



InPharmation

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Staff Spotlight

Danielle Smith, CPHT

Favorite Scripture:
Philippians 4:13 "I can do all things through Christ who strengthens me"



Danielle is a new pharmacy technician here at the lake. She is originally from Plaquemine, LA. Her favorite part of her job is helping make each and every patient feel a little better each day, and she especially loves working with the children.

When Danielle is not at work you can find her spending time with her 2 year old daughter, Harmony, and her mother. Her favorite meal is lasagna and guilty pleasures are sweets and Pepsi. If she could go anywhere in the world for vacation, she would visit Paris, France. Danielle's dream job would be to become a computer programmer; since she loves learning CTT, JAVA, and how to write programs. Singing is her favorite hobby, and she would give back to her church and family if she ever won the lottery. Also, if she could change one thing about our world today, it would be poverty.

Hurricane Preparedness and Awareness

By Katie Ducote, PharmD, BCPS

Hurricane Season is upon us and will continue through November 30th. Hurricane forecasters are predicting 13 tropical storms, 6 hurricanes and 2 severe hurricanes during the 2015 Atlantic Hurricane Season. At Our Lady of the Lake, we are dedicated to the health and safety of our patients and this includes during times of severe weather! Here's some information and FAQ's about YOUR role during a hurricane.

What are Activation ("Stay") and Recovery ("Relief") Teams?

Stay team members are the pharmacy's first responders. These will be pharmacists and technicians that are required to arrive at the hospital in advance of the hurricane making landfall and should be prepared to stay overnight.

Relief team members will report to work after the activation team has been dismissed typically after severe weather has cleared.

Both teams should be prepared to stay overnight for up to three days and could be called upon to work in different areas or settings than their usual assignments. Please make sure you see our supervisor to sign up for one of these teams!

Who is allowed to stay at the hospital during a hurricane?

Patients: Our patients are always our primary concern and the reason we are here! It's important for us as a department to support the direct patient care departments (ie nursing) so that they have what they need to make sure our patients are well taken care of during the storm.

Team members: The hospital will continue to operate in the event of a hurricane

and the stay and relief teams may be called upon to stay overnight if needed.

Family members of team members are not allowed to shelter at the hospital during hurricanes.

What are the team member's shifts like and will how will I be compensated?

Specific to the pharmacy department, members of the activation team will operate in 12 hours shifts. Team member compensation will occur throughout your time in the hospital but the rate will depend on hours worked and hours resting. Exact compensation is determined each year. Please refer to your manager with compensation questions.

Members of the activation team will be allowed to go home once they have been officially released by their manager. You will not be allowed to leave the hospital campus until this time.

What are pharmacy's sleeping arrangements?

You will be assigned a place to "rest" after working a 12 hour shift. Pharmacy utilizes our conference room and administrative offices for sleeping. Feel free to bring sleeping bags or air mattresses but no larger than twin size so that we may comfortably accommodate everyone!

For more information on our Hurricane Plan, please contact your pharmacy supervisor or visit LakeLink for the "Our Plan FAQ's" which provides information on what to bring in case you are called in and what to expect while working.

- **Humira (adalimumab):** Added to formulary; restricted to use as induction therapy for pediatric patients with Crohn's disease and induction therapy for adult patients with moderate to severe Crohn's disease or ulcerative colitis who have had an inadequate response to conventional therapy.

Ophthalmic antimicrobials

Medication	Formulary Action	Substitution
Ciprofloxain 0.30% ointment	removed	Ciprofloxacin 0.30% solution (automatic conversion)
Levofloxacin 0.50% solution	removed	Ciprofloxacin 0.30% solution
Tobramycin 0.30% ointment	removed	Gentamicin 0.30% ointment (automatic conversion)
Sulfacetamide/prednisolone ointment, suspension, solution	removed	
Neomycin/Polymyxin/Bacitracin ointment, solution	removed	
Neomycin/Polymyxin/Hydrocortisone suspension	removed	Neomycin/Polymyxin/Dexamethasone suspension (automatic conversion)

Respiratory agents

Medication	Formulary Action	Substitution
Anoro Ellipta (Umeclidium/vilanterol)	added	
Arnuity Ellipta (fluticasone)	added; restricted to patients ≥ 12 years	
Flovent HFA (fluticasone)	restricted to patient ≤ 12 years	Arnuity for >12 years (automatic conversion pending)
Asmanex Twisthaler (mometasone)	removed	Arnuity or Flovent (automatic conversion pending)
Spiriva Handihaler (tiotropium)	added	
Tudorza (Aclidium)	removed	Spiriva Handihaler (automatic conversion)
Breo Ellipta (Fluticasone/vilanterol)	added	
Symbicort (budesonide/formoterol)	removed	Breo (automatic conversion)
Advair Diskus (fluticasone/salmeterol)	restricted to continuation of home med	new starts automatic conversion to Breo
Advair HFA (fluticasone/salmeterol)	added; restricted to patients <12 years of age and unable to use Advair Diskus	

Pharmacy Practice Changes

Anti-Xa monitoring for patients on therapeutic Lovenox

- Pharmacy will use a P&T-approved protocol for monitoring and adjusting Lovenox when consulted to do so
- Consider monitoring in patients who meet the following criteria:
 - ◊ Obesity (> 150 kg or $BMI >35\text{kg/m}^2$)
 - ◊ Underweight patients ($BMI <18.5\text{kg/m}^2$ or $<50\text{kg}$)
 - ◊ Age <18 years
 - ◊ Pregnancy
 - ◊ Renal insufficiency ($\text{CrCl} \leq 30$ mL/min). Preference is to use unfractionated heparin instead of LMWH.

ISMP Best Practices (2014-2015)

ISMP Best Practice #6: Eliminate glacial acetic acid from all areas of the hospital.

Remove this item from all clinical areas within the hospital and replace with either of the following:

- Vinegar (5% solution)
- Diluted acetic acid 0.25% (for irrigation)
- Diluted acetic acid % (for otic use)

Why are we worried?

Glacial acetic acid (99.5%) is a hazardous chemical used with pharmacy compounding but has caused harm to patients when this agent has accidental topical exposure (i.e. severe pain, tissue damage, and 3rd degree burns). The mix-up between this toxic chemical other acetic acids has occurred when this item was purchased by mistake when the intention was to order a more diluted form of acetic acid.

Safety Opportunities:

Caution for CYP3A4 drug interactions with the new oral anticoagulants (rivaroxaban/apixaban). When entering a new order or recommending initiation of one of these medications, ensure that the patient is not also receiving a medication that is a CYP3A4 inducer or inhibitor. Inducers of CYP3A4 will put the patient at risk of developing a VTE while inhibitors will put them at risk for a bleed. Remember; **Barbie'S Car Goes Real Phast and PACMAN-G!**

CYP3A4 inducers:

Barbie'S: Barbiturates & St. John's Wort
Car: Carbamazepine
Goes: Griseofulvin
Real: Rifampin
Phast: Phenytoin

CYP3A4 inhibitors:

P: Protease inhibitors
A: Azoles
C: Cimetidine
M: Macrolides (excluding azithromycin)
A: Amiodarone
N: Non-DHP CCB(verapamil, diltiazem)
G: Grape fruit juice

For a more inclusive list of inhibitors and inducers, refer to this article published in the *Pharmacy Times*:

<http://www.pharmacytimes.com/publications/issue/2008/2008-09/2008-09-8687>

Regulatory

Recent FDA Drug Approvals

- **Orkambi (lumacaftor/ivacaftor)**- an oral cystic fibrosis transmembrane conductance regulator potentiator, indicated for the treatment of cystic fibrosis (CF) in patients age 12 years and older who are homozygous for the F508del mutation in the CFTR gene. If the patient's genotype is unknown, an FDA-cleared CF mutation test should be used to detect the presence of the F508del mutation on both alleles of the CFTR gene.
- **Entresto (sacubitril/valsartan)**- a new combination oral ARB and neprilysin inhibitor. Sacubitril is a neprilysin inhibitor which inhibits neprilysin (neutral endopeptidase), leading to increased levels of peptides (including natriuretic peptide). This combination is indicated for patients with chronic heart failure (NYHA Class II-IV) and reduced ejection fraction; usually administered in conjunction with other heart failure therapies, in place of an angiotensin-converting enzyme (ACE) inhibitor or other angiotensin II receptor blocker (ARB).
- **Rexulti (brexpiprazole)**- a second generation atypical antipsychotic approved for the treatment of major depressive disorder and schizophrenia
- **Odomzo (sonidegib)**- a new oral option for the treatment of locally advanced basal cell carcinoma which is recurrent following surgery or radiation therapy.
- **Daklinza (daclatasvir)**- oral antihepaciviral (NS5A inhibitor) for the treatment of chronic hepatitis C (genotype 3) in combination with sofosbuvir

FDA Drug Recalls for March:

None affecting OLOL.

Joint Commission Quick Tip:

How to Find a Lake Policy

1. Go to LakeLink and under Featured Lake Link Destinations select Policies
2. On the next screen select Our Lady of the Lake Policy Manual.

INPHARMATION EDITORIAL STAFF

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(Important: Select the correct manual or you will be reading other facility policies)

3. Search by Manual or by Word. (Much like a Google search engine, the less you enter is best to find what you are looking for)
4. Notice the Manual where the policy is located to assure you are reading the correct policy for your area. (Ex - organizational manual contains policies for everyone while Emergency Services contains policies for the ECU)

Are You Ready for the Joint Commission Survey?

Question: What abbreviations are banned and should never be used when communicating medical information?

Answer:	Banned	Acceptable
	U or u	Unit
	IU	International unit
	.25 mg (lack of leading 0)	0.25 mg
	25.0 (trailing 0)	25 mg
	qd, QD	Daily or every day
	qod, QOD	Every other day
	MS or MSO4	Morphine sulfate
	MgSO4	Magnesium sulphate
	µq	Mcg or micrograms

QUESTIONS, COMMENTS OR SUGGESTIONS?

Please contact:

Monica Morgan, PharmD

225-374-5760

Monica.morgan@ololrnc.com

Dates to Remember

August 19th: Son Nguyen's Birthday

August 24th: Monica Robins' Birthday

August 28th: Starr Smith's Birthday

September 3rd: Rhonda Harris' Birthday

September 4th: Newsletter Content Due

September 9th: Tanesha Kenerson's Birthday