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CDC Advisers Recommend Elderly Receive Both Prevnar and Pneumovax Pneumococcal Vaccines

All adults 65 years of age or older should receive the 13-valent pneumococcal conjugate vaccine (PCV13 - Prevnar) in series with the 23-valent pneumococcal polysaccharide vaccine (PPSV23 - Pneumovax), the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) has decided. The recommended interval between administration of the vaccines depends on the person's vaccine history and is presented in Morbidity and Mortality Weekly Report (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a4.htm).

What was the previous recommendation?

In 2010, ACIP approved recommendations that all persons should be vaccinated with 23-valent pneumococcal polysaccharide vaccine (PPSV23) at age 65 years. In 2012, ACIP made recommendations for use of 13-valent pneumococcal conjugate vaccine (PCV13) and PPSV23 for adults aged ≥19 years with immunocompromising conditions.

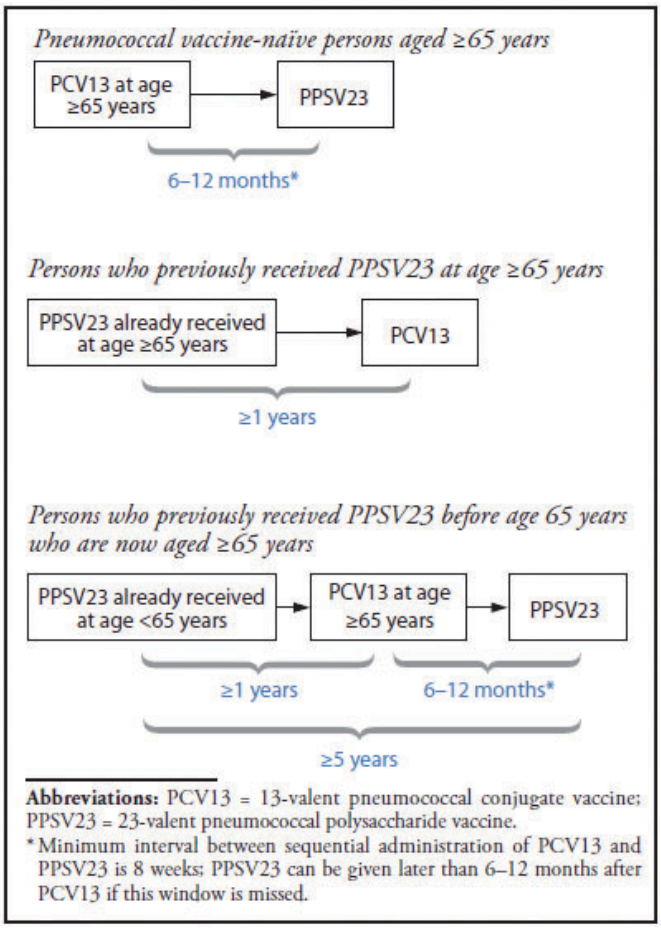
Why are the recommendations being modified now?

PCV13 was approved by the Food and Drug Administration in late 2011 for use among adults aged ≥50 years. In June 2014, the results of a randomized placebo-controlled trial showing efficacy of PCV13 against community-acquired pneumonia among approximately 85,000 adults aged ≥65 years became available and were presented to ACIP. The evidence supporting PCV13 vaccination of adults was evaluated using the Grading of Recommendations, Assessment, Development, and Evaluation famework and determined to be type 2 (moderate level of evidence); the recommendation was designated as a Category A recommendation, meaning the recommendation applies to all persons in an age- or risk-factor-based group.

What are the new recommendations?

Both PCV13 and PPSV23 should be routinely administered in series to all adults aged ≥65 years. The recommendations for routine PCV13 use among adults aged ≥65 years will be reevaluated in 2018 and revised as needed. ACIP recommendations for routine use of PCV13 in adults aged ≥19 years with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid leak, or cochlear implants remain unchanged.

Sequential administration and recommended intervals for PCV13 and PPSV23 for adults aged ≥65 years — Advisory Committee on Immunization Practices



Abbreviations: PCV13 = 13-valent pneumococcal conjugate vaccine; PPSV23 = 23-valent pneumococcal polysaccharide vaccine.

*Minimum interval between sequential administration of PCV13 and PPSV23 is 8 weeks; PPSV23 can be given later than 6–12 months after PCV13 if this window is missed.

Contents

3,100 patients notified of pen reuse.

NurseAdviseERR July 2014

Another hospital has issued notification letters to several thousand patients who received insulin doses that might have come from an insulin pen used for multiple patients. The letter recommended that effected patients be tested for hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) as a precautionary measure (www.ismp.org/sc?id=366). There have been multiple incidents around the US where the possibility of insulin pen reuse involved 1,000 or more patients. There is strong evidence that retrograde travel of blood carrying hemoglobin, red blood cells, and squamous cells into the pen cartridge occurs after injection. Remind practitioners and staff that pen devices should not be used on more than one person even if the needle is changed.

Everyone Needs a Flu Vaccine... ...Every Flu Season

cdc.gov

Flu viruses are constantly changing, and different flu viruses circulate and cause illness each season. Flu vaccines are made each year to protect against the flu viruses that research indicates will be most common. This is why everyone needs a flu vaccine every season.

While everyone 6 months and older should get a flu vaccine this season with rare exception, it's especially important for some people to get vaccinated.

Those people include the following:

- People who are at high risk of developing serious complications (like pneumonia) if they get sick with the flu.
  - People who have certain medical conditions including asthma, diabetes, and chronic lung disease.
  - Pregnant women.
  - People younger than 5 years (and especially those younger than 2), and people 65 years and older.
  - A complete list is available at http://www.cdc.gov/flu/about/disease/high_risk.htm
- People who live with or care for others who are at high risk of developing serious complications.
  - Household contacts and caregivers of people with certain medical conditions including asthma, diabetes, and chronic lung disease.
  - Household contacts and caregivers of infants younger than 6 months old.
  - Health care personnel.

NeutroPhase® Skin and Wound Cleanser

NeutroPhase® Skin and Wound Cleanser is a proprietary, FDA cleared, 510(k) broadspectrum skin and wound cleanser consisting of pure hypochlorous acid (HOCl) in saline.. In-vitro studies have shown NeutroPhase disrupts bacterial biofilms and eliminates 99.99% of pathogens.

Before NeutroPhase, short shelf life and impure formulations prevented HOCl from being widely used. NeutroPhase is the only product available that contains pure, 24-month shelf-stable HOCl in solution (two weeks after spiked). A total game-changer in wound care, its ground-breaking formula is the result of a highly controlled pharmacological compounding process that does not contain cytotoxic sodium hypochlorite (bleach).

NeutroPhase in-vitro testing shows:

- Complete neutralization of bacterial toxins
- Penetration & disruption of biofilms
- Bacterial resistance is not promoted
- Healthy living human cells remain unharmed.

Hypergel Water Based Wound Dressing

Hypergel Water Based Wound Dressing effectively debrides dry necrosis to a good environment for natural wound healing.

Hypergel is intended for softening and removal of both dry and moist necrotic tissue (eschar).

Apply Hypergel (dime thickness) to the dry necrotic tissue but not on the surrounding healthy skin. The high concentration sodium chloride gel creates a hypertonic environment that effectively hydrates and facilitates natural debridement of necrotic tissue. The environment for healing is optimized when necrotic tissue is removed.

Hypergel is made of a 20% sodium chloride solution in gel form. It contains sodium chloride, water and xanthan gum. Hypergel contains no preservatives.

Hypergel Water Based Wound Dressing Features:

- Effectively debrides dry necrosis
- Intended for softening and removal of both dry and moist necrotic tissue
- Made of a 20% sodium chloride solution in gel form

Contact Shelly Frisch at 877.228.8278 ext 179 for more information on these items and other wound-care products.

Hydrocodone Products Moving to Schedule II

The Drug Enforcement Administration (DEA) has issued a final rule imposing stricter regulatory controls and sanctions on individuals who handle hydrocodone combination products (drugs that contain hydrocodone and specified amounts of other substances). Effective October 6, 2014, the rule moves hydrocodone combination products from Schedule III to Schedule II. Single ingredient hydrocodone products are already Schedule II medications.

The Controlled Substances Act places substances with accepted medical uses into one of four schedules, II, III, IV, or V; Schedule II is for substances with the highest potential for harm and abuse. According to an analysis by HHS and the DEA, hydrocodone combination products have a high potential for abuse, which may lead to severe psychological or physical dependence. A Food and Drug Administration advisory committee also recommended the schedule change last year.

As of October 6th, all orders for hydrocodone products must meet the requirements of a Schedule II controlled substance prescription, including the specific quantity prescribed, prescriber DEA number and manual signature of the prescriber.

Electronic prescriptions for controlled substances are permissible, provided that the e-Prescribing software is certified as meeting DEA requirements. At present, only 30 e-Prescribing software packages meet this requirement.

Nuedexta-Neulasta mix-ups

NurseAdviseERR July 2014

When someone suddenly bursts out crying or laughing for no apparent reason, it may be due to a neurologic condition called pseudobulbar affect disorder. It is associated with certain neurologic conditions such as Alzheimer's disease or other dementias, stroke, traumatic brain injury, Parkinson's disease, multiple sclerosis (MS), or amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease). There is a US Food and Drug Administration (FDA) approved drug to treat this condition, a combination of dextromethorphan and quiNIDine, called NUEDEXTA.

The Institute For Safe Medicaiton Practices recently received information about the potential mix-up between Nuedexta and the colony stimulating factor drug, NEULASTA (pegfilgrastim). Neulasta is indicated to help de- crease the incidence of infection in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia. It is administered subcutaneously. Nuedexta, on the other hand, is an oral medication. The differing routes of administration should help to distinguish them from each other. However, the report indicated that an information technology pharmacist confused the two products and misspelled one of the drugs as "Nuedasta." These drug names do look very similar and could easily be misread or documented incorrectly, so keep an eye on them.

Below is an abbreviated list of Schedule II medications for your reference:

Actiq	Hydrocodone/Acetaminophen	Nucynta
Adderall	Hydrocodone/Homatropine	Nucynta ER
Adderall XL	Hydromorphone	Opana
Amphetamine Salt Combo	Hydromorphone HCl	Opana ER
Amphetamine/Dextroamphetamine	Kadian	Oxycodone ER
Avinza	Lisdexamfetamine	Oxycodone HCl
B & O Suppositories	Meperidine HCl	Oxycodone/Acetaminophen
Belladonna & Opium	Methadone HCl	Oxycodone/Ibuprophen
Codeine Sulfate	Hydromorphone	MS IR
Concerta	Hydromorphone HCl	Oxycontin
Demerol	Methadone HCL Intensol	Oxymorphone ER
Dexedrine	Methylin	Oxymorphone Hydrochloride
Dextroamphetamine Sulfate	Methylphenidate HCl	Percoset
Dilaudid	Methylphenidate HCl ER	Ritalin
Dolophine	Morphine Sulfate	Ritalin LA
Duragesic	Morphine Sulfate ER	Roxanol
Exalgo	MS Contin	Roxicet
Fentanyl	Hydromorphone	Roxicodone
Fentanyl Citrate	Hydromorphone HCl	Sublimaze
Fentora	Kadian	Tapentadol
Hydrocodone Bitartrate	Lisdexamfetamine	Tapentadol ER
Hydrocodone Polistirex	Meperidine HCl	Tylox
	MS IR	Vyvanse

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LeadingAge™ Ohio

The Advocate of Not-For-Profit Services For Older Ohioans

OHCA / OCAL / OCDD CHAMPION Partners Club Member

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Fax: 800.208.6809

ICP Southern Region: 866.544.5433
Fax: 513.573.9628

PA Pharmacy: 888.203.8965
Fax: 888.431.4924

OBN on LPN IV Role

The Ohio Board of Nursing met on September 18, 2014 to hear the public's questions and concerns related to the LPN role in IV Therapy/Central Venous Access Devices. The feedback was well received and the Board will review in November at the formal meeting for the 5 year rule review on LPN IV therapy.

So…keep your eyes open for another "draft" which will be voted on at the next meeting. We are excited to hear the final word from the OBN.

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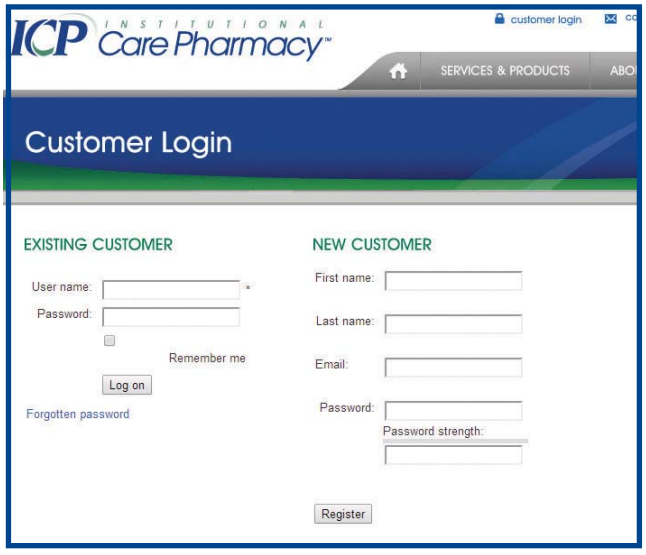
ICP Clients: If you haven't registered for access to the client pages on the ICP website you're missing out on some really great, quick-access to things like the most current policy manuals, recent memos, drug recalls and notice of shortages.



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