

July 2006

Volume 13, Number 2

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All formulary changes and policy/procedure updates have been approved by the Drugs and Therapeutics (D&T) Committee and Medical Advisory Council (MAC).

This and other Drug and Therapeutics Newsletters are on the Web at www.vhpharmsci.com

Changes to Formulary

Additions

- 1. Ifosfamide 1g, 3g vials (Ifex®)**
 - Cytotoxic agent, non-vesicant
 - Used for treatment of cervical and testicular cancer, soft tissue sarcoma, leukemia, non-Hodgkin's lymphoma and other cancers
 - Structural analogue of cyclophosphamide
- 2. Gemcitabine 200mg, 1g vials (Gemzar®)**
 - Cytotoxic agent, non-vesicant
 - Used for treatment of pancreatic, lung (non-small cell), bladder cancer, lymphoma and other cancers
 - Structural analogue of cytarabine
- 3. Alemtuzumab 30mg/3mL vial (Campath®)**
 - Monoclonal antibody indicated in B-cell chronic lymphocytic leukemia and as part of the conditioning regimen prior to stem cell transplantation
 - Restricted to Hematology

- 4. Fomepizole 1500mg/1.5mL vial (Antizol®)**
 - Antidote to methanol and ethylene glycol poisoning
 - Restricted to approval from the Drug and Poison Information Centre Medical Consultant
- 5. Ondansetron 4mg, 8mg tablets, 2mg/mL injection (Zofran®)**
 - To replace dolasetron for the management of post-operative nausea and vomiting, and other causes of nausea and vomiting that are non-chemotherapy, non-radiation induced
 - See page 2 for therapeutic interchange

Deletions

- 1. Salmeterol 25mcg Metered Dose Inhaler (Serevent®)**
 - Discontinued by manufacturer
 - Alternative: Salmeterol 50mcg Diskus
 - Note: 2 puffs salmeterol 25mcg MDI = 1 puff salmeterol 50mcg diskus

Updated Policies

1. PARENTERAL DRUG THERAPY MANUAL (PDTM) 2006 UPDATE

All PDTMs at Vancouver Acute have been updated with the June 2006 version. For any questions regarding the PDTM, please contact

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Dr. Karen Shalansky at (604) 875-4839.

The PDTM is also available ONLINE by clicking on the PDTM link under regional Web sites on the VCH intranet homepage.

2. Y-SITE COMPATIBILITY CHART 2006

All nursing units have been updated with the 2006 Y-site compatibility chart. Contact Dr. Karen Shalansky if your unit requires an extra copy.

3. METHADONE REORDERING

If the methadone dose remains the same, any physician may reorder methadone. Changes in dosage, however, need to be approved by authorized prescribers.

4. DOLASETRON INTERCHANGE TO ONDANSETRON

A contraindication for dolasetron was recently issued by Health Canada for its use in post-operative nausea and vomiting (PONV) due to the risk of potentially life-threatening arrhythmias. As a result, effective July 31/06, all dolasetron orders for non-chemotherapy, non-radiation induced nausea and vomiting will be automatically interchanged to ondansetron as per Table 1. The ondansetron dose for prophylaxis of PONV is 4mg IV x 1 (to be given intraoperatively); the dose for treatment of PONV is 1mg IV q8h prn x 24 hours. This conversion is anticipated to be cost neutral.

Table 1. Dolasetron Conversion to Ondansetron for non-chemotherapy, non-radiation induced nausea and vomiting

	Dolasetron	Ondansetron
Dose IV	50 mg or greater less than 50 mg	4 mg 1 mg
Dose PO	100 mg or less	4 mg
Interval	x 1 dose Q8-24h PRN*	x 1 dose Q8h PRN

*pharmacist to call physician for regularly scheduled doses > 24 hours

5. SALMETEROL MDI INTERCHANGE TO DISKUS

Salmeterol (Serevent[®]) metered dose inhaler (MDI) has been discontinued by the manufacturer. Once Pharmacy supplies of the MDI are used up, all orders for salmeterol MDI 25mcg 2 puffs twice daily will be automatically interchanged to salmeterol diskus 50mcg 1 puff twice daily. Physicians will be contacted for MDI doses less than 50mcg.

6. LINEZOLID DRUG INTERACTION

Linezolid is an antibiotic that is also a weak reversible monoamine oxidase (MAO) inhibitor. Drugs that are contraindicated with linezolid because of its MAO inhibitor properties include: meperidine (Demerol[®]), levodopa/carbidopa (Sinemet[®]), tryptophan, sumatriptan, selective serotonin reuptake inhibitors (SSRIs e.g. nefazodone, venlafaxine, citalopram, paroxetine), tricyclic antidepressants (e.g. amitriptyline), heterocyclic antidepressants (e.g. mirtazapine, trazodone) and bupropion. As well, consumption of foods high in tyramine (aged cheeses, fermented meats, sauerkraut, soy sauce, draught beers, red wines) should be avoided.

Meperidine blocks neuronal reuptake of serotonin. When given in combination with a MAO inhibitor, accumulation of serotonin may occur leading to severe cardiovascular and/or neurological adverse reactions. Meperidine should be avoided in patients who have received MAO-inhibitor therapy in the preceding 14 days. Morphine is considered the preferred opiate in these cases.

7. PDTM CHANGES

- **Propofol** may be administered in the ICU for the **treatment of refractory agitation in intubated mechanically-ventilated patients**. Usage requires prior approval by a clinical pharmacist.
- The smallest vial size for hydromorphone is 2mg/mL. **Hydromorphone should be diluted** to an appropriate concentration as listed in the PDTM in order to **accurately measure small doses less than 1mg**.
- A **link to the Parenteral Chemotherapy/ Immunotherapy pre-printed order form** has been created on the on-line PDTM **for each cytotoxic drug**. The link can be found under the VH&HSC Administration Policy section.
- The **maximum dose of iron sucrose (Venofer[®])** has been reduced to **300mg** due to an increase in serious adverse events that have occurred with higher doses.