



August 2015 Issue

From the Front Lines

AlixaRx Clinical Pharmacists Address Everyday Challenges in Long-Term Care

Futile Drugs in Hospice Patients

Managing medications in hospice patients can be a difficult task, but it is important to stay focused on providing the highest level of comfort for our patients. Many medications used to treat chronic illnesses may no longer be beneficial towards the end of life. In some cases, they may be harmful. As healthcare professionals, we need to identify the goals of the patient, benefit vs. risk of ongoing therapy, and time to benefit from certain medications. Although it may not be appropriate in every situation, reducing or discontinuing the following medications or treatments should be considered:

- Statins for primary prophylaxis of cerebrovascular accident (CVA) or myocardial infarction (MI)
- Dementia medications (donepezil, memantine, galantamine, rivastigmine)
- Vitamins, minerals, supplements
- Bisphosphonates (alendronate, risedronate, zoledronic acid, ibandronate)
- Anticoagulants/anti-platelet agents in certain cases
- Reducing the number of blood pressure medications (lower BP goals may not be necessary)
- Reducing frequency of insulin in type 2 diabetes (tight glycemic control may not be necessary)
- Minimizing fingersticks
- Reducing the frequency of weights
- Labs

When discussing the discontinuation of medications, it is also necessary to be mindful of the barriers we are faced with. Patients, families, and clinicians all have their reasons for denying medication changes. Such as:

- Psychological or physical dependence
- Family feels that they are giving up
- Clinicians may not want to discontinue a medication prescribed by someone else
- Clinicians may feel that discontinuing a medication may worsen the relationship

The beliefs of each patient and family may vary greatly, but proper communication should remain constant. A planned approach combined with effective communication can help alleviate many concerns. As a result, it can help reduce pill burden, minimize adverse reactions, reduce cost, and improve comfort and support for patients when they need it most.

In this issue:

Futile Drugs in Hospice Patients

New Drug Update

Weight loss and Acetylcholinesterase Inhibitors

Policy Review

Happy Customer Initiative

New Drug Update

Ivabradine (Corlanor® – Amgen) is indicated to reduce the risk of hospitalization in patients with stable, symptomatic chronic heart failure with left ventricular ejection fraction $\leq 35\%$, who are in sinus rhythm with a resting heart rate ≥ 70 beats per minute and who are either on maximum doses of beta-blockers (i.e. metoprolol, carvedilol), or have a contraindication to beta-blocker use.

Increased heart rate in patients with heart failure, leads to an increase in cardiac workload, an increase in myocardial oxygen demand, and a decrease in myocardial perfusion which can lead to exacerbations and working heart failure over time. The drug has a unique mechanism of action that results in the lowering of the heart rate without reducing cardiac contractility. In fact, ivabradine exhibits this effect more in patients with higher heart rates. This leads to increased cardiac output and improved symptoms of heart failure including dyspnea, fatigue, and fluid retention including exercise tolerance, pulmonary congestion and peripheral edema.

Ivabradine is contraindicated in patients with acute decompensated heart failure, blood pressure $< 90/50$ mmHg, and resting heart rate < 60 beats per minute prior to treatment. Dose-dependent adverse drug reactions include bradycardia, hypertension, atrial fibrillation, and phosphenes (deficient retinal response to changes in light creating visual changes including halos, colored bright lights, and multiple images).

The recommended starting dose is 5mg twice daily with meals. Increase dose by 2.5mg bid to maximum dose of 7.5mg bid if HR is greater than 60 bpm. Decrease dose by 2.5mg bid for HR < 50 . If HR remains < 50 bpm on 2.5mg bid, discontinue the drug. Projected cost is \$450 for 30 days of treatment.

Source: http://pi.amgen.com/united_states/corlanor/corlanor_pi.pdf

Weight loss and Acetylcholinesterase Inhibitors

Many factors can affect a nursing home resident's appetite. After review of several acetylcholinesterase inhibitor medications including Exelon (rivastigmine) patches, Aricept (donepezil), and Razadyne (galantamine) package inserts, it was noted that anorexia and weight loss are listed as adverse reactions. In a recent study on acetylcholinesterase inhibitors it was noted that, "to some extent this weight loss may be dose-dependent." The authors reported the case of a patient with dementia and Parkinson's disease who lost weight when treated with galantamine and regained weight when the dosage was reduced. The study reported "eight cases of significant weight loss in patients with dementia who were treated with acetylcholinesterase inhibitors five of who had no nausea or other gastrointestinal adverse effects."

In conclusion, it is important for the clinical team to look at all factors when a resident is experiencing involuntary weight loss. If the resident is receiving an acetylcholinesterase medication, switching to an alternate medication or decreasing the dose of the current medication may offer significant benefits. Your AlixaRx Clinical Pharmacist is available to answer questions related to acetylcholinesterase inhibitors and assist with change of condition medication reviews for your residents experiencing involuntary weight loss.

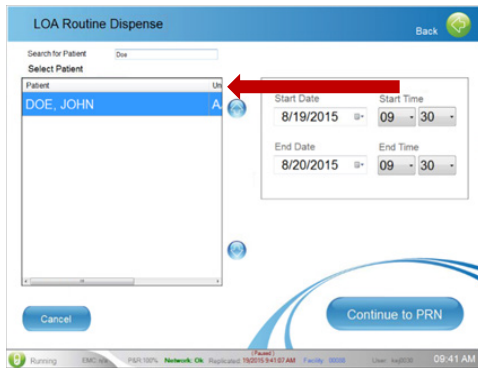
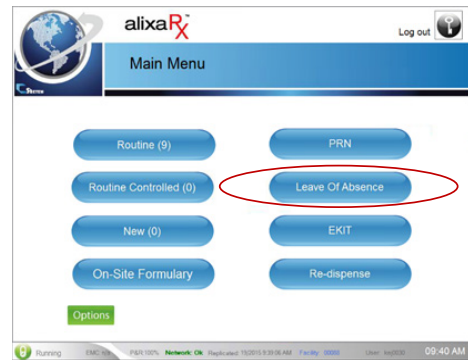
Reference - <http://www.annalsoflongtermcare.com/article/involuntary-weight-loss-after-switching-acetylcholinesterase-inhibitors>

Policy Review: Leave Of Absence Dispense

In order to safely accommodate your patients and increase the ease and convenience of obtaining medication, for any residents leaving the facility for a “leave of absence” (LOA) period, the AlixaRx ADU offers a LOA function. This LOA function can be found on the Main Menu of the ADU Software, and will allow you to obtain up to a 7 day’s supply of medications including routine medications as well as specified PRN medications.

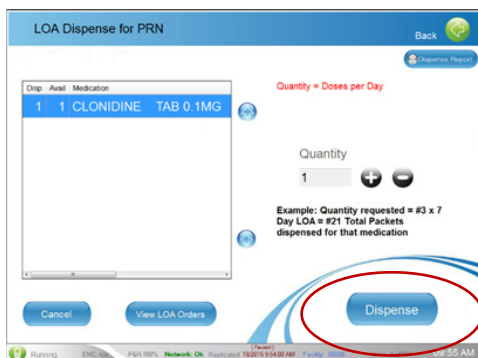
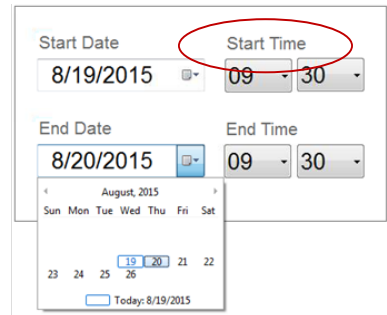
As a reminder, any patient’s medications that are obtained using the LOA function from the ADU will stop dispensing automatically from the routine function UNTIL the LOA period has completed. At that point, the medications will resume dispensing as normal with the routines.

To access the LOA Function, log into the ADU Kiosk with your credentials, and select LOA from the list on the Main Menu.



Search for your patient in the patient listing and select the patient. **Reminder: make sure to double check that you have selected the correct patient before you move onto the next step. If you select the incorrect patient, you will have to place those medications in the med cart and use those packets for that patient until the LOA period is up. There is no way to RESET an LOA.**

Next select the appropriate calendar start and end dates as well as start time and end times. Be sure to verify all dates and times are correct before moving to the next screen. Once all the information is verified, select continue to PRN.



Lastly, after selecting continue to PRN from the LOA screen; select the PRN medications you wish to send with the patient. **Reminder: the quantity you select on this screen will be the quantity you receive for each day of the LOA Period. For example, if you select a quantity of 2, and your patient is on LOA for 6 days, you will receive 12 PRN packets of that medication. **

Click Dispense to receive your ADU LOA Packets.

Sample LOA Packet

You will also receive a copy of the Medication Release/Receipt Form on your printer with a list of the medications that dispensed from the ADU pre-populated on the form. Any remaining spaces on the form can be utilized for Non-ADU items and Bulk medications if you so choose.

If you need an additional LOA supply for any medications not available in the ADU, please contact your AlixaRx Pharmacy, and speak to a Customer Service Representative. The pharmacy should be able to accommodate any needs you may have for non-ADU medications, or bulk items.

DOE, JOHN	
CLONIDINE TAB 0.1MG	
Mfr: ACTAVIS ELIZABETH	
TAKE ONE TABLET BY MOUTH	
ONCE DAILY AS NEEDED	
<hr/>	
1 x	ROUND a logo 12DRANGE
Lot#: 52171491	RPh: JACKSON KASSANDRA
Rx: 30937345	Dr: ADU ADU
FOR: 8/19/2015	
ALIXARX - GL - BRANDYWINE	
745 SWOPE ST	
GREENFIELD, IN 46140	Use By: 9/18/2015
Ph#: 150819100318002-0001	Disp: 8/19/2015

Happy Customer Initiative

At AlixaRx, customer service is a top priority. It is at the forefront of everything we do and we are continually working to improve how to best support you. As part of our Happy Customer Initiative, we want to provide continuing staff training on AlixaRx pharmacy processes and technology. Though many of you have already benefited from training sessions offered by the AlixaRx team, additional training is essential in order to achieve the full financial and clinical outcomes of our systems. We understand the challenges and stress that nurses are under, and we are here to help.

AlixarX is focusing on two primary training areas – ADU/EMC Software Functions and Pharmacy Policy and Procedures – designed to review functions necessary for accessing medications from the ADU and EMC safely and efficiently. AlixaRx is available 24/7 to assist with additional inquiries and resolve any issues that may arise. Regardless of the day or time, AlixaRx ensures the needs of your facility and patients are met.

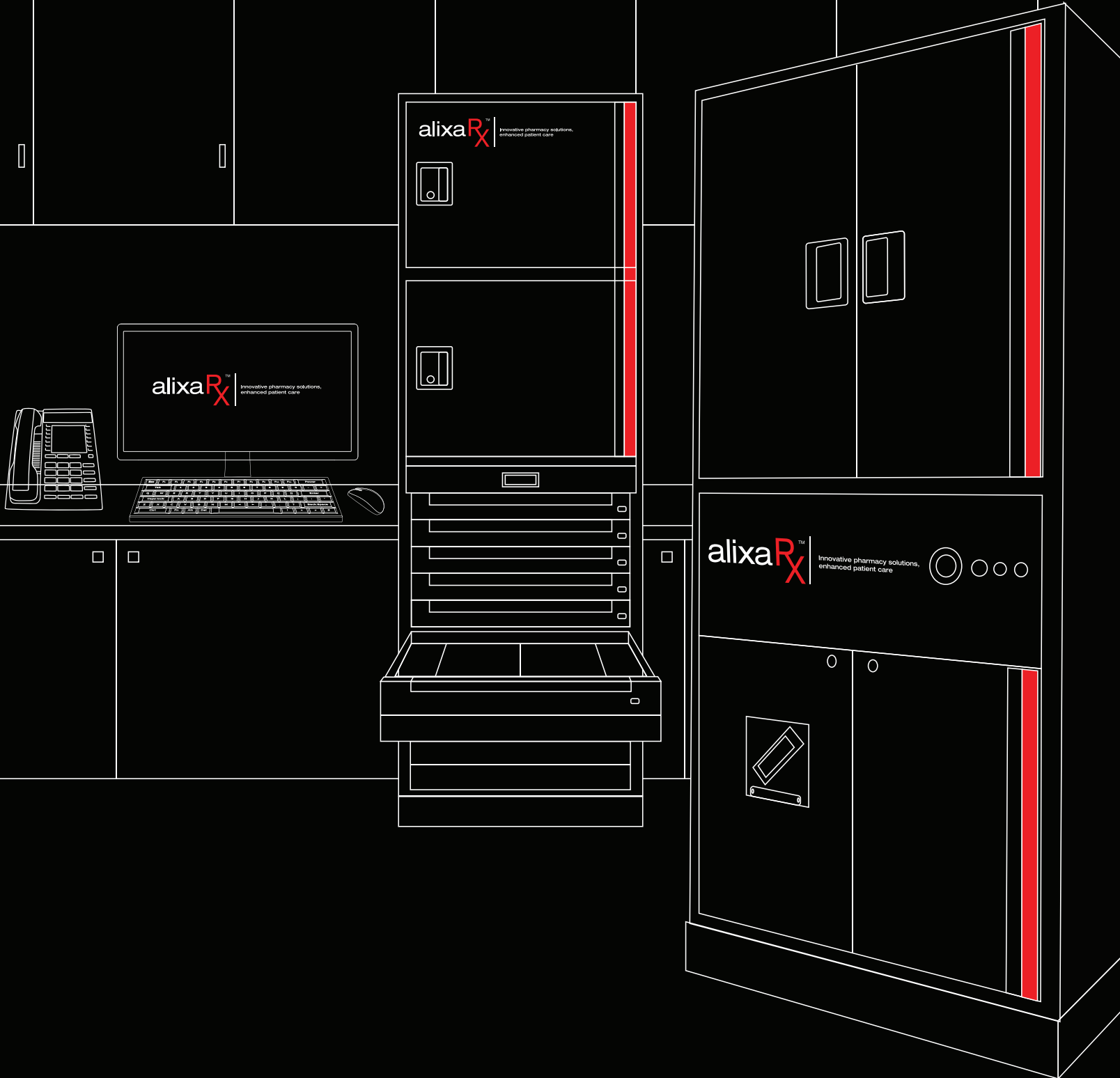
AlixarX began this training earlier in the Pittsburgh and Indianapolis markets and have expanded it across the entire country, making it available to all of our customers. The goal is to train every new nurse and facility management as they come on board. Retraining will also be provided if there is a software upgrade or regulation mandated change in process.

A Pharmacy Service Technician (PST) will reach out to your facility's leadership each month to schedule upcoming training sessions. You will have the option to schedule group training or individual sessions based on your facility's needs. At the end of each training session, your PST will provide a review of the training topics discussed along with an attendance record. After the training session is completed, a survey will be passed out and we encourage everyone participating in the training to fill out the survey. We appreciate everyone's feedback and it will provide us with guidance on improving future training.

Working together, we can accomplish superior results for your facility and most importantly, your residents. Please contact your AlixaRx Pharmacy or your PST for questions about scheduling training for your facility.

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