



The GeriJournal

Volume 2, Number 1

January 2007

A publication of GeriatRx Pharmacy

A number of major changes have been made to the Ontario Drug Benefit (ODB) Formulary. These changes go into force on January 2, 2007, and will impact both nurses and physicians. The most significant of these changes have been highlighted below.

Patchwork

I'm sure you are becoming dizzy from the fentanyl patch merry-go-round we've been on lately. We have gone from "good old" Duragesic®, to Ran-Fentanyl®, and back to Duragesic® again. Now we will be switching to another generic product, Ratio-Fentanyl® patches.

This is actually wonderful news! The Ratio product has the active medication imbedded in its adhesive backing. As a result, Ratio-Fentanyl® can be cut into halves (much like Nitro-Dur® patches). This will allow for simple application of a 12.5µg/hr dose (one-half of a 25µg patch) for opiate naïve residents, or those who are very sensitive to narcotics.

Nurses must now be cautious not to touch the adhesive

backing when removing the patch from the foil pouch. Such contact will likely result in absorption of the drug through the skin. Should the medication come in contact with your skin, the manufacturer recommends washing the area with water, but avoiding solvents such as soap or alcohol.

LU No More

Alendronate (Fosamax®) no longer requires a Limited Use code for coverage. This welcome change will save both bones, and trees, as our paper burden is reduced considerably. Actonel®, which has not yet been released as a generic product, will still require an LU code for coverage.

"High-End" Coverage

Several very expensive medications which required Section 8 applications for coverage in the past have been added to the formulary under specific criteria. These include: Eprex® and Aranesp® (when used to treat anemias related to cancer chemotherapy), Sandostatin injection (for GI cancers, unremitting diarrhea, etc...) and Avandia® (which was feeling "left-out" after Actos® was added to the formulary recently). These additions could result in huge financial savings for select residents and their families.

Out of ODB

Betnovate® (Betaderm®, Celestoderm®) ointment has been dropped from the formulary. If the ointment formulation is required, we are recommending two steroidal products of similar potency, flucinonide 0.05% (Lidex®, Lyderm®), and amcinonide (Cyclocort®) ointment, as alternatives.

Going Generic

Two commonly used products are "going generic". Effexor® and Flomax® will each have a different look when their generic versions are released. Most significantly, Novo-Tamsulosin® will be produced in a capsule dosage form. This will be of tremendous benefit to residents who had been on Flomax® capsules in the past, particularly those with swallowing difficulties.

Gone For Good?

Neosporin eye and ear drops are no longer being produced. Polysporin ophthalmic ung has been unavailable for some time, and its return is uncertain. Prodiem granules will no longer grace your residents' tongues, and Cortate cream has been replaced by the slightly more potent hydrocortisone acetate (Hyderm®) cream.

*Prepared by Randy Goodman
Certified Geriatric Pharmacist*



Happy
New Year!