

The GeriJournal



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Cannabis Gets in on the Act

Cannabis has joined the big time! Section 132.1 (Recreational cannabis), 132.2 Medical cannabis and Section 132.3 (hemp and derivatives) made their debut in the *LTC Act* recently. Facilities will have nearly three months to update policies that are compliant.

The changes are shocking. Virtually all restrictions have been lifted from ordering, handling, packaging, storage, security, administration and disposal of cannabis products. It is **no longer a controlled drug requiring tracking**. According to the *Act*, it can be given without a prescriber's order and there are no labeling requirements. It does not have to be stored in the medication cart nor kept in any locked area. There are no restrictions on who may administer cannabis, including family members or **resident's themselves**. Wow!

Clearly, this lack of cannabis controls presents risk and liability concerns for all homes. Policies must dictate how cannabis is to be ordered, stored and administered, with

language limiting facility liability where family members or cognitive residents may self-administer. We will continue to send labeled medical cannabis, although tracking documentation will be omitted.

Ca + D Falls Program

Last spring, the former provincial government introduced a program to cover the cost of calcium and vitamin D supplements in LTC. This was part of a comprehensive falls and fracture reduction strategy, which also included subsidies for equipment such as high-low beds, quad canes, grab bars, nighttime lighting, etc. Although the program was to go into effect on July 1st, no further information was released and the incentive has been slow to get off the ground.

The current PC government confirmed the continuation of this program in a recent release. Supplement support is funded by a 6% increase in the LTC raw food envelope. On July 1st, it increased from \$9 to \$9.54 per day. Beginning December 1st, calcium and vitamin D processing will be modified to ensure your residents are no longer charged.

There will be no change on resident MARs or eMARs and pouches will also be unaffected. At the end of each month, GeriatRx will create a report listing the principle calcium and vitamin D

supplements dispensed to each resident and the total cost. That amount will be added to the facility's monthly charges. Payment of that portion should be allocated from the raw food envelope. Based on current usage, the typical monthly charge per resident will be approximately \$2, about 12% of the allotment.

Ivermectin Availability

A medication we don't like to discuss, and has been difficult to obtain, is now available in general release. Stromectol® (ivermectin) is now being produced by Merck, and gives us easier access to another treatment for resistant scabies.

Although a compounded version of ivermectin is available, ordering through Heath Canada's Special Access Programme has been the only way to obtain the manufactured product. Approval was granted only after an extensive submission showing evidence of permethrin (Nix® or Kwellada®) resistance.

Stromectol® is supplied in 3mg capsules. It is not clear if the cost will be covered under the Exceptional Access Program; hopefully no-one will be applying soon. Ivermectin is dosed at 200 mcg per Kg of body weight. Protocols vary from one administration to five or more for crusted scabies. It is usually combined with topical permethrin.

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