

To: All Pharmacists
From: Marshall Pierce
Date: 3/16/2006
Subject: P&T/MEC Approved Items All Sites

Estrogen Patches, Recommendations:

- Climara, once weekly estradiol patches, will be substituted for all other brands of estradiol patches based on cost (\$0.01/patch) and the frequency of use (once weekly), which reduces nursing administration time.
 - Initial starting dose for Climara is 0.025mg/day Patch for all FDA approved indications.
 - Patients admitted on estrogens patches will be encouraged to continue their medications from home.
- See web site for more information 68:16:04 or Additions to web site within the past two months

Epoetin and Aranest, Recommendations:

- Pharmacist will monitor the Hgb of all patients receiving erythropoietin products.
 - A pop up message will be added to SMS pharmacy for the pharmacists to check the patients Hgb on order entry and suggest appropriate dose adjustments when necessary per the package insert guidelines below.
 - Pharmacists will review the dosage history for all patients with Hgbs above 12 g/dL (Hgb should not exceed 12 g/dL per the package insert). A 25% dosage reduction will be recommended if the dose has not been decreased recently. Pharmacists will call the physician to discuss the patient's recent dosage history and appropriate erythropoietin dose.
 - Erythropoietin products will be placed on hold when the Hgb is above 13 g/dL, the physician will be contacted, and erythropoietin will be restarted at a reduced dosage when the Hgb drops to \leq 12 g/dL.
 - Pharmacists may order a CBC if one has not been ordered.
- See web site for more information 20:16:00 or Additions to web site within the past two months

A medication usage evaluation is to be completed on all patients receiving Xigris.

See web site for more information Medication Usage Evaluations/Data Collection Forms or Additions to web site within the past two months. Please return the forms to the director of pharmacy and communicate.

Levalbuterol, Recommendations

Levalbuterol is non-formulary. Albuterol has been previously approved for automatic substitution at an equivalent dose for levalbuterol (two times levalbuterol dose at the same frequency).

- All patients receiving levalbuterol will be converted to an equivalent dose of albuterol after 48 hours of therapy, unless they are allergic to albuterol, receiving levalbuterol at home, or have acute atrial fibrillation. Objective parameters will be monitored by respiratory therapy (heart rate, tremors, nervousness, and blood gases if ordered) from start of levalbuterol to 48 hours after albuterol is started. If a clinically significant decline is not seen, albuterol will be continued.
- Data will be collected on all patients, during levalbuterol administration and after conversion to albuterol. This information will be presented to the committee for their review. (see accompanying monitoring tool).
- Currently Levalbuterol accounts for 19% of doses, but 87% of \$125,628 in total cost.

See web site for more information 12:12:00, Medication Usage Evaluations/Data Collection Forms, or Additions to web site within the past two months

Tigecycline, Recommendations:

- Tigecycline use is restricted to infectious disease specialists and will be non-formulary at this time. Formulary status will be reevaluated in one year when sensitivity data is available.
- The microbiology department will obtain sensitivity panels and sensitivity testing is recommended for all patients receiving Tigecycline. Tigecycline will not be available for use until sensitivity testing can be performed. Note: The MIC range for numerous bacteria is above the breakpoint for tigecycline.
 - Antimicrobial therapy should be directed by culture and sensitivity results.
- Patients who become septic or develop septic shock have higher mortality rates when treated with tigecycline (1.5%) versus comparator agents (0.5%). Alternative agents are recommended.
- Tigecycline should not be used in neutropenic, immunosuppressed patients, or patients with endocarditis as it is bacteriostatic.
- Bactericidal agents are preferred for the treatment of serious, life threatening infections.
- Tigecycline is expensive, \$88 per day, and should be reserved for conditions where less expensive agents cannot be used. It is only available in an IV formulation.

See web site for more information 08:12:24

Please review the Additions to web site within the past two months weekly so you stay current.

