Vancouver Coastal Health
Promoting wellness. Ensuring care.

DRUG AND THERAPEUTICS NEWSLETTER

A publication of the CSU Pharmaceutical Sciences
Vancouver General Hospital, UBC Hospital, GF Strong

March 2009 *Volume 16, Number 1*

In This Issue...

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. Atorvastatin 40 mg, 80 mg tabs (Lipitor®)
- See Statin Therapeutic Interchange - pg 1

2. Carvedilol 3.125 mg, 6.25 mg, 12.5 mg, 25 mg tabs
- Non-selective beta-blocker that also has alpha-1 receptor blocking and anti-oxidant properties
- Indicated for use in patients with systolic heart failure (LVEF ≤ 40%)
- Funded through Pharmacare with Special Authority. Criteria for Special Authority are 1) treatment of stable symptomatic CHF; and 2) concurrent ACEI or ARB therapy.

3. Penicillin G Benzathine 1.2 million unit/2mL pre-filled syringe (Bicillin LA®)
- Long-acting penicillin for treatment of syphilis
- Was previously part of the Special Access Program

4. Tetracaine 4% gel (Ametop®)
- Topical anesthetic restricted to Eye Care Centre and Pediatric patients
- Compared to the formulary EMLA cream (lidocaine-prilocaine), tetracaine 4% has a shorter onset of action (30 min vs 60 min for EMLA) and longer duration of action (4-6 h vs 1-3 h for EMLA).

5. Varenicline 0.5 mg, 1 mg tabs (Champix®)
- Nicotine receptor antagonist used for smoking cessation in adults in conjunction with counseling
- Restricted to those patients on this drug prior to admission
- There is a black box warning of potential negative neuropsychiatric effects, including suicidal ideation

6. Ciprodex® otic drops (ciprofloxacin 0.3%/ dexamethasone 0.1%)
- Anti-infective, anti-inflammatory ear drops

Updated Policies

1. STATIN THERAPEUTIC INTERCHANGE

- All statin drugs (except atorvastatin 40 mg and 80 mg are interchanged to simvastatin up to a maximum dose of 40 mg daily.
- Any dose that converts to simvastatin greater than or equal to 80 mg daily will be interchanged to an equivalent dose of atorvastatin (e.g. rosuvastatin 20 mg = simvastatin 80 mg = atorvastatin 40 mg), thus atorvastatin 40 mg will be dispensed.

EDITORIAL STAFF:
Karen Shalansky, Pharm.D., FCSHP
Tim Lau, Pharm.D., FCSHP
Jane Day, B.Sc.(Pharm.)
Nilu Partovi, Pharm.D., FCSHP
Any comments, questions, or concerns with the content of the newsletter should be directed to the editors. Write to CSU Pharmaceutical Sciences Vancouver General Hospital, 855 W12th Ave, Vancouver BC V5Z 1M9, send a FAX to 604-875-5267 or email karen.shalansky@vch.ca
Find us on the Web at **www.vhpharmsci.com**

2. DELETION OF IV METRONIDAZOLE THERAPEUTIC INTERCHANGE POLICY (TIP)

Since 1987, all doses of parenteral metronidazole 500 mg have been automatically interchanged to 500 mg IV Q12H. There has been an increased incidence of a hyper-virulent strain of *Clostridium difficile* (NAP-1) which is associated with more severe disease and mortality. Risk factors associated with severity of disease include leukocytosis, increased serum creatinine, low albumin, advanced age, admission to ICU, co-morbidities, and immunosuppression. These high-risk patients are often unable to take medications by the oral route and intravenous metronidazole remains the sole parenteral treatment option. Since metronidazole undergoes entero-hepatic circulation, doses of 500 mg IV Q6-8H are required. Due to the relatively low cost of metronidazole and the potential undertreatment of *C. difficile*-associated diarrhea with the current interchange policy, this TIP has been deleted. Thus, all doses of intravenous metronidazole will be dispensed as ordered.

3. NON-ANTINEOPLASTIC MEDICATIONS CLASSIFIED AS CYTOTOXIC AGENTS

There are now four non-antineoplastic agents that are classified as cytotoxic agents:

- Mycophenolate (CellCept®, Myfortic®)
- Valganciclovir (Valcyte®)
- Azathioprine (Imuran®) - as per previous policy
- Ganciclovir (Cytovene®) - as per previous policy

All doses (oral and parenteral where applicable) will contain Cytotoxic labeling. Although these drugs are not antineoplastic agents, they are considered hazardous and procedures to minimize risks of exposure to staff are required. Please refer to the safe handling procedures cited in the Patient Care Guideline C-396 (Cytotoxic Agents).

4. DILTIAZEM LONG-ACTING INTERCHANGE

There are 3 long-acting once daily diltiazem formulations: Tiazac® XC (peak 11-18 hrs), Tiazac® (peak 6-11 hrs), and Cardizem® CD (peak 6-11 hrs). These formulations are considered interchangeable to the formulary Cardizem® CD.

5. PARENTERAL THERAPY STANDARD TIMES GUIDELINE

Similar to the guideline to standardize oral medication dosing times, there is now a guideline to standardize parenteral dosing times. Please refer to the on-line formulary for this table (VHnet - Policies and Manuals - VA E-Manual Medication Policy and Procedures - Prescribing Policies). Exceptions to this guideline include chemotherapeutic agents, immunosuppressive agents (cyclosporine, mycophenolate, tacrolimus), and vancomycin.

6. TOP-UP DOSES

In the past, there were no guidelines regarding the administration of top-up doses when the dose of an existing order was increased. It is often unclear whether the increased dose should be started at the next scheduled dosing time, or whether a supplemental top-up dose is to be administered before the next dose is scheduled. This is especially problematic with the implementation of the Automated Unit Dose (AUD) System of medication distribution.

In order to facilitate clear communication between nurses, physicians, and pharmacy the following policy has been approved:

All new orders for an increase in dose should be acted upon at the next scheduled dosing time unless otherwise indicated by a prescriber's written or verbal order.

In circumstances where nursing staff believes that a supplemental dose should be given prior to the next scheduled dosing time due to the patient's clinical status, the nurse should contact the prescriber for a one-time order.

7. GENTAMICIN 0.1% CREAM RESTRICTIONS

Gentamcin cream was restricted to use in the Burns and Plastics Unit only. However, International Peritoneal Guidelines recommend the use of either gentamicin cream or mupirocin (Bactroban®) for catheter care in patients undergoing Peritoneal Dialysis (PD). Thus prescribing restrictions for gentamicin cream has been expanded to include PD patients admitted to hospital. Outpatient PD patients will continue to use their own outpatient supply.

8. KETOROLAC IV RESTRICTIONS

Ketorolac IV is now restricted to post-operative pain management and patients in the Emergency Department with suspected or confirmed renal or biliary colic.