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Med Safety Technology

Last month, MLTC rolled out its new Medication Safety Technology (MST) Program and associated funding policy. Recognizing the cost of implementation, training, support, licensing, hardware and software development will allow continued advances in integrated digital technologies. The pandemic has shown us such systems linking LTC pharmacy and facility can yield major gains in efficiency. Features like remote Rx ordering and co-signing are major advances that will benefit us into the future.

GeriatRx has two significant platforms that should qualify for MST funding. One is our exclusive *Digital Drug Record Book* (DRB) system. It facilitates secure and accurate handling of Rx information, enhances security of the drug supply (by precisely documenting the receipt of meds, including narcotics), and improves medication management in the home. These are all qualifying characteristics identified in the MST release. Unfortunately, systems in place before April 1,

2021 do not qualify for funding and all our homes already have the DRB system in place. Most unfortunate!

Our other MST offering is the *Digital Prescriber* platform. *Digital Prescriber* is a Computerized Prescriber Order Entry (CPOE) system, where prescribers enter Rx, treatment and lab orders directly into each resident's digital chart. Since CPOE systems are listed as fundable under the MST program, the cost of hardware, implementation, staff training and support of the *Prescriber* will be covered. This will be a tremendous boost for us all, allowing features such as prescribing, co-signing and completion of Three Month Reviews. Narcotic and LU documents can also be signed remotely. *Digital Prescriber* is in the final stages of development and is currently in use in several of our facilities.

LTC facilities do not automatically qualify for MST funding. They must first complete the new Medication Safety Self-Assessment (MSSA) questionnaire from ISMP. The MSSA focuses on medication safety and use of advanced technologies in your facility, and identifies areas of strength and weakness. The MSSA must be completed electronically by September 30, 2021 by a multidisciplinary team, which includes a pharmacy and a resident/family

representative. Please consult the MST and MSSA-LTC documents for further details.

Enoxaparin Options

In April, ODB coverage was quietly added for a biosimilar version of enoxaparin. There was no big splash, and I barely gave the product, Redesca®, a second look.

It is true that Redesca® is only 2/3 the cost of its very expensive, better known, non-interchangeable cousin, Lovenox®. It has another huge advantage, however, which I didn't recognize until two or three weeks after the Formulary was released. Redesca® requires neither an LU code, nor Exceptional Access Program (EAP) coverage. Unlike Lovenox® (or Fragmin®), it is covered (on an unlimited basis!) for DVT treatment or prophylaxis.

What does this mean for us? Xarelto® and Eliquis® are only covered for 6 months post-DVT. Where risk remained high, payment for one of these expensive oral agents or transitioning to warfarin were the only available treatment options. Not anymore! Now residents can be switched to Redesca®. Not sure what to do for DVT prophylaxis after hip, knee or major abdominal surgery? Go with 40mg Redesca® s.c. daily. This welcome change will simplify things for us all. Thanks ODB!

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