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Changes to Formulary

Additions

Clinicians should review medication information prior to administering any unfamiliar medication. Resources include: VCH PDTM, Lexicomp®, or UpToDate®.

1. Diazoxide 100 mg caps (Proglycem®)

- This product is back on the Canadian market for the management of hyperinsulinemic hypoglycemia.

2. *Lactobacillus rhamnosus* GG 10 billion CFU caps (Culturelle Probiotics®)

- Probiotic restricted to the treatment and prevention of antibiotic-associated diarrhea (not *Clostridium difficile*).

3. Vancomycin 125 mg and 250 mg caps

- Antibiotic for first-line treatment of severe *Clostridium difficile* infection; oral solution remains available for tube administration.

Deletions

1. Pancuronium injection (Pavulon®)

- Discontinued by manufacturer.

Drug & Policy Revisions

1. Escitalopram tablets (Cipraxel®)

- No longer a restricted drug.

2. ANTIBIOTIC REMINDER ON MEDICATION ADMINISTRATION RECORD (MAR) FOR HEMODIALYSIS PATIENTS

A. IV Antibiotics for Treatment (inpatients)

For IV antibiotics given post-hemodialysis (HD) only (e.g. vancomycin, cephalosporins, aminoglycosides), a new “antibiotic dialysis reminder” entry has been added to the MAR at 0800H each day. This will alert nurses to check whether a patient is due for IV antibiotics that are given post-dialysis.

For patients with a set dialysis schedule, the IV antibiotic should be available on the ward on the scheduled dialysis days. For patients with variable dialysis schedules, this reminder should prompt nurses to check if IV antibiotics are needed post-HD. Pharmacy should be contacted if the antibiotic is not on the ward.

B. PO Antibiotics for Prophylaxis (inpatients)

Prophylactic antibiotics ordered as “PO 3 times/week after dialysis” (e.g. cotrimoxazole, valgancyclovir) will not have an “antibiotic dialysis reminder” added to the MAR.

- if the patient has a regular HD schedule, the MAR frequency will match dialysis days.
- if the dialysis days are unknown or irregular, the frequency will be entered as “Mon, Wed, Fri” to be given at 2200H, irrespective of when dialysis occurs. This is to ensure that the prophylactic antibiotic is never missed.

EDITORIAL STAFF:

Karen Shalansky, Pharm.D., FCSHP

Tim Lau, Pharm.D., FCSHP

Jane Day, B.Sc.(Pharm.), ACPR

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

3. PANCREATIC ENZYMES NEW LABELING

For all pancreatic enzymes, the amount of lipase, amylase and protease activities have been modified in the labeling, however, the **actual enzyme content in the products remains identical**. Thus, there has been no change to the Drug Identification Number (DIN) of the products listed below.

Table 1. Revised Labeling for Pancreatic Enzymes

Drug		Enzyme Content
Old Name	New Name	
Viokase 8	Viokace 10,440	Lipase: 10,440 USP units Amylase: 56,400 USP units Protease: 57,100 USP units
Viokase 16	Viokace 20,880	Lipase: 20,880 USP units Amylase: 113,400 USP units Protease: 112,500 USP units
Cotazym	Same	Lipase: 10,000 USP units Amylase: 40,000 USP units Protease: 35,000 USP units
Cotazym ECS 8	Same	Lipase: 10,800 USP units Amylase: 42,000 USP units Protease: 45,000 USP units
Cotazym ECS 20	Same	Lipase: 25,000 USP units Amylase: 100,000 USP units Protease: 100,000 USP units
Creon 5	Creon 6	Lipase: 6,000 USP units Amylase: 30,000 USP units Protease: 19,000 USP units
Creon 10	Same	Lipase: 10,000 Ph Eur units Amylase: 11,200 Ph Eur units Protease: 730 Ph Eur units
Creon 25	Same	Lipase: 25,000 Ph Eur units Amylase: 25,500 Ph Eur units Protease: 1,600 Ph Eur units

Pharmacy Awards

The Canadian Society of Hospital Pharmacists (CSHP), BC Branch has honoured **Nilu Partovi**, Pharm.D. with the Distinguished Service Award for her exceptional leadership and contributions to the profession of Pharmacy.

CSHP National has honoured Elissa Aeng B.Sc. (Pharm), **Karen Shalansky** Pharm.D., **Tim Lau** Pharm.D., Nadia Zalunardo MD, Guiyun Li MPH, William Bowie MD, and Clive Duncan MD with the Specialties in Pharmacy Practice Award for their research paper entitled "*Acute Kidney Injury With Tobramycin-Impregnated Bone Cement Spacers in Prosthetic Joint Infections.*"

ZIKA VIRUS OVERVIEW

Tim Lau, Pharm.D., FCSHP, Reviewed by Dr. Jennifer Grant

Zika virus is a *Flavivirus* (similar to Dengue, West Nile) which is spread by infected *Aedes aegypti* or *albopictus* mosquitoes. It was first discovered in monkeys in Uganda in 1947 and is found in Africa, Asia, and South Pacific, with recent widespread transmission in Central and South America. There appears to be an association between Zika virus infection and microcephaly (abnormal small head in fetuses of infected women) and Guillain-Barré. The probability of transmission in Canada is low due to absence of mosquitoes able to spread the virus.

Clinical symptoms

Asymptomatic infections are common. Mild symptoms lasting from 2-7 days occur in 20-25% of patients and include fever, retro-orbital pain, conjunctivitis, arthralgias/myalgia, and rash (maculopapular spreading from face to body).

Transmission

The incubation period is 3-12 days after exposure and is followed by viremia (lasting 3-5 days). During viremia, Zika virus can be reintroduced to a new mosquito through a bite to complete the cycle. Other routes of transmission include blood transfusions, vertical transmission during viremia, and possibly sexual contact (Zika virus has been detected in semen). After infection, neutralizing antibodies are detected but it is unclear whether activity is life-long at this time.

Treatment

There is no vaccine or treatments for Zika virus. Symptomatic treatment includes rest, fluids, antipyretics, and analgesics (avoid ASA and NSAIDs until dengue infection is ruled out to prevent the possibility of hemorrhage).

Travel Recommendations

- Use preventative strategies to avoid mosquito bites when travelling to affected areas.
- Pregnant women or those planning pregnancy should discuss travel plans with their health care provider and consider postponing travel to affected areas in the Americas.
- Women should wait at least 2 months after return from an affected area before trying to conceive.
- Zika virus may persist in semen for more than 2 weeks; as a precaution, men who have travelled to an affected area should use condoms with any partner who is or could become pregnant for 2 months after their return (or for duration of the pregnancy until more is known).