ANTICOAGULATION UPDATE

VTE Recurrence

As reported in JAMA, patients receiving anticoagulation for venous thromboembolism (VTE) are at risk of recurrence following completion of treatment. The amount of time spanned from the most recent thrombotic event may be the most important factor in short-term VTE recurrence. This is because patients for whom therapy is stopped before the stabilization of an active thrombus are disposed to propagation and embolization. If the anticoagulant is stopped during the first 4 weeks of treatment, the daily risk of VTE recurrence is between 0.3 and 1.3%. The daily risk drops to 0.03% to 0.2% over the next 4 to 12 weeks, enabling many patients to safely discontinue anticoagulation therapy after 3 months.

POLICIES, PROCEDURES, PROTOCOLS

Neonatal Preparation and Administration  REVISED

7300/7310-693PT

This policy recognizes that the neonatal population has significant specific needs, an interdisciplinary process is designed to ensure that neonatal medication therapy is prepared and dispensed in a safe, effective, and timely manner and that all medications administered to neonatal patients are given accurately, safely, and with proper technique for each method of administration. It gives definition to the prescribing, preparation, dispensing, administration and monitoring of medications intended for this age group. Part of this policy deals with standard dilutions and the process that pharmacy takes to achieve final dose volumes. These guidelines are for standard use. However, as specific agents become available, dilutions other than the standard ones may become necessary. The policy was revised to include an option for specific situations as the one described:

“Guidelines for specific agents may be addressed in Standard Operating Procedure format as agreed upon with the Neonatology Department.”

In these specific situations, Pharmacy and Neonatology will meet to determine an appropriate course of action and develop a Standard Operating Procedure to assure consistency in preparation.
Anti-Infective Medications Limited to the Order by an ID Specialist  

The following medications were added to the list of medications limited to or by Infectious Disease:

- **Amphotericin B Deoxycholate** (FUNGIZONE)
- **Amphotericin B Liposomal** (AMBISOME)
- **Amphotericin B Lipid Complex** (ABELCET)

High Alert Medication List  

as referenced in 7300/7310-537PT

The High Alert Medication list had a small addition pertaining to monitoring for methotrexate oral tablets, as follows:

“Monitor for factors that may increase risk of toxicity such as hypoalbuminemia, renal dysfunction and drug interactions with NSAIDS and PPI’s. Hard stop orders for daily dosing until an appropriate oncologic indication is verified.”

The accompanying Safety Strategy is:

“Must be prescribed by a practitioner with appropriate scope of practice.”

AUTOMATIC SUBSTITUTION

<table>
<thead>
<tr>
<th>Orders written for</th>
<th>Will be automatically filled with</th>
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<tbody>
<tr>
<td><strong>Amphotericin B Deoxycholate</strong></td>
<td><strong>Amphotericin B Liposomal</strong> with consultation for appropriate dose</td>
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<tr>
<td><strong>Brimonidine 0.1% or 0.15% ophthalmic solution</strong></td>
<td><strong>Brimonidine 0.2% ophthalmic solution, same dosing frequency</strong></td>
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Injectable Iron Products for Use in the Ambulatory Clinic

When a single dose of iron dextran (INFED), iron sucrose (VENOFER) or sodium ferric gluconate complex (FERRLECIT) is ordered, the corresponding substitution will be ferumoxytol (FERAHEME) 510 mg. When multiple doses of any of the above products are ordered, the corresponding substitution will be FERAHEME 510 mg x 1, with a repeat dose in 3 to 8 days. Exclusions would include patients who are pregnant, patients who have had a sensitivity reaction to FERAHEME or those patients who have started therapy with a particular agent and need to complete the course of treatment. For patients who are pregnant or who have experienced sensitivity reactions to FERAHEME, the substitution product would be VENOFER, based on equivalent elemental iron amount.

FORMULARY ADDITION

IdaruCIZUMAB (PRAXBIND)

IdaruCIZUMAB is an antidote for dabigatran (PRADAXA) that was approved under the FDA’s accelerated approval program. IdaruCIZUMAB is a humanized monoclonal antibody fragment (Fab). It binds specifically to the dabigatran molecule with higher affinity than that of thrombin, and neutralizes the anticoagulant effect without interfering with the coagulation cascade. It has an immediate onset of action and the duration of action is at least 24 hours.

IdaruCIZUMAB is available for intravenous injection. The usual adult dose is 5 GRAMS and is administered as either two consecutive infusions or by two consecutive bolus injections, given no more than 15 minutes apart. An additional 5 GRAM dose may be administered if clinically relevant bleeding remains or if a second emergency surgery or urgent procedure is scheduled. However, there is limited data to support the use of an additional dose. No dosage adjustment is necessary in patients with renal or hepatic impairment.

There are no well-controlled studies in either pregnancy or lactation. The most common adverse effects include headache, delirium, hypokalemia, constipation, pneumonia, and fever. Monitoring parameters include direct thromboplastin time (dTT), ecarin clotting time (ECT), and signs and symptoms of clinically relevant bleeding and thromboembolic events. The IdaruCIZUMAB labeling recommends patients resume their anticoagulant therapy as soon as medically appropriate, as determined by their health care provider.
Reduction in Lidocaine Products

The Committee reviewed lidocaine products that are currently used at CHS. Based on recommendations from surgery, anesthesia, and the emergency department, a new list of approved lidocaine products was developed, as shown below.

- LIDOCAINE 0.5% (PF) INJ 50 ML
- LIDOCAINE 1% (MPF) INJ 5 ML
- LIDOCAINE 1% (PF) INJ 30 ML
- LIDOCAINE 1% BUFFERED WITH SOD BICARB INJ
- LIDOCAINE 1% INJ 10 ML
- LIDOCAINE 2% (MPF) INJ 2 ML
- LIDOCAINE 2% (PF) INJ 100 MG/5 ML SYRINGE
- LIDOCAINE 2% (PF) INJ 5 ML
- LIDOCAINE 2% (PF) INJ 10 ML
- LIDOCAINE 2% INJ 20 ML
- LIDOCAINE 2% JELLY 5 ML
- LIDOCAINE 2% URO JET EJELLY IN APPL 20 ML
- LIDOCAINE 2% VISCOUS SOLUTION
- LIDOCAINE 4% (PF) INJ 5 ML
- LIDOCAINE 4% LTA INJ 4 ML
- LIDOCAINE 4% TOPICAL SOLUTION 50 ML
- LIDOCAINE 5% IN D7.5W (PF) SPINAL INJ
- LIDOCAINE 5% PATCH
- LIDOCAINE-D5W 2 G M/250 ML SOLUTION
- LIDOCAINE-EPINEPHRINE 1 % 1:100,000 INJ 20 ML
- LIDOCAINE-EPINEPHRINE 2 % 1:100,000 INJ 20 ML
- LIDOCAINE-PRILOCAINE 2.5-2.5% CREAM 5 GM
- LIDOCAINE-TETRACAINE 70-70 MG PATCH
- LIDOCAINE-HYALUR AC-ALOE-COLL 2% GEL
  (FOR SAGE)