D&T Decisions
...from the District Drugs and Therapeutics Committee
Capital Health
Nova Scotia

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Capital Health

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The following policies were approved by the District Medical Advisory Committee (Sep 07, Oct07) on the recommendation of the District Drugs and Therapeutics Committee (12Apr07, 10May07, Jul07, Sep07).

I. Additions to Formulary

Ertapenem, *Invanz*

Ertapenem is an antibiotic indicated in a variety of moderate to severe infections including diabetic foot infections. Ertapenem 1 g once daily has been found to have high efficacy and a favourable safety profile, compared to the combined regimen of piperacillin/tazobactam. The once daily dosing of ertapenem makes it a good candidate for outpatient management of complicated polymicrobial diabetic foot infections that require IV therapy.

Approved use:

Treatment of complicated outpatient polymicrobial diabetic foot infections that require IV therapy where ceftriaxone/metronidazole or cefazolin/metronidazole are not appropriate (on the recommendation of the Division of Infectious Diseases)

Oxaliplatin, *Eloxatin*

Two new policy recommendations for oxaliplatin have been approved by the District Drugs and Therapeutics Committee.

Approved use:

- In combination with 5-FU/LV infusional based chemotherapy (FOLFOX), as a first or second line option in patients who have documented evidence of non-resectable locally advanced or metastatic colorectal cancer, have an ECOG performance status of 0-2, and who choose to receive systemic chemotherapy.
- In combination with 5-FU/LV infusional based chemotherapy (FOLFOX) as adjuvant therapy in patients who have documented evidence of completely resected stage III colon cancer, with an ECOG status of 0-2, for whom adjuvant chemotherapy would be recommended. A select group of high risk patients with completely resected stage II colon cancer should be considered for this therapy as well. This would include stage II patients with T4 lesions, inadequately sampled nodes, perforation, or poorly differentiated histology for whom adjuvant chemotherapy may be recommended.

Salmeterol/Fluticasone, *Advair*

In moderate to severe asthma, the combination of salmeterol with fluticasone reduces exacerbations in patients who are symptomatic on inhaled corticosteroid therapy. There is evidence of an increased risk of asthma related deaths associated with salmeterol monotherapy; however, this may be reduced when salmeterol is combined with an inhaled corticosteroid. Therefore, salmeterol should only be used in combination with an inhaled corticosteroid in asthma patients.

In moderate to severe COPD, recent data suggests that in patients who have had ≥ 1 exacerbation in the previous year, the combination of salmeterol/fluticasone may reduce the rate of exacerbations compared to placebo, salmeterol alone, or fluticasone alone.

Approved use:

- For patients with moderate to severe asthma who are compliant with inhaled corticosteroids at a dose ≥ 500 mcg beclomethasone (or equivalent) and require increasing amounts of short acting beta-2 agonist.
- For patients with moderate to severe COPD (FEV_1 < 50%) who are symptomatic after a trial of maximal doses of ipratropium (240 mcg/day) along with a short acting beta-2 agonist.

II. Expanded Indications

Salmeterol, *Serevent*
Formoterol, *Oxeze*

The current restricted criteria for long acting beta agonists (LABAs) do not include COPD patients. Several meta-analyses have found that LABAs reduce exacerbations significantly more than placebo in patients with moderate to severe COPD. LABAs do not demonstrate a significant advantage over anticholinergics in most functional outcome measures.

Expanded Restriction:

- For patients with moderate to severe COPD (FEV_1 < 50% predicted) who are symptomatic after a trial of maximal doses of ipratropium (240 mcg/day) along with a short acting beta-2 agonist, indicative of poor control.

III. Nonformulary

Rosuvastatin, *Crestor*

All trials evaluating the efficacy of rosuvastatin have assessed either lipid profile or atherosclerotic changes. To date, no published trials have assessed the effects of rosuvastatin on morbidity and mortality. The statins that are currently on formulary have evidence of benefit on morbidity and mortality.

Bevacizumab, *Avastin*

Administration of intravitreal bevacizumab for the management of choroidal neovascularization has been gaining popularity due to its low cost, and molecular similarity to ranibizumab (a newly approved agent for the treatment of wet age related macular degeneration). Currently, there is limited good quality evidence supporting the use of intravitreal bevacizumab. Additionally, the available data is insufficient to detect serious adverse effects that may occur at a low incidence.

Tramadol/Acetaminophen, *Tramacet*

In postoperative pain management, tramadol/acetaminophen has been shown to have similar efficacy compared to codeine/acetaminophen. Additionally, there is insufficient evidence in this patient population to conclude that tramadol/acetaminophen has a better side effect profile compared to codeine/acetaminophen. Tramacet is marginally more costly than its closest comparators.

IV. Therapeutic Interchange

New Therapuetic Interchange:

A new Therapeutic Interchange for Sustained Release Morphine was developed as a medication safety initiative. This will help minimize the variety of dose/formulations of morphine products, and the number of look alike and sound alike names. The Morhpine, Sustained Release 24-hour oral formulation Kadien will not be interchanged.

Sustained Release Morphine Therapeutic Interchange

Preparation/regimen ordered:	Dispensed as:
Morphine, Sustained Release Oral Tablet (e.g. MS Contin)	Morphine, Sustained Release Oral Capsule (e.g. M-Eslon)
Exception: Morphine, Sustained Release-24 hour Oral Formulation (Kadian)	

New Therapuetic Interchange:

A Therapeutic Interchange policy has been approved for topical corticosteroids. All single entity topical steroids will be interchanged to a preferred agent that has the same potency and vehicle as originally ordered. See the Topical Corticosteroid Interchange Table for details.

Topical Corticosteroid Therapeutic Interchange Table

Potency	*Preparation/regimen ordered*	*Dispensed as*
Very Potent	-Betamethasone dipropionate glycol 0.05% (Diprolene Glycol) -Halobetasol propionate 0.05% (Ultravate)	Clobetasol propionate 0.05% (e.g. Dermovate)
Potent	-Amcinonide 0.1% (Amcort) -Desoximetasone 0.25% (Topicort) -Fluocinonide 0.05% (Lidex) -Halcinonide 0.1% (Halog) -Halobetasol propionate 0.05% (Ultravate) -Triamcinolone acetonide 0.5% (e.g. Aristocort C)	Betamethasone dipropionate 0.05% (Diprosone)
Moderately Potent	-Beclomethasone dipropionate 0.025% (Propaderm) -Betamethasone valerate 0.05% (Betaderm, Betnovate) -Clobetasone butyrate 0.05% (Eumovate) -Desoximetasone 0.05% (Topicort Mild) -Diflucortolone valerate 0.1% (Nerisone Cr) -Fluocinolone acetonide 0.025%, 0.01% (Fluoderm, Synalar) -Mometasone furoate 0.1% lotion (Elocom) -Triamcinolone acetonide 0.025%, 0.1% (Kenalog, Triaderm)	Betamethasone valerate 0.1% (Betaderm, Betnovate) Exception for creams/ointments: Hydrocortisone valerate 0.2% (Westcort) and Mometasone 0.1% (Elocom) are not interchanged. No exceptions for lotions.
Weak	-Desonide 0.05% (Desocort) -Hydrocortisone 0.5%, 2.5% (e.g, Emo-cort)	Hydrocortisone 1% (e.g. Emo-cort)

As a result of this interchange betamethasone dipropionate 0.05% lotion will be added to formulary and the following products will be removed: fluocinonide 0.05% cream; halcinonide 0.1% cream, ointment, and lotion; betamethasone valerate 0.05% cream, ointment, and lotion; clobetasone 0.05% cream; fluocinolone 0.025% cream; fluocinolone 0.1% cream; hydrocortisone 0.5% cream, ointment, and lotion; hydrocortisone 2.5% lotion; betamethasone dipropionate glycol 0.05% ointment; halobetasol 0.05% ointment; mometasone 0.1% lotion; difluocortolone 0.1% ointment; desonide 0.05% ointment.

The cream and ointment formulation of mometasone furorate 0.1%, as well as Hydrocortisone valerate 2% will remain on formulary and will not be interchanged. Additionally, prescriptions for topical steroid gels, or combination products will not be interchanged, but dispensed according to formulary policy.

Revised Therapeutic Interchange:

The listing of the Therapeutic Interchange policies approved for use at Capital Health was recently reviewed. The following Therapeutic Interchanges were identified as requiring revision.

Preparation/regimen ordered:	Dispensed as:
Acetylsalicylic acid/caffeine/... - codeine 15 mg - codeine 30 mg	Acetaminophen 325 mg/caffeine 15 mg/... - codeine 15 mg - codeine 30 mg

Preparation/regimen ordered:	Dispensed as:
Acetaminophen/… - oxycodone 2.5 mg - oxycodone 5 mg	Acetaminophen 325 mg/caffeine 15 mg/... - codeine 15 mg - codeine 30 mg

Preparation/regimen ordered:	Dispensed as:
Acetylsalicylic acid/... - oxycodone 2.5 mg - oxycodone 5 mg	Acetaminophen 325 mg/caffeine 15 mg/... - codeine 15 mg - codeine 30 mg

The following Therapeutic Interchange was also added.

Preparation/regimen ordered:	Dispensed as:
Acetaminophen/caffeine/… - codeine 15 mg - codeine 30 mg	Acetaminophen 325 mg/caffeine 15 mg/... - codeine 15 mg - codeine 30 mg

Revised Therapeutic Interchange:

Very high doses of Proton Pump Inhibitors (greater than the equivalent of lansoprazole 60 mg daily) have not been studied in clinical trials. Recognizing this, the Therapeutic Interchange policy for oral Proton Pump Inhibitors will be revised to not apply to daily doses greater than lansoprazole 60 mg per day.

Preparation/regimen ordered:	Dispensed as:
Esomeprazole 20 mg po/ng Omeprazole 20 mg po/ng Pantoprazole 40 mg po/ng Rabeprazole 20 mg po/ng	Lansoprazole 30 mg po/ng Lansoprazole 30 mg po/ng Lansoprazole 30 mg po/ng Lansoprazole 30 mg po/ng
* Do not interchange orders that have daily doses greater than 40 mg omeprazole, 40 mg esomeprazole, 80 mg pantoprazole, or 40 mg rabeprazole; for these orders dispense as written.	

V. IV Manual

New Monograph:

Hydroxocobalmin (09-07)

Rescinded Monographs:

Corticotropin - Removed from the Canadian Market
Doxycyline - Removed from the Canadian Market
Erythromycin - Non-Formulary
Phenobarbital - Removed from the Canadian Market
Filgrastim - Not administered IV at Capital Health
Imipenem - Non-Formulary

Revised Monographs:

Cefazolin (04-07)
Ceftazidime (06-07)
Cyclosporin A (05-07)
Digoxin Immune Fab (06-07)
Dihydroergotamine (06-07)
Hydromorphone (06-07)
Nalbuphine (06-07)
Pralidoxime (05-07)
Sodium Thiosulfate (05-07)
Phenylephrine (09-07)

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