



Third Quarter 2009
Vol. VI, Issue 3

Special Points of Interest:

- P&T Update
- Possible Risk of Death with Certain Glucose Monitoring Technology
- Policy and Procedures Update
- FDA Requesting Product Label Changes on Promethazine Injection
- Pharmacy Department Employee of the Quarter

EDITORS:

Andre Emont
Pharmacy Director

Victor Pardo
Operations Manager

Michael Chu
Clinical Pharmacy
Manager

Farrukh Faruqui
Clinical Pharmacist

Helen Horng
Clinical Pharmacist

P&T Update

Formulary Addition/Deletion

Automatic stop order & renewal policy update

-Non-exempt medication orders will be good for 30 days - Approved
-Subcutaneous heparin and enoxaparin orders will be good for 10 days - Approved

-Cefaclor (Ceclor®) deletion from UH formulary

-Addition of Cefuroxime (Ceftin®) oral form to UH formulary in addition to the IV form Zinacef®- Approved

Sitagliptin (Januvia®) – formulary addition not deemed necessary at this time-Approved

Meropenem will be unrestricted antibiotic in SICU in addition to Imipenem-Approved

Meropenem, Colistin and Tigecycline will be unrestricted to MICU attending physicians only for MICU patients. The attending Physician must fill out the MICU antibiotic unrestriction form and follow the procedure outlined in the unrestriction proposal Approved

C1 esterase inhibitor (Cinryze®)-Formulary addition not deemed necessary at this time

Board Certified Psychiatric Pharmacist (BCPP)

Ahmed El Sayed El Kority, RPh, BCPP recently earned the designation of Board Certified Psychiatric Pharmacist (BCPP) from the Board of Pharmaceutical Specialties (BPS). This is pharmacy's highest credential in the practice of psychiatric pharmacy. Through board certification, psychiatric pharmacy

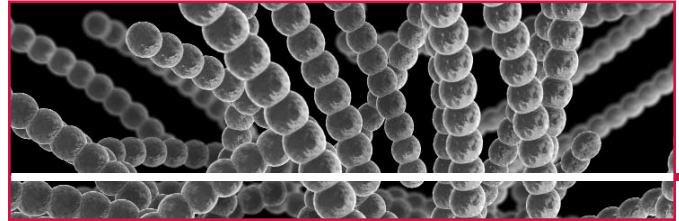
specialists demonstrate a defined level of education and training, as well as mastery of the knowledge and skills necessary to meet the public's demand for expert pharmaceutical care. We are to be commended for having a pharmacist of this caliber on our staff. Congratulations again, Ahmed!



Meet the New ID Clinical Pharmacist!

Polly Jen is the newest addition to the clinical pharmacy staff. In August 2009, she began her position as the Clinical Pharmacy Specialist in Infectious Diseases. Polly obtained her Pharm.D. degree from the Ernest Mario School of Pharmacy at Rutgers University. Upon graduating, she pursued additional postgraduate training to gain experience in the hospital setting and to prepare for a career as a clinical practitioner .

She completed a one-year General Pharmacy Practice Residency at Robert Wood Johnson University Hospital (New Brunswick, NJ) followed by a one-year Infectious Diseases Pharmacy Practice



Residency at SUNY Downstate Medical Center (Brooklyn, NY).

Polly is very excited to begin her career at the University Hospital. Over the next few months, her primary goal is to establish an Antimicrobial Stewardship program, which will focus on the use of antimicrobials in a clinically sound and cost effective manner. She looks forward to working with the pharmacy staff, medical staff, and other healthcare professionals in the near future!

Possible Risk of Death with Certain Glucose Monitoring Technology

The FDA recently issued a Public Health Notification on the use of GDH-PQQ (glucose dehydrogenase pyrroloquinoline quinone) glucose monitoring technology in patients who are receiving therapies that contain non-glucose sugars, such as maltose. Glucose monitors that use GDH-PQQ test strips cannot distinguish between glucose and other sugars. As a result, patients may have falsely elevated glucose levels. Healthcare practitioners may then give insulin to these patients, resulting in possible hypoglycemia, coma, or death. Thirteen deaths, relating to GDH-PQQ test strips' inability to differentiate between glucose and other sugars, have been reported to the FDA since 1997. In eight of the thirteen cases, glucose levels obtained with GDH-PQQ test strips were 3 to 15 times higher than those obtained from the lab.



Some therapies that contain non-glucose sugars include Octagam 5%, Extraneal peritoneal dialysis solution (icodextrin), WinRho SDF Liquid (Rho D Immune Globulin), HepaGamB (Hepatitis B Immune Globulin), and Orencea (abatacept). When patients are receiving these medications, GDH-PQQ glucose test strips should not be used to measure glucose levels. Instead, glucose levels should be obtained by sending blood work to the lab.

The FDA recommends hospitals to identify patients who are receiving therapies that contain non-glucose sugars upon their admission and periodically during their stay, educate hospital staff about this risk, and incorporate drug interaction alerts into computer systems and patient charts.

Some options to resolve this issue include using glucose monitors that do not utilize GDH-PQQ test strips and therapies that do not contain added sugars.

FDA Public Health Notification: Potentially Fatal Errors with GDH-PQQ Glucose Monitoring Technology. Food and Drug Administration.
<http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/PublicHealthNotifications/ucm176992.htm>. Published August 13, 2009. Accessed September 3, 2009.

Contributed by Queila Chaves, Pharm.D. Candidate 2010

Policy and Procedures

The existing automatic therapeutic exchange policy 707-500-122 has been updated to include dispensing of individual formulary ingredients of a combination non formulary medication by pharmacists. As per the policy any orders written for a combination drug which pharmacy does not stock will be substituted with the individual formulary medications (for example, equivalent doses of Cozaar® and Hydrochlorothiazide will be substituted for Hyzaar®; Flovent® and Serevent® will be substituted for advair®, etc.) and a written clarification will be generated.

The Pyxis® Connect System —Streamlining the medication order process—from transmission through review

The Pyxis® Connect medication order management system from Cardinal Health provides a unique solution to enhance communication and efficiency between Pharmacy and nursing. The system simplifies order processing and review, creating more time for pharmacists, nurses and clinicians to focus their attention where it matters most— our patients.

- Decreases order turnaround time
- Decentralizes pharmacy operations
- Helps reduce medication errors
- Improves communication between pharmacy and nursing

University Hospital's Pyxis® Connect went into effect on August 24, 2009.

FDA Requesting Product Label Changes on Promethazine Injection

On September 16, 2009, the FDA requested revision of safety labels for promethazine hydrochloride injection products, originally marketed as Phenergan®, from all generic manufacturers. Promethazine is a sedative and antiemetic used for several indications. Use in patients less than 2 years old is contraindicated due to fatal respiratory depression.

Despite two FDA Patient Safety News publications in December of 2006 and September of 2009 on injection reactions and tissue injury associated with intravenous administration of promethazine, an analysis of FDA post-marketing adverse event reports from 1969 to 2009 has prompted several changes to the products' labels. New labels will better convey this risk to healthcare professionals.

Revised prescribing information will contain an added Boxed Warning regarding an increased risk of severe tissue injury, including gangrene, requiring fasciotomy, skin graft and amputation with intravenous administration of promethazine. The preferred route of administration is a deep intramuscular injection, while intra-arterial and subcutaneous administration is contraindicated. When intravenous administration is necessary, the maximum recommended concentration is 25 mg/mL and the maximum recommended rate of administration is 25 mg/min. Additionally, recommended precautions taken during administration include diluting the medication, maintaining a slower rate of infusion, ensuring functional tubing for IV

infusion, being alert for signs and symptoms of possible tissue injury, and educating patient on possible side effects.

Information for Healthcare Professionals – Intravenous Promethazine and Severe Tissue Injury, Including Gangrene. Food and Drug Administration. <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/DrugSafetyInformationforHealthcareProfessionals/ucm182169.htm>. September 16, 2009. Accessed on September 24, 2009.

Phenergan Injection Prescribing Information. http://www.baxter.com/products/anesthesia/anesthetic_pharmaceuticals/downloads/phenergan.pdf. August 2005. Accessed September 24, 2009.

Contributed by Joyce Lee, Pharm.D. Candidate 2010





THE UNIVERSITY HOSPITAL

Pharmacy News

Pharmacy Department 2009

Employee of the 2nd Quarter

Maria Rodrigues

It was nomination time again in the pharmacy for our Employee of the Quarter. It is the second quarter of the year and we got quite a few nominations. Maria Rodrigues has worked on the third shift for five years and got nominations from technicians and pharmacists who don't even work on her shift.

One of the nominations read as follows... Maria goes above and beyond the call of duty to efficiently and accurately complete all tasks. She consistently picks up telephone calls, quickly delivers medications and enthusiastically performs all tasks. The few other nominations that Maria received included much of the same content, so without hesitation she was chosen as the pharmacy's Essential Piece for the first quarter.

Congratulations, Maria. Keep up the good work!
Contributed by Tara R Shaw
Lead Pharmacy Tech

Employee of the 3rd Quarter

Norma Innamorato



Norma Innamorato is the third quarter Essential Piece. Norma has been nominated for the past two quarters and this time she took center stage. Norma was nominated by one of her peers for being helpful, being passionate about the job, and having the ability to work well with others.

In June of 1999 the pharmacy had the pleasure of introducing Norma to The University Hospital. Since then Norma has worked hard and established the reputation of being a finisher. She completes every job with enthusiasm and makes sure that all problems are corrected before the days end.

We here in the pharmacy want to take this opportunity to congratulate Norma for being Employee of the Quarter and hope she continues to strive for continual excellence.

Congratulations, Mrs. Innamorato. No job is ever left undone when you're around!!

Contributed by Tara R Shaw
Lead Pharmacy Tech

