initial series while J&J remains at 2 months.

Rumor vs. Truth...

Rumor...

Oral antivirals are an alternative to getting vaccinated

Truth...

Antivirals, such as Paxlovid, are not a substitute for vaccination in individuals for whom COVID-19 vaccination and a booster are recommended. Efforts to maximize the proportion of people who are fully vaccinated against COVID-19 remain critical to ending the COVID-19 pandemic.

Patients should continue to get vaccinated against COVID-19 after isolation with oral antivirals, if not already.

Regulatory Update/ Review

The Pfizer vaccine is authorized down to age 5. Early evidence in kids age 5 to 11 suggests this vaccine has about 90% efficacy at preventing symptomatic COVID-19. Data suggests side effects are similar in those seen in older patients. Vaccinating kids likely reduces transmission.

Most kids who get COVID-19 have mild illness, however serious complications are possible and vaccine risks are rare. About 1 in 12 kids have "long-haul" COVID-19 symptoms (fatigue, etc).

Clinical Acorns and Guidelines

Clinical News Update

You'll see two new conjugate pneumococcal vaccines for adults, Prevnar 20 and 15-valent Vaxneuvance. The act of conjugating to a carrier protein spurs production of memory cells, which may lead to longer lasting and better immunity than polysaccharide vaccines, such as Pneumovax 23 (however, has broader serotype coverage).

Both new vaccines cover the same 13 serotypes as Prevnar 13. Prevnar 20 also covers 7 more serotypes, which cause about 30% of invasive disease. Vaxneuvance covers 3 more, which cause about 15%.



March is Poison Prevention Month Be Prepared Program Add 800-222-1222 to cell phone

Did you know you can call one nationwide toll-free number 24/7 for free and confidential advice on how to manage exposures to potentially toxic products, poisons, and medications? Calls to the Poison Helpline (1-800-222-1222) are answered by teams of nurses, pharmacists, and doctors with special training in toxicology.

The Illinois Poison Center alone managed over 80,000 cases in 2020. The IPC's helpline experts resolved 90% of the poison exposure calls from the public over the phone preventing an estimated 30,000 emergency department visits in 2020. In addition to helping the public, medical professionals throughout Illinois turn to the IPC for specialized consultation services in the management of poisoned patients. Over 20,000 exposures originated from a healthcare facility.



Clinical Focus: Diabetes

The percentage of adults with diabetes increases with age, reaching 26.8% among those aged 65 years or older.

Diagnosis criteria:

- FPG: ≥ 126 mg/dL
- A1c $\geq 6.5\%$
- Random glucose ≥ 200 mg/dL with symptoms
- 2 hour post OGTT ≥ 200 mg/dL

Complications:

- Microvascular- neuropathy, nephropathy, retinopathy
- Macrovascular -Coronary artery disease, Cerebrovascular disease, Peripheral vascular disease

Treatment options:

- 1st line: metformin –v kidney function
 - GI side effects- give with food
- ASCVD or risk (≥ 55 yrs with coronary, carotid, or lower extremity artery stenosis) OR CKD
 - GLP-1 agonist – weight loss
 - Exenatide (Bydureon)
 - Liraglutide (Victoza)
 - SGLT2 inhibitor – UTI risk, preferred in heart failure (EF <45%)
 - Canagliflozin (Invokana)
 - Dapagliflozin (Farxiga)
 - Empagliflozin (Jardiance)
- Sulfonylurea
 - Glipizide (glyburide/glimepiride- avoid in elderly for prolonged hypoglycemia)
 - May cause weight gain
- DPP4-inhibitor
 - Linagliptin (Tradjenta)- only one that's not renally dosed
 - Sitagliptin (Januvia)
- Thiazolidinediones – avoid in HF
 - Pioglitazone (Actos)