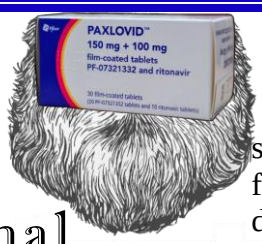

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Paxlovid Gets Old

It was born in 2021 and retained its youthful luster into 2024. Sadly, the original supply of our COVID wonder drug has now expired. I recall the early days (January 2022) when the government spent hundreds of millions of dollars to acquire a drug that practically nobody could access. By April of 2022 Paxlovid® was on pharmacy shelves followed a few months later by its renal sidekick. Throughout this time we've made thousands of interaction and dosing recommendations for a drug that was provided at no cost from our suppliers.

Those days are gone. We now must pay a whopping $1,300 per box! Paxlovid® is not as effective as in the old days but still can keep vulnerable people out of hospitals and alive. Despite the cost, ODB will provide coverage through the limited use process.

Coverage is available through three LU codes, 673, 674, and 675. Most of our residents will qualify under LU 673, the 65+ age group code. The usual criteria apply: COVID +ve and symptomatic for 5 days or fewer, and no interactions or diseases that contraindicate Paxlovid® use. See GeriJournal 17.4 for more information (Paxlovid® can now be used if GFR is < 30 ml/minute).

Due to the drug's high cost, we will no longer provide stat box supplies. We will ensure that Paxlovid® is sent quickly to qualifying residents. Please destroy any remaining supplies you have by popping the tablets out of their blisters into your Stericycle buckets. Remdesivir via infusion is another option if CADD pumps or NLOT teams are readily available.

Penicillin Non-Allergy

Every so often I write about the "penicillin allergy" so often seen in resident charts. We contact the home or family and usually find no information or a fuzzy recollection of a rash or GI upset. The drug causing the adverse effect, or rarely a true allergic reaction, is seldom identified.

Since a penicillin analog may be the best infection treatment option it is a shame when a less effective agent is chosen due to unfounded allergy concerns. A recent German Internal Medicine Congress presented a tool to help determine the legitimacy of a documented penicillin allergy. It is called the PEN-FAST score and asks three questions: 1) has it been **F**ive or fewer years since the "allergic" response (Y = 2 points); 2) was the reaction **A**naphylaxis or angioedema OR a **S**evere reaction (Y = 2 points); and 3) was the reaction **T**reated (e.g., with adrenaline – Y = 1 point). A score of less than 3 indicates a low risk for penicillin allergy. Cefuroxime, cefixime, and ceftriaxone are safe alternatives for penicillin-allergic residents. They have a similar β-lactam structure but there is no cross-sensitivity. Cephalexin's allergy risk is also low at less than 1%.

Olive Oil - Food for Thought

As part of the Mediterranean diet olive oil is associated with improved health and reduced cardiovascular events. A new prospective study released in JAMA Network Open early this month claims it can reduce dementia-related death as well.

Two large studies (92,000 participants) of healthcare professionals appeared to show that adding ½ tablespoonful (7.5 ml) of olive oil reduced dementia-related death by 28%. Consumption data was obtained from dietary questionnaires, and the benefit was unrelated to the quality of the rest of the diet or socioeconomic differences between the groups.

Perhaps olive oil consumers lead healthier lifestyles and that explains the dementia benefit. I'll continue to bathe my salads, pizza, and pasta with olive oil and hope a randomized trial one day proves that my brain appreciates it.

Prepared by Randy Goodman
Board Certified Geriatric Pharmacist