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Tamiflu AutoMARs

We have completed the development of our Tamiflu® Automatic MAR system. With a few clicks, our facilities can instantly produce MAR sheets with full resident information, concise Tamiflu® (oseltamivir) dosing and custom administration times. Transitions from symptomatic to prophylaxis dosing, and vice versa are accounted for. Also, residents with Tamiflu® allergy are highlighted, eliminating the risk of unintended administration.

Residents who do not have a current creatinine level on file are identified, so testing can be done quickly. In order to minimize delays in outbreak situations, we will be sending *Creatinine Clearance Reports* to all homes in the coming days. Please fill in missing weight and creatinine values so we can update our database.

Our *Influenza Outbreak Policy and Procedure (6.06)* has been revised to reflect the change in the MAR system. The new P&P lists the steps involved in creating the Tamiflu® MARs

and will be sent to our facilities next week.

Formulary Changes

Dilantin: Attempts to produce a bioequivalent version of Dilantin® (phenytoin) capsules many years ago were unsuccessful. Apotex has now succeeded in passing provincial equivalence testing and their phenytoin 100mg capsule has entered the marketplace.

There are many more alternatives to phenytoin treatment than in the past, but phenytoin is still popular and this generic option will result in considerable tax savings for the ODB system.

Fentanyl Patches: This much-maligned product will have a minor LU change to further discourage its use. The code is changing from 201 to 511 and prescribers must demonstrate failure of or intolerance to a long acting, oral opioid to obtain coverage. The LU code is effective for only one year.

Doxycycline 100mg tabs: This is a very exciting addition to the Formulary! We now have access to a useful tetracycline based antibiotic that can be used to treat gram negative UTIs, respiratory tract infections, rosacea and oral cavity infections. It is particularly useful where treatment options are limited because of allergies to multiple antibiotic classes.

Neupro®: This medication (rotigotine) comes in patch form and is used to treat Parkinson's Disease. It acts like Mirapex® (pramipexole) and Requip® (ropinirole), which replace dopamine, the neurotransmitter that is deficient in the brains of Parkinson's patients.

Neupro® patches come in strengths of 2, 4, 6 and 8mg, and are applied for 24-hours, then replaced. The initial dose is either 2mg or 4mg (for more advanced cases) and may be increased to a maximum of 8mg daily. The most commonly encountered side effects include site reactions, nausea, sedation and headache. The patch is used in combination with Sinemet® products and is particularly helpful in residents with swallowing difficulties.

Keppra® Warning

Health Canada has just released a warning about the anti-convulsant, Keppra® (levetiracetam). Post-marketing analysis has shown the development of pancytopenia (decreased blood cell counts and agranulocytosis) and muscle breakdown (rhabdomyolysis) leading to renal damage. Monitor residents taking Keppra® closely for the development of fever or muscle pain. Agranulocytosis and rhabdomyolysis can have severe and even fatal outcomes.

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