



Scripts

1st Quarter 2010

WHERE SERVICE IS NOT JUST A WORD, IT'S A WAY OF LIFE!

A CRITICAL UPDATE CONCERNING CONTROLLED SUBSTANCES:

The Drug Enforcement Agency (DEA) is enforcing a strict, new interpretation of the Control Substance Act (CSA). This impacts all skilled nursing facilities (SNF) and long term care pharmacies significantly.

Earlier this year, the DEA visited several skilled nursing facilities and long term care pharmacies in Michigan and Ohio; and then levied large monetary fines on the long term care pharmacies for not following the strict guidance of the Control Substance Act.

Here is what the DEA says:

1. The nurse at the skilled nursing facility **is not** an agent of the physician/prescriber.
 - *Therefore, when the nurse at the SNF either verbally or in writing communicates an order for any controlled drug to the pharmacy, **it is not a valid order until the pharmacy receives written or verbal information from the physician/prescriber or their agent directly.***
2. The physicians order sheet and telephone orders on the chart at the skilled nursing facility **are not**

valid prescriptions and can not be used by the pharmacy to fill an order for a controlled substance for a skilled nursing facility resident.

- ***The LTC pharmacy must contact the physician/prescriber and receive verbal (when appropriate) or written communication before they can deliver the medication.***

This update affects SNFs and their pharmacies in 3 specific areas:

1. How they process and receive orders for Schedule II (CII's) (examples include: morphine, fentanyl, oxycodone)
2. How they process and receive orders for Schedule III, IV, and V medications (examples include: clonazepam, lorazepam, codeine)
3. How SNFs and staff access medications from the Emergency Drug Kits containing controlled substances.

Above all else, the facility staff, pharmacy staff, physicians, nurse practitioners, and physician's assistants will need to establish strong lines of communication in order to assure that residents have



access to needed medications.

Senior Care Pharmacy is launching a large education campaign to educate all individuals on new procedures related to dispensing and delivering any controlled medication. You can contact your local Senior Care Pharmacy for more information and education. Also, see www.seniorcarepharmacy.net for more information.

See Page Three for More Information

JANUARY IS GLAUCOMA AWARENESS MONTH

What is Glaucoma?

Glaucoma is a disease that affects the optic nerve and involves loss of retinal ganglion cells in a characteristic pattern. There are many different sub-types of glaucoma but they can all be considered as a type of optic neuropathy. Untreated glaucoma leads to permanent damage of the optic nerve and resultant visual field loss, which can progress to blindness.

Glaucoma can be divided roughly into two main categories, “open angle” and “closed angle” glaucoma. Closed angle glaucoma

can appear suddenly and is often painful. Open angle, chronic glaucoma tends to progress more slowly and the patient may not notice that they have lost vision until the disease has progressed. Glaucoma has been nicknamed the “sneak thief of sight” because the loss of vision normally occurs gradually over a long period of time.

Risk factors for glaucoma include: high eye pressure, simply being over the age of 50, family history of glaucoma, and being African American or Hispanic heritage. Knowing if you are at risk for glaucoma is an important first step

in taking control of your eye health. Regular and complete eye exams are the best way to detect glaucoma. Only your doctor can diagnose and treat glaucoma. A good rule is to have complete eye exams every 2 to 4 years if you are under the age of 65, and every 1 to 2 years if you are over 65. Insurance coverage for eye exams varies from one plan to another. Medicare currently covers a yearly dilated eye exam for people at high risk for glaucoma. So, next time your at the eye doctor, make the most of your visit.

POSSIBLE DRUG INTERACTIONS WITH FOOD

Warfarin Interaction with Cranberry supplements:

Interactions with warfarin and cranberry juice have been reported. At least 12 case reports have been received by the British MHRA Committee on Safety of Medicines (CSM). The case reports suggest the effect of warfarin is enhanced by the ingestion of cranberry juice; the proposed mechanism is the inhibition of warfarin metabolism via the CYP2C9 pathway. Occasional consumption of small amounts of cranberry juice is not expected to cause an interaction; however, case reports indicate interactions may occur with regular consumption of as little as 24 ounces/day. No controlled data are available, and it is not clear if warfarin would interact with cranberry supplements (e.g., dried extracts); caution is advised until further data are available; the CSM recommends that patients limit or avoid cranberry juice intake, including cranberry capsules and concentrates, if on warfarin therapy.

NOW AVAILABLE FROM SENIOR CARE PHARMACY!

New Tool

Selected Controlled Medication List (II-V)

A page size, durable document, ready to be placed in the MAR book, at the nurses' station, and other locations. This special tool was created to help all staff identify all controlled medications and distinguish between CII's and other Controlled medications.

Call your pharmacy for your copies now!

CONGRATULATIONS to the winners of our annual Senior Care Pharmacy Customer Satisfaction Survey Drawing

Randy Alsup
Michelle Collins
Sandra Holbrook
Denise Jetton
Susan Moore
Charlene Payne

Vivian Readus
JoAnna Reisert
Waheeda Shairi
Julia Stafford
Sonny Ward
Brenda White

NEW CONTROL DRUG PROCEDURE

Now that the Physicians Order Sheet (POS) is no longer considered a valid order for the pharmacy to process a prescription for a controlled substance, please see these 3 specific guidelines:



1. Schedule II medications (CII's)

- ◆ The SNF will fax or phone information to the LTC pharmacy concerning the order
- ◆ The pharmacy will contact the physician/prescriber to obtain the official, approved, prescription by verbal approval, fax or hard copy
- ◆ In the event that the medication is needed immediately, the pharmacist may take an emergency order over the phone from the physician personally (not their agent) which is followed with in a short time frame with a written order.

2. Schedule III-V (CIII-V)

- ◆ The SNF will communicate the order by phone or fax to the pharmacy
- ◆ The pharmacy will then contact the physician/prescriber or their agent for the official prescription by phone, fax or verbal approval
- ◆ Orders for CIII-V, if approved are good for up to 6 months or 5 refills

3. Emergency Drug Kits (EDK)

- ◆ The pharmacy must have a valid, approved prescription order from the physician/prescriber **BEFORE the nurse can access the EDK** that contains controlled substances
- ◆ If the order is for a CII, follow the instructions in number (1) above
- ◆ If the order is for a CII-V, follow the instructions in number (2) above
- ◆ After the pharmacy receives the prescriber's appropriate approval, the pharmacy will call the nurse to let them know they can access the EDK

POTENTIAL LOOK ALIKE AND SOUND ALIKE DRUGS

hydromorphone injection vs. morphine injection
DILAUDID (hydromorphone) vs. **ASTRAMORPH,**
DURAMORPH, INFUMORPH (morphine)

These products are not interchangeable. Fatal errors have occurred when hydromorphone was confused with morphine. Confusion of the two medications has resulted in respiratory arrest due to the potency differences between these drugs.

SENIOR CARE
pharmacy

Employee Spotlight



Mike Napp, RPh
received the
"PRECEPTOR OF
EXCELLANCE AWARD" by
Auburn University
2008-2009

Debi Greek, RN, WCC
presented
*Knowledge is Power: Techniques
That Bring Fun, Action, and
Accountability to Staff Education*
at the 2009
Kansas Health Care
Association Convention

ASK A PHARMACIST

What are some key points to remember when administering eye drops?

1. Always remember to wash your hands before applying eye medication. You never want to touch the tip of the bottle with your hands, or allow it to touch the eye.
2. While looking up, pull the lower eyelid down and away from the eye as to form a pocket.
3. Place drop into the pocket and continue to hold eyelid for a moment.
4. If applying a different eye medication, wait 5-10 minutes.

If you would like to ask a pharmacist, please fax your question to 205-247-3399.

WORD SEARCH

A M O C U A L G M O N N T N H A M E R A I
 O W N M O N T H A M E U R O A H M N A M C
 M J A N U A R Y I C A T N I A T T R A E H
 O T Y R A U R B E F I R R T M N I O N R T
 N H E A E C A N O I S I V N E O R O T I N
 T R T H H N C E M O N T H E H M E H N C O
 H G L E T A E J A N U I C V C A C Y M A M
 U C V O N M A S A T N O M E R N N O O N L
 N A T I O N A L S S E N E R A W A N M U O
 S C A N M T H Y R O I D H P M T C T H N R

JANUARY

Glaucoma
Awareness
Month

Thyroid
Awareness
Month

FEBRUARY

American
Heart
Month

National
Cancer
Prevention
Month

MARCH

National
Nutrition
Month

Save
Your
Vision
Month

NEW DRUG UPDATE

Actoplus Met XR®

is made by Takeda, and is a once daily combination tablet containing Pioglitazone and Metformin extended release. It is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type II diabetes mellitus.

Onsolis®

is made by Biodelivery Sciences Intl, Inc., and is an opioid indicated only for the management of breakthrough pain in patients with cancer, 18 years of age and older, who are already receiving and tolerant to opioid therapy.

Invega Sustenna®

Is made by Johnson and Johnson, and is an atypical antipsychotic for the acute and maintenance treatment of schizophrenia in adults. This is a once monthly IM injection.

****Remember not all new drugs are covered by Medicare Part D Prescription Drug plans.****