

The GeriJournal



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Freestyle Libre

Last month I suggested that the Freestyle Libre® device may be covered by ODB one day, and sooner than I thought, that day has come. The bloodless monitoring system is now covered for any senior on insulin therapy. We will be releasing our new P&P for this product shortly. It will cover eMAR handling of the application process and key areas of product usage.

As mentioned previously, our experience in the homes has shown that residents find the sensor comfortable to wear and those with dementia don't pull it off. I am curious to see if that trend continues once Libre goes into wider use. Ease of testing offers many benefits, but perhaps the greatest advantage is that glucose readings can be taken during the night while your residents are sleeping! Nocturnal hypoglycemia can be identified and corrected early, rather than in the AM, when damage may have been done or glucose levels deceptively begin to normalize.

If you are interested in using this product, please contact

your consultant pharmacist to arrange for in-servicing.

Ranitidine in the News

I think everyone has heard about the plight of ranitidine by now. Over the past couple of weeks, progressively more and more brands have been found to be contaminated with a potential carcinogen, NDMA. Now all brands have been recalled, so the drug will not be available, at least for the foreseeable future.

We have already contacted all our facilities with ranitidine users, and had those orders changed to the comparable dose of the closest alternative, famotidine. NDMA is becoming a major problem. Last year, it led to lengthy backorders of most angiotensin receptor blockers (ARBs), such as valsartan, telmisartan, losartan, etc. Many with hypertension, heart failure or renal impairment struggled to find replacements.

The change to famotidine may be fortuitous. It has less anticholinergic activity than ranitidine, which could mean improved cognition for some residents. Let's wait to see what happens.

Vancomycin is Covered!

A complex series of LU numbers may be required, but vancomycin has finally made it into the Formulary. This will

save prescribers, pharmacists and nurses hours of paperwork and phone calls. Residents and families will also benefit as delays in *Clostridium Difficile* infection (CDI) therapy will be eliminated.

Metronidazole 500mg TID X 10 to 14 days is recommended first for confirmed CDI cases. Then we get to different LU options. LU 557 (mild cases) and LU 558 (moderate to severe cases) allow coverage for 14 days of QID therapy with vancomycin 125mg. It is pointed out that there is no evidence of additional benefit when using doses of 250mg.

For a first recurrence of CDI within 8 weeks of the initial infection, LU 559 allows for another 14 days of QID treatment. Finally, LU 560 provides coverage for second and subsequent infections for up to 13 weeks with a tapering regimen. Such regimens usually begin with QID dosing for 1 – 2 weeks, BID dosing for 1 week, daily for 1 week, then single pulse dosing every 48 to 72 hours for several weeks.

Thick and Thin

Several publications issued a warning this month about the use of powdered, starch based thickeners. When added to PEG laxatives, the resulting product is watery. One patient death is suspected. Liquid or xanthan based thickeners must be used when thickening PEG.

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