Vancouver CoastalHealth
Promoting wellness. Ensuring care.

DRUG AND THERAPEUTICS NEWSLETTER

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

July 2004 *Volume 11, Number 2*

In This Issue...

Changes to Formulary……………………………..… 1
Drug Cost Awareness Campaign………………... 1
Parenteral Chemotherapy Orders……………….. 2
Concentrated KCl Vials…………………………... 2
Revised Drug Administration Policies…………... 2
PDTM /IV Compatibility 2004 Updates………….. 2

All formulary changes and policy/procedure updates have been approved by the Drugs and Therapeutics (D&T) Committee and Medical Advisory Council (MAC).

This and other Drug and Therapeutics Newsletters are on the Web at **www.vhpharmsci.com**

CHANGES TO FORMULARY

Deletions

1. **Ceftizoxime (Cefizox®)**

UPDATED POLICIES

1. Drug Cost Awareness Campaign

In fiscal year 2003/04, drug expenditures at VGH exceeded $12 million. Pharmaceutical Sciences CSU is embarking on a Drug Cost Awareness Campaign to assist health care professionals (physicians, pharmacists, nurses) to become more 'cost sensitive'. The campaign will use a multifaceted approach. One component involves placing the drug price on the IV formulation of selected drugs using brightly coloured "High Cost Drug" auxiliary labels. Five high cost IV drugs are being targeted initially as listed in Table 1.

The objective of the campaign is to increase drug cost awareness amongst health professionals and to promote the use of an equivalent oral formulation where clinically justified. The start date for this campaign was May 10, 2004.

Table 1. Targeted High Cost IV Drugs

Drug	2003/04 Expenditures	IV		PO	
		Regimen	Cost¶ /day	Regimen	Cost¶ /day
Imipenem	$217,000	500mg IV q6h	$100	n/a	n/a
Fluconazole	$150,000	400mg IV q24h	$40	400mg PO q24h	$5
Pantoprazole	$173,000	40mg IV q24h	$14	Omeprazole 40mg PO q24h	$0.02
Amphotericin B Lipid (Abelcet®)	$357,000	300mg IV q24h	$600	n/a	n/a
Ciprofloxacin	$555,000	400mg IV q12h	$70	500mg PO q12h	$1

¶based on VGH acquisition cost

EDITORIAL STAFF:
Karen Shalansky, Pharm.D., FCSHP
Rubina Sunderji, Pharm.D., FCSHP
Peter Loewen, Pharm.D., FCSHP
Luciana Frighetto, B.Sc.(Pharm), MBA, 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 kshalans@vanhosp.bc.ca
Find us on the Web at **www.vhpharmsci.com**

2. Parenteral Chemotherapy Orders

Preprinted orders were implemented in January 2004 to assist the physicians in providing the mandatory "minimum data set" that is required when prescribing parenteral chemotherapy. It is not mandatory that the preprinted order be used as long as the minimum data set is provided:

i) diagnosis
ii) evidence that consent has been obtained and is in the chart
iii) body surface area calculation
iv) IV access (peripheral vs central)
V) indication that blood work has been reviewed prior to chemotherapy

3. Concentrated 10mL KCl Vials

Due to the ongoing safety concerns and potential risks of misadventure, concentrated KCl 10mL vials will no longer be stocked on any nursing units in the hospital. The ICU (for PRISMA patients) and T15 (hematology) will use premixed KCl 20mEq/50mL minibags to prepare required doses.

4. Revised Drug Administration Policies

- The following infusions are restricted to critical care areas:
  i) **Diazepam** infusions
  ii) **Dobutamine** infusions**;** also allowed in echocardiography and nuclear medicine
  iii) **Dopamine** infusions; also allowed in select units as listed in the PDTM
  iv) **Hydralazine** infusions
  v) **Isoproterenol** infusions; direct IV route restricted to physicians only
  vi) **Labetalol** infusions; also allowed in NICU
  vii) **Lorazepam** infusions
  viii) **Phentolamine** infusions
  ix) **Rocuronium** infusions

- **Cyclosporine** must be administered at a maximum rate of 50mg/hour

- Following **Hydralazine** direct IV, BP and HR must be monitored 15 and 30 minutes later

- **Methylprednisolone** (Solu Medrol®) administration rates when given via minibag :
  $\leq$ 250mg over 15 minutes
  >250mg – 500mg over 30 minutes
  > 500mg over 60 minutes
  Exception: acute spinal cord injury bolus 30mg/kg administered over 15 minutes

- **Mivacurium** is restricted to anesthesia

- **Multivitamin** infusions may be administered via:
  i) peripheral line: 10mL in at least 500mL IV fluid over a minimum of 4-8 hours
  ii) central line: 10mL in at least 100mL IV fluid over a minimum of 2 hours

- **Propranolol** infusions require continuous monitoring of BP and heart rate.

- **Phenytoin** doses > 500mg must be administered via an infusion pump

- **Potassium phosphate** must be administered via an infusion pump

- **Potassium phosphate and Sodium phosphate** are incompatible with magnesium sulphate in the same bag due to precipitation. They are compatible via Y-site administration.

- **Ranitidine** IV direct must be diluted to 20mL with IV fluid and given over at least 5 minutes

- **Tacrolimus** may be administered IV intermittent over 4-6 hours

- **Topiramate** is no longer a restricted drug and may be ordered by any medical service

- **Vancomycin** should be administered via an infusion pump, if available

5. Parenteral Drug Therapy Manual; IV Compatibility Chart 2004 Updates

All Parenteral Drug Therapy Manuals (PDTMs) have been updated with the June 2004 version. There have been several new monographs added including anti-thymocyte globulin (rabbit), basiliximab, cefotaxime and gemcitabine. In addition, many monographs have been revised.

IV Compatibility Charts have also been replaced with the April 2004 version on all nursing units.

If there are any questions regarding the PDTM or IV Compatibility Chart, please contact Dr. Karen Shalansky at kshalans@vanhosp.bc.ca or phone 604-875-4839.