

What we've been doing...

Drug take back?

Rumor vs. Truth...

Rumor... PRN Compazine when taken for nausea and vomiting can be written for an extended duration.

Truth... Compazine or prochlorperazine is considered an anti-psychotic, though it is used often for nausea and vomiting. Therefore, according to Federal requirements, a PRN order for Compazine would be limited to 14 days

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: Updates/ New Products p1
- New Products / Supply Issues p1
- Operations Tips and Tricks p1
- USP <800> p2
- Regulatory Update / Review p2
- Clinical Focus: Beers Criteria p2

News from Our Pharmacy Operations Team

VACCINATE, VACCINATE, VACCINATE!

Influenza: Vaccinate now..ideally in September and October..and continue as long as flu is circulating. For patients 65 years and up, give a higher-dose or adjuvanted vaccine..Fluzone High Dose, Flublok, or Fluad. But if these vaccines aren't available, use any age-appropriate vaccine. Continue to give other immunizations (COVID-19, pneumococcal, RSV, etc) at the same visit if needed.

RSV: Abrysvo or Arexvy are now approved for adults 60 years and older. Both options are a 0.5 mL dose, require reconstitution, and are only good for 4 hours once mixed.

PCV20: Adults 65 years of age and older are eligible for 0.5 mL as a single dose based on prior pneumococcal vaccination. For additional guidance, the CDC recommends using the PneumoRecs VaxAdvisor app.

COVID19: A monovalent COVID vaccine is now available, this updated booster shot is formulated to target XBB.1.5, an omicron subvariant. The bivalent COVID19 vaccines are no longer authorized for use in the U.S. Wait at least 2 months after last bivalent COVID vaccine to have this updated formulation administered and at least 90 days after last COVID infection. COVID vaccines are now only available commercially, no longer thru the US Government, and there could now be a copay to receive.

Pharmacy Team Spotlight:

Matthew Carr, CPhT



Matt joined our Green Tree Pharmacy team in August of 2021. He is a Certified Pharmacy Technician (CPhT) and

shows his "Happy to Oblige" by always willing to accept new challenges, work in different departments, and help train others. Not only is he dependable, he shows leadership, very respectful to his co-workers, and a great asset to our company.

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.

Pharmacy Holiday Hours

Nov 23: Thanksgiving Day (Closed)

Dec 24: Christmas Eve (Closed)

Dec 25: Christmas Day (Closed)

Dec 31: NYE (Closed)

Jan 1: New Years Day (Closed)

Clinical Acorns and Guidelines

Regulatory Update/ Review

USP <800>

USP 800 officially goes into effect Wednesday, November 1st, and can be enforced by OSHA, State Boards, and CMS.

Ensure each hazardous drug (HD) your facility handles contains an assessment of risk (AoR), which must include the following at a minimum:

- Type of HD (antineoplastic, reproductive risk)
- The dosage form (tablet, capsule, liquid, topical, etc)
- Risk of exposure
- Packaging: unit dose medications or original packaging generally have little or no risk of exposure
- Manipulation required: compounding medication exposes more risk than dispensing a unit dose tablet.

CMS Update on Immunizations for SNF:

CMS updated their regulations on July 1st 2023 that pharmacies are no longer able to administer and bill for Medicare Part A residents in a Skilled Nursing Facility for Influenza, COVID, and Pneumococcal.

SNF facilities must order vaccine from pharmacy, administer, bill, and report immunizations (iCARE, CMS, etc) for all Part A residents.

Clinical Focus: Beers Criteria



The American Geriatrics Society reviews and publishes the Beers Criteria list every three years. This review is to focus on potentially inappropriate medications in those 65 years and older, but should be personalized on shared decision making.

Anticoagulants: Direct oral anticoagulants (DOACs) are recommended over warfarin unless there are other barriers (cost, etc). Eliquis (apixaban) should be considered over Xarelto (rivaroxaban) due to a lower risk of GI bleed.

Antiplatelets: Use caution with ticagrelor (Brilinta) in patients over 75 based on safety data suggesting an increased risk of bleeding compared to clopidogrel (Plavix).

SGLT2 inhibitors: Caution for older patients with type 2 diabetes due to a potentially higher risk of UTIs. Benefits such as kidney protection likely outweigh risks, but worth monitoring.

Opioids: Address pain by emphasizing non-drug strategies. Opioids have a risk of delirium, but uncontrolled pain can cause delirium as well.

Drug interactions: Entresto plus lithium can lead to risk of lithium toxicity. Avoid the combination or monitor lithium levels more closely.



Top 5 drugs that contribute to failure to thrive in the elderly:

The National Institute of Aging describes failure to thrive (FTT) as a “syndrome of weight loss, decreased appetite and poor nutrition and inactivity, often accompanied by dehydration, depressive symptoms, impaired immune function, and low cholesterol. The following classes of medication can cause sedation, worsening cognition, lethargy, and risk of falls.

1. Anticholinergics:
Diphenhydramine, hydroxyzine, oxybutynin
2. Benzodiazepines: Lorazepam, clonazepam, alprazolam.
3. Opioids
4. Insomnia agents: Zolpidem, diphenhydramine, doxylamine, etc.
5. Skeletal muscle relaxants:
Cyclobenzaprine, methocarbamol, tizanidine.

The Beers list recommends avoiding megestrol (Megace) in promoting weight due to minimal effect on weight, increased risk of thrombotic events and possibly death in older adults.

Common medications that deplete vitamins & minerals:

1. Metformin: depletes B12 levels
2. Trimethoprim: depletes folic acid levels
3. Methotrexate: depletes folic acid
4. PPIs (omeprazole, pantoprazole, etc): depletes B12/Magnesium
5. Corticosteroids (prednisone): depletes vitamin D, which is critical to reduce risk for osteoporosis. Try to avoid long-long use of corticosteroids
6. Phenytoin/phenobarbital: deplete vitamin D
7. Loop diuretics: depletes calcium and magnesium

It is important to ensure monitoring of these depleted vitamins/minerals to ensure supplementation if necessary.