

The GeriJournal



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Flu for Thought

It's that time again. You're so good at giving vaccines now that most of you have beaten us to the punch, already giving your residents the protection they need. If not, the dose is 0.5ml i.m., usually given into the deltoid. Everyone seems to have epinephrine ready, though I've never heard of it being used in my many long years working in congregate care.

A few notable questions regarding vaccination have come up this year. Please ensure that orders for any vaccines given routinely are represented in your Three Month Reviews. You must also make sure all vaccine product and administration information is entered in the immunization section of your documentation system. That provides quick access to the post-admission vaccine history of each of your residents.

One last reminder in closing. Our \$75 flu shot challenge prize continues to be available to a vaccinated staff member in your home. Perhaps you can encourage one of those last few stragglers with this prize.

Fall Preparedness

As they did last year, MLTC has released a list of steps each home should take to prepare for another busy viral season. Once again, each home has been asked to identify residents with antiviral drug contraindications. Paxlovid® is our main worry here. The problematic interacting drugs continue to be carbamazepine, amiodarone, phenytoin, phenobarbital, and fentanyl. Almost all the other interacting drugs can be held, replaced with alternatives, or dose reduced. I have prepared a full list for each of our homes. Let me know if you'd like to have a copy.

Some exciting news came our way this month. We now have access to remdesivir, an i.v. drug use to treat COVID. Remdesivir can be used for residents with Paxlovid® contraindications or those who respond poorly to it. Previously, residents had to be sent to hospital for this treatment, but now the drug can be given in the home. Remdesivir can be started within 7 days of symptom onset, adding two days to the Paxlovid® treatment window.

Remdesivir is supplied in vials to be infused once daily for 3 days. The infusion takes roughly one hour to complete. It has few significant drug interactions and can be given to residents with limited renal

function, including those undergoing dialysis.

GeriatRx can assist with bringing in the Nurse Led Outreach Team (NLOT) to administer the medication. Facilities with nurse practitioners may be able to leverage their skills to complete the administration without requiring NLOT.

Lasix Injection Now Covered

ODB has given us a Halloween treat. Furosemide (Lasix®) injection is now covered via LU code 657 "*For the treatment of patients receiving care at home* who have failed or are unable to tolerate oral alternatives, and who require an injectable option to manage their condition.*" This is in addition to coverage under the palliative LU 481. Treatment has been costly as several ampules are usually required to clear CHF-related edemas.

Ozempic Shortage

Ozempic® supply continues to be scarce. The company has announced that the 1.5 & 3 ml pens will face supply interruptions into next year. Novo Nordisk blames the shortfall on usage by diabetics, but obesity treatment has pushed supply to the tipping point. Production is being increased and the company is working 24/7 to try to keep up with demand.

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