The GeriJournal

Volume 18, Number 1
January 2023
A publication of GeriatRx Pharmacy

Renal Paxlovid® Rx

Paxlovid® dosing in severe chronic kidney disease (CKD) is complicated. Since Paxlovid® was not tested in COVID patients with eGFRs of less than 30ml/min, Pfizer could not recommend its use. The risk of severe outcomes is greater in advanced CKD, and real-world data shows Paxlovid® can provide benefit when dosing is modified.

Where eGFR is less than 30ml/min, Paxlovid® is given once daily, rather than the twice-daily standard. All COVID patients in this category receive the regular dose (once only) on Day 1, followed by the renal dose on subsequent days. Weight (below 40 Kg) and dialysis further complicate timing and dosage. Pfizer has done a good job of colour coding the different boxes and blisters to ensure timing and dosage are correct. These unanticipated modifications force us to mix and match products which could influence nurses to make dosing errors.

To prevent this, we will "break" Paxlovid® boxes and divide the blisters into two packets. Day 1 will appear in one plastic package and Days 2-5 will appear in the other. The packages will be labeled separately and will contain only AM or PM doses, per resident. We will continue to use "02" times to ensure no doses are missed.

Scriberly Efficiencies

Facilities using Scriberly have found the stylus-based signing process to be tedious. The platform has been streamlined to allow for a secure signature to be inserted into all documents. The attached PDF describes how this is done. Those reading a paper copy of this newsletter can access the guide by downloading the *Scriberly Secure One-Step Signature Guide* from our website portal.

A one-click TMR "button" allowing prescribers to continue all medications in one action has also been added. Individual medications can still be held or discontinued. This is a significant time-saving measure. Access to these one-step features is only available to homes that have upgraded from Digital Prescriber to Scriberly AND have customized password access per user. We are working quickly to upgrade homes without the latest version so they can access these features and others that are in development.

Eyes on Ozempic®

A recent meta-analysis has highlighted a previously reported Ozempic® adverse effect. Diabetic retinopathy, a condition affecting the blood vessels behind the retina, can be caused or worsened by Ozempic®. Ozempic® is a GLP-1 drug that lowers blood glucose by decreasing glucagon and increasing insulin output from the pancreas. Other drugs in this class (e.g., Victoza®, Tulicity®, etc.) did not impact retinopathy in the meta-analysis.

The cardiac mortality and morbidity benefits of Ozempic® are impressive and should not deter prescribers from offering this drug. The number needed to harm in the study was 77 vs an NNT of 43. Residents should have a baseline ophthalmic exam before starting Ozempic® with annual follow-ups. At-risk individuals can be identified before treatment or before serious damage is done.

Clozapine Monitoring

A growing number of our residents use the antipsychotic, clozapine. This drug can lower the neutrophil subset of white blood cells, leading to deadly infections in a small fraction of patients. Mandatory monitoring of absolute neutrophil counts (previously, WBC counts were also required) parses out reduced ANC levels before they become problematic.

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