alixaRx

September 2016 Issue

From the Front Lines

AlixaRx Clinical Pharmacists Address Everyday Challenges in Long-Term Care

Medication Names Can Be Confusing

What's in a name? Plenty if we are talking about medication names. Brand name medications are usually the ones that we know and trust. Generic name medications have had a harder time establishing trust among the public, but have been shown to be just as safe and effective – and more cost effective – than the already trusted brand name. However, some medication names can be confusing, misleading and increase the potential for medication errors.

One area where medication names can be confusing is for over-the-counter (OTC) products. Many times, an already established brand name company will try to capitalize on the brand familiarity and name many of their products in a similar way. An "umbrella name" or "trade extension name" is a way of naming a product that uses a well-known established brand name to name a new product. This new product may contain an active ingredient that could be completely different from the active ingredient in the original product.

For example, Claritin Eye drops do not contain loratadine. Zyrtec eye drops do not contain cetirizine. Both of these products contain Ketotifen, another antihistiamine. Mucinex Allergy does not contain Guaifenesin like original Mucinex, but rather contains fexofenadine 180mg, similar to Allegra. Arm & Hammer's "Simply Saline" lines of products do not contain saline at all. There are many other examples of how "umbrella names" or "trade extension names" can be misleading and can even be harmful in many cases.

Several medication errors have been reported through the Institute of Safe Medication Practices (ISMP) National Medication Errors Reporting Program where the wrong product or medication dose was administered or a medication was used when the product was actually contraindicated. Confusion regarding a product's actual ingredients, strength and concentration has been observed among both patients and health care practitioners alike. Product names that are confusing or misleading can also cause problems when attempting to treat side effects or accidental ingestion of these medications.

Most OTC products have a drug facts panel that lists the active and inactive ingredients. However, many do not take the time to read this information, assuming that they have the correct product. Before administering OTC products, check the drug facts panel to ensure you are administering the product intended.

Use extra caution when entering new orders into the EMAR. Since many of these umbrella name products have similar sounding names, it is very easy to select an incorrect product. Make sure the dose being administered matches the dose of the product selected. When administering OTC products, double check the name of the product being administered against the EMAR.

Clarify all confusing orders with the prescriber. If you need further information about any medication product, call the pharmacy or refer to your AlixaRx Clinical Pharmacist.

Reference: "FDA Proprietary Drug Name Draft Guidance;" Long-Term Care Advise-ERR, Volume 3, Issue 1; January 2015

In this issue:

Use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia

On May 1, 2016 the American Psychiatric Association (APA) released new evidence-based recommendations on the use of antipsychotics to treat agitation or psychosis in patients with dementia. The guidelines include recommendations for assessment of psychological and behavioral symptoms of dementia, development of a comprehensive treatment plan, assessment of the benefits and risks of antipsychotics, and judicious use of antipsychotics, including specifics for dosing, duration and monitoring.

Your AlixaRx Clinical Pharmacist can advise facility staff and prescribers how these new guidelines may be incorporated into the care of nursing facility patients with dementia.

Assessment of Benefits and Risks of Antipsychotic Treatment for the Patient

Statement 5. APA recommends that nonemergency antipsychotic medication should only be used for the treatment of agitation or psychosis in patients with dementia when symptoms are severe, are dangerous, and/or cause significant distress to the patient. **(1B)**

Statement 6. APA recommends reviewing the clinical response to nonpharmacological interventions prior to nonemergency use of an antipsychotic medication to treat agitation or psychosis in patients with dementia. **(1C)**

Statement 7. APA recommends that before nonemergency treatment with an antipsychotic is initiated in patients with dementia, the potential risks and benefits from antipsychotic medication be assessed by the clinician and discussed with the patient (if clinically feasible) as well as with the patient's surrogate decision maker with input from family or others involved with the patient. **(1C)**

Dosing, Duration, and Monitoring of Antipsychotic Treatment

Statement 8. APA recommends that if a risk/benefit assessment favors the use of an antipsychotic for behavioral/psychological symptoms in patients with dementia, treatment should be initiated at a low dose to be titrated up to the minimum effective dose as tolerated. **(1B)**

Statement 9. APA recommends that if a patient with dementia experiences a clinically significant side effect of antipsychotic treatment, the potential risks and benefits of antipsychotic medication should be reviewed by the clinician to determine if tapering and discontinuing of the medication is indicated. **(1C)**

Statement 10. APA recommends that in patients with dementia with agitation or psychosis, if there is no clinically significant response after a 4-week trial of an adequate dose of an antipsychotic drug, the medication should be tapered and withdrawn. **(1B)**

Statement 11. APA recommends that in a patient who has shown a positive response to treatment, decision making about possible tapering of antipsychotic medication should be accompanied by a discussion with the patient (if clinically feasible) as well as with the patient's surrogate decision maker (if relevant) with input from family or others involved with the patient. The aim of such a discussion is to elicit their preferences and concerns and to review the initial goals, observed benefits and side effects of antipsychotic treatment, and potential risks of continued exposure to antipsychotics, as well as past experience with antipsychotic medication trials and tapering attempts. **(1C)**

Statement 12. APA recommends that in patients with dementia who show adequate response of behavioral/psychological symptoms to treatment with an antipsychotic drug, an attempt to taper and withdraw the drug should be made within 4 months of initiation, unless the patient experienced a recurrence of symptoms with prior attempts at tapering of antipsychotic medication. **(1C)**

Statement 13. APA recommends that in patients with dementia whose antipsychotic medication is being tapered, assessment of symptoms should occur at least monthly during the taper and for at least 4 months after medication discontinuation to identify signs of recurrence and trigger a reassessment of the benefits and risks of antipsychotic treatment. **(1C)**

Use of Specific Antipsychotic Medications, Depending on Clinical Context

Statement 14. APA recommends that in the absence of delirium, if nonemergency antipsychotic medication treatment is indicated, haloperidol should not be used as a first-line agent. **(1B)**

Statement 15. APA recommends that in patients with dementia with agitation or psychosis, a long-acting injectable antipsychotic medication should not be utilized unless it is otherwise indicated for a co-occurring chronic psychotic disorder. **(1B)**

References: http://psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890426807

New Oral Anticoagulants – Savaysa®(edoxaban)

Savaysa®(edoxaban) is Factor Xa inhibitor (similar to Xarelto and Eliquis) and will be the topic for our final discussion regarding the new group of oral anticoagulant medications. All of the anticoagulants discussed increase the risk for bleeding and must be dosed appropriately to be effective and limit adverse events. As clinicians, it is import for us to know the names and dosages of these new oral anticoagulants. Ensure an accurate indication (diagnosis) is entered into the electronic health record upon admission and 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.

Savaysa® (edoxaban) Approved Indications and Dosages: Prior to initiation of edoxaban, assess creatinine clearance (CrCl) using the Cockcroft-Gault equation. CrCl is an estimation of renal function used to adjust medication dosage. Typical laboratory reports indicate GFR (glomerular filtration rate) which is a rough estimate of CrCl but is not generally used to dose medications. Please consult your Alixa Clinical Pharmacist for determining CrCl and recommending dosage adjustments for your residents.

For residents with nonvalvular atrial fibrillation, do not use edoxaban if CrCl is >95 mL/minute. A dosage reduction is necessary in all residents with CrCl 15 to 50 mL/minute.

Deep vein thrombosis and pulmonary embolism: 60 mg PO once daily after 5 to 10 days of initial therapy with a parenteral anticoagulant.

If resident weight ≤60 kg: 30 mg PO once daily

If resident also has orders for specific P-Glycoprotein (P-gp) inhibitors (i.e., verapamil, quinidine; the short-term use of azithromycin, clarithromycin, erythromycin, oral itraconazole, oral ketoconazole): 30 mg PO once daily

Nonvalvular atrial fibrillation (NVAF) (to prevent stroke and systemic embolism): 60 mg PO once daily

Administration: May be taken without regard to food. No data are available from the manufacturer regarding crushing and/or mixing of edoxaban tablets into food, liquids, or administration through feeding tubes.

Dose adjustment for elderly: According to the Beers Criteria, the dose of edoxaban should be reduced in residents with a creatinine clearance of 30 mL/min to 50 mL/min due to an increased risk of bleeding. The Beers expert panel recommends avoiding edoxaban in geriatric patients with a creatinine clearance less than 30 mL/min or greater than 95 mL/min. The creatinine clearance thresholds for which the Beers expert panel recommends avoiding use of edoxaban are based on clinical trial exclusion criteria and may not be the same as those in the product labeling.

Dosing: Renal Impairment

Deep vein thrombosis and pulmonary embolism:

CrCl ≥51 mL/minute: No dosage adjustment recommended.

CrCl 15 to 50 mL/minute: 30 mg PO once daily

CrCl <15 mL/minute: Use is not recommended.

Nonvalvular atrial fibrillation:

CrCl >95 mL/minute: Use is not recommended.

CrCl 51 to 95 mL/minute: No dosage adjustment recommended.

CrCl 15 to 50 mL/minute: 30 mg PO once daily

CrCl <15 mL/minute: Use is not recommended.

Alternate recommendations: Elderly patients ≥65

CrCl 30 to 50 mL/minute: 30 mg PO once daily.

CrCl <30 mL/minute: Avoid use due to increased risk of bleeding.

References: 1. Clinical Pharmacology accessed 8/9/16. Available at: http://www.clinicalpharmacology.com/. 2. Up-to-date accessed 8/9/16. Available at: https://www-uptodate-com

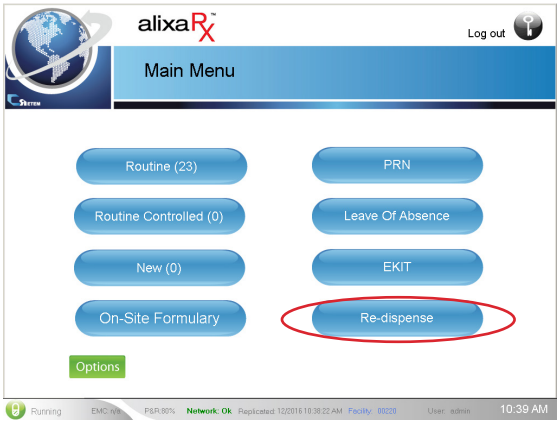
Misplaced an ADU Medication? Dropped a Pill on the Ground? Use the Re-dispense Function!

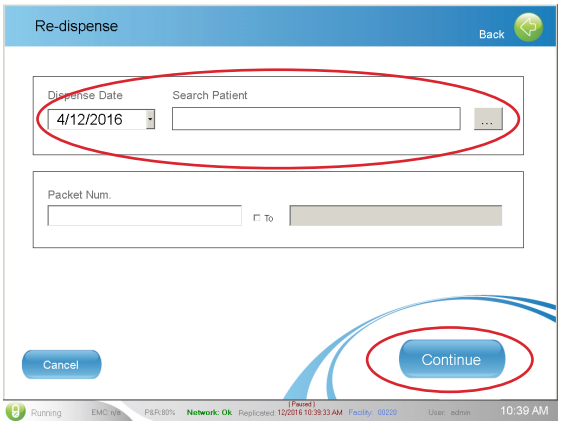
The re-dispense function on your AlixaRx Automated Dispensing Unit (ADU) kiosk is the proper way to obtain a misplaced or dropped ADU medication. Using the Re-dispense function will result in the creation of a packet labeled with the current resident information and directions for use. The Re-dispense function utilizes the current medication profile ensuring the correct drug, dosage form, and strength are dispensed. This is different from the E-Kit function, which is not resident specific, and is not labeled with resident information or the directions for use. As a reminder the E-Kit function is only for emergency and first dosing situations.

E-kit Dispense Packet

Re-dispense Packet

There are two ways to utilize the Re-Dispense function. By accessing the Re-dispense button from the Main Menu of the software, a nurse can either Re-dispense a packet based on the patient and order (Preferred Method), OR by utilizing the Packet ID. To search by patient, make sure to enter in the correct dispense date (this is the date the actual packet was dispensed from the ADU) and then click the Ellipsis box next to the search patient dialog box to search for the needed patient. After the patient is selected, click “Continue” to move on with the Re-dispense function.





To reduce the risk for medication errors utilize the Re-dispense function on your AlixaRx ADU kiosk!

Contributing Authors

Matt Palmer, PharmD, CGP – AlixaRx Clinical Pharmacist
Jenny Rowley-Funk, RPh, CGP – AlixaRx Clinical Pharmacist
Al Barber, PharmD,CGP – Director of Pharmacy
Kassandra Jackson – Pharmacy Operations Support Specialist
Amanda Stewart – National Director of Pharmacy Operations
Victor Alves PharmD, CGP, FASCP – National Director of Clinical Services
Blake Griese, PharmD, JD – Editor

alixaRx Innovative pharmacy solutions, enhanced patient care

6400 Pinecrest Drive, Suite 200
Plano, TX 75024
www.alixarx.com