



KEEPING TABS

Absolute Pharmacy
is the prescription
for what ails you.

In each quarterly edition, you'll find the latest news about pharmacy, new medications, technology and more – all through the lens of what is pertinent to the long-term care (LTC) industry.

Absolute Pharmacy has been serving the LTC industry since 1994. We're a part of a dynamic circle of care that consists of rehabilitation, home health care services, hospice care and much more. We have a rich perspective, and we're thrilled to share what we've been learning from industry leaders, our employees and our customers – you!

We are confident you'll find the information useful. If you have a suggestion for a topic you'd like to learn about, let us know at maryjo.mcelyea@abshealth.com.

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Schedule II Medication Access and DEA Regulations

By Andrew Leggett, PharmD. Candidate 2018, NEOMED



Within the practice of pharmacy, long-term care and skilled nursing facilities hold a unique position. Due to the inability of the patients within these settings to visit traditional pharmacies, caregivers rely on the use of long-term care pharmacies to ensure their patients receive all necessary medications. The ambulatory restrictions of this patient population may require that prescribers e-prescribe, fax, or phone in prescriptions to ensure timely access. This has led to confusion surrounding the phoning in of certain medication and what the law allows. When it comes to phoned-in prescriptions, Schedule II controlled substances can be especially difficult, as many are unaware of the restrictions that they possess.

While Schedule II controlled substance prescriptions generally cannot be phoned in, the federal law makes an exception for emergency situations. Emergency supplies of Schedule II medications can be phoned in and dispensed provided that a number of requirements are met. The first of these requirements is that (1) the quantity prescribed and dispensed cannot exceed the amount that is sufficient to treat the patient during the emergency period. This should limit the supply being dispensed to only a few days in most instances. Second, (2) the verbal order must be immediately reduced to writing by the pharmacist and must contain all of the required information for a written Schedule II prescription, excluding the prescriber's signature. Third, (3) if the prescribing practitioner is not known to the pharmacist, a reasonable effort must be made to confirm that the verbal authorization came from a registered individual practitioner. Finally, (4) the prescribing practitioner must present a written prescription for the emergency supply to the dispensing pharmacy within seven days of authorizing the emergency supply. The written prescription can be delivered in person or mailed to the pharmacy but needs to contain the phrase "Authorization for Emergency Dispensing" written on the face.

Furthermore, the definition of what constitutes an emergency situation is laid out in the law. There are three criteria that need to be fulfilled for a situation to be deemed an emergency. An emergency situation is one in which the prescriber determines (1) that immediate administration of the Schedule II medication is required for the proper treatment of the intended user. The prescriber must determine that (2) no appropriate alternative treatment is available, including non-Schedule II options. The prescriber must determine that (3) it



is not reasonably possible to provide a written prescription to the dispensing person prior to the dispensing. All three criteria must be met in order to dispense an emergency supply.

As the popularity and use of long-term care pharmacy continues to grow, it is important that the proper procedures for prescribing and dispensing Schedule II medications are followed. While the ease and speed of calling in prescriptions make it a tempting option, clear guidelines are in place outlining when it can and cannot be done. It is the responsibility of all healthcare providers, prescribers and pharmacists alike to understand the restrictions that come with phoning in Schedule II prescriptions and to ensure that the practice is done properly.

At Absolute Pharmacy, we have noticed an increase in the frequency with which prescribers are attempting to phone in prescriptions for Schedule II medications. Please help us to educate prescribers and nurses about the proper and legal way of handling prescriptions for these medications.

Sources:

["Controlled Substances Listed in Schedule II: Requirements of prescription." 21 "CFR" 1306.11. 2010.](#)
["Definition of emergency situation." 21 "CFR" 290.10. 1975.](#)

Antipsychotic Medication Side Effects

By Becky Sommers, R.Ph., V.P. of Clinical Services

Encouraging words and strategies were given at OHCA's Nursing Conference by a panel of experienced nurses and Absolute Pharmacy's VP of Clinical Services Becky Sommers. Through a collaborated effort they each shared methods, stories and the positive outcomes they witnessed through the reduction of antipsychotic medications. Becky's focus was on the severity of antipsychotic medication side effects and is detailed in this article.

Traditional antipsychotics (*shown below, left*) generally have more severe side effects than newer atypical antipsychotics and lower potency, therefore requiring higher doses. Commonly used traditional antipsychotics include Haldol and Thorazine.

Atypical antipsychotics (*shown below, right*) have developed in the past 20 years and have significantly less serious and incidence of side effects as compared to traditional antipsychotics.

TRADITIONAL ANTIPSYCHOTICS (First Generation)

- Chlorpromazine (*Thorazine*)
- Fluphenazine (*Prolixin, Permitil*), Fluphenazine Decanoate
- Haloperidol (*Haldol*), Haloperidol Decanoate
- Loxapine (*Loxitane*)
- Mesoridazine Besylate (*Serentil*)
- Molindone (*Moban*)
- Perphenazine (*Trilafon*)
- Thioridazine (*Mellaril*)
- Thiothixene (*Navane*)
- Trifluoperazine (*Stelazine*)

ATYPICAL ANTIPSYCHOTICS (Second Generation)

- Aripiprazole (*Abilify, Abilify Discmelt*)
- Clozapine (*Clozaril, FazaClo*)
- Iloperidone (*Fanapt, Fanapt Titration Pack*)
- Olanzapine (*Zyprexa*)
- Paliperidone (*Invega*), Paliperidone Palmitate (*Invega Sustenna*)
- Quetiapine (*Seroquel, Seroquel XR*)
- Risperidone (*Risperdal, Risperdal Consta, Risperdal M-TAB*)
- Ziprasidone (*Geodon*)

Common Adverse Effects of Antipsychotic Agents

Here is a list of common adverse effects of antipsychotic agents, as well as further explanation and examples of each:

1 | Sedation and Cognition

Sedation occurs early in treatment course and may decrease over time. The agents most frequently implicated in causing sedation are:

- Chlorpromazine
- Thioridazine (*Mellaril*[®])
- Mesoridazine (*Serentil*[®])
- Clozapine (*Clozari*[®])
- Olanzapine (*Zyprexa*[®])
- Quetiapine (*Seroquel*[®])

2 | Extrapyramidal Symptoms (EPS)

It is estimated that 50% of patients between 60-80 years of age experience EPS.

- **Akathisia** – This is distressing to the patient and presents anxiety and agitation. The patient is anxious, uncomfortable, experiencing a restless body including leg movements. This is sometimes more uncomfortable than the psychosis.
- **Dystonia** – This happens suddenly and includes involuntary muscle stretching and neck and tongue movements. It is abnormal tonic contraction featuring prolonged tonic-clonic contractions.
- **Pseudoparkinsonism** – This happens slowly and includes a change in gait, walking, posture, less arm movement when walking, and facial masking.
- **Tardive Dyskinesia** – This could be permanent and is abnormal involuntary movement disorder. It is complete discomfort by virtue of involuntary movements of limbs, head, etc.

Comparator trials have revealed a lower incidence of EPS with atypical antipsychotics as compared with traditional. Olanzapine has a very low incidence of EPS at 10-20mg/day.

3 | Anticholinergic

- Constipation
- Dry mouth
- Blurred vision
 - Blurred vision can lead to falls especially if experiencing Parkinsonism-like symptoms
- Urinary retention
- Delirium

Please talk with your consultant pharmacist if you have questions and/or would like to further your facility's antipsychotic reduction initiatives.

4 | Cardiovascular

- ECG changes = tachycardia
- Orthostatic hypotension

Antipsychotics most likely to cause ECG changes are Thioridazine and the atypicals Clozapine and Ziprasidone.

5 | Metabolic Effects

- Weight gain
- Olanzapine and Clozapine cause more weight gain than other atypicals
 - >7% increase of baseline weight in 40% or more of patients
- Diabetes
- Lipid abnormalities
- Elevation in serum triglycerides

Elevations in serum triglycerides (TGs) and cholesterol have been reported with at least some of the atypical antipsychotic agents.

There is a reported lower risk for change in serum lipid or cholesterol levels with Risperidone, Ziprasidone (*Geodon*), and Aripiprazole.

The risk for the development of metabolic syndrome (examples: syndrome X: elevation in glucose, TGs, weight/abdominal circumference, blood pressure, low HDL) and diabetes associated with the atypical antipsychotic agents warrants a general health screening and monitoring. If abnormalities occur in patients treated with these agents, then intervention should be prompt.

6 | Prolactin

- Galactorrhea in women
- Gynecomastia in men
- Amenorrhea or oligomenorrhea
- Sexual dysfunction
- Acne or hirsutism
- Loss of bone mineral density

Finally, additional side effects and adverse reactions include the following:

- Seizures – traditional or typical antipsychotics lowers seizure threshold
- Thermoregulatory problems – rare but life threatening – Haldol can cause hyperthermia
- Neuroleptic malignant syndrome – seen in overdoses
- Ophthalmologic effects

Absolute Insights

Absolute Pharmacy General Information

Guidelines for contacting the pharmacy.

REFILLS:

Fax before 2:00 p.m. to receive the same day.
If a refill is needed after 2:00 p.m., please call in your request to **(800) 858-7393**.

NEW ORDERS:

Fax before 8:00 p.m. to receive the same day.

NEW ADMISSIONS:

Fax the admission order or the transfer sheet OR call the order in to the pharmacist at (800) 858-7393 before 8:00 p.m. (6:00 p.m. on Saturdays) in order to receive the medications the same day.

ORDERING AFTER HOURS:

The following items will be processed for delivery on the following business day:

- **Refills** faxed after 2:00 p.m.
- **New Orders** faxed after 8:00 p.m.
- **Admissions** received after 8:00 p.m. (6:00 p.m. on Saturdays)

EMERGENCY NEEDS AFTER HOURS:

Please call the pharmacy answering service at our main number: **(800) 858-7393**, and provide the following information:

- Facility name
- Wing name or number
- Name of the person making the call
- Nature of the emergency



Fax: 1-800-858-7394
Phone: 1-800-858-7393
Office Hours: Monday-Friday
8:00 a.m. - 9:00 p.m.
Saturday
8:00 a.m. - 6:00 p.m.
Sunday and Holidays
Closed

Intravenous Therapy for the Licensed Practical Nurse Certification Course Offered

Our North Canton location will hold an Intravenous Therapy for the Licensed Practical Nurse Certification Course on March 29, 30 and April 5, 6, 12, and 13 from 8:00 a.m. to 4:30 p.m. each day. The cost of \$485 is for 48 contact hours and includes course materials, textbook and the Ohio Board of Nursing Certification application fee. Interested nurses should contact Mary Jo McElyea via email at maryjo.mceleyea@abshealth.com for a registration form by March 17.

The minimum enrollment needed to hold the course is eight. If the class is canceled due to low enrollment, tuition will be refunded in full. Financial aid is not available for this course. The North Canton location is in the Hoover building at 339 East Maple Street, Suite 100.



Date of Birth Patient Identifier

By Theresa Cunningham, Customer Service

Following the recommendations of the Institutes for Safe Medication Practices (ISMP) and other safety-conscious organizations, Absolute Pharmacy requires that the resident's date of birth be written on all new orders and given during verbal communication to the pharmacist as a secondary patient identifier.

Patient verification using two identifiers (the resident's name and date of birth) has been shown to decrease quality-related events because it is a double check during the order entry process. The patient's date of birth is a searchable value within our order entry system and will be utilized when completing orders to verify that the correct patient is selected.

Absolute Pharmacy must receive the patient's date of birth on all new orders.

If the date of birth is not given, Absolute Pharmacy will call/fax the facility to receive the information. In order to decrease calls, please inform all nurses of the importance of including the patient's date of birth on telephone orders, controlled medication orders and electronic transmission orders.

TAKE OUR SURVEY!

Absolute Pharmacy appreciates your business. We value your input and feedback and are always looking for ways we can improve. Please take this brief survey and we will use the information to continue providing the services you like and identify areas for improvement. Thank you for your time.

www.abshealth.com/absurvey



— You're Invited! — CUSTOMER APPRECIATION

Hoover Campus, Suite 100 • 11:30 a.m.



HOT TOPICS FOR TODAY'S ADMINISTRATORS

To express our appreciation for your business, we formally invite you to attend the Absolute Customer Appreciation Event. Please join us on Thursday, March 9 for complimentary lunch and presentations on hot topics related to our profession.

Please RSVP to Mary Jo McElyea via email at maryjo.mclyea@abshealth.com.

11:30-12:30

Complimentary Buffet-style Luncheon

12:30-1:00

Federal Updates

Mark Parkinson, President/CEO AHCA

1:00-1:30

Ohio State Budget Updates

Neil Clark, Grant Street Consultants

1:30-2:30

ROP and Survey Updates

Carol Rolf, Senior Partner,

Rolf Goffman Martin Lang LLP

2:30-3:30

Innovative Payment Models and Other Updates

John Fleischer, President/CEO

Howard Wershbaile & Co.

3:30-3:45

Customer Specific Data

Hosted by Absolute

399 E. Maple Street

North Canton, Ohio 44720



Absolute Insights



Q: How long have you worked for Absolute Pharmacy?

A: 5 years

Q: What do you do for Absolute Pharmacy?

A: Pharmacy Quality - Shift Lead

Q: What do you absolutely love about working for Absolute Pharmacy?

A: Coworkers, especially Ashley and Maria (Pepe and Barkley)

Q: What's your favorite song?

A: Right now it is 'When the Fight Calls (Live)' by Hillsong Young & Free

Put a Face to a Name: Brandon Robinson

Q: What chore do you absolutely hate doing?

A: Detailing cars

Q: What do you enjoy doing the most?

A: Lifting weights, running

Q: If you could be any fictional character, who would you choose?

A: James Bond

Q: If you could choose anyone, who would you pick as your mentor?

A: Jesus

Q: As a child, what did you want to be when you grew up?

A: A chef

Q: If you could take a vacation anywhere in the world, where would it be?

A: An Alaskan cruise

UPCOMING EVENTS

OALA REGIONAL RULE TRAINING

March 6

Independence, OH – *See our table.*

ABSOLUTE PHARMACY & REHAB CUSTOMER APPRECIATION EVENT

March 9

North Canton, OH

INTRAVENOUS THERAPY FOR THE LICENSED PRACTICAL NURSE CERTIFICATION COURSE

March 29-30, April 5-6, 12-13

North Canton, OH – *See page 6 for registration details.*

OHCA Annual Convention

May 2-4

Columbus, OH – *See us at Booth 324.*

Speakers from Absolute Pharmacy

