



The GeriJournal

Volume 12, Number 10
October 2017

A publication of GeriatRx Pharmacy

TMR Process Change

We will be making a small change in the way *Three Month Reviews* (TMRs) are handled. The goal is to reduce paper consumption and ensure all TMRs are transmitted to GeriatRx.

To date, most of our facilities have received two-ply TMRs; white sheet on top and yellow carbon on the bottom. Beginning with the December TMRs, we will be sending only a single-ply white copy. The nurses will no longer be asked to keep the two copies together throughout the precheck and prescriber signing phases. Also, they will no longer be asked to determine which white sheets have order changes that warrant faxing back to the pharmacy. Instead, all TMRs are to be faxed back to GeriatRx immediately after they are signed by the prescriber.

This new procedure (revised P&P 6.02 accompanies the electronic version of this newsletter) will ensure TMRs with critical order changes always reach the pharmacy. It will also eliminate the need to

save yellow carbons and return them back to the pharmacy with our driver. We've trialed this system with some of our homes, and it has worked very well. Please ensure this change is reviewed with your nursing staff so we have a smooth transition.

Flu Be Gone

Last year was no fun! Many homes had multiple flu outbreaks and it seemed the entire province was line-listed through the holiday season.

Hopefully the flu will take this year off, but let's give it a little help. Let's aim for 100% staff vaccination compliance. GeriatRx will chip in, as always, with our Flu Shot Challenge. All staff members who roll up their sleeves for the cause will be eligible to enter a draw for our \$75 cash prize. Let us know who wins the draw in your facility and we will send a cheque their way.

Many facilities have completed their clinics already. If not, you should be aware that this year, staff and residents are to receive the same vaccine. The content is the same as last year's version, except the A California strain has been replaced by A/Michigan (H1N1).

Shingrix for Shingles

Zostavax® has been the only kid on the block for shingles

prevention over the last ten years. Earlier this month, a competitor, Shingrix® was released in Canada.

Based on four years of data, Shingrix® appears to offer much greater protection against shingles than Zostavax®, particularly in the elderly. Data for those over 80 indicated that Shingrix® is 91% effective in preventing shingles, versus just 18% for Zostavax®.

The US *Centers for Disease Control* (CDC) panel that recommended the product was extremely supportive. For immunocompromised patients, they voted 14-1 in favour of its use. The most significant recommendation, in my view, was their 12-3 support of revaccinating those same adults who had already been vaccinated with Zostavax®. There was some reservation regarding use of the new product in younger individuals (50 – 60 years), until more safety and efficacy data is available.

Shingrix® is less convenient than Zosatax®. It requires two separate injections, compared to one for Zostavax®. There are also more injection site reactions and reports of fever. The cost is also about \$60 more (roughly \$275) for the two injections. The cost difference seems justified, however, considering its added effectiveness.

*Prepared by Randy Goodman
Certified Geriatric Pharmacist*