

PHARMACY NEWSLETTER

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THE UNIVERSITY HOSPITAL

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Issue for New
Residents

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Special Points of Interest:

- *Pharmacy Location & Hours of Operation*
- *Policy and Procedure / Guideline*
- *Restricted Antibiotics List*

PHARMACY LOCATION AND HOURS OF OPERATION

The pharmacy Administration offices are located on B level in room B 134. The Administrative Offices are open daily Monday through Friday excluding holidays from 8:00 am to 4:00 pm. The Pharmacy Administrative Offices may be reached daily during the hours listed above at extension 2-3443 and 2-3444. The In-Patient Pharmaceutical Service room is located in room B 134 and is open 24 hours per day, seven days per week. The Central Pharmacy can be contacted by calling extension 2-5121, 2-5120 and 2-5119. The Central Pharmacy IV room can be reached at extension 2-5118 and the assigned controlled substance pharmacist can be reach at extension 2-3320.

Drug reference texts and related journals are available in the hospital library and the pharmacy department. Contact the pharmacy department for drug information inquires or search Micromedex on

<http://pharmacy.umdj.edu/>

The Oncology Pharmacy Satellite located on D- level in room D 117 is open Monday through Friday from 7:30am to 4:00 pm excluding holidays. Weekend coverage is provided from the Central Pharmacy (B 134). The Oncology Satellite can be reached at extension 2-6847.

Clinical Pharmacy Services Staff are located in room B 134 and can be reached at extension 2-5256, 2-0160 and 2-3333 between the hours of 7:30 am to 4:00 pm, Monday through Friday. Clinical Pharmacy Staff provides consultations and assistance in the following areas: drug information, pharmacokinetic dosing, discharge counseling and patient education, drug related educational activity and drug use evaluation, and adverse drug reaction (ADR) reporting.



EDITORS:
Andre Emont, Pharmacy Director

Victor Pardo, Operations Manager

Michael Chu, Clinical Pharmacy Manager

Farrukh Faruqui, Clinical Pharmacist

Helen Horng, Clinical Pharmacist

AUTOMATIC STOP ORDER POLICY

- 1) All re-written medication orders must be specific to the name of the drug, strength, route and frequency of administration, date and name of prescriber.
- 2) Unless a physician writes for a specific duration of therapy all drugs (see 2.4 specific exemptions) will expire after 10 days.
 - 2.1) No medication Order can be written for longer than 30 days.
 - 2.2) No "Duration of Hospital Stay" orders can be written.
 - 2.3) No "Continuation of all medications" orders can be written.
 - 2.4) Specific Exemptions.



AUTOMATIC STOP ORDER POLICY CONTINUE FROM PAGE 1

“Restricted Antibiotics List”

Imipenem (Primaxin®)
 Meropenem (Merrem®)
 Ertapenem(Invanz®)
 Aztreonam (Azactam®)
 Lipid Amphotericin B Formulations
 (Abelcet® or Ambisome)
 Amphotericin B (Fungizone)
 Linezolid (Zyvox®)
 Caspofungin (Cancidas®)
 Pentamidine(Pentam®)

Non-Formulary:

Quinupristin/Dalfopristin (Synercid®)
 Daptomycin (Cubicin®)
 Voriconazole (V-Fend®)
 Tigecycline (Tygacil®)
 Caspofungin (Cancidas®)
 Pentamidine (Petnam®)
 Colistimethate (Colistin®)

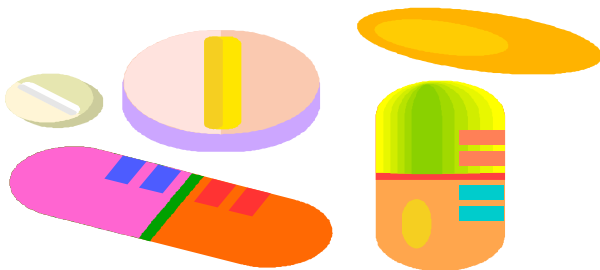
All non-formulary antibiotics will be restricted

Useful WEB site:

Micromedex: <http://pharmacy.umdj.edu/>

UH Policy: <http://uhpolicies.umdj.edu/live/>

UH Formulary: <http://pharmacy.umdj.edu/>



- a) ALL Schedule II, narcotics and Hypnotics 240 hours (10 days.)
 - b) Anticoagulants (warfarin) 24 hours.
 - c) Antibiotics orders:
 - * Prophylactic: 1-3 doses over 24 hours must be specified by physician.
 - * Empiric Therapy: 7 days (168 hours)
 - * Therapeutic: 7 days (168 hours)
 - d) Intravenous solution with or without additives shall be valid for 72 hours from time written unless specified.
 - e) Ketorolac injectable and tablet 5 days (not renewable).
 - f) Sodium polystyrene sulfonate 24 hours.
 - g) Nebulizer Medications (3 days).
 - h) Low Molecular Weight Heparin (e.g. Lovenox) and Heparin Subcutaneous 5 days
 - i) Albumin order 3 days
 - j) All IV drips (e.g. Versed®, Fentanyl®, Morphine sulfate, dopamine, dobutamine etc....) shall be valid for 72 hours from time written unless specified
- 3) All patients scheduled for the O.R. will have all oral medications canceled as of 12 midnight on the day of surgery except when the physician writes a specific order or orders to give medication (s) up to the time of surgery.
 - 3.1) Post operatively all medication orders will be re-ordered by the physician and transcribed.
 - 4) Medication orders for patients transferred from one unit to another will be rewritten (Exception: transfer within the same service).
 - 5) Both the medical and nursing staff share the responsibility for the medication order and reorder evaluation.
 - 6) Drugs not reordered will be automatically canceled if not rewritten.
 - 7) All other drugs therapy will be 10 days.

Antibiotics Subcommittee Report

Updated guidelines for treatment of fungal infections

Condition	Recommended	Alternatives
Prophylaxis in neutropenia -Low risk -High risk of mold infection	Fluconazole Voriconazole	Amphotericin/Liposomal or Lipid formulations of Amphotericin or Caspofungin
Bloodstream Infection Candida; species pending C. albicans C. krusei C. glabrata	Caspofungin Fluconazole Caspofungin Caspofungin	Liposomal or Lipid formulations of Amphotericin Caspofungin /Voriconazole if Fluconazole resistant Voriconazole/ Liposomal or Lipid formulations of Amphotericin Voriconazole/ Liposomal or Lipid formulations of Amphotericin
Catheter tip or other fluid	- Remove catheter and Fluconazole - Change therapy once species identified as above	Patient already on Fluconazole: Liposomal or Lipid formulations of Amphotericin or Voriconazole
Mucosal candida	Fluconazole	Fluconazole failures: Amphotericin B or po Voriconazole or Caspofungin
Respiratory candida	As clinically indicated	
Urinary candida	Change Foley and ignore or Fluconazole	Other agents based on isolate
Cryptococcus	Amphotericin+ Flucytosine	Amphotericin alone or Fluconazole
Aspergillus	Voriconazole	Ambisome/Abelcet and/or Caspofungin

Lipid formulations of amphotericin B

Amphotericin B Lipid Complex (Abelcet)

Status: Prior approval

Indications:

1. Documented or suspected deep-seated fungal infections requiring amphotericin B therapy, AND
2. At least one of the following:
 - a) Amphotericin B failure (failure at day 7-14 with standard doses of ampho)
 - b) Amphotericin B intolerance despite rigorous saline hydration, alternate day dosing, and/or dosage reduction therapy
Increase in serum creatinine to twice the baseline level if normal
If est Cr. Cl <30 at any time before initiating or while on therapy with ampho B
 - c) Concurrent use of other nephrotoxic drugs,

Ambisome is further restricted to patients whose fungal infections involve the kidneys or CNS; in this situation, Abelcet should not be used due to poor penetration. (An exception to this guideline is in treatment of cryptococcal meningitis in HIV-infected adults, for whom Abelcet may be effective.)

The recommended doses for empiric therapy, or for treatment of Aspergillus infections, are 5 mg/Kg/day for Abelcet and 3 mg/Kg/day for Ambisome. Lower doses may be used for infections with Candida species.

Caspofungin (Cancidas)

Status: Prior approval

Indications:

1. Documented or suspected invasive aspergillosis
2. Candida esophagitis refractory to treatment with fluconazole
3. Bloodstream infection with Candida species, with an isolate resistant to fluconazole, or whose susceptibility is not yet known, and one of the following:
 - a. Significant preexisting renal insufficiency (serum creatinine >2)
 - b. Concurrent use of other nephrotoxic drugs,
 - c. Concurrent use of other drugs whose toxicities are greatly increased in the presence of fluctuating renal function (e.g., 5- FC), or
4. Caspofungin and cyclosporine A interact adversely, resulting in increased caspofungin plasma levels and increased incidence of hepatitis. It is not recommended in CyA recipients or in patients with severe liver disease.
5. The usual dose is 70 mg IV x 1 dose, then 50 mg QD.

Itraconazole (Sporanox)

Status: Prior approval

Indications:

1. Histoplasmosis
2. Infections due to *Penicillium marneffei*, *Pseudallescheria boydii*
3. Sporotrichosis

Comments: Tablets are poorly absorbed. Liquid is preferred. May increase CyA and tacrolimus levels.

Voriconazole (Vfend)

Status: Prior approval

Indications:

Invasive aspergillosis

Bloodstream infection with fluconazole resistant Candida, or in patients unable to tolerate AmB.

prophylaxis for high risk neutropenic patients

Comments: Voriconazole increases CyA and tacrolimus levels – doses must be reduced accordingly. Visual disturbances are common. IV formulation must not be used in patients with creat >2 due to toxicity of vehicle. Usual dose is 6 mg/kg IV Q 12h x 2 doses, then 4 mg/kg IV Q 12 h. May change to 200 mg PO Q 12h. (Oral loading dose is 400 mg BID for 2 doses.) **ORAL DOSE PREFERRED WHEN FEASIBLE**

Fluconazole (Diflucan)

Status: Unrestricted

Indications:

1. Candida albicans esophagitis
2. Candida albicans bacteremia
3. Cryptococcal meningitis

Comments: High doses are necessary to treat infections with some non-albicans Candida species (400-600 mg IV QD).

ORAL DOSE PREFERRED WHEN FEASIBLE

When the hospital has a computerized ordering process, we will incorporate these guidelines to be used for online forms at that time.