Formulary Updates

Clevidipine (Cleviprex)
- Clevidipine is indicated for use in acute ischemic stroke patients requiring urgent blood pressure control for tPA administration.
- It is recommended that Clevidipine be approved for addition to formulary with restriction for Neurology only for reduction of blood pressure prior to the use of tPA for acute ischemic stroke. Clevidipine will be added to ED PYXIS and we will monitoring its usage. In the future, a protocol will be formulated for use of this medication.

Kcentra
- Kcentra is a purified, heat-treated, nanofiltered and lyophilized non-activated four-factor Prothrombin Complex Concentrate (human)
  - Contains vitamin K dependent coagulation factors (II, VII, IX, and X) and the antithrombotic proteins (protein C and protein S)
- Kcentra is indicated for urgent reversal of acquired coagulation factor deficiency induced by vitamin K antagonist (VKA) therapy in adult patients with acute major bleeding.
- It is recommended that Kcentra be approved for addition to the formulary for warfarin related significant life threatening bleeds.
- Moving forward, the Warfarin reversal order set will be updated to include Kcentra (PCC-4) and removing Profilnine (PCC-3) and NovoSeven (FVIIa).
- An order set will be built to restrict Kcentra usage to Critical Care and Neurosurgery, as well as discussion with other providers. This will not be available until October.

Bupivacaine Liposome Injection (Exparel)
- Exparel is a post surgical pain management analgesia agent
- Due to a lack of robust benefit seen in trials and its significant cost relative to standard therapy, Exparel was NOT approved by the Pharmacy & Therapeutics Committee for formulary addition.

Policy Updates

Multi-Dose Medication Vials CL.44
- The policy was revised to include the expiration date for multi-dose injectable medications will be 28 days after the date written on the vial or the manufacturer’s recommended expiration date, whichever comes first, unless contaminated.

Anticoagulation Management-Outpatient Clinics CL.81
- This policy had slight variation from the policy being used at DeGraff for geriatric patients. To make this policy consistent, all of the information (dosing, perioperative managements, what to do with INR’s etc) has been incorporated.
**Eptifibatide Ordering in CPOE**

- Currently, orders for Eptifibatide infusions are entered without a physician defined duration. By default, the order has a 7-day hard stop which is applied in CPOE in any premixed medication infusion.
- It has been requested that the duration be a required field during order entry
  - The physician would need to enter the number of hours that they would like the Eptifibatide to run for
- The downside would be if they wanted the order to run past that point, it would fall off because it would be a physician stop without a reminder at that time
- Adding a duration unit of hours to the infusion order sentence in the orderset will allow the physician to define the time frame that the infusion should be infused over
- A duration unit of “hr” will be added to the two infusion orders in Eptifibatide (Integrillin) Therapy Orders orderset and the two infusions in the ED Eptifibatide Therapy Orders orderset.
  - Education will need to be provided for this change as well

**Voluven Contraindications and Warning Update**

- The FDA has issued contraindications on hetastarch products including Voluven regarding increased risk of renal injury, increased mortality in sepsis patients, and a warning for excessive bleeding in cardiac surgery patients
- As of now, Voluven has been removed from the CVIC PYXIS machines
  - The cardiac surgeons, nurse practitioners, and nursing are all aware of this and will alter therapy
  - Albumin 5% or normal saline will now be preferred
- The medication has not been recalled and is still available if prescribers wish to order it, however we should advise against it
  - At the next P&T meeting, it will be discussed about possibly removing this product for the formulary altogether

**Drug Shortage Update (*all are Critical) also available on KaleidaScope**

- Acyclovir Inj (all strengths)- intermittent supply
- Atropine Inj 1 mg/mL- manufacture unable to supply
- Calcium Chloride Inj (some strengths available)- intermittent supply; some Emergency syringes now available
- Calcium Gluconate Inj (all strengths)- small supply has been released
- Magnesium Sulfate Inj (all strengths)- intermittent supply; premix product unavailable
- Methylene Blue Inj 10 mg/mL- unavailable from manufacturer
- Morrhae Inj (all strengths)- manufacture unable to supply
- Multivitamin Inj (Adult) 10 mL- not available from manufacturer
- Nalbuphine Inj 10 mg- intermittent limited supply; restricted to OB
- Papaverine Inj (all strengths)- manufacture unable to supply
- Potassium Phosphate Inj (all strengths)- intermittent supply; some direct purchases received-still a problem
- Sodium Acetate Inj (all strengths)- intermittent supply; some direct purchases received
- Sodium Phosphate Inj (all strengths)- intermittent supply; some direct purchase received- still a problem
- Sodium Thiosulfate Inj- manufacturer unable to supply
- Tromethamine Inj 500 mL- manufacture delays

**CPOE Order set Change Process**

- The next Forms Committee will discuss combining the current forms process with the CPOE update process
- The committee recommended recreating AdHoc Subcommittees. These committees would then work with IST to help lead the process in making these updates
  - Re-establishing this committee process is needed