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PHARMACY AND THERAPEUTICS NEWSLETTER

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In This Issue...

This and previous editions of the VA Pharmacy and Therapeutics Newsletters are located on the Web at **www.vhpharmsci.com**

Changes to Formulary

The following medication changes have been implemented at VA in accordance with the BC Health Authorities (BCHA) Formulary.

Additions

1. Resultz® topical rinse (isopropyl myristate 50%/cyclomethicone 50%)

- Topical treatment for head lice (*errata* - not for scabies as printed in April newsletter)

2. Dutasteride 0.5 mg tablet (Avodart®)

- 5 alpha-reductase inhibitor - inhibits conversion of testosterone to dihydrotestosterone
- used for treatment of symptomatic benign prostatic hyperplasia (BPH)

3. Melatonin 3 mg sublingual tablet

- Natural Health Product used as a sleep aid for the treatment of insomnia and sleep-wake disturbances

4. Asenapine 5 mg, 10 mg sublingual tabs (Saphris®)

- Antimanic agent, atypical antipsychotic
- Restricted to:
  - ⇒ Monotherapy for bipolar I disorder in patients who have failed or are intolerant to lithium or divalproex and have not responded to one other atypical antipsychotic agent ***OR***
  - ⇒ Co-therapy with lithium or divalproex in those who have not responded to one other atypical antipsychotic agent

Restriction Modifications

1. Apixaban (Eliquis®)

- Novel oral anticoagulant restricted to:
  - i) NEW: treatment of DVT/PE or prevention of recurrence, for up to 6 months
  - ii) patients with non-valvular atrial fibrillation for the prevention of stroke and systemic embolism in whom:
    - ⇒ anticoagulation is inadequate following at least a 2 month trial of warfarin, **OR**
    - ⇒ anticoagulation using warfarin is contraindicated or not possible due to inability to regularly monitor INR

2. Rivaroxaban (Xarelto®)

- Novel oral anticoagulant restricted to:
  - i) NEW: treatment of DVT/PE or prevention of recurrence, for up to 6 months
  - ii) Continuation of therapy in patients who were on rivaroxaban prior to admission ***OR*** for prophylaxis of venous thromboembolism following elective total hip surgery (up to 35 days) or total knee replacement (up to 14 days)
  - iii) patients with non-valvular atrial fibrillation for the prevention of stroke and systemic embolism in whom:
    - ⇒ anticoagulation is inadequate following at least a 2 month trial of warfarin ***OR***
    - ⇒ anticoagulation using warfarin is contraindicated or not possible due to inability to regularly monitor INR

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3. Ferumoxytol 510 mg injection (Feraheme®)

Parenteral iron replacement agent restricted to renal patients registered with the BC Provincial Renal Agency. Note that ferumoxytol cannot be administered to patients with an allergy to any other medication, including another IV iron product.

Updated Policies

1. NASAL CORTICOSTEROID THERAPEUTIC INTERCHANGE REVISION

Ciclesonide nasal spray has been added to the nasal corticosteroids interchange (Table 1).

Table 1. Nasal Corticosteroid Therapeutic Interchange

Drug Ordered	Drug Dispensed
Budesonide nasal spray (Rhinocort AQ®, Rhinocort® Turbuhaler)	Beclomethasone aqueous (Beconase®) 50 mcg - equivalent number of sprays (1:1) twice daily
Ciclesonide nasal spray (Omnaris®)	
Flunisolide nasal spray (Rhinilar®)	
Fluticasone propionate nasal spray (Flonase®)	
Fluticasone furoate nasal spray (Avamys®)	
Mometasone furoate* nasal spray (Nasonex®)	
Triamcinolone acetonide nasal spray (Nasacort AQ®)	

***Exception:** Mometasone will be supplied if prescribed for children aged 3 to 12 years of age

2. HANDLING MEDICATION ORDERS TO AND FROM THE OPERATING ROOM (OR)

All pre-operative medication orders are discontinued and new medications orders must be written post-operatively except for the following situations listed below. Orders to "resume pre-op meds", "resume home meds", etc. are not acceptable.

- ICU/Critical Care patients when going to or returning from OR
- Central venous catheter insertion
- Pacemaker insertion
- Hemodialysis and peritoneal dialysis access
- Scope procedure through a natural orifice

ACUTE CORONARY SYNDROME: SWITCHING ANTIPLATELET THERAPY
Clopidogrel, Ticagrelor, Prasugrel

Situations may arise where a patient needs to be switched from one antiplatelet medication to another for the treatment of acute coronary syndrome (ACS). Table 2 gives recommendations for switching to alternative agents based on pharmacodynamic studies.[1]

Table 2. Switching Antiplatelet Drugs

From	To	Recommendation
Clopidogrel (Plavix®) (switch to new agent 24 hours after last dose)	**Prasugrel***	**High risk** stent thrombosis or **recent ACS**: 60 mg loading dose, then 10 mg daily **Maintenance or Low risk:** 10 mg daily
	Ticagrelor	**High risk** stent thrombosis or **recent ACS**: 180 mg loading dose, then 90 mg BID **Maintenance or Low risk:** 90 mg BID
Prasugrel* (Effient®) (switch to new agent 24 hours after last dose)	**Clopidogrel**	**Loading dose not needed.** 75 mg daily
	Ticagrelor	**High risk** stent thrombosis or **recent ACS**: 180 mg loading dose, then 90 mg BID **Maintenance or Low risk:** 90 mg BID
Ticagrelor (Brilinta®) (switch to new agent 12 hours after last dose)	**Clopidogrel**	**High risk** stent thrombosis or **recent ACS**: 300 mg loading dose, then 75 mg daily **Maintenance or Low risk:** 75 mg daily
	Prasugrel*	**High risk** stent thrombosis or **recent ACS**: 60 mg loading dose, then 10 mg daily **Maintenance or Low risk:** 10 mg daily

*non-formulary drug

[1]Adapted from University Health Network Cardiovascular Pharmacotherapy Handbook 2012.