



Care-Rx
HEALTH

DELIVERING PHARMACEUTICAL CARE SINCE 2008

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QUICK UPDATES

NEW HOURS OF OPERATION

Starting March 1st, Home Care-Rx will extend our hours:

- Monday thru Friday 7am-2am
- Saturday, Sunday, and Holidays 9am-11:30pm
- On-call services available 24/7

Please note that our compounding pharmacy remains closed on weekends.

MEDS ON NATIONAL SHORTAGE

Hospice-related drugs currently on backorder:

- Atropine 1% ophthalmic solution
- Haloperidol tablets (0.5 mg, 1 mg, 2 mg)
- Lidocaine 2% jelly
- Nystatin 100,000 U/mL oral suspension
- Scopolamine 1 mg/3 days transdermal patch

We do compound these drugs in order to provide our hospices with uninterrupted service, and our patients with continued care.

FDA APPROVES FIRST GENERIC OF ADVAIR DISKUS

The first generic of *Advair Diskus* has been approved by the U.S. FDA for the treatment of asthma, and for the maintenance treatment of airflow obstruction and reducing exacerbations in COPD patients. Mylan manufactures the generic in three different strengths: fluticasone/salmeterol 100 mcg/50 mcg, 250 mcg/50 mcg, and 500 mcg/50 mcg.

TEAM MEMBER SPOTLIGHT

WAEEL WASSEF

"Do not conform to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—his good, pleasing and perfect will." - Romans 12:2 NKJV

Hi! My name is Wael: "The one who seeks God", but I go by Will. It's just easier to pronounce. I was born and raised in Cairo, Egypt and after receiving my Pharmacist degree from German University, I moved to California. I worked as a cashier, a limo driver, and a constructor, while studying to get my pharmacist license. After working for a few of the top corporate retail/chain pharmacies, I joined Home Care-Rx. I have been working here for a little over a year now, and am currently the lead pharmacist. My everyday goal is to ensure that the best service is being provided to our patients. What I love most about what I do is the opportunity to learn something new every day; and at Home Care-Rx, we are fortunate to be mentored by Jason Tran, a hands-on owner who loves to share his vast knowledge and experience.

When not at work, I enjoy the time I get to spend with my wife and kids. If time and money were not an issue, we would be living on an island, sipping coconuts. Until my dreams come true, a walk on the beach with my family is all I need to rejuvenate. I am an adrenaline junkie; skydiving, bungee jumping, paragliding, fly boarding and cliff diving are some of the activities I have tried so far. But my bucket list is still far from done.

REBECCA MACE-HUMBLE

My name is Rebecca and I'm one of the Lead Technicians at Home Care-Rx. I've been working here for

2 years now, and I've learned so much in that time. My favorite things about working here includes my wonderful coworkers and having the opportunity to help people every day. As a lead technician, I keep a general watch over the day's activities, among other tasks. The most challenging part of my job is prioritizing and organizing the day since there is always so much to do.

I've lived in SoCal my whole life and received my B.S. in Biology from Chapman University. My greatest accomplishment in life has been getting to spend every day raising my two boys. On my days off, I love to spend time with friends and family. I especially love going to Disneyland with my kids, reading, and running.

My favorite book is *Dr. Zhivago* by Boris Pasternak, but I'm always on the lookout for other great novels to add to my collection. I don't have any hidden talents but I can play a lot of musical instruments, and I can sing and dance due to many years in musical theater as a child. In the future I would love travel more as well as go back to school and take as many classes as possible. I also hope to stay with Home Care-Rx, and continue to learn new things every day!

AB-2760: NALOXONE NOW REQUIRED WITH NARCOTIC OR OPIOID PRESCRIPTION

In September 2018, Assembly Bill No. 2760 was passed, requiring prescribers to offer a prescription for naloxone or another FDA-approved drug for the complete or partial reversal of opioids to patients presenting with certain conditions (as listed below), and also to educate on overdose prevention and the drugs used to treat overdose.

If one or more of the following conditions are present, a prescription for naloxone or another drug approved for the reversal of opioid depression shall be offered to the patient:

1. Prescription dose of an opioid \geq 90 morphine milligram equivalents a day.
2. Opioid prescribed with a benzodiazepine.
3. Patient has increased risk for overdose (i.e. history of overdose or substance use disorder, or patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant).

Prescriber also must educate one or more persons designated by the patient, or, for a patient who is a minor, to the minor's parent or guardian, on overdose prevention and the use of naloxone hydrochloride or a similar drug.

Table 1. American Heart Association's (AHA) recommendations for the management of opioid overdose

Drug	Dosage
Naloxone (IV, IM, SubQ) 0.4mg/mL single-dose vials \$20+/each	0.4-2 mg, may repeat every 2-3 minutes as needed
Evzio (IM, SubQ) \$4,106	0.4 mg or 2 mg (contents) of 1 auto-injector) as a single dose, may repeat every 2-3 minutes as needed
NARCAN (Intranasal) 1-dose \$68 2-doses \$131	4 mg (contents of 1 nasal spray) as a single dose in one nostril; may repeat every 2-3 minutes in alternating nostrils as needed

Naloxone is used for the treatment of a potential opioid emergency or overdose with signs of respiratory depression (breathing problems) and CNS depression (severe sleepiness or unresponsiveness). Preferred available routes of administration include IV, IM, SubQ, and intranasal. Though its onset of action is slightly delayed compared to IM or IV routes, NARCAN (naloxone) Nasal Spray may be the easiest, fastest, and safest to administer. All states have passed laws to increase access to naloxone, so now, patients can purchase the nasal spray directly from a pharmacy without a prescription from the doctor at all major pharmacy chains.

NARCAN Nasal Spray is supplied as a single 4 mg dose to be given at the onset of symptoms. Seek emergency medical help immediately after giving the first dose of NARCAN Nasal Spray, even if the person wakes up because symptoms may return. At Home Care-Rx, the price for 2-doses is \$131, and 1-dose is \$68. However, it is covered by most major insurance plans:

- 38% have a co-pay of \$0
- 76% have a co-pay of \$10 or less
- 80% have a co-pay of \$20 or less

Because hospice prescribers are not excluded, patients under hospice or palliative care and/or their caregivers should be offered naloxone or a similar drug; they must also be educated on said drugs and how to prevent opioid overdose.

FLUOROQUINOLONES: BENEFITS NO LONGER OUTWEIGH RISKS

Ciprofloxacin and levofloxacin are two very commonly prescribed antibiotics in hospice. They fall under the drug class called fluoroquinolones, which have been a popular choice to treat a variety of infections because they target a wide range of bacterial bugs.

However, increased fluoroquinolone use has resulted in higher rates of resistance as well as increased incidences of many severe adverse events.

In 2016, the U.S. FDA urged physicians not to prescribe fluoroquinolones for uncomplicated respiratory and urinary tract infections unless the patient has no other options as the benefits of therapy no longer outweigh the risks of potential disabling and permanent side effects to the tendons, muscles, joints, nerves, and central nervous system. More recently, in July 2018, the FDA warned healthcare professionals and patients about the increased risks for hypoglycemic coma (one that is caused by low blood sugar) and adverse psychiatric events associated with the use of these antibiotics.

Additionally, numerous studies have demonstrated the correlation and increased risk between fluoroquinolone use and *C.difficile*-associated-diarrhea (CDAD). Research has also shown a rise in fluoroquinolone-resistant pneumonia since ciprofloxacin and levofloxacin are oftentimes, unnecessarily prescribed for upper respiratory tract infections. Use of different classes of antibiotics has then been suggested in order to limit fluoroquinolone use and to minimize the risk of CDAD, fluoroquinolone resistance, and other complications.

Table 2. Alternative antibacterials recommended by the Infectious Diseases Society of America (IDSA)

Indication	Alternative Treatment(s)
CAP non-ICU, COPD exacerbation with pneumonia non-ICU	Azithromycin 500mg PO daily AND Ceftriaxone 2gm IM daily*
UTI, pyelonephritis	Augmentin (amoxicillin/clavulanate) OR Bactrim DS (sulfamethoxazole/trimethoprim) OR Macrobid (nitrofurantoin) OR Ceftriaxone 2gm IM daily*
Acute sinusitis	Amoxicillin/clavulanate 875mg/125mg PO BID* OR Ampicillin/sulbactam 3gm IV q6hours*
Acute bronchitis	Azithromycin 500mg PO daily
CAP ICU, COPD exacerbation with pneumonia ICU	Cefepime + azithromycin OR Zosyn + azithromycin

Abbrevs: CAP, community acquired pneumonia; ICU, intensive care unit; COPD, chronic obstructive pulmonary disease; UTI, urinary tract infection

*Patient specific microbiology history will be referenced to guide therapy

*Dosing may be adjusted based on patient specific parameters

In cases where no alternative to fluoroquinolone therapy is available, patients should be educated on how they can prepare for or lower their risks for serious adverse effects. Warn patients of potential tendon discomfort as well as mental and behavioral changes. Patients should

report any signs of sudden tendon inflammation or pain, and alarming CNS effects to a healthcare professional.

Patients should be made aware of the risk for blood sugar fluctuations and subsequently, be told that frequent monitoring is highly recommended—especially diabetic patients. Signs and symptoms of low blood sugar include anxiety, confusion, elevated heart rate, headache, and sweating; progression to seizures or coma is possible if not treated properly. It is suggested that diabetic and/or elderly patients have glucose tablets or gel, hard candy, or juice or soda on hand during fluoroquinolone therapy.

If serious adverse effects occur during fluoroquinolone therapy, the drug should be immediately discontinued, and an alternative agent should be initiated.

LUNCH & LEARN

Home Care-Rx's very own Clinical Coordinator and Pharmacist, Alex Velasco, travels to present nurses with educational tools such as:

- Home Care-Rx pharmacy operations
- PCA/CADD pump in-services
- Pain management bootcamp (methadone dosing, opioid conversions)

Please contact our pharmacy for more information

MEDICAL DISCLAIMER

The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read on this newsletter.

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We are open to any suggestions and feedback that you may have. Please email tnguyen@carerxhealth.com with topics you would like to read or learn about.