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

Capital Health

Issue #51: June 2012

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The following policies were approved by the District Medical Advisory Committee (Feb12, Mar12, Apr12) on the recommendation of the District Drugs and Therapeutics Committee (Jan12, Feb12, Mar12).

I. Additions to Formulary

Picosulfate Sodium/Magnesium oxide/Citric Acid, *Pico-Salax*®
Picosulfate sodium/magnesium oxide/citric acid (PSMC) is a small volume preparation indicated for clearance of the bowel prior to diagnostic procedures or surgery. The active components are sodium picosulfate which acts as a stimulant cathartic locally in the colon, and magnesium citrate which retains moisture in the colon. While direct comparisons with other bowel preparation agents are limited, PMSC appears to be better tolerated than polyethylene glycol solution with reasonable efficacy and safety. PMSC is not intended for use as a routine laxative and is contraindicated in patients with reduced renal function.

Indapamide, *Lozide* ®
Clinical trials have found that a combination of indapamide and perindopril reduces fatal and non fatal strokes in patients with a history of stroke or transient ischemic attack. Perindopril is already available on the Capital Health Formulary and the additon of indapamide to the the Formulary will enable it to be used in conjunction with perindopril.

II. Revised Therapeutic Interchange

Proton Pump Inhibitors (PPIs)
Rabeprazole (Pariet®) and lansoprazole Fastabs® (Prevacid®) are the two oral PPIs currently listed on the Capital Health Formulary. A Therapeutic Interchange (TI) policy is in place where all prescriptions for regularly dosed oral PPIs are dispensed as rabeprazole. Orders for high dose PPIs (greater than the equivalent of rabeprazole 40 mg per day) are not interchanged. This exception to the TI is to accommodate orders for high doses of established PPI therapy, as these doses may reflect a difficult to manage, or refractory condition. All orders for PPIs that are to be administered via enteral tube are automatically interchanged to lansoprazole Fastabs®.

The TI for oral PPIs will change from rabeprazole (Pariet®) to pantoprazole magnesium (Tecta®). Pantoprazole magnesium is currently the most cost effective PPI at Capital Health that is also a full benefit on the Provincial Formulary. It is available as a 40 mg tablet. The Therapeutic Interchange for PPIs administered via enteral tube remains unchanged.

The new interchange is as follows:

New Interchange

Preparation:	Dispensed As:
esomeprazole 20-40 mg po lansoprazole 15-30 mg po omeprazole 10–20 mg po pantoprazole 20 mg po rabeprazole 10-20 mg po	To same frequency Pantoprazole magnesium 40 mg po
*The interchange does not apply to orders that have daily doses greater than 40 mg omeprazole, 40 mg esomeprazole, 40 mg rabeprazole or 60 mg lansoprazole	

Note: The new interchange will be implemented by the Pharmacy Department once current stock of rabeprazole is depleted.

Metronidazole, *Flagyl*®
The current metronidazole Therapeutic Interchange at Capital Health is as follows:

OId Interchange

Preparation	Dispensed As
Metronidazole ____ mg IV q6-8h	Metronidazole ____ mg IV q12h (Exception: cefoxitin interchange q8h)

The Therapeutic Interchange has been changed so that it will not apply to patients with Clostridium difficile, subdural empyema or

brain abscess.

New Interchange

Preparation	Dispensed As
Metronidazole ____ mg IV q6-8h	Metronidazole ____ mg IV q12h (Exception: cefoxitin interchange q8h, Clostridium difficile infection, subdural empyema or brain abscess)

III Removal of Therapeutic Interchange

Vancomycin
The current Therapeutic Interchange for vancomycin at Capital Health is as follows:

Old Interchange

Preparation	Dispensed As
Vancomycin IV inj q ___ h	Vancomycin all dosing intervals less than q12 hours changed to q 12hours with total daily dosage remaining the same (e.g. 500 mg q6h becomes 1 g q12h)

It is becoming common practice to dose IV vancomycin more frequently than every 12 hours in situations where there is a resistant pathogen or for CNS infection. As a result, the therapeutic interchange for vancomycin has been removed.

IV. New Guidelines

The following new policy recommendations have been approved by the District Drugs and Therapeutics Committee.

Oxaliplatin, *Eloxatin*®
For use in combination (FOLFIRINOX) in metastatic pancreatic cancer.

Approved Restriction: In combination with irinotecan and 5-FU/LV infusional based chemotherapy (FOLFIRINOX) in patients who have documented evidence of metastatic pancreatic cancer as a first line treatment option, have an ECOG performance status of 0-1, for whom the combination would be recommended and choose to receive systemic therapy.

Everolimus, *Afinitor*®
For use in advanced or metastatic renal cell carcinoma.

Approved Restriction: As a single agent for metastatic renal cell carcinoma patients with documented clear cell histology who have a Karnofsky performance status of 70% or higher after progression or intolerance to the multi-targeted tyrosine kinase inhibitors sunitinib and/or sorafenib.

Zoledronic Acid, *Zometa*®
For use in multiple myeloma.

Approved Restriction: As a single agent bisphosphanate for newly diagnosed and histologically confirmed symptomatic multiple myeloma patients receiving antimyeloma treatment from the start of induction therapy for a maximum of two years to complete response (which ever comes first).

Cetuximab, *Erbitux*®
For use in metastatic colorectal cancer.

Approved Restriction: As a single agent or in combination with irinotecan as third line therapy for patients with documented evidence of progressive metastatic colorectal cancer (following standard fluoropyrimidine, irinotecan and oxaliplatin based chemotherapy with or without bevacizumab), confirmed KRAS gene wild type only, and ECOG permformance status 0- 2.

Abiraterone, *Zytiga*®
For use in metastatic castration resistant prostate cancer.

Approved Restriction: In combination with prednisone for metastatic castration resistant prostate cancer patients with histologically confirmed prostate cancer, ECOG performance status of 0-2 and progression after previous treatment with docetaxel.

Lenalidomide, *Revlimid*®
For use in myelodysplastic syndrome.

Approved Restrictions: As a single agent in adult patients with transfusion dependent anemia due to low or intermediate – 1 risk myelodysplastic syndrome associated with a deletion of 5q cytogenetic abnormality with or without additional cytogenetic abnormalities.

V. 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 0266 Anemia Clinical Protocol – Iron Dextran/Iron Sucrose
PPO 0360 Iron Dextran/Iron Sucrose Infusion Protocol – In Centre
PPO 0361 Iron Dextran/Iron Sucrose Infusion Protocol – Home dialysis/Satellite
PPO 0040 NOVE Protocol Inpatient/Outpatient
PPO 0243 Acute Promyelocytic Leukemia (APL) Protocol
PPO 0356 Acute Myelogenous Leukemia Consolidation HiDAC (6 dose)
PPO 0357 Acute Myelogenous Leukemia Re-induction HiDAC (6 dose)
PPO 0372 Idarubicin and CYTarabine (IDAC) Inpatient Chemotherapy Protocol
PPO 0373 Acute Myeloid Leukemia Induction (“3+7”) Inpatient Protocol
PPO 0405 Clinical Decision Unit – Asthma/COPD Protocol
PPO 0406 Clinical Decision Unit – Overdose Ingestions Protocol
PPO 0408 Clinical Decision Unit – Chest Pain Protocol

PPO 0409 Clinical Decision Unit – Congestive Heart Failure Protocol
PPO 0410 Clinical Decision Unit – Dehydration/Vomiting Protocol (adults)
PPO 0411 Clinical Decision Unit – Generic Protocol
PPO 0412 Acetylsalicylic Acid (ASA) Desensitization
PPO 0413 Thrombotic Thrombocytopenic Purpura (TTP) Initial Treatment Protocol
PPO 0414 Azacitidine for Myelodysplastic Syndrome (MDS) and Acute Myelogenous Leukemia (AML) – Cycle 1
PPO 0415 Azacitidine for Myelodysplastic Syndrome (MDS) and Acute Myelogenous Leukemia (AML) – Cycles 2 – 6
PPO 0416 Continuous Ambulatory Peritoneal Dialysis (CAPD) Training Order

The information contained in this newsletter may also be accessed online:
http://cdhaintra/departmentservices/pharmacy/Formulary/index.cfm

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