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PHARMACY AND THERAPEUTICS NEWSLETTER

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In This Issue...

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Changes to Formulary

In order to align with the provincial BCHA Formulary, the following medications have been added as stock or deleted at Vancouver Acute.

Additions

1. **Ondansetron 4 mg, 8 mg tablets (Zofran®)**
- Antinauseant; replaces Ondansetron orally dissolving tablets (ODT)

2. **Tobramycin 0.3%-dexamethasone 0.1% eye drops (Tobradex®)**
- Anti-infective, corticosteroid eye drop

3. **Ketorolac 0.5% eye drops (Acular®)**
- Non-steroidal anti-inflammatory (NSAID) eye drop

4. **Brinzolamide 1% eye drops (Azopt®)**
- Carbonic anhydrase inhibitor eye drop used for glaucoma

5. **Diclofenac 1.16% topical gel (Voltaren® Emugel)**
- Topical NSAID gel

6. **Codeine 50 mg long-acting tablets (Codeine Contin®)**
- Opioid analgesic long-acting formulation

7. **Oxcarbazepine 150mg tablets (Trileptal®)**
- Anticonvulsant indicated for use as mono- or adjunctive therapy for partial seizures

8. **Mirtazapine 15 mg, 30 mg oral disintegrating tablets (Remeron® ODT)**
- Antidepressant rapidly dissolving tablets; noradrenergic and specific serotonergic antidepressant (NaSSA)
- Stocked in addition to regular release tablets
- See P&T Newsletter Vol. 9 #2 (Dec 2002) for comparison to other antidepressants

9. **Zuclopenthixol 10 mg, 25 mg tablets (Clopixol®)**
- First generation antipsychotic agent of the thioxanthene class

10. **Entacapone 200 mg tablets (Comtan®)**
- Antiparkinson agent; reversible and selective inhibitor of catechol-O-methyltransferase (COMT)

11. **Pramipexole 0.25 mg, 0.5 mg, 1 mg tablets (Mirapex®)**
- Antiparkinson agent; dopamine agonist
- Also used for restless leg syndrome

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12. Tetrabenazine 25 mg tablets (Nitoman®)
- Central monoamine-depleting agent (including depletion of dopamine, serotonin, and norepinephrine)
- Used for treatment of hyperkinetic movement disorders, including Huntington's chorea

Deletions

1. Antipyrine-benzocaine ear drops (Auralgan®)

2. Methazolamide 50 mg tablets (Neptazane®)
- Alternative: Acetazolamide tablets

3. Carbamide peroxide ear drops (Murine® ear wax removal)

4. Tirofiban 50 mcg/mL injection (Aggrastat®)
- Alternative: Eptifibatide (Integrelin®) injection

5. ASA-Butalbital-Caffeine tablets (Fiorinal®)

6. ASA-Codeine-Caffeine tablets (222, 282, 292)
- Alternative: Tylenol # 1, 2, 3

7. Pipotiazine palmitate injection (Piportil®)

Updated Policies

1. PHARMACIST AUTHORITIES

- If potassium phosphate injection is backordered, unit clinical pharmacists can interchange the formulation to sodium phosphate injection (same phosphate dose and interval)

- If sodium phosphate injection is backordered, unit clinical pharmacists can interchange the formulation to potassium phosphate as long as eGFR is above 30 mL/minute and the patient is not hyperkalemic (same phosphate dose and interval)

- If potassium chloride 20 mmol tablets are ordered for enteral tube administration, dispensary and clinical pharmacists can interchange to potassium citrate 25 mmol tablets (K-Lyte®) (same interval)

- If methylcellulose ophthalmic drops are ordered (any strength), methylcellulose 1% ophthalmic drops (with preservative) will be dispensed

2. QUINOLONE OPHTHALMIC DROPS THERAPEUTIC INTERCHANGE POLICY

Table 1. Quinolone Ophthalmic Drops Therapeutic Interchange Policy

Drug Ordered	Drug Dispensed
Gatifloxacin 0.3% eye drops (Zymar®)	Ofloxacin 0.3% eye drops (Ocuflox®) - same number of drops and frequency
Moxifloxacin 0.5% eye drops (VIgamox®)	
Ciprofloxacin 0.3% eye drops (Ciloxan®)	Ciprofloxacin dispensed as written

3. BENZODIAZEPINES FOR HS SEDATION THERAPEUTIC INTERCHANGE POLICY

Table 2. Benzodiazepine for HS Sedation Therapeutic Interchange Policy

Drug Ordered	Drug Dispensed
Flurazepam 15 mg QHS Flurazepam 30 mg QHS	Temazepam 15 mg QHS Temazepam 30 mg QHS
Nitrazepam 5 mg QHS Nitrazepam 10 mg QHS	Temazepam 15 mg QHS Temazepam 30 mg QHS
Triazolam 0.125 mg QHS Triazolam 0.25 mg QHS	Temazepam 15 mg QHS Temazepam 30 mg QHS

4. BCHA RESTRICTION CHANGES

As part of the BCHA Formulary Alignment, restrictions for the following medications have been changed.

Erythropoietin (EPO, Eprex®)

Effective March 11, EPO will be restricted to use in patients with chronic kidney disease, as follows:

- Restricted to indications as outlined by BC Provincial Renal Agency (BCPRA) and patients who are registered with BCPRA, or to patients pre-approved by BC Transplant Society (BCTS)

These restrictions will replace the existing VA restriction to Jehovah's Witness (JH) patients and Hematology consult for perioperative use in non-JH patients.

Azithromycin tablets (Zithromax®)

There are no longer prescribing restrictions for azithromycin formulations (oral and parenteral).

5. ALLERGY/INTOLERANCE STATUS FORM REMINDER

On admission, all patients must have an Allergy/ Intolerance Status form completed by a Physician or approved Health Professional. There are 4 sections in the allergy form per below. This is a reminder that all sections of the form should be filled out, even if there is "No Known Reaction".

i. **Drug** - with a description of the reaction, if available
ii. **Latex** - with the type of reaction (localized or systemic) listed so that appropriate precautions can be taken
iii. **Contrast Media** - with the diagnostic agent that caused the reaction
iv. **Food/Other** - with details of the reaction to avoid cross intolerances with medications and hospital meals.

6. METHADONE 1 mg/mL SOLUTION

In November 2012, methadone 1 mg/mL solution replaced the higher strength methadone 10 mg/mL as Omnicell wardstock in all areas other than the Palliative Care Unit (PCU). PCU will continue to stock the higher 10 mg/mL strength.

Publication Award

Dr Greg Mah, ICU Pharmacotherapeutic Specialist, is the recipient of the Publication Award from The Canadian Society of Hospital Pharmacists (CSHP) BC Branch for his paper entitled:

- **Mah GT,** Mabassa VH, Chow I, Ensom MHH. Evaluating outcomes associated with alternative dosing strategies for piperacillin/ tazobactam: A qualitative systematic review. Ann Pharmacother 2012;46:265-75.

OSELTAMIVIR (TAMIFLU®) NEW DOSING GUIDELINES

The oseltamivir product monograph 2012 and the Association of Medical Microbiology and Infectious Disease (AMMI) influenza guidelines 2012 have been revised. Changes have been made to both treatment and prophylactic doses at various levels of renal dysfunction. The new guidelines have less aggressive dosing regimens than previous recommendations (Table 3).

Table 3. Dosing Guidelines for Oseltamivir

Estimated GFR	Age	Dose
Greater than 60 mL/min	Adults including those greater than 65 years old	Treatment: 75 mg PO BID x 5 days Prophylaxis: 75 mg PO DAILY until outbreak is over
30 to 60 mL/min		Treatment: 75 mg PO DAILY x 5 days Prophylaxis: 75 mg PO every other day until outbreak is over
10 to 30 mL/min		Treatment: 30 mg PO DAILY x 5 days Prophylaxis: 30 mg PO every other day until outbreak is over
Hemodialysis (HD)		Treatment: 75 mg PO on DAY 1 (if Day 1 is an HD day, give after HD), then 75 mg PO after each HD x 5 days total Prophylaxis: 30 mg PO on DAY 1 (if Day 1 is an HD day, give after HD), then 30 mg PO after each HD x until outbreak is over
Continuous ambulatory peritoneal dialysis (CAPD)		Treatment: 30 mg PO x 1 dose Prophylaxis: 30 mg PO every 7 days until outbreak is over

References

1. Oseltamivir (Tamiflu®) product monograph 2012 (http://rochecanada.com/fmfiles/re7234008/Research/ClinicalTrialsForms/Products/ConsumerInformation/MonographsandPublicAdvisories/Tamiflu/tamifluJune12HPE.pdf)
2. Can J Infect Dis Med Microbiol 2012;23(4):e83 (AMMI guidelines)