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From the Front Lines

AlixaRx Clinical Pharmacists Address Everyday Challenges in Long-Term Care

Policy Review – ARX-016
Return Guidelines and Credit policy

AlixaRx policy number ARX-016 found in the Facility Resource guide outlines the medications that may be returned to the pharmacy for credit, as permitted by state and federal law. Only those medications that are returnable for credit, can and should, be sent back to the hub pharmacy. Some of our facilities have been returning medications to the AlixaRx pharmacy hubs that should be destroyed at the facility. The pharmacy cannot accept medications that are to be destroyed as returns.

Medications that may be returned to the pharmacy for credit include those medications that are in the manufacturer's unopened original package or full punch cards of medications. Doses may not be removed from the punch card if the card is to be returned for credit. Medications meeting these criteria may only be returned for credit within 30 days from the date that the medication was dispensed. A medication disposition record must be completed with the Rx number, original dispense date, medication name, strength and dosage form, quantity dispensed and reason code indicated on the form. The white and yellow copies of the disposition sheet must be sent with each medication returned to the hub pharmacy.

Medications that cannot be returned to the pharmacy, except in the case of pharmacy error, include:

- Any controlled substances (C II, III, IV, V)
- Any expired medications
- Compounded drugs or dosage forms
- IV medications
- Temperature sensitive or refrigerated medications (arrived at the facility in a cooler)
- Special order items
- Partial or opened containers
- ADU packets
- Altered dosage forms (i.e., tablets cut in ½ or ¼)
- Opened vials or flushes
- Medications in prescription vials from backup pharmacies
- Any medication in defaced packaging
- Products from which the manufacturer overwrap has been removed
- Any product over 30 days from the date it was dispensed from the pharmacy

In this issue:

Any non-creditable medications sent back to the AlixaRx Pharmacy Hub will be returned to the facility by the pharmacy. The facility will be charged a fee for shipping and return handling of these non-creditable medications. These medications must be destroyed at the facility in compliance with applicable state laws and facility policy. If you are unsure if your state permits medications to be returned to the pharmacy for credit or need assistance with medication destruction procedures, check with your AlixaRx Clinical Pharmacist.

Submitted by **Jenny Rowley-Funk RPh, CGP**

The AGS Guidelines recommend acetaminophen as first-line therapy for pain and as ongoing therapy for persistent pain

Acetaminophen is the most commonly prescribed pain reliever and is present in over 600 over the counter (OTC) medications and several prescription medications. It is also the leading cause of acute liver failure in the U.S. The maximum daily recommended dose of acetaminophen in the elderly population is 3000mg/day. Some individuals can tolerate 4000mg/day, but the population in a long-term care facility usually has other underlying factors that can contribute to the potential for toxicity. Therefore, the 3000mg/day is the most common practice.

Liver failure can occur even when the recommended dose is given, so it is very important as nurses to monitor the amount of acetaminophen given to the resident on a continual basis. Nurses must always be careful to include the amount of acetaminophen from ALL SOURCES when calculating the total daily dose. Signs and symptoms of liver damage can develop over several days. Early symptoms include loss of appetite, nausea, and vomiting. Later symptoms include yellowing of skin and eyes, dark urine and light colored stools. Serious cases may cause mental confusion.

Most health care providers are not aware of which products contain acetaminophen or if they are, are uncertain as to the amount of acetaminophen in each dose, especially in combination products. If at all possible, a resident should not have more than one acetaminophen-containing product at a time. If this is unavoidable, the total amount of acetaminophen from ALL SOURCES should be calculated and should not exceed 3000mg/day.

- ALL acetaminophen orders should list “Not to exceed more than 3 grams of acetaminophen/day from ALL sources” in the body of each order.
- When giving ANY acetaminophen product ALWAYS check the resident’s medication administration record (MAR) for any other acetaminophen containing products and add the total daily dose within the last 24 hours
- If the resident is using a pain product more frequently, always inform the physician
- If a new order with acetaminophen (alone or in combination) is received, check against current orders – if there is a potential to exceed the 3000mg/day – ask the physician to discontinue one of the orders or use an alternative pain medication that does not contain acetaminophen
- Assign pain scales to ALL pain relief medications used on a PRN basis
- Always document the TIME DOSE GIVEN ON THE MAR when the dose is given
- An order can change at any time - Always refer to MAR when giving ANY medication
- Use only one (1) strength of acetaminophen in the facility to avoid confusion when adding the total dose
    - o Tylenol 325mg is easiest to add since ALL formulations of Hydrocodone/APAP products also have 325mg of acetaminophen.

Aranesp, Epogen, Procrit: When these medication should NOT come from the pharmacy

Aranesp, Epogen, and Procrit are frequently used in patients with End Stage Renal Disease (ESRD). These medications stimulate red blood cell production and are used to treat and prevent anemia, which commonly affects patients with ESRD.

Beginning January 1, 2011, the Medicare reimbursement structure changed for these and other medications used to treat patients with end-stage renal disease who receive hemodialysis. (CMS-1418-F Final Rule, Federal Register, August 12, 2010). This rule requires dialysis centers to be reimbursed for hemodialysis services using a Prospective Payment System (PPS). More simply stated, the Dialysis Center must provide hemodialysis services (including injectable medications) in exchange for a predetermined reimbursement amount.

How does this affect orders at my facility?

When you see an order for Aranesp (darbepoetin alfa), Epogen or Procrit (epoetin alfa) for a patient with the diagnosis of ESRD and who receives hemodialysis, ensure that the order specifies that the medication is to be supplied and administered by the dialysis center. If the order does not specify this, have the order clarified with the provider. Remember, this applies only to ESRD patients who undergo hemodialysis. Other patients may receive these medications in the facility, supplied by the pharmacy.

What if I send the order to the pharmacy anyway?

Orders supplied by the pharmacy that should have been provided through the dialysis center will cause the facility to incur unnecessary medication costs. In addition, when these medications are ordered from the pharmacy, it increases the possibility that the patient will receive the medication both at the facility and at the dialysis center, which could increase the risk of hypertension and blood clots.

To summarize:

WHO: Patients who (1) have a diagnosis of ESRD and (2) receive hemodialysis.

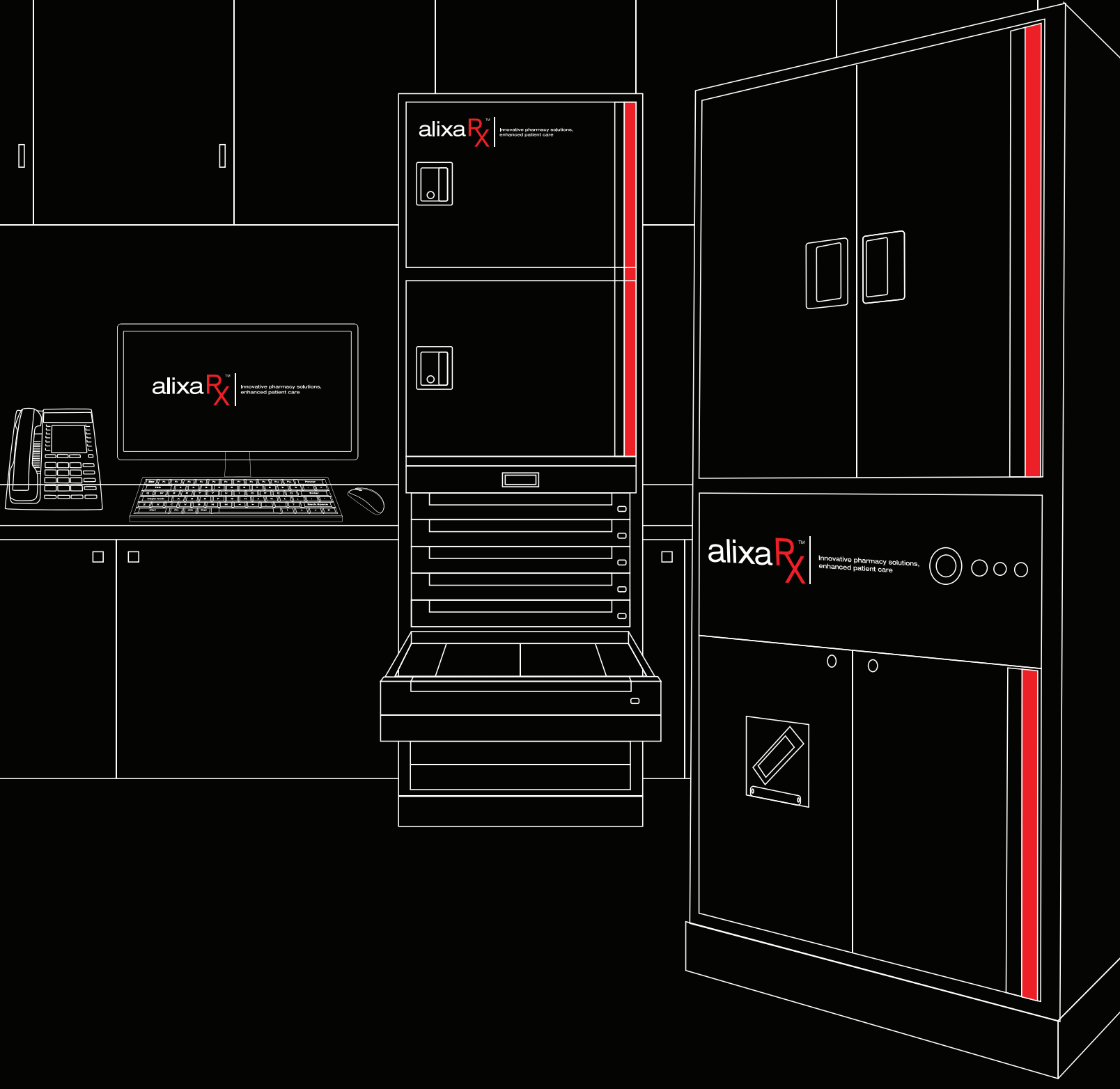
WHAT: Aranesp, Epogen, and Procrit should be provided and administered at the dialysis center.

BENEFITS: Patient safety, lower medication costs.

Reference: Federal Register, August 12, 2010. CMS-1418-F

Medicare Benefit Policy Manual, Chapter 11 - End Stage Renal Disease (ESRD)

http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c11.pdf



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