

# The GeriJournal



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memory



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## **Pneumococcal Vaccines**

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A slew of radio commercials has caused confusion about pneumococcal vaccine coverage. The commercials mention that Pevnar 20® is covered under Ontario's publicly funded vaccine program. While not untrue this statement is a bit misleading. Pevnar 20® is provided to LTC facilities or doctor's offices by Public Health at no cost, but it is not covered if dispensed by a community pharmacy.

For many years Pneu-P-23 (aka Pneumovax®) has been the pneumococcal vaccine of choice for LTC homes. NACI [guidelines](#) now recommend using conjugated vaccines (Pevnar 20®, and the lesser-known Vaxneuvance®), as they confer longer-lasting protection. Pneumovax® protection begins to wane after 5 years and revaccination is often required. That is not the case with conjugated vaccines, so Pevnar 20® and Vaxneuvance® will replace Pneumovax® in LTC.

If a resident has had a recent Pneumovax® vaccination, they

must wait a full year before receiving Pevnar 20®. If they have had two doses of Pneumovax®, and the second dose was given at age 65 or later, they require no further pneumococcal vaccine.

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## **ODB/Availability Update**

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There have been several recent drug availability and ODB coverage changes that you may not be aware of. I'll highlight the most important of those here.

NOAC and DOAC anticoagulants (rivaroxaban, apixaban, dabigatran, and edoxaban) are now covered in all strengths without an LU. The requirement to switch residents to warfarin or ask them to pay for these drugs six months after a DVT or PE was unreasonable. Post-surgical clot prophylaxis, and ASA + rivaroxaban 2.5mg for CAD/PAD also enjoy unrestricted coverage.

After years of cutting fentanyl 25mcg patches, the 12mcg strength is finally covered. Fentanyl use is a fraction of what it was, but the 12mcg strength (LU 511/689) is useful and it will be a pleasure to put the scissors away.

Prolia® (denosumab) is now available as Jubbonti®, a biosimilar product from Sandoz. All new prescriptions for denosumab will be filled with Jubbonti® (\$195 vs \$440

for Prolia®) as per ODB requirements. Residents established on Prolia® treatment may continue although there may be a program to convert those orders to Jubbonti® in the coming months.

Cholestyramine powder has been unavailable for nearly one year. It was a popular bile acid binding drug used for reducing cholesterol or diarrhea. Several residents with good swallowing capability were switched to Lodalis® (colesevelam), 2 – 3 tablets BID. Cholestyramine is finally available so some residents may want to switch back. Please let us know. We can provide a list of residents using colesevelam upon request.

We continue to have no availability date for KCl 8 mEq tablets and capsules. There is an ample supply of liquid KCl in the interim.

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## **Beers Criteria**

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There have been a few updates to the Beers Criteria of potentially inappropriate drugs to use in the elderly. Most notably, apixaban is the anticoagulant of choice to treat atrial fib or clots in residents with reduced renal function. Sulfonylureas (gliclazide and glimepiride) are no longer recommended to treat diabetes. If the prescriber wishes to use one of these drugs, a short-acting agent is preferred.

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