



The GeriJournal

Volume 8, Number 3

March 2013

A publication of GeriatRx Pharmacy

Kwik and Rapid

The Drug Benefit Formulary has just been expanded to include the NovoRapid Flextouch® insulin pen. The product is supplied as a box of five disposable insulin pens, each pre-filled with a cartridge of NovoRapid® insulin.

Beginning this month, we will be substituting all new and refill orders for the standard NovoRapid® cartridges with the Flextouch® product. Each pen will be labeled with the name of the resident and type of insulin dispensed. We will not include the directions (similar to our handling of Lantus Solostar®), as there is a good chance these will change before all five pens are used. The nurse will be forced to obtain dosing information from the MAR or eMAR, which is desirable, particularly with a “High Alert” medication such as insulin.

At the same time, we will also be transitioning from the cartridge to the disposable pen format for all Humalog® and Humalog Mix® orders. The full line of Humalog® products; Humalog Mix 25®,

Humalog Mix 50® and Humalog® are all available in this format.

The switch to disposable pens will minimize cartridge handling and loading, so the administration process should be quicker. Also, disposable pen products are well labeled and colour-coded, simplifying the selection process.

Plavix has Graduated

Four years ago it wasn't covered at all. Since then, Plavix® (clopidogrel) has moved through limited use coverage, genericization and later this month it will become an unrestricted, fully covered ODB medication. Its use has become so ubiquitous in the treatment of vascular and cardiac disorders that this was a natural step.

Digoxin Gets “F” in AF

Although it was an observational study, the results were very telling. Digoxin increased mortality when used for heart rate control in patients with atrial fibrillation (AF). Over 23,000 newly diagnosed patients with AF were started on digoxin between 2006 and 2009 in a large California study. The mortality rate was twice as high (2.5 times greater in the 85+ group) in those starting on digoxin vs. those who were given alternative therapies.

Men and women were affected equally.

The lead author of the study felt that the degree of harm might even be understated. Past MI, stroke, hypertension, coronary revascularization and lipid disorders were more common in the non-digoxin subjects, but this group still fared better in terms of survival. These results are consistent with those of the *AFFIRM* trial, published last year in the *European Heart Journal*. It seems clear that newer medications, such as calcium channel blockers (primarily diltiazem) and beta-blockers should be the first options for rate control in AF.

Facilitated Access

A number of medications such as lorazepam, midazolam or scopolamine injection are used for palliative care but are not covered by the ODB plan. Physicians registered with the OMA under the Facilitated Access (FA) program, can have these medications covered if they are used for palliative residents. To qualify for this program, a physician must have more than 50 palliative care visits in a year or 20 consults. This is the case for many of our facility doctors. Call the OMA at 416-340-2234 to inquire about registration. Avoiding end of life expenses is desirable, as they are likely an unwelcome burden at this painful time.