Vancouver Coastal Health
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PHARMACY AND THERAPEUTICS NEWSLETTER

A publication of VA Pharmaceutical Sciences
Vancouver General Hospital, UBC Hospital, GF Strong

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In This Issue...

Additions

1. Sevelamer carbonate 800 mg tablet (Renvela®)

- Controls hyperphosphatemia in patients with end-stage renal disease undergoing dialysis
- Replaces sevelamer HCl (Renagel®) at the same dose and frequency, but with less acidity
- Restricted to BC Renal Agency indications and registration

2. Ethyl Alcohol (Beer)

- For use in patients enrolled in the Managed Alcohol Program

Deletions

1. Iron Dextran 100 mg injection

- Discontinued by manufacturer
- Alternative: Iron sucrose (Venofer®)

Updated Policies

1. INSULIN GLARGINE (BASAGLAR®)

Two biosimilar formulations of insulin glargine are now available on hospital formulary - Lantus® and Basaglar®.

Currently, PharmaCare Special Authority only covers Basaglar® for outpatients. As a result, almost all outpatients on Lantus® have been switched to Basaglar®. Thus, in order to facilitate seamless transition between VA and the community, Basaglar® will be the insulin glargine of choice.

Effective Feb 6, 2020 all new prescriptions for insulin glargine are now filled with Basaglar® unless "Lantus® no substitution" is written. All pre-printed orders have been revised accordingly.

2. INSULIN SUBCUTANEOUS ORDERS FOR TPN OR CONTINUOUS ENTERAL FEEDS

The "*Insulin Subcutaneous Orders - for patients who are receiving TPN or continuous 24 hour enteral feeds*" (PPO #718) has been revised:

- The blood glucose target for this PPO has been broadened to 5.1 to 10 mmol/L
- In the Correction/Sliding Scale table:
  - ⇒ A separate row has been added for blood glucose between 4 to 5 mmol/L with the statement: "No correction; hold scheduled NUTRITIONAL and/or BASAL insulin if ordered; call MD/NP to assess if dose reduction required".
  - ⇒ The next row for target blood sugars has been broadened to 5.1 to 10 mmol/L with the statement: "No correction; give schedule insulin as ordered".

Note: The "*Insulin Subcutaneous orders for patients who are eating meals or are NPO*" (PPO #717) remains the same.

EDITORIAL STAFF:
Karen Shalansky, Pharm.D., FCSHP
Tim Lau, Pharm.D., FCSHP
Ruby Sangha, 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 VA 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

3. VA BOWEL PROTOCOL REVISIONS

In preparation for CST, the following changes to VA bowel protocols have taken place in order to conform to the CST bowel protocols (Table 1). All services affected have been informed of these changes.

Table 1. Revisions to VA Bowel Protocols

Bowel Protocol	Main Changes	Effective Date
Medicine #19	Formatting Changes	Mar 11, 2020
Geriatrics #272	Fruitlax changed to BID	Mar 11, 2020
Renal #22	Name change from *Nephrology*; start PEG 3350 if no BM after 24 hours	Mar 11, 2020
Transplant (Kidney and Liver) #41	Name change from *Renal Transplant*; start PEG 3350 or Sennosides if no BM after 48 hours	Mar 11, 2020
Liver Transplant # 40	**DELETED**—refer to Transplant (Kidney and Liver) #41	Mar 11, 2020
ICU Standard #561	Name change from *ICU - NON–Spine Injured*	Mar 11, 2020
ICU Spine Injured #566	No changes	-
Rehab #392	Name change from *GF Strong*	Mar 11, 2020
Plastic Surgery #2	Name change from *Plastics Unit*; Replaced Magnesium/Cascara with PEG 3350 on Day 2	Mar 12, 2020
Trauma #987	Formatting Changes	Mar 12, 2020
Neurosciences #1007	FRUITLAX added initially (unless difficulty swallowing)	Mar 12, 2020
Surgery #1115	NEW bowel protocol	Mar 12, 2020
Burns (Pediatric) # 1	**DELETED** - no longer used at VA	Mar 12, 2020
TB and Respiratory #124	**DELETED** - refer to Medicine #19	Mar 18, 2020
Respirology #142	**DELETED** - refer to Medicine #19	Mar 18, 2020
Orthopedics– Spinal #264	No changes	-
Palliative Care #71	Added PEG 3350, lactulose, MICROLAX enema as options	Mar 18, 2020
ENT #285	**DELETED** - refer to Surgery #1115	Mar 18, 2020
Thoracic #186	**DELETED** - refer to Surgery #1115	Mar 25, 2020
Vascular #51	**DELETED** - refer to Surgery #1115	Mar 25, 2020
Orthopedic Reconstructive Surgery #648	**DELETED** - refer to Surgery #1115	Mar 25, 2020
Urology #500	**DELETED** - refer to Surgery #1115	Mar 26, 2020
Ortho Trauma #39	**DELETED** - refer to Surgery #1115	Apr 1, 2020
Fractured Hip #1119	NEW bowel protocol	Apr 1, 2020
UBCH #557	**DELETED** - refer to: MEDICAL: Medicine #19 (age less than 70), Geriatrics #272 (age 70 or greater), or Renal #22 (eGFR less than 30 mL/min) PLASTIC SURGERY: Plastic Surgery #2 SURGICAL (Non-Plastic Surgery): Surgery #1115	Apr 22 2020

4. CANDESARTAN SHORTAGE

There is a candesartan shortage in the community. When discharging patients, if the community pharmacy is unable to supply candesartan, substitute to available Angiotensin II Receptor Blocker (ARB). There is currently no shortage of losartan or irbesartan. When converting patients from candesartan to another ARB, use clinical judgement as a more conservative dose may be required to avoid hypotension (see Table 2). Note that the ARB Regional Therapeutic Interchange remains the same.

Table 2.
Angiotensin II Receptor Blocker Conversion

Drug	Dose Equivalence	Maximum Daily Dose
candesartan (ATACAND)[1]	8 to 16 mg[3]	32 mg
eprosartan (TEVETON)[2]	600 mg	800 mg
irbesartan (AVAPRO)[2]	150 mg	300 mg
losartan (COZAAR)[1]	50 mg	100 mg
olmesartan (OLMETEC)[2]	20 mg	40 mg
telmisartan (MICARDIS)[2]	40 mg	80 mg
valsartan (DIOVAN)[1]	80 mg	160 mg (160 mg BID evaluated in heart failure studies)

[1]formulary drug
[2]automatically interchanged to candesartan at an equivalent dose given once daily
[3]**Conversion TO Candesartan (per Regional Therapeutic Interchange)**
eprosartan 600 mg, irbesartan 150 mg, losartan 50 mg, olmesartan 20 mg, telmisartan 40 mg, valsartan 80 mg **are equivalent to candesartan 8 mg**

Conversion FROM Candesartan
Use clinical judgement; consider more conservative conversion to avoid hypotension ie. **candesartan 16 mg is equivalent to** eprosartan 600 mg, irbesartan 150 mg, losartan 50 mg, olmesartan 20 mg, telmisartan 40 mg, valsartan 80 mg

5. VANESSA'S LAW and ActionADE

Erina Chan, B.Sc. (Pharm.), ACPR; Corinne Hohl, MD, FRCP, MHSc

Vanessa's Law, officially known as the *Protecting Canadians from Unsafe Drugs Act*, mandates the reporting of serious adverse drug reactions from hospitals to Health Canada to support post-marketing surveillance of prescription medications. A serious adverse drug reaction is defined as a "*noxious and unintended response to a drug that occurs at any dose and that requires in -patient hospitalization or prolongation of existing hospitalization, causes congenital malformation, results in persistent or significant disability or incapacity, is life-threatening, or results in death*". Mandatory reporting came into effect on December 16, 2019, and Health Canada encourages all serious adverse drug reaction to be reported, even if they are to be expected.

Clinicians can report serious adverse drug reactions through the BC Patient Service Learning System (BC PSLS). At VGH only, physicians, pharmacists and nurse practitioners can also report an adverse event using ActionADE. ActionADE is a web-based application that allows health care providers to create, share, and update reports about patient's adverse drug events in a rapid and user-friendly manner.

Action ADE started as a pilot project amongst pharmacists at VGH in June 2018 and has now been expanded to include physicians and nurse practitioners. Its goal is to enhance communication between health care providers so that repeat adverse drug events can be prevented, thus improving patient safety and potentially reducing emergency department visits and hospitalization. Adverse drug reaction reports documented in ActionADE are automatically shared with BC PSLS and reported to Health Canada, thus eliminating duplicate reporting while meeting mandatory reporting requirements. To date, we have had 285 completed ActionADE reports from 43 users.

An upcoming expansion of the project will allow for automatic transmission of ActionADE reports to community pharmacies via PharmaNet, making new adverse drug event information from acute care hospitals visible in community pharmacy systems. Patient-specific, medication-level alerts will warn community pharmacists if they attempt to re-dispense medications to which an adverse drug event was previously reported.

For more information about ActionADE or to sign up for an ActionADE account, please contact Erina Chan (Clinical Pharmacist) at Erina.Chan@vch.ca or Serena Small (Research Coordinator) at Serena.Small@ubc.ca.

For more information about Vanessa's Law, please refer to the Health Canada website - https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada/adverse-reaction-reporting/mandatory-hospital-reporting/education/module-1.html