



July 2016 Issue

From the Front Lines

Alixarx Clinical Pharmacists Address Everyday Challenges in Long-Term Care

Duragesic (Fentanyl)

Fentanyl (Duragesic) patches are often used in the long-term care setting for residents requiring around-the-clock pain management. Over the past few years there has been an increase in fentanyl overdose and diversion so we want to provide you with additional information to keep your residents and nurses safe.

Site Placement and Preparation: The patch should only be applied to intact, non-irritated, and non-irradiated (not exposed to radiation) skin. Apply the patch to a flat surface (the chest, back, flank between the pelvis/hip and the last rib, or the upper arm). Hair at the site of application may be clipped, not shaved, prior to the application of the patch. If the application site is cleansed immediately prior to the application of the patch, do so with clear water only. Allow the skin to dry completely before applying the patch.

Duragesic Administration: Apply the patch immediately upon removal from the sealed package. The patch should be initialed and dated by the nurse prior to placement. The patch may not be cut or altered in any way. Press the patch firmly in place with the palm of the gloved hand for 30 seconds making sure the contact with the skin is complete especially around the edges. The patch is worn continuously for 72 hours. **BEST PRACTICE:** Placement is checked by the nurse assigned to the patient every shift and documented on the MAR.

Destruction: Upon removal of the old patch, it must be immediately destroyed by the nurse assigned to the patient and witnessed by another nurse. The adhesive side of the patch should be folded to itself and flushed. Both nurses should verify that the patch was definitely flushed (not stuck at the bottom or floating in the toilet). Gloves must be worn during the administration and destruction of Duragesic to avoid accidental exposure. Additional destruction tips: The patch may be placed on a flushable tissue then flushed. Another form of destruction is to place the patch in the RxDestroyer container, if it is used in your facility.

ADHESIVE CONCERNS: If adhesion problems are noted with Duragesic, the edges of the patch may be taped with first aid tape. If problems persist, the patch may be overlaid with a transparent adhesive film dressing.

Did you know that Duragesic levels may increase in patients with a fever? Monitor residents closely for signs and symptoms of elevated Duragesic levels (ex. difficulty breathing). Ask your AlixaRx Clinical Pharmacist for additional guidance.

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Lipid Lowering Agents – Statins are Best

Treatment guidelines for lowering cholesterol levels have recently been updated and recommendations for multi-drug regimens have decreased. There has been a shift in focus towards improving outcomes, and away from focusing on numbers or goals (i.e., goal LDL<60). Most of our residents have multiple co-morbidities and require treatment with a lipid lowering medication to reduce their risk of future events. Typically this includes treatment with a statin, examples include: atorvastatin, simvastatin, pravastatin, lovastatin, fluvastatin, and rosuvastatin. However, some residents will also have orders for additional medications which may include: niacin (OTC or Niaspan®), fenofibrate (Tricor®, Lofibra®), gemfibrozil (Lopid®), or ezetimibe (Zetia®).

Evidence indicates lipid lowering achieved with statin therapy protects against cardiovascular events more than any other medication option. Adding additional medications to a statin does not reduce future cardiac risks. The FDA has rescinded approval of niacin and fibrate derivatives in combination with statins after reviewing several trials, including AIM-HIGH and HPS2-THRIVE. The FDA concluded that “scientific evidence no longer supports the conclusion that a drug-induced reduction in triglyceride levels and/or increase in HDL-cholesterol levels in statin treated patients results in a reduction in the risk of cardiovascular events.” Ezetimibe was denied expanded indications for reducing mortality and morbidity by the FDA in 2015 utilizing data from the IMPROVE-IT Trial.

When appropriate, reviewing non-statin lipid lowering medications for discontinuation will decrease pill burden, potential side effects, and the risk for significant drug interactions. Do you have a resident or patient in mind that is taking one of these non-statin medications? Reach out to your AlixaRx Clinical Pharmacist during their next visit to discuss medications used to treat lipids.

References: 1. PL Detail-Document, Non-Statins Lipid-Lowering Agents. Pharmacist's Letter/Prescriber's Letter. July 2015. 2. UpToDate – www.uptodate.com. Accessed 6/13/2016.

New Quality Measures on Nursing Home Compare

On April 27, 2016, the Centers for Medicare & Medicaid Services (CMS) added six new quality measures to the Nursing Home Compare website as part of an initiative to broaden the quality information available on that site. For the first time, CMS is including quality measures that are not based solely on data that are self-reported by nursing homes. These new measures, which are based primarily on Medicare claims data submitted by hospitals, measure the rate of rehospitalization, emergency room use, and community discharge among nursing home residents. The six new measures include:

1. Percentage of short-stay residents who were successfully discharged to the community (Medicare claims- and MDS-based)
2. Percentage of short-stay residents who have had an outpatient emergency department visit (Medicare claims- and MDS-based)
3. Percentage of short-stay residents who were rehospitalized after a nursing home admission (Medicare claims- and MDS-based)
4. Percentage of short-stay residents who made improvements in function (Minimum Data Set (MDS)-based)
5. Percentage of long-stay residents whose ability to move independently worsened (MDS-based)
6. Percentage of long-stay residents who received an antianxiety or hypnotic medication (MDS-based)

These newly added measures will be reported on Nursing Home Compare, but will not be incorporated into the methodology to compute nursing home star ratings until July 2016.

The six newly added quality measures represent the largest addition of quality measures to Nursing Home Compare since CMS introduced quality measures information to Compare in 2003. More importantly, with this change, CMS is nearly doubling the number of short-stay measures on Nursing Home Compare and is providing information about key short-stay outcomes, including the percentage of residents who are successfully discharged and the rate of activities of daily life (ADL) improvement among short-stay residents. Short-stay measures reflect care provided to residents who are in the nursing home for 100 days or less, while long-stay measures reflect care for residents who are in the nursing home for more than 100 days.

Your AlixaRx Clinical Pharmacists (ACPs) can be a valuable asset to improve compliance with existing and new quality measures. ACPs provide prospective and retrospective medication reviews and change of condition medication reviews to improve the care of your residents and avoid medication-related events that may lead to rehospitalizations. These clinical pharmacists assess medication therapy in at least three settings:

1. In the AlixaRx pharmacy hubs, pharmacists review all new admission and new medication orders prior to dispensing
2. In your facility, ACPs conduct monthly comprehensive Medication Regimen Reviews, change of condition medication reviews, and participate in various patient care and quality improvement meetings
3. In the AlixaRx Medication Review and Optimization Center (MROC), all orders for new admissions and new orders for high risk medications are reviewed within 24-72 hours. Please contact your AlixaRx Clinical Pharmacist if you are interested in this service.

AlixiaRx Clinical Pharmacists work collaboratively with each other and your facility staff to improve patient care and regulatory compliance.

References: 1. <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-04-27.html>

New Oral Anticoagulants – Eliquis® (apixaban)

Last month we reviewed Xarelto® (rivaroxaban) recommendations for use including indications, dosing guidelines, and administration pearls. This month we will discuss Eliquis® (apixaban) which is a Factor Xa inhibitor similar to Xarelto® but is administered twice daily. Eliquis® and the other novel anticoagulants have several advantages over warfarin (Coumadin) including decreased risk for drug interactions, no PT/INR monitoring, and no dietary concerns. They do however have similar risks for bleeding. Given this potential for serious adverse events, it is vitally important that the entire interdisciplinary team is up to date on current guidelines for use.

Eliquis® (apixaban) Approved Indications and Dosages:

Non-vascular A.Fib. – Stroke and embolism prevention: 5mg PO twice daily.

DVT or PE Treatment: 10 mg PO twice daily for 7 days, then 5mg PO twice daily for at least 6 months.

DVT prevention post hip/knee surgery: 2.5 mg PO twice daily 12 days after knee replacement surgery or for 35 days after hip replacement surgery.

Administration: May be taken without regard to food. For patients unable to swallow whole tablets, may crush and suspend the tablet in 60 ml 5% dextrose solution; administer immediately through a nasogastric tube. No information is available regarding oral administration of crushed and suspended tablets.

Dose adjustment for elderly: Dosage adjustments are only required for residents with A.Fib. For residents with any 2 of the following characteristics: age \geq 80 years; body weight \leq 60 kg; or serum creatinine \geq 1.5 mg/dL, reduce the dose to 2.5 mg PO twice daily.

Challenge yourself to know the names and dosages of these new oral anticoagulants. Ensure an accurate indication (diagnosis) is entered into your electronic health record. Utilize drug information resources to double check that the dose and duration are appropriate. Ask your AlixaRx Clinical Pharmacist for additional guidance on the use of these agents, we love drug information questions!

Don't miss a review of Pradaxa® (dabigatran) in the next addition of From the Front Lines.

Resources: Clinical Pharmacology accessed 6/13/16. Available at: <http://www.clinicalpharmacology.com/>