Pharmacy and Therapeutics Committee
Newsletter
November 2007
Also available on Kaleidascope
Summary of the actions taken by the P&T Committee

Formulary Addition – Asmanex Twisthaler
Due to increased use in the outpatient setting, more of our patients are coming in on Asmanex. Mometasone furoate inhalation powder, the active compound in Asmanex Twisthaler (Schering), is an inhaled corticosteroid indicated for the maintenance treatment of asthma in patients 12 years of age and older. Asmanex carries a second indication for asthma patients who require oral corticosteroid therapy, where adding mometasone may reduce or eliminate the need for oral corticosteroids. Short-term comparative studies have established that mometasone is more effective than once daily budesonide for the treatment of mild to moderate persistent asthma.\(^1,2\) Additionally, comparative trials have determined that mometasone is as effective as twice-daily beclomethasone, budesonide, and fluticasone.\(^1,3,4,5,6\) Asmanex is currently available as a 220 mcg per inhalation DPI. The cost is about $48 per unit (14 inhalation/unit).

Asmanex Twisthaler (220 mcg/inhalation) dosing recommendations:\(^7\)

<table>
<thead>
<tr>
<th>Previous Therapy</th>
<th>Recommended Starting Dose</th>
<th>Highest Recommended Daily Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchodilator Alone</td>
<td>One inhalation once daily in the evening</td>
<td>Two inhalations in one or two divided doses</td>
</tr>
<tr>
<td>Inhaled Corticosteroids</td>
<td>One inhalation once daily in the evening</td>
<td>Two inhalations in one or two divided doses</td>
</tr>
<tr>
<td>Oral Corticosteroids*</td>
<td>Two inhalations twice daily</td>
<td>Two inhalations twice daily</td>
</tr>
</tbody>
</table>

* Prednisone should be reduced no faster than 2.5 mg/day on a weekly basis, **beginning after at least 1 week of Asmanex Twisthaler therapy.**


Update - IV Medication Administration Policy for Loop Diuretics
The loop diuretic monographs (furosemide, bumetanide, and torsemide) in the IV medication administration policy have been updated. Continuous infusion loop diuretics should be reserved for patient’s refractory to standard diuretic regimens. **When indicated, all continuous infusion loop diuretics ordered outside of the ICU that are to continue beyond 24 hours will now require a nephrology consult.** In addition to the consult requirement, maximum recommended infusion rates have been added for furosemide. Outside of the ICU, the maximum recommended continuous infusion rate of furosemide has been set at 10 mg/hour, whereas the maximum recommended rate is 30 mg/hour in the ICU. All continuous infusion loop diuretics must be infused using an infusion pump. Electrolytes should be monitored at least daily.
Update of Kaleida Health Policy and Procedures

Medication Safety Policy # CL.24

The Medication Safety Policy has been updated to reflect recommendations from the mock JCAHO survey. It is important that the following procedures be observed to ensure the security of medications:

- **Departments should not stock any department prepared emergency boxes without first discussing it with the sites pharmacy director.** This clause was added to ensure that the pharmacy department is aware of all areas where medication is stored, as well as, to ensure that all boxes are being appropriately maintained.
- **All emergency boxes, as well as code carts, should be inspected by unit personnel each day** to ensure the integrity of the lock and that the box contains no expired medications or equipment. Documentation of daily checks should be kept on “check sheets” for all carts and boxes. Pharmacy dispensed locked boxes for code carts should be returned to pharmacy for restocking after opening.
- **Medication carts, emergency boxes, and medication rooms should be secured at all times.**

Automatic Stop Order Policy # CL.14

The Automatic Stop Order Policy allows all regular, non-controlled substance medication orders, with the exception of heparin, warfarin, and ketorolac, to be valid for the entire inpatient stay. Full dose heparin and full dose low molecular weight heparins must be reordered every 72 hours unless ordered under a heparin protocol. DVT prophylactic doses do not require reordering. For warfarin, the physician must rewrite the order every 72 hours unless the patient is stable, in which case the physician can write the order for a definite number of days. When the specified number of days has elapsed, the drug order will automatically be discontinued. The physician is then responsible for reordering warfarin if indicated. Ketorolac orders are valid for 3 days only. After 3 days, long-term pain control should be assessed.

Antibiotics are valid for the entire hospital stay but should general be written for a specified time period. If the duration of treatment is unspecified, the physician should continually reevaluate the need for antibiotic therapy and rewrite the order for a specified duration of treatment. If a definitive time period is indicated, the antibiotic will automatically be discontinued at the end of the desired time period unless an order is written to continue therapy. All antibiotics continued for greater than 10 days are reviewed for appropriateness.

**Normal Saline Replaces Heparin Flushes for Arterial Lines**

Hemodynamic Monitoring Policy and Procedures (Policy # TX.CV.15_PCD)

Due to concerns that a patient with heparin-induced thrombocytopenia could inadvertently receive heparin, the **heparin flush packs should no longer be used to maintain patency of intravenous lines used for hemodynamic monitoring.** The Surgical ICU at Buffalo General has been trialing the use of normal saline instead of heparin for almost 2 years. During that time period, no events have been associated with the new procedure. **Normal saline should now be used in place of heparin.** It is important to note that this change does not apply to aortic balloon pumps.