BRANCHING OUT

April 2025

ISSUE 18
Quarterly Newsletter

Highlights

What we've been doing…

Saturday, April 26th 10am – 2pm, Green Tree is partnering with Woodford County Sheriff's Department for DEA Drug Take Back Day

Rumor vs. Truth…

***Rumor…** Transdermal patches can be cut prior to application*

***Truth…** Most patches should not be cut. Fentanyl patches deliver exact dosing, cutting may cause the drug to release too fast, which can lead to an overdose or death.*

Updates:

CMS has revised Long-Term Care (LTC) surveyor guidance which include admission, chemicals restraints, psychotropic medications, resident assessments, and other topics. These revisions went into effect March 24, 2025.

Please visit www.cms.gov for more information!

Suggestions/Comments…

We'd love to hear how we are doing and are always open to your feedback to improve our services. Please call 1-800-913-8174 or visit our website greentreepharm.com and click "contact us" to submit the request / comment.

News from Our Pharmacy Operations Team

Gemtesa (Vibegron) Receives New FDA Indication for Treatment of Men with Overactive Bladder (OAB) Symptoms Receiving Treatment for BPH:

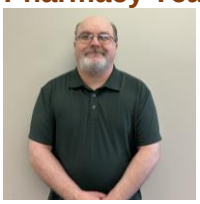
Up to 75% of men in the U.S. living with BPH have clinical symptoms of OAB. ~80% of OAB cases in men may go undiagnosed.

Gemtesa was previously approved for OAB with symptoms of urge urinary incontinence, urgency, and urinary frequency in adults. The FDA expanded Gemtesa's indication December 2024 to include OAB symptoms in adult males on medication for BPH.

The approval was based on results from a 24 week phase 3 study of Gemtesa vs placebo in ~1100 men with BPH. All coprimary end points at week 12 were met, with significant reductions from baseline seen in the average number of micturition episodes per day and in the average number of daily urgency episodes. An additional endpoint showed a reduction in instances of urge urinary incontinence eppisodes per day at 12 weeks.

Gemtesa may be crushed and mixed with a tablespoonful of applesauce.

Pharmacy Team Spotlight:



Ryan joined our Green Tree Pharmacy team in November of 2024 with over 25 years of pharmacy experience. As our Administrative Assistant, he shows his "Happy to Oblige" by being a team player and always willing to help others no matter what department. Aside from his daily duties, Ryan also coordinates with our drivers, assists with packaging medications on the floor, and helps tote medications at the end of the day, when needed. Ryan's work ethic is exemplary as he regularly seeks out things to do and ways to help co-workers without hesitation. We are glad to have him as part of our Green Tree Pharmacy team.

Operations Tips and Tricks

Be sure to communicate with pharmacy when medications from the convenience boxes have been used to ensure timely replenishment and eliminate the need for utilizing a back-up pharmacy due to stock-outs.

Health Awareness Months:

April: Parkinson's Awareness Month

May: Mental Health Awareness Month

June: Alzheimer's & Brain Awareness Month
PTSD Awareness Month

Clinical Acorns and Guidelines

Regulatory Update/ Review

CMS Star Ratings Measures for 2025:

Concurrent Use of Opioids and Benzodiazepines. The concurrent usage of these classes of medications significantly increases the risk of respiratory depression & fatal overdoses.

Multiple Anticholinergic Medications in Older Adults. This can lead to cognitive decline

Kidney Health for patients with Diabetes. Measures the percentage of adults ages 18-85 with diabetes (type 1 and type 2) who received a kidney health evaluation, including estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR).

F tag updates:

January 2025, F758 (free from unnecessary psychotropic meds/PRN use) has been removed. Regulations and guidance from this section have been incorporated under F605 (free from chemical restraint).

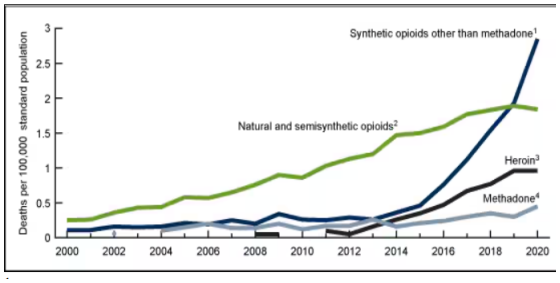
The facility must ensure that the resident is free from chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms.

A medication used for chemical restraint purposes may cause excess sedation, withdrawal, loss of autonomy, confusion, cognitive decline, depression, weight loss, as well as a decline in physical functioning.

Clinical Focus: Pain & Opioid Overdose

Between 2000 and 2020, age-adjusted rates of drug overdose deaths for adults aged 65 and older increased from 2.4 deaths per 100,000 standard population to 8.8.

Figure 4. Age-adjusted rate of drug overdose deaths involving opioids for adults aged 65 and over, by type of opioid: United States, 2000–2020



The age-adjusted rate of drug overdose deaths involving synthetic opioids other than methadone (including fentanyl, tramadol) for adults aged 65 and over increased by 53% between 2019 (1.9) and 2020 (2.9).

When diagnosis and severity of acute pain warrant the use of opioids, clinicians should prescribe immediate release opioids at the lowest effective dose and for no longer than the expected duration of pain severe enough to require opioids.

All residents with opioid orders should be assessed for risk of overdose or serious opioid-induced respiratory depression. Naloxone should be considered in those taking high opioid doses (50 mg or more of oral morphine or its equivalent daily), concurrently taking benzodiazepines, history of opioid dependence/misuse.

Tools to calculate daily morphine equivalents can be found at: https://www.mdcalc.com/calc/10170/morphine-milligram-equivalents-mme-calculator

https://stacks.cdc.gov/view/cdc/38481

Naloxone only works for an opioid overdose (morphine, fentanyl, oxycontin, combination products with opioids, methadone, heroin) and does NOT work for non-opioid depressants (alcohol, benzodiazepines). If you are unsure what a person has taken, naloxone will NOT harm them.

Stay in Compliance!

Tag F757 (Unnecessary medications)- example includes a resident who no longer complains of pain, but is still receiving a scheduled pain medication (indicating lack of monitoring).

Anticholinergic Burden:

According to the CDC,1 in 4 older adults (65 years and older) fall each year and falls are the leading cause of injury deaths for this population.

Medication management can reduce interactions and side effects that may lead to falls. Drugs with anticholinergic activity increase the risk of adverse effects (delirium, cognitive impairment, dry mouth, constipation, falls), especially in the elderly. Research also indicates that there is a dose-dependent association between long term use of anticholinergics and the risk of developing dementia.

Common high anticholinergic medication includes:

Antidepressants: amitriptyline, doxepin, imipramine, nortriptyline, paroxetine

Antipsychotics: chlorpromazine, clozapine, olanzapine, quetiapine

First Generation Antihistamines: diphenhydramine, doxylamine, chlorpheniramine

Urinary incontinence: darifenacin, fesoterodine, oxybutynin, solifenacin, tolterodine, trospium

Reducing anticholinergic burden through deprescribing may help prevent or slow cognitive decline. Your consultant pharmacist may recommend a gradual reduction, deprescribing or alternative medication. An anticholinergic burden score calculator is available at https://www.acbcalc.com/

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