

## P&T Committee Formulary Changes

**The following additions were made to the medical center formulary:**

**Santyl (collagenase)** for wound debridement.

**Ambien (zolpidem)** for short term treatment of insomnia.

**Miralax (polyethylene glycol 3350)** for treatment of constipation.

**Ultram (tramadol)** for treatment of pain.

**Januvia (sitagliptin)** for treatment of type II diabetes.

**Fosamax (alendronate) 70mg** for the treatment of osteoporosis.

**Adacel (diphtheria, tetanus, and acellular pertussis)** booster vaccine for adolescents and adults.

**Arixtra (fondaparinux)**: a factor Xa inhibitor for the treatment and prevention of DVT and PE.

**The following medications were deleted from the medical center formulary:**

**Mevacor (lovastatin)** and **Lescol (fluvastatin)** for hypercholesterolemia. **Zocor (simvastatin)**, **Pravachol (pravastatin)**, and **Lipitor (atorvastatin)** are still available.

**Fragmin (dalteparin)** for the prevention and treatment of DVT and PE. **Lovenox (enoxaparin)** and **Arixtra (fondaparinux)** are available.

**Fosamax (alendronate) 10mg** for treatment of osteo-

porosis. The once-weekly 70mg strength is available.

**Colchicine injection** for gout: no longer manufactured.

**Accuzyme (papain, urea)** and **Panafil (papain, urea, and chlorophyllin)** for wound care: no longer being manufactured.

**The following medications were not added to formulary:**

**Crestor (rosuvastatin)** for hypercholesterolemia. Other statins are available.

**Lunesta (eszopiclone)** and **Sonata (zaleplon)** for the treatment of insomnia. **Ambien** and **Restoril (temazepam)** are available.

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## Adverse Drug Reaction Hotline (X 4287)

Reminder—to report a suspected adverse drug reaction, call the pharmacy ADR hotline at extension 4287. An adverse drug reaction is any unexpected, unin-

tended, or undesired reaction to a drug that is administered in medically accepted doses. When calling, give the patient's name, medical record number, the

medication suspected of causing the reaction, and a description of the reaction. Call anytime! Leave a message!





## Lexi-Comp Online

Want to know what is on formulary at LMCBC? Check out Lexi-Comp Online. In addition to providing drug information, this service also tells you what is available at the medical center.

To access Lexi-Comp:

- 1) Go to the Lourdes Intranet homepage (lourdesnet.org)
- 2) Roll the cursor over “Clinical Applications”
- 3) Scroll down and click on “Lexi-Comp (LMCBC)”
- 4) Type the name of the

drug in the “Search for” box and hit enter.

- 5) If the drug is on formulary, it will appear in the left-hand column under the heading “Lourdes Medical Center of Burlington County”. Click on the drug name to find out what specific
- 6) If the drug is not on formulary, a message reading “No occurrences” will appear under the heading “Lourdes Medical Center of Burlington County”.

dosage forms the medical center carries.

## 3-in-1 TPNs

LMCBC has recently changed from using pre-mixed TPN solutions to customized 3-in-1 TPNs. With this conversion comes several policy changes to keep in mind. Orders for TPNs or PPNs must be received by the Pharmacy Department by 3pm. Orders received after 3pm will

be filled the next day for the regular scheduled hang time of 8pm. If TPN/PPN orders are unavailable, the physician must write orders for D10W or a plain bag of D10W/4.25% amino acids. And as before, TPN/PPN orders must be rewritten every day.

## Ordering Chemotherapy

When ordering chemotherapeutic agents for patients, please provide the Pharmacy Department with advance notice. Pharmacy does not routinely keep these types of medications in stock and must special order them. Please give at least 2 days notice during the week, and 4 days notice during weekends/holidays.

## Automatic Changes In Dosing Times

P&T approved automatic changes in dosing times for oral antibiotics and non-nitrate cardiac medications. BID orders will be changed to q12, TID orders will be changed to q8, and QID orders will be changed to q6. This change **only** applies to oral antibiotics and cardiac medications in order to allow for less fluctuation in the blood levels of these drugs.

## Post-Operative Antibiotics

In order to increase compliance with the SCIP (Surgical Care Improvement Project) requirements regarding post-operative antibiotic administration, The Department of Surgery has agreed to change the administration times of these drugs. Instead of giving these antibiotics every 8 hours or every 12 hours for

24 hours following surgery, pharmacy will enter the times for the antibiotics to be given either every 6 hours for 3 doses or every 10 hours for 2 doses. This will allow the administration of the final dose of antibiotic to fall within the 24 hours window required by SCIP.

## Pyxis Upgrade

LMCBC recently upgraded its Pyxis system to the 3500 model. The old machines were replaced on ICU, CCU, E-2, E-5, ICP, PACU, OR, ED, Labor and Delivery, and MHU. In addition, new machines were also added to

SDS, Mother/Baby, GOB, and STCF units.

New features of these machines include “cubie” pockets which allow access to one medication at a time for increased safety, larger monitors, access to Lexi-Comp via the touch screen on the machines, and constant temperature monitoring for refrigerators connected to the machines. Thanks to everyone who made the conversion possible.



## Automatic Medication Substitutions

There are thousands of drug products available in the US market, but it is not practical for the medical center to carry all of them. In order to provide the best patient care possible, P&T allows pharmacy to make automatic substitutions from what was ordered to what is carried on formulary. These substitutions allow for less phone calls to physicians and less interruption in patient therapy. The following substitutions were approved by P&T this year:

Coreg (carvedilol) Cr 10 mg daily -> Carvedilol 3.125 mg q12  
 Coreg Cr 20 mg daily -> Carvedilol 6.25 mg q12  
 Coreg Cr 40 mg daily -> Carvedilol 12.5 mg q12  
 Coreg Cr 80 mg daily -> Carvedilol 25 mg q12

Lescol (fluvastatin) 20 mg -> Zocor (simvastatin) 10 mg  
 Lescol 40 mg -> Simvastatin 20 mg  
 Lescol XL 80 mg -> Simvastatin 40 mg

Mevacor (lovastatin) 10 mg -> Zocor (simvastatin) 10 mg  
 Mevacor 20 mg -> Simvastatin 10 mg  
 Mevacor 40 mg -> Simvastatin 20 mg

Crestor (rosuvastatin) 5 mg -> Lipitor (atorvastatin) 20 mg  
 Crestor 10 mg -> Atorvastatin 40 mg  
 Crestor 20 mg -> Atorvastatin 80 mg

Effexor (venlafaxine) XR 75 mg daily -> Venlafaxine 37.5 mg BID  
 Effexor XR 150 mg daily -> Venlafaxine 75 mg BID

Sonata (zaleplon) 5 mg qHS -> Zolpidem 5 mg qHS  
 Lunesta (eszopiclone) 1 mg, 2 mg, or 3 mg qHS -> Zolpidem 5 mg qHS  
 Ambien (zolpidem) Cr 12.5 mg qHS -> Zolpidem 10 mg qHS  
 Ambien Cr 6.25 mg qHS -> Zolpidem 5 mg qHS

Detrol (tolterodine) LA 2 mg daily -> Oxybutynin 2.5 mg BID  
 Detrol LA 4 mg daily -> Oxybutynin 5 mg BID  
 Ditropan (oxybutynin) XL 5 mg daily -> Oxybutynin 2.5 mg BID  
 Ditropan XL 10 mg daily -> Oxybutynin 5 mg BID  
 Ditropan XL 15 mg daily -> Oxybutynin 5 mg TID

Metrocef (metronidazole and cefazolin combined in one bag) -> metronidazole and cefazolin in separate bags

Nitro-BID (nitroglycerin ointment) q6 -> change administration time to 6am, 12pm, and 6pm



## IV to PO Automatic Substitutions

Converting intravenous therapy to oral therapy has the potential to save time, money, and patient discomfort. Some oral drugs have the same bioavailability as their IV formulations. P&T approved the expansion of the IV to PO automatic substitution program to include Flagyl (metronidazole), Diflucan

(fluconazole [in doses less than 200mg]), and Zithromax (azithromycin) in addition to Protonix (pantoprazole), Pepcid (famotidine), and Levaquin (levofloxacin). All patients on these IV products will be evaluated by pharmacy based on the following criteria:

1) Patient is not in ICU, CCU, or LSH

2) Patient is not admitted for a gastrointestinal issue as per diagnosis in computer system

3) Patient has received at least 48 hours of IV therapy

4) Patient is on 2/more scheduled oral drugs (not "PRN") for at least 48 hours, with pharmacy checking the computer sys-

tem to make sure the drugs were administered.

If a physician does not wish the patient to receive oral therapy, he/she must rewrite the IV order if the order has already been changed. If the physician does not wish for the patient to receive oral therapy, he/she **must** specify in the order not to change it.