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

Capital Health

Issue #53: November 2012

Inside this Issue.....

The following policies were approved by the District Medical Advisory Committee (Sep12, Oct12) on the recommendation of the District Drugs and Therapeutics Committee (Jun12, Sep12).

I. Additions to Formulary

Aripiprazole, *Abilify*®

Aripiprazole is an antipsychotic that functions as a partial agonist at the dopamine D2 and the serotonin 5-HT1A receptors, and as an antagonist at the serotonin 5-HT2A receptor. Randomized controlled trials comparing aripiprazole to other antipsychotics have found similar response rates in patients with schizophrenia and schizoaffective disorders. In all studies serious adverse event, adverse events, and withdrawals due to adverse events were similar between aripiprazole and other comparator antipsychotics.

Approved Restriction:
For the treatment of schizophrenia and schizoaffective disorders.

II. Revised Restrictions

Erythropoietin Stimulating Agents
Epoetin alfa *(Eprex®)* and Darbepoetin alfa *(Aranesp®)*

At Capital Health there are multiple restricted criteria for the use of erythropoietin stimulating agents (ESAs) including use in Nephrology, the Perioperative Blood Conservation Program and in certain hematologic malignancies. The current criteria for the treatment of anemia in chronic kidney disease specify that ESAs be started at a Hgb less than 80 g/L. In chronic kidney disease, clinical trial evidence does not clearly establish a specific Hgb concentration in which to initiate therapy. Meta analyses and systematic reviews suggest that the ESAs have the biggest impact when used to target Hgb between 100 and 110 g/L.

Several clinical practice guidelines pertaining to chronic kidney disease suggest that ESAs be initiated in patients with a Hgb less than 100 g/L, provided a patient has adequate iron stores. As a result, the restrictions pertaining to use in chronic kidney failure will change to better reflect current clinical practice. The non-Nephrology restricted criteria for the ESAs will remain the same.

Revised Restriction: For the treatment of anemia with chronic kidney disease as ordered by the Nephrology Service for patients with a Hgb less than 100 g/L on more than one occasion with adequate iron stores.

Mycophenolate sodium, *Myfortic*®

Currently, both oral mycophenolate mofetil (MMF) and enteric coated mycophenolate sodium (EC-MPS) are on Formulary with restrictions for the prophylaxis against acute rejection in solid organ transplant. MMF is now available as a generic formulation which is significantly less expensive than EC-MPS. In order to ensure appropriate prescribing, the restricted criteria for EC-MPS have been expanded. The revised restrictions are as follows:

Revised Restriction: Prophylaxis against acute rejection in solid organ transplantation if the patient has a history of gastro-intestinal intolerance to mycophenolate mofetil, the patient is concomitantly receiving a proton-pump inhibitor, or the patient had been receiving mycophenolate sodium on/before June 15, 2012.

III. Removal of Restrictions

Iron Sucrose

As a result of increased reporting of serious adverse events to iron dextran by Nephrology in the past year, the District Drugs and Therapeutics Committee have made a recommendation to the District Medical Advisory Committee for a suspension on iron dextran use at CDHA for 6 months. During this time iron sucrose is the only IV iron formulation to be used across the District, unless a physician obtains informed consent to continue iron dextran in current users. In order to accommodate the change in iron sucrose usage the Formulary restrictions for iron sucrose have been removed.

During the 6 month suspension there will be further investigation into the adverse events through the manufacturer and Health Canada's Vigilance Program. Additionally, the Quality and Patient Safety Committee in Nephrology will complete a thorough review of major centres across the country. DD&T will make a further recommendation in 6 months once the results of this

investigation are known.

Fluconazole

Restrictions have been removed for fluconazole, both the oral and IV formulations. Audits on the use of fluconazole indicate that it is used appropriately within Capital Health and it was felt that restricted criteria were no longer necessary.

IV. Pre-Printed Orders

The following new or revised pre-printed orders have been approved by the Medical Advisory Committee on the recommendation of the District Drugs and Therapeutics Committee.

PPO 0008	Hypothermia Post-Cardiac Arrest
PPO 0383	Inpatient Management of Alcohol Withdrawal Syndrome
PPO 0418	Warfarin Maintenance Orders
PPO 0419	Post Feeding Tube Insertion
PPO 0420	Transcatheter Heart Valve Implantation – Pre Procedure
PPO 0421	Post Transfemoral Aortic Valve Implantation (TAVI)
PPO 0422	High Dose Methotrexate and Leucovorin Rescue for Lymphoma Associated with High Risk of CNS Relapse

The information contained in this newsletter may also be accessed online:

http://cdhaintra/departmentservices/pharmacy/Formulary/index.cfm

Published by the Pharmacy Department, Capital Health
Editor: Natasha Rodney, B.Sc. (Pharm.)
Drug Information

Tel: (902) 473-8503
Email: natasha.rodney@cdha.nshealth.ca