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

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Changes to Formulary

Additions

- Pantoprazole Sodium 20 mg Pantoloc®); Pantoprazole Magnesium 40 mg (Tecta®)**
 - Proton Pump Inhibitors (PPI)
 - See Therapeutic Interchange page 1

Deletions

- Rabeprazole tablets (Pariet®)**
 - Alternatives: Pantoprazole, Esomeprazole
 - See Therapeutic Interchange page 1
- Thiopental Sodium injection (Pentothal®)**
 - Discontinued by manufacturer

Updated Policies

1. PROTON PUMP INHIBITOR (PPI) THERAPEUTIC INTERCHANGE POLICY

Due to new contract pricing, pantoprazole is the lowest cost oral PPI. Esomeprazole will remain on formulary for NG-G-tube use. As of March 1, 2011, all oral PPIs will be automatically interchanged to pantoprazole or esomeprazole according to Table 1.

Table 1. PPI Equivalent Dose (same interval)

Ordered Drug	Interchanged To:
PO orders	
esomeprazole 20 mg	pantoprazole 20 mg PO (at same interval as original order)
lansoprazole 15 mg	
omeprazole 10 mg	
rabeprazole 10 mg	
esomeprazole 40 mg	pantoprazole 40 mg PO (at same interval as original order)
lansoprazole 30 mg	
omeprazole 20 mg	
rabeprazole 20 mg	
NG orders	
lansoprazole 15 mg	esomeprazole 20 mg NG (at same interval as original order)
omeprazole 10 mg	
pantoprazole 20 mg	
rabeprazole 10 mg	
lansoprazole 30 or 60 mg	esomeprazole 40 mg NG DAILY*
omeprazole 20 or 40 mg	
pantoprazole 40 or 80 mg	
rabeprazole 20 or 40 mg	

*esomeprazole daily maximum dose is 40 mg except for Zollinger-Ellison Syndrome.

Contact prescriber for any doses that fall outside this interchange.

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2. SUGGEST ORDERS

“Suggest” orders written in the Prescribers’ Orders section will be processed by Pharmacy once a written or verbal counter-signature is obtained from a prescriber from the admitting service.

3. ANTIMICROBIAL STEWARDSHIP PROGRAM: TREATMENT GUIDELINES FOR COMMON INFECTIONS

“Antimicrobial Stewardship” is defined as the limitation of inappropriate antimicrobial use while optimizing anti-microbial selection, dosing, route, and duration of therapy to maximum clinical cure or prevention of infection. The Antimicrobial Stewardship Program at Vancouver Acute has developed a pocket reference card on Treatment Guidelines for Common Infections. These guidelines include management of Catheter-associated Urinary Tract Infection, *Clostridium difficile* Infection, Skin and Skin Structure Infection, Community- and Hospital-acquired Pneumonia, Intraabdominal Infection, and Intravascular Catheter-related Infection. The pocket card is available on-line at www.vhpharmsci.com and in the Pharmacy; please contact Tim Lau for copies at tim.lau@vch.ca

4. NO ALTERATIONS TO ORIGINAL PRESCRIBER’S ORDER AFTER PROCESSED

This is a reminder that once an order is processed, no further changes to the original prescriber’s order may be made such as “add-ins”, “write-overs” or “cross-outs”, as per policy 4.1.16 in the hospital formulary. Alterations to the original order after it has been processed can cause medication errors and/or delays in administration.

Examples of orders that were altered after being processed are shown below:

25
Metoprolol ~~12.5~~ mg po BID

Flagyl 500mg ~~PO~~ IVTID

5. DANAPAROID BACK ON MARKET

Danaparoid (Orgaran®) 750 units/0.6 mL injection is back on the market in Canada. Completion of the Special Medical Request Form is no longer required. Danaparoid is an anticoagulant used in patients with heparin-induced thrombocytopenia (HIT). Its use is restricted at VA to Hematology.

6. B.C. FORMULARY ALIGNMENT

British Columbia’s Health Authorities (BCHA) continue to be committed to working more closely together in order to provide best possible care and service to patients, clients and residents. Under our joint direction, the BC Health Authorities Pharmacy and Therapeutics (BCHA P&T) Committee was formed approximately 17 months ago to develop and maintain a single, common formulary for all acute care hospitals, as well as owned and operated residential care facilities across the province. The BCHA P&T Committee was also tasked with addressing supporting policies, structures, and processes in order to be successful.

The BCHA P&T Committee, Co-Chaired by Dr. Shallen Letwin, Executive Director, Lower Mainland Pharmacy Services, and Dr. Darryl Samoil, Executive Medical Director, Fraser Health, has made significant progress with the partnerships and structure for a BC Health Authorities Formulary. The Committee is comprised of representatives from all Health Authorities, Pharmaceutical Services Division (PharmaCare), Ministry of Health Services, and the University of British Columbia (Faculties of Medicine and Pharmaceutical Sciences). The Committee’s primary function is to make decisions regarding drug therapy for Health Authorities so that patients, clients and residents have equal and fair access, regardless of their location in the province.

Formulary recommendations are made by a work team that is created for each drug or drug class under review. These work teams are composed of clinicians with a specific area of expertise and clinical experience. An evidence-based methodology that includes clinical experience is used to formulate recommendations. The recommendations are reviewed by the BC HA P&T Committee for final approval. Once a decision is made, Health Shared Services BC and

HealthPro are engaged in order to receive the best value for pharmaceuticals.

Under direction of the BCHA P&T Committee, a formulary work team is actively harmonizing all of the BC Health Authorities' formularies. This is an important undertaking that will bring all Health Authorities onto a common platform and starting point for evidenced-based decisions. Clinician input and involvement is critical for the success of a working Provincial Formulary, and so we are asking for your participation and support in this endeavour. For more information on how you may contribute, please contact your Health Authority's representative or Pharmacy Director.

Questions and Answers

What is the BC Health Authorities Formulary Initiative?

A formulary is a listing of drug therapies that have been approved for use within the Health Authorities. As you know, each hospital has a formulary consisting of medications determined to be safe, effective, and appropriate for use in patients and residents, as approved by their P&T Committee. The BC Health Authorities Formulary builds on this work to create a single formulary for all Health Authorities.

Why Create One Provincial Health Authority Formulary?

One of the major reasons for creating a provincial formulary is to ensure that patients across the province have equitable and consistent access to medications in hospital and residential care settings. For example, sometime after a patient moves between hospitals or care areas within the same health authority, or moves between different health authorities, he/she may need to have a change in medication. If that medication is not on the receiving hospital's formulary already, this requires additional work for care providers, and potentially unnecessary medication interruptions for the patient.

Who Came Up With the Idea for a Provincial Health Authority Formulary?

The BCHA Pharmacy Directors, with strong support from the Leadership Council, (a committee made up of the CEOs of the six health authorities and the Ministry of Health Services) formed the BCHA P&T Committee with the

mandate to develop a single formulary for all Health Authorities.

As a Clinician, How is the Provincial Formulary Going to Impact Me and My Practice?

Some drugs will be added to the formulary that may be new to your organization, some drugs will be added to formulary and have specific restrictions for use and, similarly, some drugs previously available will no longer be listed on the formulary (excluded). Physician/clinician engagement is critical to the success of the formulary and the BCHA P&T Committee. Several processes have been enhanced to try and maximize physician involvement.

What Happens to our Existing Formulary?

Your existing formulary will be converted to the new BCHA Formulary.

How Does this Impact our P&T Committee?

With the exception of a few "Partner Committees", most of the P&T (or P&T type) committees in each health authority will no longer review submissions for new drugs independently. For the past few months, all requests for formulary additions and deletions have been handled by the BCHA P&T Committee. Of note, there are several "Partner Committees" that will continue to perform specific medication review related to a specialty area (e.g. BCCA Priority and Evaluation Committee will continue to review cancer therapy and make provincial decisions which will be endorsed/adopted by the BCHA P&T Committee). Local/Regional Health Authority P&T Committees (or P&T type) will continue to function and address many other medication-related issues for their area.

How Do You Plan to Review Everything that is Currently Available in Hospitals?

This initiative does not involve a comprehensive therapeutic review of each drug because this is normally completed for a formulary request for a new drug. It is assumed that if a drug was previously on a Health Authority formulary, it is effective with an acceptable safety margin for use in the acute care and/or residential care setting. The project is combining the excellent work completed with the regional formularies, and will be making additions, deletions, and adjustments to ensure consistent access to medications in all Health Authorities.

Has this been Done Anywhere Else?

Alberta Health Services (AHS), the organization responsible for hospitals and health services in Alberta, has recently completed a process to arrive at one standard formulary list. They are in the process of implementing the list in their facilities. We have been working with AHS to learn from their experience and have identified a number of good ideas to help with this work.

Who Gives Final Approval to the List?

A review process has been planned that includes the existing P&T committees as well as the Medical Advisory Committee structure in each Health Authority. The provisional lists will be circulated to these groups which will be responsible for ensuring clinicians in each Health Authority have an opportunity to provide their input. Final recommendations will be brought forward to the BCHA P&T Committee for their approval.

What are the Timelines for this Initiative?

A significant amount of work is underway to plan the logistics of merging eleven formularies into one Provincial Health Authority formulary. A working group has begun the formulary harmonization process and it is anticipated that a draft formulary list will be available for feedback by March 2011. Once the formulary listing has been approved, it may take several months for the Health Authorities to implement the decisions.

When will we Find Out More About this Initiative?

The BCHA P&T Committee is committed to providing regular updates. The next update will be in January-February 2011.

Who is Leading this Initiative?

A Work Team under the direction of the BCHA P&T Committee will be completing the project. All recommendations will be reviewed and approved by the BCHA P&T/HA HAMACs

If you have any questions or comments, you may contact Gerald Driver, Pharmacy Director, Vancouver Acute, at gerald.driver@vch.ca