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Changes to Formulary

Additions

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

1. Olanzapine 10 mg inj (ZYPREXA IM)

- Injectable atypical antipsychotic

2. Morphine 24 hour long-acting 10 mg, 20 mg, 50 mg, 100 mg capsules (KADIAN)

- KADIAN is an oral **24 hour** long-acting morphine product indicated for treatment of opioid use disorder and pain. It is usually dosed DAILY, but has been used twice daily.
- Note that M-ESLON and MS CONTIN are **12 hour** long-acting morphine capsules for treatment of pain usually dosed BID or TID, and available in various strengths. These formulations are NOT interchangeable with KADIAN.
- The similarity of the appearance of the drug names and strengths has the potential for prescription/administration mix-ups and serious harm. It is recommended that orders written for morphine long-acting include the BRAND name or release duration (12 hr or 24 hr) to avoid confusion.

3. Blinatumomab 38.5 mcg vial (BLINCYTO)

- Antineoplastic monoclonal antibody
- Restricted to indications outlined in the BCCA Benefit Drug List **AND** patients who are registered with BCCA.

Policy Updates

1. VA FORMULARY 2018

The 2018 VA printed Formulary (orange cover) is now available and copies have been placed on all nursing units. Please contact Karen Shalansky at 604-875-4839 if any questions.

2. IRON SUCROSE (VENOFER®) INFUSION RATE

Iron sucrose may be administered IV as follows:

- First infusion: 100 mg/hr = 300 mg/3 hours
- Second & subsequent infusions: 150 mg/hr = 300 mg/2 hrs **if no side effects to first dose** (e.g. hypotension, headache, muscle pain or cramps, nausea/vomiting).

Blood pressure must be monitored at baseline, then hourly during the infusion and 30 minutes after the infusion is complete.

3. DATE/TIME ON MEDICATION ORDERS

Reminder: Accreditation Canada and VCH-PHC policy standards require the inclusion of the **date and time** when an order is written. This is particularly important in a manual prescribing system where a variety of order forms can exist in a patient's chart, e.g. Prescribers Order Form, Pre-Printed Orders, Medication Reconciliation orders.

Often the same medications are prescribed on different order forms. The date and time are essential to ensure the most current order is the active order in the computer medication profile and the medication administration record (MAR).

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3. PARENTERAL DRUG THERAPY MANUAL

The new Regional Parenteral Drug Therapy Manual (PDTM) was launched in February 2018. The main changes are described below.

A. Client Monitoring Levels

- Each drug is assigned a Monitoring Level
- Health Care Providers must have the necessary **competencies** and **resources** to perform and interpret monitoring parameters:
 - ⇒ **BASIC MONITORING**
 - ◇ Effect of drug
 - ⇒ **INTERMEDIATE MONITORING**
 - ◇ Basic + vital signs (BP no more frequently than hourly)
 - ⇒ **ADVANCED MONITORING**
 - ◇ Intermediate + increased vital signs (BP every 5 to 60 minutes)
 - ⇒ **FULL MONITORING**
 - ◇ Advanced + continuous ECG
 - ⇒ **INTENSIVE MONITORING**
 - ◇ Full + invasive hemodynamic and advanced respiratory support and monitoring
 - ⇒ **PALLIATIVE MONITORING**
 - ◇ Follow PCU monitoring protocol

B. Site-Specific Restrictions

- *Nursing Unit Restrictions:* Drugs that are restricted to administration on specific nursing units have a link within a monograph under the "Required Monitoring" column entitled "See site-specific restrictions". Clicking on this link takes the viewer to the Vancouver Acute Site Specific Administration Restrictions detailing the specific areas where a drug can be administered.
 - ⇒ e.g. Calcium chloride **IV direct** is restricted to administration by nurses in Critical Care Areas. On other nursing units, administration is by physician only.
- *Prescriber restrictions:* VA Prescriber restrictions are found on the left hand side of the on-line PDTM under "Restricted Drug Lists".
 - ⇒ e.g. Daptomycin is restricted to prescribing by Infectious Disease and ICU Services.

C. Compatibility Information

- Drug compatibility information has been removed from individual monographs. Only diluent information is included for each drug.

Examples:

 - ⇒ Ampicillin is compatible with NS
 - ⇒ Ampicillin is compatible in D5W, but only stable for 4 hours

- Y-site compatibility information is now found in:
 - ⇒ VHC-PHC Y-site compatibility wall charts: General (2018), Critical Care (2014). Updated General Y-site charts will be printed shortly and replaced on all nursing units. These charts are also located in a link on the left hand of the on-line PDTM under "IV Compatibility".
 - ⇒ Lexi-comp compatibility checker (based on Trissel's drug compatibility).
 - ⇒ Pharmacy - please call pharmacy if specific Y-site compatibility information cannot be found in the resources listed above.

D. Definitions of IV Intermittent vs IV Infusion

- **IV intermittent** infusion is now defined as "**defined dose** over a **specified duration** of time" (i.e. **x** mg over **y** minutes). *Examples:*
 - ⇒ Cefazolin 1 g IV over 15 min
 - ⇒ Ketorolac 90 mg IV over 24 hours
- **Continuous IV infusion** is now defined as "**defined dose** infused over an **indefinite period** of time" (i.e. **mg/hr**, **mg/kg/min**).
 - ⇒ e.g. Norepinephrine 0 to 20 mcg/min continuous IV infusion to maintain MAP goal at or above 65 mmHg
- Drugs previously classified as appropriate for administration by Continuous IV Infusion now have "NO" written under *Administration Route*, with a notation in the next box stating "*This IV infusion, formerly known as continuous, has been reclassified as IV intermittent.*"

E. Removal of Chemotherapy Medications

- The PDTM no longer contains monographs for chemotherapy medications unless there is also a non-cancer indication for a particular drug.

Examples:

 - ⇒ Methotrexate for rheumatoid arthritis
 - ⇒ Mitoxantrone for multiple sclerosis
- Information for Chemotherapy medication is found in the *BC Cancer Drug Manual*. A link to this manual is located on the right hand side of the on-line PDTM under "External Links".

F. Removal of Pediatric/Neonatal Information

- All pediatric and neonatal information have been removed from the PDTM. Information on pediatric and neonatal dosing is found in the *BC Children's Pediatric Parenteral Drug Information Manual*. Links to this manual are located on the right hand side of the on-line PDTM under "External Links".