

Pharmacy & Therapeutics Update (TMC, FMC, MPH) Drug Information for Health Care Professionals



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Clevidipine (Cleviprex®)

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Clevidipine (Cleviprex®) is an ultra short acting intravenous calcium channel antagonist. The drug has been studied for pre and post op hypertension in patients undergoing cardiac surgery. Clevidipine was over 90% successful in reducing systolic blood pressure by 15% from a baseline. Mean time to goal was 5 minutes. Clevidipine infusions can begin at a rate of 1-2 mg/hr. The dose can be titrated by doubling the dose every 90 seconds. As blood pressure approaches goal the dosing should be increased more slowly. Most patients will achieve the desired therapeutic response at 4-6 mg/hr.

The most common adverse reactions are headache, nausea and vomiting. The product is an injectable emulsion that contains 0.2 grams of lipid per ml and is supplied as a 25mg/50ml infusion. The drug must be refrigerated and is only stable for 4 hours after it is opened.

Clevidipine is contraindicated in patients with an allergy to soybeans, soy products, eggs or egg products.

The Pharmacy and Therapeutics Committee approved the inclusion of clevidipine to the formulary for use in the ICUs and ED only. Also it's use is limited to one visl per patient as it's place in therapy is rapid reduction of blood pressure until another agent can be utilized for blood pressure control.

Corporate Pharmacy and Therapeutics Committee

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I wanted to share with you an exciting change in Novant's approach to convening a Pharmacy and Therapeutics (P&T) Committee. Historically, each facility held its own committee respectively. More recently, those activities had been consolidated into regional committees (a Triad Region Committee and a Southern Piedmont Committee) and two individual committees (Rowan and Brunswick Committees). As we embark on the era of a corporate pharmacy structure, it is an opportune time to unite these four entities and strengthen the committee's ability to affect change on a much broader scale. By combining resources, we are better able to leverage our economies of scale and minimize the duplication of efforts across the system. This new committee will also facilitate the sharing of best practices with regards to medication use and management.

The Corporate P&T Committee, which begins on February 25th, is an interdisciplinary team which reviews and approves drugs to be placed on the formulary based on clinical evidence of safety, efficacy, and cost effectiveness. In addition, the committee reviews and approves the enteral nutrition formulary. The P&T Committee will have five subcommittees: Cardiology, Anti-Infective Utilization, Oncology, Medication Use Policy, and Medication Safety. These subcommittees will be comprised of experts in their respective fields, and will provide recommendations and guidance to the P&T committee.

It is my hope that this new corporate committee will better enable us to maintain a safe and cost-effective formulary, monitor medication usage to assure adherence to approved guidelines, and identify opportunities for improvement within the medication use system. In the end, this change should benefit the employees of Novant, and ensure a remarkable patient experience every time.

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Warfarin Use Guideline for Treatment Naïve Patients

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Warfarin use guidelines were approved as part of anticoagulation policy at the December Pharmacy and Therapeutics Committee. This guideline is available in net access for all patients receiving warfarin. It can be found where the warfarin dosing and INR information is located.

Day of Therapy	Dose Adjustment & Follow-up
Day 1	<ul style="list-style-type: none"> • Obtain baseline CBC and PT/INR • Initial Dose: 5mg PO daily x 2 days • Consider reduced initial dose of 2.5mg PO daily x 2 days for patients meeting any of the below criteria: <ul style="list-style-type: none"> • > 65 years old • Under weight or malnourished (albumin <2) • Malabsorption disorder • Congestive Heart Failure • Liver Disease (baseline INR > 1.5) • Taking medication known to increase warfarin activity • NO loading dose (i.e. doses above 7.5mg) • If immediate anticoagulation is necessary (e.g. thromboembolism is present or suspected), use: <ul style="list-style-type: none"> • Heparin (UFH) drip per protocol until INR is therapeutic for 48 hours or • Enoxaparin (Lovenox): 1mg/kg SC q 12h or 1.5mg/kg (excluded in Cancer, Obese and Pregnancy) SQ daily for minimum of 5 days and until INR is therapeutic for 48 hours • Order daily PT/INR starting Day 2
Day 2	Obtain PT/INR: If INR ≤ 1.5, repeat starting dose If INR > 1.5, consider decreasing initial dose
Day 3	Obtain PT/INR: If INR < 1.5, a dose increase may be needed If INR 1.5-2, continue initial dose If INR >2, a dose decrease may be needed
When patient has had 2 consecutive therapeutic INRs, then check PT/INR at minimum every 3 days while in hospital, then at discharge weekly x 2 weeks then every 2 weeks x 2.	

Policy Updates

The Formulary Management Process policy was updated to include language that drugs are approved for use in FDA labeled indications, as well as off-label indications described in references available through the Novant intranet or Novant library services.

A policy detailing how a NICU patient should receive prescriptions if they are discharged during a time when Forsyth Healthcare pharmacy is not open.