CEDARS-SINAI MEDICAL CENTER

Product Information Update
October 2016

Agenda Item	P&T Committee Decision

Drugs for Formulary Consideration

Fluoride-18 Fluciclovine (Axumin®) – add to formulary for PET imaging in men in whom prostate cancer recurrence is suspected based on elevated PSA levels following initial treatment.
F18 fluciclovine (Axumin®) in an agent indicated for PET imaging in patients with suspected prostate cancer recurrence based on elevated PSA following initial treatment for the disease. The place in therapy includes:
1. Identification of disease in prostate bed and regional nodes provides evidence to support salvage radiation treatment (SRT) and helps plan radiotherapy
2. Identification of disease in distant tissue allows patient to forego futile SRT
3. Absence of disease in patients with rising PSA will delay initiation of systemic androgen deprivation therapy

Long-Acting Reversible Contraception (LARC) – restrict to patients with medical necessity
The American College of Obstetricians and Gynecologists best practices include providing LARC the same day as requested whenever possible. Options for LARC are based on patient preference and include Mirena®, Liletta®, Skyla®, Paragard® and Nexplanon®. These products are only reimbursed by payers in the inpatient setting only if a medical need is identified. As a result, outpatient placement of LARC is encouraged, whenever possible. Liletta® is the preferred inpatient IUD and should be considered whenever possible.

Additional Items
- Theophylline SR (Q12H formulation) discontinued by all manufacturers – remove from formulary
- Theophylline (Theo24®) – add to formulary for continuation of therapy only
- Genteal®/ Systane® ophthalmic drop shortage – Goniovisc® 2.5% ophthalmic drop can be used interchangeably with Genteal®/ Systane® ophthalmic drops during shortage period
- Add betadine 5% ophthalmic solution to formulary
- Ofloxacin 0.3% Otic solution shortage – resolved
  Allow continuation of ofloxacin otic drops automatic substitution with ofloxacin 0.3% ophthalmic drops, at the same dose & frequency
- Automatic Substitution

Medication Ordered	Automatic Substitution to:
Mineral oil suspension (Kondremul®) 30 ml per day as a single dose or in up to 3 equal divided doses (max 90 ml daily)	Mineral oil 15 ml per day as a single dose or in divided doses (maximum 45 ml daily)
Solifenacin (Vesicare®) 5 or 10 mg	• Tolterodine LA (Detrol® LA) 4 mg (previously approved) – CrCl 10 to 30 mL/min: Detrol LA 2 mg PO daily – CrCl < 10 mL/min: not recommended
Darifenacin (Enablex®) 7.5 or 15 mg	• Tolterodine LA (Detrol® LA) 4 mg (previously approved) – CrCl 10 to 30 mL/min: Detrol LA 2 mg PO daily – CrCl < 10 mL/min: not recommended
Methocarbamol Injection	• Methocarbamol PO at same dose and frequency if patient is able to tolerate orals • Reverse current autosub of IV methocarbamol to PO tizanidine.

Antimicrobial Stewardship

2016 Empiric Treatment Recommendations for Common Adult Infections
Updates to the adult guidelines included:
1. Updated fluoroquinolone susceptibilities
2. Community-Acquired Pneumonia
   - Additional vancomycin indications: recent influenza infection, intravenous drug use, end-stage renal disease
3. Hospital-Acquired Pneumonia
   - Addition of tobramycin to regimen optional for non-critically ill patients
   - Footnotes added:
     - Add tobramycin to empiric regimen if: receipt of IV antibiotics in the past 90 days OR structural lung disease (i.e. bronchiectasis or cystic fibrosis)
     - For ventilator-associated pneumonia (VAP), consider addition of tobramycin
   - Removal of duration of therapy recommendation
4. Fever with Neutropenia
   - Additional vancomycin indications: evidence of skin/skin structure infection, pneumonia, hemodynamic instability, MRSA screen (+)
5. Healthcare-Associated or Diabetic Skin Infection
   - Replace cefotetan with cefoxitin for uncomplicated diabetic foot infection

2016 Empiric Treatment Recommendations for Common Pediatric Infections
Updated fluoroquinolone susceptibilities

Antimicrobial Renal Dosing Adjustment Protocol in Adults
Additions to the renal dosing adjustment protocol include:
1. Addition of renal dose adjustments for piperacillin/tazobactam dosing in obesity
2. Addition of aztreonam, daptomycin, meropenem

Antimicrobial Weight-based Dosing Guideline- revision
Daptomycin: for obese patients use adjusted body weight = IBW + 0.4(TBW-IBW)

Antibiotic Duration Recommendations for Common Adult Infections – revision
Uncomplicated Lung (Hospital Acquired or Health Care-Associated) Infection: 7 days (range: 7-8 days)

Other Updates

Tumor Lysis Syndrome Guideline – revision
Due to the significant cost increase, the Tumor Lysis Syndrome guideline was revised to remove IV allopurinol. It was recommended to remove this agent from the formulary. Available alternatives include oral allopurinol or rasburicase.

Isoproterenol (Isuprel®) – Alternatives for Use in Tilt Table Study
Tilt table testing is performed for the evaluation of syncope or transient loss of consciousness. Studies demonstrate that sublingual nitroglycerin (SL NTG) is comparable to isoproterenol for tilt table testing and guidelines state that these agents offer similar rates of positive responses and high specificity. Due to the significant isoproterenol price increase, the policy was updated to replace isoproterenol with NGT spray. Contraindications to NTG and dosing for SL NTG were also included in the policy.

Aerosolized Epoprostenol Test of Change (TOC) - Implementation date: 11/14/2016
A literature review demonstrated comparable safety and efficacy of aerosolized epoprostenol (aEPO) to inhaled nitric oxide (iNO) in a variety of patient populations including pulmonary hypertension, acute respiratory distress syndrome and post cardiac surgery. Based on the results of this review and due to the potential for significant cost savings, there will be a TOC in 6SCCT/OR using aEPO as an alternative to iNO. Inservices for staff involved will be provided prior to the initiation of the TOC.

Naloxone Infusion - Dosing and Criteria for Use
- Urinary Retention
  - Prevention in high risk patients (>100mg morphine equivalents/day): start at 0.35 mcg/kg/hr
  - Treatment: one-time dose of naloxone 100mcg IVP prepared and administered by physician
- Treatment of opioid-induced ileus in high risk patients who have not responded to bowel regimen
  - High risk: colorectal, spine, hepato-biliary, and high dose opioid (>100mg morphine equivalents/day)
  - Bowel management protocol should be used prior to naloxone infusion, except in colorectal surgery
  - Prophylaxis: start at 0.25mcg/kg/hour with maximum rate: 0.5mcg/kg/hr
- Naloxone infusions will auto-expire after 48 hours except when used for opioid reversal.

Pediatric Pharmacy & Therapeutics Committee - Heparinized Flush Bags in Pediatrics
Transducers should not be removed as it regulates flow.
- For patients <10kg, heparin flushes will be given via syringe pump with 50mL at 1mL/hour
- For patients ≥10kg, pressured flush bags will be used at 3mL/hour and the transducer will be monitored continuously

Direct Oral Anticoagulant (DOAC) Summary – Updated
- Add the following under apixaban (Eliquis®)
  - Tablets may be crushed and suspended in water, D5W or apple juice or mixed with apple sauce and promptly administered.
  - Use of procoagulant reversal agents, such as prothrombin complex concentrate (PCC), activated prothrombin complex concentrate or recombinant factor VIIa, may be considered but has not been evaluated in clinical studies; PT/INR, aPTT or FXa assays are not useful in this setting and are not recommended.
- Add rifabutin drug interactions to rivaroxaban and apixaban sections

Guidelines for Management of Central Nervous System Hemorrhage Revision – Kcentra® Without INR
Patients with traumatic brain injury or intracerebral hemorrhage without an available INR may receive Kcentra® 25 units/kg (max 2500 units). Dosing for non-TBI and non-ICH patients where an INR is not available will remain at 1000 units.

Alteplase Label for Code Brain Kits – change from alteplase 100mg vials to 50mg vials
The tPA/Code brain kits have been updated to include 2 of the 50mg vials. The new kit label which shows contents and the kit also contains preparation instructions for the reconstitution of alteplase.

	Enoxaparin (Lovenox®) Dosing Protocol - Revision The exclusion criteria of 'mechanical valve' was removed. **Insulin Sliding Scale Administration Instructions** Due to the potential of patients not receiving point of care (POC) glucose checks when NPO, administration order instruction will be changed to: "Do POC glucose checks ORDERED in all patients including NPO patients; for patients who are NOT NPO, administer insulin ONLY after food has been delivered to the room and patient is ready to eat." **Policies and Procedures Revisions (please refer to the intranet for the most updated version)** **Policies & Procedures** • Aerosolized Epoprostenol Administration via Aeroneb® through Mechanical Ventilator Circuits: General Clinical Manual/Clinical Guidelines - new • Latex Management for Preparing and Dispensing Medications (MM.05.01.07.b) Procedure: Medication Management http://cshsppmweb/dotNet/documents/?docid=16009&mode=view • EEG Monitoring in Burst Suppression: Drug Induced Coma Policy: Clinical Manual/ General Clinical http://cshsppmweb/dotNet/documents/?docid=35977&mode=view • Tilt Table Study – Non-Invasive Cardiology Lab Policy: Clinical Manual/General Clinical http://cshsppmweb/dotNet/documents/?docid=33629&mode=view **IV Guidelines** http://web.csmc.edu/clinical/clinical-departments/pharmacy/iv-guidelines.aspx • Dexamethasone (Decadron®) IV guideline • Phenobarbital IV guideline • Metoprolol IV guideline

Requests for full monographs or questions regarding this listing may be addressed to the Drug Information Center at **(310) 423-3784**

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