Meet our New Pharmacy Residents!

We welcome our six new pharmacy residents for the 2020-2021 year. These residents have each graduated from an accredited Pharmacy school and are licensed to practice pharmacy in Pennsylvania. They will spend one year in various pharmacy practice settings at our institution, including the Anticoagulation Clinic.

When coming to the clinic, please welcome these new faces. The residents will staff our 30 Hope Drive Fingerstick Clinic.

Pictured (l-r): Andrej Quatrone, University of the Sciences in Philadelphia; Jenny Shi, Temple University; Karen Huang, University of Maryland; Ashwini Navathe, Rutgers University; Ann Sam, Temple University; Chris Baladad, Keck Graduate Institute School of Pharmacy in California

**FLU VACCINE: MORE IMPORTANT THAN EVER THIS YEAR**

The flu season is arriving with COVID-19 still circulating in our community. The prospect of having two respiratory viruses going around is worrisome because it may overburden our healthcare system. COVID-19 and the flu have very similar symptoms such as fever, cough, sore throat, muscle aches, and fatigue, which make it difficult for healthcare providers to distinguish between them without testing. This is a big concern because if we are not able to distinguish between COVID-19 and flu, patients must follow more stringent (COVID-19) guidelines and self-isolate for 14 days and quarantine from close contacts.

Fortunately, we can vaccinate against the influenza virus and protect ourselves. Flu vaccines are typically very effective. According to the Centers for Disease Control and Prevention’s (CDC’s) vaccination effectiveness report for 2019-2020 flu season, vaccination was 39% effective for influenza A and B viruses. There is no change in CDC’s recommendation on timing of vaccination this flu season. Because of the likelihood of reduced protection against influenza later in the season, the best months to get vaccinated are September and October; however, as long as flu viruses are circulating, vaccination should continue, even into early spring.

If you are in need of a flu vaccine, please call our office and we will be happy to schedule you to come in and see one of our pharmacists. If you are a POC patient, we will make every effort to combine your appointments.
GOULASH SOUP

8 servings, 4mcg Vitamin K per serving

INGREDIENTS

2 T   Olive oil
1 t   Garlic cloves, minced
1/2 C Onion, sliced
1/4 t Ground black pepper
1 lb  Sirloin of Round Steak, lean, cubed
3 3/4 C Beef broth **If you use salt-free, sodium content will be reduced**
3 C   Tomato juice
1 t   Paprika
1/2 C Green bell pepper, sliced
8 oz  Noodles, uncooked, extra wide

DIRECTIONS

In a large kettle or Dutch oven, heat the oil. Add meat, onion, garlic and ground pepper. Cook and stir until meat is browned.

Add beef broth, tomato juice and paprika. Cover and simmer for 20-30 minutes, until meat is tender. Bring mixture to a boil. Stir in bell peppers and noodles.

Cook on a low boil (high simmer) for 10 minutes, until noodles are tender.

HEY GOOD LOOKIN’, WHATCHA GOT COOKIN’?

How has the pandemic shaped your cooking? Have you used your old standbys? Or have you ventured to try some new recipes? We know you have some great recipes that we hope you will share!!

We are creating a cookbook of recipes by our patients and staff. All recipes are welcome and we are still accepting them. Don’t miss the deadline to be included in our cookbook! Submit recipes by February 1, 2021 to BethAnn Shields at bshields@pennstatehealth.psu.edu. You may also bring recipes along to your fingerstick appointment. Finally, you may mail your recipes to Anticoagulation Clinic, Attention BethAnn Shields, PO Box 859, MC EC79, Hershey, PA 17033.

Share away… all proceeds from the cookbook sales will go towards a local food bank.
Big News!

Earlier this year, Bristol-Myers Squibb announced that the manufacturing, sale, and distribution of all strengths of brand Coumadin® tablets will be discontinued in the United States, Canada, Latin America, and Saudi Arabia, due to an unexpected manufacturing issue that could not be resolved expeditiously. Coumadin® discontinuation began on June 1, 2020, and full discontinuation of all strengths was expected by August 31, 2020.

What am I supposed to take now?

Fear not! The generic version of Coumadin®, called Warfarin, and the alternative brand created by UPSHER-SMITH, called Jantoven®, are still available for use. For consistency, Penn State Hershey decided that Jantoven® be utilized at all of its pharmacies going forward.

- All Penn State Health Anticoagulation Clinic patients currently utilizing a Penn State Health retail pharmacy for their Coumadin® prescriptions have already been [or will be] automatically transitioned to Jantoven®. The details of this change were mailed to you in a letter earlier this year.

- Patients on Coumadin® utilizing a pharmacy outside of Penn State Hershey will be changed over to either generic warfarin or Jantoven® by their pharmacy. Please note that EITHER of these options are fine for you to use. Your pharmacy will determine the product.

- Finally, patients that were already receiving warfarin or Jantoven® from a pharmacy outside of Penn State Health may continue on the same product. There is no need to switch.

What changes should I be expecting if I am switched from Coumadin® to Jantoven®?

Nothing much really! Coumadin® and Jantoven® are considered interchangeable. Jantoven® will thin your blood as well as Coumadin®. Jantoven® tablet strengths and their associated colors are the same as Coumadin®, too! And, the shapes of the two are identical as well (they are round).

The only differences are the imprints on the tablets: Coumadin® tablets have the word “Coumadin” and the milligram strength inscribed on the tablet. Jantoven®, however, has the letters “WRF” and the milligram strength imprinted together on one side, and the number “832” imprinted on the other side.

Will Coumadin Clinic now be called Jantoven Clinic?

At this time, there are no plans on changing the name of the clinic. Yay! Coumadin Clinic will remain as Coumadin Clinic (“Jantoven Clinic” just doesn’t have the same ring as “Coumadin Clinic”). We are also referred to as the “Anticoagulation Clinic” or “ACC.”
OCTOBER IS NATIONAL HEALTHY LUNG MONTH

October is National Healthy Lung month, a month that can cause problems for many people. These problems can come from pollens and mold that are so rampant this time of year. These include, but are not limited, to ragweed, nettle, mugwort, fat hen and sorrel, to which many people are allergic.

These pollens may cause unpleasant symptoms such as sneezing, sniffing, nasal congestion, runny nose, sleep disruption, red and/or puffy/itchy and/or dry or watery eyes, itchy throat, cough, sore throat and even hives. Persons that are severely allergic to pollens may experience chronic sinus problems (sinusitis) and even asthma attacks.

Mold is another problem in the fall due to colder temperatures and wetter conditions. To help lower your risk of suffering mold allergies you can use a room de-humidifier inside the house. If you must go outside or perform yard work you can wear a face mask and if you see visible mold clean it with a diluted bleach solution to kill the mold.

We take our lungs for granted except when we can’t breathe. It is important to protect our lungs from neglect, disease, mold, pollution, and smoking. If we take good care of our lungs, our lungs will be able to take care of us.

Did you know that during a normal day, we breathe nearly 25,000 times? The inhaled air is mostly oxygen and nitrogen, BUT there are also pollutants in the atmosphere: tobacco smoke, automobile exhaust, cleaning products, industrial byproducts, and more.

Your entire being depends on your lungs to keep breathing and distributing oxygen-rich blood throughout your body and to get rid of the body’s gaseous waste, carbon dioxide. Our bodies have a natural defense system that protects the lungs, keeping dirt, germs and other irritants at bay, BUT there are some important things you can do on a regular basis to keep your lungs healthy and reduce the risk of disease.

DON’T SMOKE OR VAPE

This is a no-brainer! It is known that cigarette smoking is the major cause of chronic obstructive pulmonary disease (COPD). This can lead to chronic bronchitis, emphysema, cardiopulmonary disease, stroke, vasoconstriction (constricted/narrowed blood vessels), which can also lead to high blood pressure, heart attack, stroke, DVT (deep vein thrombosis or blood clot), pulmonary embolism, as well as cancer of the lungs, mouth, and throat.

Cigarette smoke narrows the air passages and makes breathing difficult. It causes chronic inflammation and can lead to chronic bronchitis. Over time, cigarette smoke destroys lung tissue and can trigger changes that grow into cancer. If you smoke, it is NEVER too late to benefit from quitting. Electronic cigarettes (e-cigarettes), sometimes called JUULs, “vapes” or “vape pens”, have been available in the US since 2007.

AVOID EXPOSURE TO INDOOR AND OUTDOOR POLLUTANTS

Secondhand smoke, chemicals in the home or at work, and radon can all cause or worsen lung disease. Make your home, office, and car smoke free. Test your home for radon.

Avoid exercising outdoors when air quality is low. Stay away from outdoor pollution as much as possible and also reduce prolonged exposure. Experts agree that walking a mere one block away from a busy street can help minimize your exposure to harmful pollutants.

PREVENT INFECTION

COVID 19 pandemic has taught us all of these:

- Wash your hands often with soap and water.
- Avoid crowds during the cold and flu season.
- Practice good oral hygiene to protect you from the germs in your mouth leading to infection. Be sure to brush your teeth at least twice a day and visit your dentist at least twice a year.
- Get your annual influenza vaccine. Ask your healthcare provider if the pneumonia vaccine is right for you.
- If you do become ill, keep it to yourself! Rest at home until you are feeling better so you do not contaminate family, friends, or co-workers.
GET REGULAR HEALTHCARE

Regular checkups prevent diseases, even when you are feeling well. This is very true for lung disease, which may go undetected, until it has progressed into something serious. Be sure to schedule an annual visit with your doctor.

EXERCISE

Regular exercise can help keep your lungs healthy. Any type of physical activity counts.

It could be planned such as running, swimming, cycling or walking. It could also be physical activities that are part of your daily life: gardening, cleaning the house, or walking at the grocery store or mall. In order to stay healthy, you should do 30 minutes of moderate exercise at least five days a week. Always consult your healthcare provider before starting a new exercise regimen.

Sometimes we take our lungs for granted. That's why it is important to prioritize your lung health. Love your lungs this October and work towards keeping them healthy!

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COVID-19 AND BLOOD CLOTS

Background information:
Coronavirus disease 2019 (COVID-19) is an infectious disease caused by the SARS virus. COVID-19 affects different parts of the body, but primarily effects the lungs, which is responsible for millions of deaths around the world. As we learn more about COVID-19, it has become increasingly clear that blood clotting is also a manifestation of the virus.

Does it really increase the risk of a blood clot?
Recent findings suggest that the incidence of clotting in individuals affected by COVID-19 is reported as high as 31%. If the patients are admitted to intensive care units, the incidence of blood clots is even more prevalent.

How does it increase the risk of clotting?
How COVID-19 leads to increased risk of clotting is still unclear, but there are several proposed mechanisms that are still under investigation. More research is needed in this area.

How are these patients managed?
According to the COVID-19 treatment guideline panel, patients who are not hospitalized should not be tested to assess their risk of clotting. However, hospitalized patients are tested and if appropriate, given blood thinners to prevent the clots unless they have other contraindications if doing so.

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Reaching the Anticoagulation Clinic

If you are having difficulty reaching us, due to high call volume, here are some helpful tips:

1. When contacting the ACC, choose option #1 to schedule an appointment, option #2 to request a prescription or laboratory order, or option #3 to speak directly to our office assistants.

2. Anticoagulation Clinic office hours of operation are Monday through Friday 9am – 5pm.

3. You can expect to receive your routine INR results within two business days. You will receive a call on the same day if you are a new patient on warfarin therapy or you have a critical result.

4. It is best to have your INR tested Monday through Thursday. We cannot guarantee you will get your INR test results before the weekend if you test on Friday.

5. If you are calling to report a change or ask a question please leave a message on our voicemail or with one of our friendly office assistants, Beth Ann Shields or Dianne Turner.

6. When leaving a message please speak slowly and include your name, date of birth, and a phone number where we can reach you.

7. All voicemails left before 4pm will be reviewed the same day and you will receive a call back by the next business day.

You may also utilize the hospital’s patient portal to communicate with the ACC. Ask any staff member for details or enroll at pennstatehershey.org/myhealth.
What does it mean when my INR is too high?

The INR, or “International Normalized Ratio,” is a comparison of the time it takes your blood to clot versus the time it takes blood to clot in somebody who is not taking a blood thinner. In somebody who is not taking a blood thinner, the INR should hover around 1. In a nutshell, having a goal INR of 2-3 or 2.5-3.5 means your blood takes over double the time to clot. This is okay, since we are able to monitor you for new medications and diet changes that may increase your risk of bleeding. However, when your INR is above your goal, your blood takes even longer to clot, which puts you at a higher risk of bleeding. There are a few ways we can help.

When my INR is high, what happens next?

At our clinic, when your INR is higher than your goal INR, there are many things we take into consideration. We will look at recent trends in your numbers to see if any diet changes were made (↓ greens = ↑ INR), or if any new medications were started. Depending on how high your INR is along with what we find out from our questions, we may have you skip a dose, reduce a single dose, or change your weekly regimen. No matter how high your INR is, a pharmacist from the clinic will always follow-up with you regarding your warfarin plan. It is important to follow the directions of the pharmacist for warfarin and NOT to adjust your dose on your own, in order to ensure your safety. We may also have you get your INR checked sooner than normal.

What if my INR is high, and I’m bleeding?

This requires a trip to the emergency department (ED). While in the ED, you may receive a medication called phytonadione, which is also called Vitamin K (yes, the SAME Vitamin K found in green leafy vegetables we always talk about). This medication is available by mouth for minor bleeding, as well as through an IV if bleeding is severe. In cases of severe bleeding, you may require other IV medications to help reverse the INR and stop the bleeding.

ALCOHOL AND WARFARIN

Warfarin is a drug that needs close monitoring because it interacts with a lot of medications, foods and drinks. As a result, patients who take warfarin need frequent blood monitoring. Alcohol can affect warfarin metabolism. Alcohol slows down how quickly your body breaks down warfarin. That means drinking alcohol can lead to a buildup of the drug in your body. You’re at even greater risk of this buildup if you have liver disease. A buildup of this drug in your body can increase the effects of warfarin. Therefore when alcohol and warfarin are both consumed, major bleeding can occur. It is best to avoid or limit alcohol because of this interaction. The American Heart Association (AHA) cautions patients taking warfarin to use alcohol infrequently and limit intake to one to two drinks per serving.

Drinking more than the recommended amount of alcohol can lead to loss of balance and cognition, which may lead to falls. Patients who are on warfarin are at higher risk of bleeding, but add a fall to the mix and it could lead to a bleed in the brain, which could be life threatening.
VALET SERVICES at 30 Hope Dr., Entrance B

In case you haven’t heard, the Anticoagulation Clinic at 30 Hope Drive now has a complimentary valet service that can be used by you and your family. We interviewed one of our Valet personnel, Devin Paquette (Operations Manager) to get answers to your frequently asked questions:

1. **What is the name of your Valet Company?** “AmeriPark”

2. **How does valet work?** Pull your car up to the valet podium at Entrance B of the building. The Valet employee will record your name and phone number.

3. **How long is the wait?** The wait time is very short and is “usually only one to five minutes.”

4. **Does the valet charge for their services?** No. The services at 30 Hope Drive are complimentary to patients and their families. AmeriPark employees graciously accept tips but they neither need nor expect them. They are happy to help you, regardless if there is a tip or not.

5. **What are AmeriPark’s hours of operation?** Technically the hours of operation are weekdays, 7:00am-5:00pm; however, Devin reports that they typically “try to not park any new cars after 4:00pm.”

6. **Who can I call to provide feedback and compliments about AmeriPark’s service?** 1-866-9-AMPARK

7. **How are you handling COVID-19 restrictions?** AmeriPark employees wear a mask at all times, including while parking your vehicle. EVERY surface that is touched by the valet is wiped with a disinfectant spray.

If you see Devin at the AmeriPark valet podium next time you come to the clinic, be certain to say, “Hello!”

Pictured: Devin Paquette and Todd Grove, Pharmacist at the Anticoagulation Clinic

FROM OUR STAFF TO YOU, WE WISH YOU WARMEST THOUGHTS AND BEST WISHES FOR A BOUNTIFUL THANKSGIVING, A WONDERFUL HOLIDAY SEASON, AND A HEALTHY & PROSPEROUS NEW YEAR!

UPC Pharmacy

**Phone** 717-531-8094  
**Hours:**  
M-W 8am - 5:30pm  
Th-F 8am - 6pm  
Sat 8:30am - noon

Cancer Institute Pharmacy

**Phone** 717-531-1272  
**Hours:**  
M-F 8am - 8pm * new hours  
Sat-Sun 9am - 5:30pm  
Holidays 9am - 5:30pm

Fingerstick appointments are available at both of our locations:  
30 Hope Drive Hershey, PA 17033 and 121 Nyes Road Harrisburg, PA

Call us at 717-531-5312 or  
Toll Free: 1-800-243-1455 x 5312
Contact us Monday through Friday from 9:00 a.m. until 5:00 p.m. at (717) 531-5312 or 1-800-243-1455 Extension 5312 or email any time: anticoagulationclinic@pennstatehealth.psu.edu

In case of an emergency, please call 911.

How are we doing? Please send your comments to:
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Editor’s Note: Please let us know of any future topics you would like to see.

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