In This Issue...

1. Ondansetron 4 mg, 8 mg tablets (Zofran®)
   - Antinauseant; replaces Ondansetron orally dissolving tablets (ODT)
2. Tobramycin 0.3%-dexamethasone 0.1% eye drops (Tobradex®)
   - Anti-infective, corticosteroid eye drop
3. Ketorolac 0.5% eye drops (Acular®)
   - Non-steroidal anti-inflammatory (NSAID) eye drop
4. Brinzolamide 1% eye drops (Azopt®)
   - Carbonic anhydrase inhibitor eye drop used for glaucoma
5. Diclofenac 1.16% topical gel (Voltaren® Emugel)
   - Topical NSAID gel
6. Codeine 50 mg long-acting tablets (Codeine Contin®)
   - Opioid analgesic long-acting formulation
7. Oxcarbazepine 150mg tablets (Trileptal®)
   - Anticonvulsant indicated for use as mono- or adjunctive therapy for partial seizures
8. Mirtazapine 15 mg, 30 mg oral disintegrating tablets (Remeron® ODT)
   - Antidepressant rapidly dissolving tablets; noradrenergic and specific serotonergic antidepressant (NaSSA)
   - Stocked in addition to regular release tablets
   - See P&T Newsletter Vol. 9 #2 (Dec 2002) for comparison to other antidepressants
9. Zuclopenthixol 10 mg, 25 mg tablets (Clopixol®)
   - First generation antipsychotic agent of the thioxanthene class
10. Entacapone 200 mg tablets (Comtan®)
    - Antiparkinson agent; reversible and selective inhibitor of catechol-O-methyltransferase (COMT)
11. Pramipexole 0.25 mg, 0.5 mg, 1 mg tablets (Mirapex®)
    - Antiparkinson agent; dopamine agonist
    - Also used for restless leg syndrome

Changes to Formulary

In order to align with the provincial BCHA Formulary, the following medications have been added as stock or deleted at Vancouver Acute.

Additions

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

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12. Tetrabenazine 25 mg tablets (Nitoman®)
   - Central monoamine-depleting agent (including depletion of dopamine, serotonin, and norepinephrine)
   - Used for treatment of hyperkinetic movement disorders, including Huntington’s chorea

Deletions

1. Antipyrine-benzocaine ear drops (Auralgan®)
2. Methazolamide 50 mg tablets (Neptazane®)
   - Alternative: Acetazolamide tablets
3. Carbamide peroxide ear drops (Murine® ear wax removal)
4. Tirofiban 50 mcg/mL injection (Aggrastat®)
   - Alternative: Eptifibatide (Integrelin®) injection
5. ASA-Butalbital-Caffeine tablets (Fiorinal®)
6. ASA-Codeine-Caffeine tablets (222, 282, 292)
   - Alternative: Tylenol # 1, 2, 3
7. Pipotiazine palmitate injection (Piportil®)

Updated Policies

1. PHARMACIST AUTHORITIES
   - If potassium phosphate injection is backordered, unit clinical pharmacists can interchange the formulation to sodium phosphate injection (same phosphate dose and interval)
   - If sodium phosphate injection is backordered, unit clinical pharmacists can interchange the formulation to potassium phosphate as long as eGFR is above 30 mL/minute and the patient is not hyperkalemic (same phosphate dose and interval)
   - If potassium chloride 20 mmol tablets are ordered for enteral tube administration, dispensary and clinical pharmacists can interchange to potassium citrate 25 mmol tablets (K-Lyte®) (same interval)
   - If methylcellulose ophthalmic drops are ordered (any strength), methylcellulose 1% ophthalmic drops (with preservative) will be dispensed

2. QUINOLONE OPHTHALMIC DROPS
   THERAPEUTIC INTERCHANGE POLICY

<table>
<thead>
<tr>
<th>Drug Ordered</th>
<th>Drug Dispensed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gatifloxacin 0.3% eye drops (Zymar®)</td>
<td>Ofloxacin 0.3% eye drops (Ocuflox®) - same number of drops and frequency</td>
</tr>
<tr>
<td>Moxifloxacin 0.5% eye drops (Vigamox®)</td>
<td>Ciprofloxacin dispensed as written</td>
</tr>
<tr>
<td>Ciprofloxacin 0.3% eye drops (Ciloxan®)</td>
<td></td>
</tr>
</tbody>
</table>

3. BENZODIAZEPINES FOR HS SEDATION
   THERAPEUTIC INTERCHANGE POLICY

<table>
<thead>
<tr>
<th>Drug Ordered</th>
<th>Drug Dispensed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flurazepam 15 mg QHS</td>
<td>Temazepam 15 mg QHS</td>
</tr>
<tr>
<td>Flurazepam 30 mg QHS</td>
<td>Temazepam 30 mg QHS</td>
</tr>
<tr>
<td>Nitrazepam 5 mg QHS</td>
<td>Temazepam 15 mg QHS</td>
</tr>
<tr>
<td>Nitrazepam 10 mg QHS</td>
<td>Temazepam 30 mg QHS</td>
</tr>
<tr>
<td>Triazolam 0.125 mg QHS</td>
<td>Temazepam 15 mg QHS</td>
</tr>
<tr>
<td>Triazolam 0.25 mg QHS</td>
<td>Temazepam 30 mg QHS</td>
</tr>
</tbody>
</table>

4. BCHA RESTRICTION CHANGES
As part of the BCHA Formulary Alignment, restrictions for the following medications have been changed.

Erythropoietin (EPO, Eprex®)
Effective March 11, EPO will be restricted to use in patients with chronic kidney disease, as follows:

- Restricted to indications as outlined by BC Provincial Renal Agency (BCPRA) and patients who are registered with BCPRA, or to patients pre-approved by BC Transplant Society (BCTS)

These restrictions will replace the existing VA restriction to Jehovah’s Witness (JH) patients and Hematology consult for perioperative use in non-JH patients.

Azithromycin tablets (Zithromax®)
There are no longer prescribing restrictions for azithromycin formulations (oral and parenteral).
5. ALLERGY/INTOLERANCE STATUS FORM REMINDER

On admission, all patients must have an Allergy/Intolerance Status form completed by a Physician or approved Health Professional. There are 4 sections in the allergy form per below. This is a reminder that all sections of the form should be filled out, even if there is “No Known Reaction”.

i. **Drug** - with a description of the reaction, if available
ii. **Latex** - with the type of reaction (localized or systemic) listed so that appropriate precautions can be taken
iii. **Contrast Media** - with the diagnostic agent that caused the reaction
iv. **Food/Other** - with details of the reaction to avoid cross intolerances with medications and hospital meals.

6. METHADONE 1 mg/mL SOLUTION

In November 2012, methadone 1 mg/mL solution replaced the higher strength methadone 10 mg/mL as Omnicell wardstock in all areas other than the Palliative Care Unit (PCU). PCU will continue to stock the higher 10 mg/mL strength.

**Publication Award**

Dr Greg Mah, ICU Pharmacotherapeutic Specialist, is the recipient of the Publication Award from The Canadian Society of Hospital Pharmacists (CSHP) BC Branch for his paper entitled:


**OSELTAMIVIR (TAMIFLU®) NEW DOSING GUIDELINES**

The oseltamivir product monograph 2012 and the Association of Medical Microbiology and Infectious Disease (AMMI) influenza guidelines 2012 have been revised. Changes have been made to both treatment and prophylactic doses at various levels of renal dysfunction. The new guidelines have less aggressive dosing regimens than previous recommendations (Table 3).

<table>
<thead>
<tr>
<th>Estimated GFR</th>
<th>Age</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater than 60 mL/min</td>
<td></td>
<td>Treatment: 75 mg PO BID x 5 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prophylaxis: 75 mg PO DAILY until outbreak is over</td>
</tr>
<tr>
<td>30 to 60 mL/min</td>
<td>Adults including those greater than 65 years old</td>
<td>Treatment: 75 mg PO DAILY x 5 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prophylaxis: 75 mg PO every other day until outbreak is over</td>
</tr>
<tr>
<td>10 to 30 mL/min</td>
<td></td>
<td>Treatment: 30 mg PO DAILY x 5 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prophylaxis: 30 mg PO every other day until outbreak is over</td>
</tr>
<tr>
<td>Hemodialysis (HD)</td>
<td></td>
<td>Treatment: 75 mg PO on DAY 1 (if Day 1 is an HD day, give after HD), then 75 mg PO after each HD x 5 days total</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prophylaxis: 30 mg PO on DAY 1 (if Day 1 is an HD day, give after HD), then 30 mg PO after each HD x until outbreak is over</td>
</tr>
<tr>
<td>Continuous ambulatory peritoneal dialysis (CAPD)</td>
<td></td>
<td>Treatment: 30 mg PO x 1 dose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prophylaxis: 30 mg PO every 7 days until outbreak is over</td>
</tr>
</tbody>
</table>

**References**

1. Oseltamivir (Tamiflu ®) product monograph 2012 (http://rochecanada.com/lmfiles/re7234008/Research/ClinicalTrialsForms/Products/ConsumerInformation/MonographsandPublicAdvisories/Tamiflu/tamifluJune12HPE.pdf)