Nationwide Shortage of Isoproterenol (Isuprel):

Due to a shortage of raw material, isoproterenol is at critically low levels. This has caused physicians and pharmacists to seek out alternative drugs for the limited number of indications where isoproterenol is used. Isoproterenol has been removed from the emergency carts due to minimal usage and the very low priority of this drug in the recent ACLS guidelines. Dobutamine has been used as an alternative in heart transplant and electrical cardiac stimulation procedures. Sublingual nitroglycerin has been shown to be effective in tilt-table testing for syncope. In the meantime, the manufacturer plans to resume production of isoproterenol when a new raw material supplier can be identified.

Formulary Addition of Oral Lorazepam (Ativan) and Autosubstitution of Alprazolam (Xanax):

Several changes have taken place over the recent past that has caused the Pharmacy and Therapeutics Committee to re-evaluate and adjust the Formulary status of two oral benzodiazepines. Up until this recent change, alprazolam was the preferred, oral, short acting benzodiazepine over the use of lorazepam. Due to increasing concerns about drug interactions with alprazolam, acquisition cost reductions and availability of unit dose packaging of generic lorazepam, the Formulary status has now been reversed. Orders for alprazolam will now be autosubstituted with lorazepam. Dosage will be adjusted to a 1:2 ratio; such that 0.5mg alprazolam will be substituted with 1mg lorazepam. Following the guidelines for P&T Committee approved substitutions, the pharmacist will write an order indicating this change.

Tolterodine (Detrol) added to Formulary:

Tolterodine, a drug indicated for urinary incontinence and overactive bladder, has been added to the OSF St Francis Formulary. Oxybutynin (Ditropan), will remain on the Formulary and is the preferred agent for this indication. Tolterodine may offer an alternative to those patients who experience intolerable side effects from oxybutynin. Prescribers should be aware that oxybutynin is available also in a liquid dosage form and the acquisition cost for tolterodine is $1.08 for the 2mg tablet whereas the cost for oxybutynin is $0.11 for the 5mg tablet.
Patients who are concomitantly receiving macrolides (ex. Erythromycin) or an –azole antifungal agent (ex. Fluconazole, itraconazole) may be at increased risk of side effects from tolerodine.

**Help Prevent Medication Errors; Dangerous Abbreviations:**

Avoid Q.D. The period after the ‘Q’ can be interpreted as an "I" Use ‘daily’

Avoid SC This can be mistaken for "SL’ for sublingual Write out subcutaneous

Avoid TIW Can be mistaken for TID Write 3 times a week or specify days

Avoid "s" Can be misinterpreted as ‘with’ Usually not needed

(Ex. Lidocaine 1% s epinephrine should be written as lidocaine 1%)

**Report Adverse Drug Events on the ADE Hotline – 655-6805**
Adverse Drug Event Hotline:

Recently there may have been some confusing information about how to report Adverse Drug Events (ADE). Despite what you may have heard, the ADE Hotline at 655-6805 is still available and is the most convenient and easiest way to report any medication side effect. Physicians, nurses and any other St. Francis Hospital healthcare personnel are encouraged to report all known or suspected ADEs using the ADE Hotline.

Autosubstitution of Immediate-Release Nifedipine with Extended-Release Nifedipine:

Because of the morbidity and mortality associated with immediate-release nifedipine, this drug has been restricted for use in the treatment of procedure-related coronary vasospasm, and is available only in the Operating Room, Coronary Catheterization Lab and the Cardiovascular Intensive Care Unit. For pharmacy orders for immediate-release nifedipine 10mg orally three times a day, the Pharmacy and Therapeutics Committee has authorized the pharmacist to substitute extended-release nifedipine 30mg once a day. A Therapeutic Equivalent Substitution order will be completed for the Patient Record to indicate the change.

Clonidine, administered sublingually or orally, or intravenous labetolol have been used as alternatives for immediate-release nifedipine to reduce acutely elevated blood pressures.

Oseltamivir (Tamiflu) Suspension Added To Formulary and Zanamivir (Relenza) Deleted from the Formulary:

The Pharmacy and Therapeutics Committee approved the recently available oseltamivir oral suspension to the Formulary. Oseltamivir 75mg capsules were added to the Formulary last year. This drug is also now approved for influenza treatment in children who are 1 year of age or older. The new formulation will allow for easy administration to this group of patients and to adults unable to swallow capsules. Dosing of oseltamivir for the treatment of influenza is based on weight; with patients weighing more than 40 kilograms dosed at the maximum 75mg twice a day for 5 days. Average wholesale price (AWP) of a 75ml bottle is about $60, which will provide enough drug for the 5 day treatment course. The AWP for the 75mg capsule is about $6 per dose.

Since oseltamivir can be used in children and is now available in a liquid dosage form, the Pharmacy and Therapeutics Committee voted to delete the oral inhaler, zanamivir, which has similar indications, from the
**Wyeth to Discontinue Manufacturing Hyaluronidase (Wydase):**

Hyaluronidase is part of the hospital protocol for treating certain types of drug extravasation that can cause extensive tissue damage from infiltration of caustic intravenous drugs. Because of a drug shortage over the past few months, we have had to restrict the usage to the potentially severe episodes of drug infiltrations. Wyeth, the sole manufacturer of this drug, has now decided to discontinue manufacturing this product. Currently the FDA and Wyeth are trying to work out a solution to this latest supply problem.

Report Adverse Drug Events on the ADE Hotline – 655-6805
Unavailability Of Chlordiazepoxide (Librium) Injection:

Chlordiazepoxide (Librium) injection is one of the latest products added to a growing list of drug shortages. A change in the drug manufacturing site has resulted in the unavailability of this dosage form of the drug. The oral dosage form is still available. The shortage is expected to last until December of this year. This may be a time to consider the potential benefits of alternative agents. Diazepam (Valium) and lorazepam (Ativan) are also available for injection, but unlike chlordiazepoxide, the diazepam and lorazepam injections are available for immediate use and do not have to be reconstituted and are stored at room temperature. Chlordiazepoxide powder is packaged in glass ampules which can pose a hazard when breaking open.

Autosubstitution of Procanbid for Sustained-Release Procainamide:

Although not frequently prescribed, the OSF St. Francis Medical Center Pharmacy has carried two sustained-release forms of procainamide. The ‘regular’ sustained-release (Procan SR) product is intended to be dosed primarily on an every 6hour schedule, while the extended release product (i.e. Procanbid) is dosed every 12 hours. To avoid potential errors and duplication of formulary items, the Pharmacy and Therapeutics Committee voted to delete procainamide sustained-release and to allow the pharmacist to substitute Procanbid. Although the frequency of dosing will be different, the same daily dose will be administered.

Rapacurium (Raplon) In Short Supply:

The neuromuscular blocker rapacurium (Raplon), has been placed on backorder from the manufacturer. Vecuronium (Norcuron), which was the standard neuromuscular blocker on the Blue Alert Carts within the hospital before rapacurium was available, will replace the rapacurium during the shortage.

Product Confusion: Depakote and Depakote ER:

The introduction of Depakote ER has caused some confusion in the ordering and dispensing of the appropriate sustained-release valproate product. Depakote tablets and sprinkle capsules are delayed-release formulations containing divalproex sodium. These products are approved for use in the treatment of mania associated with bipolar disorder or seizures and are typically dosed on a twice-a-day schedule. Depakote ER, on the other hand is also an extended-release product, which is indicated for the prophylactic treatment of migraine headaches in adults. Dosing of this product is 500mg to 1000mg, once daily with an evening meal.

It is unfortunate that the manufacturer has chosen similar trade names for products with distinctly different indications. It is suggested that physicians write the treatment indication when ordering either of these
products. Depakote ER is not on the OSF St. Francis Medical Center Formulary.

Report Adverse Drug Events on the ADE Hotline – 655-6805
Piperacillin/Tazobactam (Zosyn) Added to Formulary:

Piperacillin/Tazobactam is a combination of an extended-spectrum penicillin antibiotic and a beta-lactamase inhibitor. Until now ticarcillin/clavulanate (Timentin) was the preferred antimicrobial of this class, but due to an increasing antimicrobial resistance pattern, especially with *Pseudomonas sp.*, and the potential to reduce costs, the Pharmacy and Therapeutics Committee agreed to approving piperacillin/tazobactam to the Formulary. The P&T Committee also agreed to an autosubstitution by the pharmacist to convert timentin/clavulanate orders to piperacillin/tazobactam and to delete ticarcillin/clavulanate from the Formulary except for children aged 12 years or less.

Based upon pharmacokinetic analysis, clinical comparative trials and personal communication with the OSF Medical Center and other infectious disease consultants, the following piperacillin/tazobactam dosing will provide effective antimicrobial therapy. This dosing will provide the same or more drug per day as the dosing regimens provided by package insert and be less costly. The P&T Committee approved an autosubstitution by the pharmacist to one of the following most appropriate dosing regimen.

Creatinine clearance > 40 ml/min:

Moderate to severe infections............... Piperacillin/tazobactam (Zosyn) 4.5 gm every 8 hours

Life-threatening, nosocomial pneumonia........ " " " 4.5 gm every 6 hours

Creatinine clearance 20-40 ml/min............... " " " 3.375 gm every 8 hours

Creatinine clearance < 20 ml/min............... " " " 3.375 gm every 12 hours

Based upon the majority of prescribing of ticarcillin/clavulanate is 3.1gm every 6 hours, it is anticipated that piperacillin/tazobactam (Zosyn) 4.5gm every 8 hours will be the most common regimen utilized.

**Autosubstitution of Proton Pump Inhibitors (PPI) to Pantoprazole (Protonix):**

The Pharmacy and Therapeutics Committee voted to have pantoprazole as the preferred oral proton pump inhibitor on the Formulary. Omeprazole (Prilosec) will be available for children 16 years and younger and for preparation of oral suspensions. Pharmacists will be able to autosubstitute pantoprazole 40mg once a day for most PPI orders and doses. If part of an *H pylori* treatment regimen, twice-daily omeprazole 20mg or lansoprazole (Prevacid) 30mg will be changed to pantoprazole 40mg twice a day. Other oral PPIs include rabeprazole (Aciphex) and esomeprazole (Nexium).

**Limited Approval of Budesonide (Pulmicort Respules):**

Nebulized budesonide solution has received approval to the Formulary and restricted to children who are unable to effectively use a metered dose inhaler. To date, no clear advantage over a metered-dose inhaler has documented and the cost is considerably higher for the nebulized solution.
Drug Recalls and Shortages:

Rapacuronium (Raplon) has been recalled due to deaths associated with bronchospasms. Succinlycholine, another neuromuscular blocker is in short supply. Also in short supply for the next 12 months are tetanus toxoid and dexamethasone injection. The FDA has approved the import from a Canadian manufacturer of naloxone (Narcan) 0.4 mg/ml to help alleviate the shortage in the US.

Report Adverse Drug Events on the ADE Hotline – 655-6805
PHARMACRAT

OSF Saint Francis Medical Center, Peoria, Illinois

...an educational memo from your Pharmacy and Therapeutics Committee

June, 2001

Parenteral Dexamethasone, Methylprednisolone and Betamethasone in Short Supply:

Discontinuation of product lines, production problems and shortages of raw materials continue to plague the pharmaceutical industry, resulting in critical drug shortages to pharmacies nationwide. Here at St. Francis Medical Center, if no new supplies arrive, it is estimated that we will exhaust our parenteral inventory of methylprednisolone (Solu Medrol), dexamethasone (Decadron) and betamethasone (Celestone) in about 2 to 4 months. The manufacturers and the FDA are anticipating these shortages to be ongoing for the next 12 months. We are encouraging the use of oral formulations, which are not in short supply, whenever clinically possible. If necessary, an autosubstitution procedure may be necessary between these two injectable corticosteroids in order to balance the inventory.

IV Pantoprazole (Protonix) added to Formulary:

The first parenteral proton-pump inhibitor, pantoprazole, has been added to the Formulary. The oral formulation of this drug was recently approved as the preferred proton pump inhibitor for adult patients. Given as a once-a-day, 40mg dose infused over 15-30 minutes, intravenous pantoprazole is FDA approved as an alternative to oral therapy in the treatment of erosive esophagitis and limited to 7 to 10 days treatment duration. Because of the possibility of micro-precipitates forming during the preparation, an in-line 1.2 micron filter must be used when administering this drug to patients. This drug is compatible with 5% Dextrose, Normal Saline and Lactated Ringers.

Neurology drugs added to the Formulary:

Because of their unique therapeutics, several newer anti-epileptic drugs were recently added to the Formulary. Drugs approved were levetiracetam (Kepra), oxcarbazepine (Trileptal), tiagabine (Gabitrol), and zonisamide (Zonegran). Modafinil (Provigil), which was recently FDA approved as an orphan drug in the treatment of narcolepsy, was also approved for the Formulary.

Other Formulary Additions and Autosubstitutions Approved:

Two drugs that were added to the Formulary from the May P&T Committee were tamsulosin (Flomax) and bisoprolol/hydrochlorothiazide combination (Ziac). Pharmacy authorization to substitute ibuprofen (Motrin) for nabumetone (Relafen) and Anusol ointment or suppositories for Preparation H ointment or suppositories were approved.

Enoxaparin Drug Orders Using Milligram per Body Weight:

When ordering enoxaparin (Lovenox), prescribers are encouraged to write out the total dose rather than a milligram/Kilogram amount, unless the patient’s weight appears on the Physician Order Sheet along with the order. Occasionally, inaccurate current patient weights appear in the computer data base which may result in
an incorrect enoxaparin dose being calculated. Writing out the actual desired dose provides a better system for doubling checking an order and a more accurate medical record of the dose prescribed.

Report Adverse Drug Events on the ADE Hotline – 655-6805
Improved Patient Safety Through Better Prescription Writing:

Deaths and increased morbidity have been associated with poorly or illegibly written prescriptions. Everyone who writes orders should take a little extra time to re-read those orders and see if your writing may pose a potential hazard to patient care. Examples of writing habits that have resulted in patient harm are listed below.

- Use a leading zero prior to a decimal point 0.7 NOT .7
- Do not use a trailing zero after a decimal point 8 NOT 8.0
- Do not use ‘U’ for units 6 units NOT 6U
- Do not use ‘qd’ for daily daily NOT qd
- Do not use ‘mcg’ for micrograms micrograms NOT mcg
- Do not abbreviate drug names acetaminophen NOT APAP
- Do not use elemental doses for calcium or iron 900 mg NOT 57.5 mg
  calcium elemental glucobionate calcium
- Use ‘phenytoin equivalence’ for dosing fosphenytoin 1000 mg PE NOT 1500 mg

Miconazole Topical Powder Replaces Nystatin Powder on Formulary:

Miconazole topical powder, which is significantly less expensive than nystatin powder, was judged to be therapeutically equivalent to nystatin powder for the treatment of similar dermatologic fungal infections. The P&T Committee deleted nystatin powder from the Formulary and will allow for autosubstitution with miconazole powder by the Pharmacy

Humalog 75/25 Added to the Formulary:

Humalog 75/25, a combination of the rapid onset, short acting insulin lispro and the longer, intermediate acting insulin lispro protamine suspension, was added to the Formulary. Nurses, physicians and patients must be cautioned that the packaging of this product looks similar to the other insulins which could lead to confusion and administration of the wrong product. Only three insulin products, regular, isophane (NPH) and 70/30, will be maintained as floor stock on the nursing units. All other insulins will be dispensed for specific patients, with the pharmacy label attached.

Sotalol (Betapace) and Sotalol AF (Betapace AF):
Sotalol has been approved by the FDA and marketed as two separate products; Betapace and Betapace AF. The product literature for Betapace describes its use for the treatment of ventricular arrhythmias while Betapace AF is indicated for the maintenance of normal sinus rhythm in patients with symptomatic atrial fibrillation or flutter who are currently in sinus rhythm. Although the labeling, product information, and even the tablet colors are different for each product, the drug is the same, which is sotalol. The FDA required that the sotalol be packaged differently because of the different indications.

Report Adverse Drug Events on the ADE Hotline – 655-6805
PHARMAGRAM

OSF Saint Francis Medical Center, Peoria, Illinois

...an educational memo from your Pharmacy and Therapeutics Committee

August, 2001

Propofol (Diprivan) Infusions Not Approved for Sedation in Pediatric ICU:

Based on data reviewed from a randomized, controlled, clinical trial comparing propofol to other sedative agents (ex. lorazepam, chloral hydrate, fentanyl, ketamine, morphine, or phenobarbital), the FDA and the drug manufacturer have issued a warning against the use of propofol for sedation in pediatric ICU patients. The study was comprised of 327 pediatric patients and resulted in a 2-3 fold greater incidence of death among children randomized to propofol during the trial or 28 days after the study period.

Inpatient Use of Herbal or Nutritional Products:

Ginko, St. John’s Wort, Chromagen and Saw Palmetto are examples of herbal or nutritional products that many people use on a daily basis. Since none of these products are on the OSF Formulary of approved drugs, patients will sometimes bring these medications in from home and request to continue to take them while in the hospital. Prescribers should be aware of the possibility of significant drug interactions or adverse drug events. There are increasing numbers of reports of risks involved with taking the herbal supplements. Also, it is sometimes not understood that these products are not regulated by the FDA and that products may differ in potency and possibly contain contaminants.

Although taking these products while in the hospital is discouraged, a physician may continue home medications if he/she determines that a patient’s health may be put at risk if therapy is withheld. It is important that all healthcare providers be aware of all drugs that a patient is taking. Home medications not stocked by the Pharmacy, which are to be used in the hospital, must be sent to the Pharmacy for identification, re-labeling and entry into the patient’s Medication Administration Record. Physicians are encouraged to submit formal requests for Formulary additions, including herbal or nutritional supplements, to the Pharmacy and Therapeutics Committee.

Re-supply of Some Backordered Drugs/Continued Shortage with Others:

Injectable drug shortages of chlorothiazide (Diuril), beclomethasone (Celestone), isoproterenol (Isuprel) and hyaluronidase (Wydase) have been lessened slightly with recent limited shipments of these drugs.

Influenza vaccine for 2001-2002 is expected to be in short supply. It is advised to delay vaccinating people not at high risk until November. Shortage of tetanus toxoid is expected to last into next year. Routine tetanus toxoid vaccinations for Illinois school children may be skipped for this coming school year. Parenteral phenobarbital, dexamethasone (Decadron) and methylprednisolone (Solu-Medrol) are in short supply. Whenever clinically feasible, consider administering the drug orally or per naso-gastric tube or using an alternative agent.

Discontinuation of Tolazoline (Priscoline):

Novartis Pharmaceuticals, the sole manufacturer of tolazoline will discontinue making this product effective
July 2002.

**Concentration of Oral Sodium Chloride Solution Standardized:**

The 'adult' formulation of oral sodium chloride solution of 1 Gram/30mls, has been eliminated and is now standardized to the same concentration used for pediatric patients (2.5 milliequivalents/ml or 1Gram per 6.8 mls.)

*Report Adverse Drug Events on the ADE Hotline – 655-6805*
Verbal Verification of Physician Telephone Orders:

To avoid errors with telephone orders, nurses, pharmacists and all others authorized to receive physician telephone orders are requested to repeat the orders back to the prescriber for verification.

Request to Suspend Prescribing Alendronate (Fosamax) for Hospitalized Patients:

Alendronate (Fosamax) must be taken with 6-8 ounces of water and the patient should remain in an upright position for at least 30 minutes after the dose. Because most hospitalized patients cannot comply with these requirements, there is an increased risk for esophagitis, esophageal erosion or ulcers. Due to potential and documented cases of significant adverse effects at OSF Saint Francis, and that missing doses of this medication during hospitalization is unlikely to cause long-term consequences, alendronate has not been added to the Formulary. Further, the P&T Committee voted to suspend all prescribing and dispensing of alendronate, including the use of the patient’s home medication, for hospitalized patients. Calcitonin (Miacalcin) may be considered as an alternative to alendronate if clinically necessary.

Phenytoin Infiltration Added to List for Treatment with Hyaluronidase (Wydase):

Since hyaluronidase has been in short supply, treatment of parenteral infiltrations has been restricted to drugs that can cause significant tissue damage. In addition to specific chemotherapeutic agents (etoposide, teniposide, paclitaxel, and vinca alkaloids), potassium boluses and calcium, phenytoin infiltrations should also be treated with hyaluronidase.

Formulary Additions:

The following drug items were added to the OSF Saint Francis Formulary:

Irbesartan (Avapro) Irbesartan/Hydrochlorothiazide (Avalide)
Valsartan (Diovan) Valsartan/Hydrochlorothiazide (Diovan HCT)
Arsenic trioxide (Trisenox) Losartan/Hydrochlorothiazide (Hyzaar)
Vagisil ointment Retreplase (Retevase) (Restricted to Interventional Radiology)

Sincalide (Kinevac) Backordered for One Year:

Manufacturing problems has resulted in sincalide, a diagnostic agent used in cholecystography, to be backordered for one year. Our supply is restricted to what is currently in our inventory.

Tuberculin Skin Test Now Required with Infliximab (Remicade) Use:
Administration of infliximab (Remicade), an antibody to tumor necrosing factor and approved for use in Crohn’s Disease, has been associated with the development of active tuberculosis infections in patients who had the latent form of the disease. Based on this information, the manufacturer now has a Black Box Warning in the product information recommending the administration of a tuberculin skin test before starting infliximab therapy.

Report Adverse Drug Events on the ADE Hotline – 655-6805
Insulin Glargine (Lantus) added to the Formulary:

Insulin glargine is a new long-acting human insulin analog approved for type 1 and type 2 diabetes. This insulin product is distinctly different from all other available insulins, included the long-acting ultralente insulin. Administered once daily at bedtime, insulin glargine does not produce a peak concentration, but rather mimics a continuous infusion of rapid-acting regular insulin, with the effects lasting the full 24 hour period. Insulin glargine must not be mixed in the same syringe with any other solution or insulin. With the introduction of this and other new insulin products, verifying the insulin names on the bottles is very important in order to avoid a potentially serious medication error.

CAUTION: Look-Alike and Sound-Alike Drugs:

Given the way thousands of available drug products are prescribed, either by a hand-written prescription or through a verbal telephone order, it is easy to understand how an error can be made in choosing the correct medication. Many of these drugs have names that either look or sound alike. It is important that written orders are as clear as possible and verbal orders are repeated back to the prescriber. Providing the intended use for the drug can also eliminate confusion. Listed below are just a few of the many drugs that either sound or look alike when prescribed.

Serzone……. Seroquel Xanax………. Serax Zestril……….. Desyrel
Celebrex…… Cerebrex Vexol.......... VoSol Vicodin……..Hycodan
Lantus ……… Lente Volmax……..Flomax Stadol……..Sotalol
Accupril……Accolate Slow K……..Slow FE Os-Cal……..Asacol
Xanax……..Zantac Iodine……….Lodine Intropin……..Isoptin
Xanax……..Tenex Clinoril………Clozaril Captopril……Capitol

Ordering Caffeine Products:

The OSF Pharmacy carries two caffeine-containing products; caffeine citrate and caffeine and sodium benzoate. When ordering, each drug must be written out entirely to avoid confusion between these products and caffeine, which is not on the Formulary. Caffeine citrate is used for apnea in premature infants and is usually given IV or orally as a 20 mg/kg loading dose and then 10 mg/kg daily. Caffeine and sodium benzoate is used for post dural puncture headaches and is usually administered intravenously over 60 minutes with 500mg of the drug diluted in a 500 or 1000 ml solution

Confusion Among Oxycodone Sustained-Release and Immediate-Release Products:
Mix-ups between OxyContin®, which is sustained-release oxycodone, and the immediate-release oxycodone have been occurring nationally. Often OxyContin® is used when referring to the generic name of the product and to order the immediate-release dosage form. The trade names of the immediate-release products are Roxicodone®, Percolone®, M-Oxy®, and OxylR®. When prescribing oxycodone, the order should indicate if the dosage form desired is sustained-release or immediate-release, so as to avoid confusion.

Report Adverse Drug Events on the ADE Hotline – 655-6805
Gatifloxacin (Tequin) Approved as Preferred Fluoroquinolone for Adults:

After an extensive review and discussions with various physician groups and based on significant cost savings, it was decided to add gatifloxacin (Tequin®) to the Formulary and replace ciprofloxacin (Cipro) and levofloxacin (Levaquin) as the preferred fluoroquinolone. The dose, which is 200-400 mg once a day, is the same for IV and oral use. The microbiologic coverage of gatifloxacin is the same as levofloxacin based on the literature and our own in-house testing of over 100 isolates. Because of certain regulatory requirements, the microbiologic sensitivity panel will still show levofloxacin. However, just as oxacillin represents the penicillinase resistant class of antibiotics, gatifloxacin should be considered interchangeable with levofloxacin.

Vancomycin Infusions Changed to 2 Hours to Reduce ‘Red Man Syndrome’:

Red Man Syndrome is usually caused by a rapid infusion of vancomycin, and it is not considered a true allergy to the drug. The red rash that develops, usually over the upper portion of the body, can be severe, with hives and itching. In more severe cases, it can affect breathing and cause hypotension. Over the past year we have had 29 documented reactions. To reduce the occurrence of this reaction, all vancomycin doses will be infused over 2 hours, instead of the usual 60-90 minute infusions.

Request to Suspend Prescribing of Herbal Drugs for Hospitalized Patients:

Because of possible adverse drug effects, known and unknown drug interactions and the questionable product quality, many herbal medications can and do pose certain health risks. Because of this and a shortage of scientifically sound studies documenting effectiveness, the Pharmacy and Therapeutics Committee voted to suspend all prescribing for hospitalized patients of herbal supplements, including the use of the patient’s own supplies.

Approved List of Names for Prescribing Insulin Products:

As a result of medication errors associated with abbreviations and an increasing number of insulin products, the P&T voted to require prescriptions for insulin products to use the following names:

- Lispro Lente NPH Regular
- Ultralente Humalog 70/30 Insulin 50/50 Insulin
- Lantus Velosulin BR Humalog 75/25

Orders for ‘L’, ‘UL’, ‘R’, ‘N’ insulins or ‘Hum Ins’ will no longer be acceptable.

Pharmaceutical Sales Representatives Not Allowed on Patient Care Rounds:
The Pharmacy and Therapeutics Committee voted to ban pharmaceutical sales representatives from patient care rounds based on ethical issues and patient confidentiality.

**Nesiritide (Natrecor) Approved for Patients with Heart Failure:**

Nesiritide, a natriuretic peptide with vasodilator and diuretic properties, was approved to the OSF Saint Francis Formulary. Administered by intravenous infusion, nesiritide is approved for use in acutely, decompensated patients with congestive heart failure. Use of this drug will be restricted to the intensive care and intermediate intensive care units.

**Drug Shortages and Re-supplies:**

Drugs currently in short supply include calcitriol (Rocaltrol®) capsules, oxymorphone (Numorphan®), heparin, chlorothiazide (Diuril®) injection, albumin, pneumococcal vaccine (Prevnar®), and sincalide (Kinevac®). Drugs supplies that have improved include kanamycin (Kantrex®), phenobarbital injection, norepinephrine (Levophed®), isoproterenol (Isuprel®), methylprednisolone (SoluMedrol®), and dexamethasone (Decadron®).

*Report Adverse Drug Events on the ADE Hotline – 655-6805*
Infiltration Treatment with Hyaluronidase (Wydase®) Expanded with Improved Drug Availability:

The current supply of hyaluronidase (Wydase®) has improved over the past several weeks. This greater availability means more drug is available to treat the following parenteral infiltrations: Chemotherapeutic agents (etoposide, teniposide, paclitaxel, and vinca alkaloids), potassium and calcium boluses, phenytoin and parenteral nutrition solutions.

Fentanyl (Duragesic®) Patch Reminder:

Inadvertently patients have experienced drug overdoses after receiving oral or parenteral narcotic analgesics while also on a fentanyl (Duragesic®) patch. Unfortunately, the patch is not always visible and the patient or caregiver may forget or not be aware that a continuous dose of fentanyl is being administered. This situation is of special concern when patients are transferred and there is a change of caregivers. When patients are discharged or transferred, fentanyl patches should be removed or their presence on the patient must be communicated to the patient and/or receiving caregiver.

Interaction with Low Molecular Weight Heparins and Patients with Epidural Anesthesia or Spinal Puncture:

Patients who undergo epidural anesthesia or spinal puncture may be at increased risk for bleeding or hematomas if they are also receiving a low molecular weight heparin (Ex. enoxaparin (Lovenox®). This risk is present during insertion, while the catheter is in place and during catheter removal. Since many epidural analgesic drugs are prepared by the Pharmacy, pharmacists have started screening for this potential interaction.

Remember to Indicate the Whole Drug Name – Including Suffixes:

The list of drug names with suffixes, such as LA, CR, SR, seems to continue to grow. Potential life-threatening reactions can occur when drug orders do not include the suffix. One example is when an immediate-release product is dispensed in place of a sustained-released drug. Listed below is a partial list of products with suffixes as part of their names.

Adalat CC Aspirin EC Cardizem SR Cardizem CD
Catapres-TTS-1 Beconase AQ Betoptic S Bicillin LA
Creon-5 Darvocet N-100 Effexor XR Niacin SR
Norpace CR Percocet-5 Procardia XL Prostin VR
Sinemet CR Ritalin SR Tegretol XR Toprol XL

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