Pharmacy and Therapeutics Committee

Newsletter

December 2007

Also available on Kaleidascope

Summary of the actions taken by the P&T Committee

**Formulary Addition - Cyclobenzaprine**

Cyclobenzaprine (Flexeril®) is a skeletal muscle relaxant indicated for the relief of muscle spasms associated with acute, painful musculoskeletal conditions. It is not indicated for the relief of spasms related to cerebral or spinal disease. Muscle spasms are reduced primarily through a central action at the level of the brainstem, with some activity possible at the spinal cord level. In clinical trials, cyclobenzaprine has been shown effective at reducing pain and tenderness and improving mobility. The most common adverse effects reported include drowsiness, dry mouth, fatigue, and headache. The recommended starting dose for most patients is 5 mg orally three times a day. The dose can be titrated up to maximum of 10 mg three times daily if necessary. Use beyond 2 – 3 weeks is not recommended due to the lack of evidence supporting longer durations of use. **Cyclobenzaprine will no longer be auto-substituted to methocarbamol.**


**Therapeutic Substitutions**

**Additions:**

1. The auto-substitution of quetiapine XR (Seroquel XR®) to quetiapine (Seroquel®) was approved by the committee. This substitution was made to simplify the formulary in light of the lack of additional clinical benefit with the extended-release formulation. Quetiapine will be substituted at the same dose and dosing frequency as prescribed for quetiapine XR.

2. The auto-substitution of all “renal vitamins” (B-complex vitamins), such as Nephrovite, NephPlex, and Rena-Vite, to DexFol was approved by the P&T Committee. The substitution was initiated in an effort to simplify the formulary and reduce costs. Auto-substitution will begin in early January of 2008.

Each DexFol tablet contains the following ingredients:

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Folic acid</td>
<td>5 mg</td>
</tr>
<tr>
<td>Cyanocobalamin</td>
<td>1 mg</td>
</tr>
<tr>
<td>Ascorbic Acid</td>
<td>60 mg</td>
</tr>
<tr>
<td>Pyridoxine</td>
<td>50 mg</td>
</tr>
<tr>
<td>Thiamine</td>
<td>1.5 mg</td>
</tr>
<tr>
<td>Biotin</td>
<td>300 mcg</td>
</tr>
<tr>
<td>Riboflavin</td>
<td>1.5 mg</td>
</tr>
<tr>
<td>Niacin</td>
<td>20 mg</td>
</tr>
<tr>
<td>Pantothenic acid</td>
<td>10 mg</td>
</tr>
</tbody>
</table>


3. Budesonide (Pulmicort) 1 mg respules will be dispensed when twice daily budesonide 0.5 mg respules are ordered. The substitution was made to reduce the total number of daily nebulizer treatments.

**Deletions:**

1. Orders for lovastatin will no longer be substituted with a therapeutic equivalent. The change comes in an effort to simplify medication reconciliation upon discharge and maintain consistency
in patient’s medication regimens when discharged. This change only applies to lovastatin. Therapeutic substitutions remain in effect for all other statins.

2. The auto-substitution changing omeprazole to pantoprazole is no longer valid. Omeprazole will now be dispensed as written. The change comes to assist with medication reconciliation at discharge and to maintain consistency in patient’s medication regimen when discharged. All other proton-pump inhibitor substitutions remain in effect.

**Post Operative Surgical Antibiotic Prophylaxis Policy**

The Surgical Care Improvement Project (SCIP) partnership is a national campaign, coordinated through 10 national organizations, designed to substantially reduce surgical morbidity and mortality. As one of the CMS quality measures, prophylactic antibiotics must be discontinued within 24 hours after surgery. In order for Kaleida Health to become compliant with the SCIP initiative, a post operative surgical antibiotic prophylaxis stop policy is being written. According to the policy, all post operative surgical antibiotics without a specified duration of antibiotic therapy will automatically be discontinued after 24 hours of therapy unless infection is indicated. Look for more information to come as more details on the policy become available.

**Revised Prescription Drug Labeling**

The prescription drug label (package insert) contains a compilation of the most important information necessary to use the product safely and effectively. In recent months, the FDA has recognized that the prescribing information is often long, confusing, and difficult to use, which may contribute to the 300,000 adverse events occurring each year. In an effort to create a user friendly insert, the FDA has redesigned the package insert. The new prescription labeling is broken down into three sections:

- **Highlights of prescription information**: Half page summary of the most commonly referred to drug information
- **Contents of the full prescribing information (FPI)**: Navigational tool for the FPI
- FPI: Contains the full prescribing information divided into sections and subsections

The new prescription labeling requirement is already required for all newly FDA approved prescription drugs. All currently approved drugs will be transitioning to the new prescription labeling over the next several years. Finally, the FDA is creating an online database of all new prescription drug labels. The web address is www.fda.gov/cder/news/factsatFDA.htm.


**Adverse Drug Reaction (ADR) Reporting**

The ADR form is now available on the Pharmacy Department section of Kaleidascope. Additionally, an e-mail titled “ADR Request” now exists. All employees are encouraged to report ADR using either the ADR form or e-mail. All submitted reports will be reviewed.