Octagam® – New IVIG Formulary

Methodist LeBonheur Healthcare will standardize the IVIG product on the adult formulary for both inpatients and outpatients to Octagam®. Octagam® is a maltose-containing product with many advantages, including a ready to use formulation and lower cost to Methodist compared to the other available IVIG products on the market. One of the disadvantages is that it can give a falsely high glucose reading on the current MLH Accucheck® system. Due to this false elevation, the following safety steps will be implemented:

- Notification of the interaction with the MLH Accucheck® system on all labels, orders, and MARs
- Automatic ordering of blood glucose laboratory every 6 hours for 48 hours for Octagam for inpatients

In addition, the current IVIG dosing policy for the pharmacist to round to the nearest whole bottle of IVIG upon verification will be retained. Previously, there was an IVIG inpatient pilot paper order form in place at Methodist University Hospital. With this change in formulary, the pilot and order form will be discontinued and the order form will be removed from Methodist MD. A revised Cerner version of the order form will be presented to the P&T Committee at a later date.

Tentative implementation date: May 14, 2013 (note: may be sooner as current stock of IVIG products is depleted)

Antibiogram- Updates for 2012

The yearly antibiograms were reviewed. Please refer to https://webint.methodisthealth.org/molli/CareMgmt/rx_is/pharmacy/Publications/memopublication.htm on MOLLI for copies of the antibiograms. In addition, there is a link to the antibiograms in Cerner under clinical applications on MOLLI. Below are some key points for the antibiograms:

**Gram positive**
- The percentage of methicillin-resistant strains of *Staphylococcus aureus* and *Staphylococcus epidermidis* continued to decrease
- *Streptococcus pneumonia* had decreased susceptibility to quinolones and ceftriaxone (1-3% overall resistance)
- *E. faecalis* continued to be generally susceptible to ampicillin and penicillin

**Gram negative**
- Overall percentages of ESBL (extended spectrum beta-lactamase) producing strains of *E.coli* and *K. pneumoniae* continue to present an ongoing concern with percentages of *E. coli* increasing to 9.2% and *K. pneumonia* to 16%

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References:
LexiComp, www.fda.gov
Naloxone Usage in Patients Receiving Hydromorphone Medication Use Evaluation (MUE)

Opioid adverse events are common and are considered a high alert medication by the ISMP. Recently, the Joint Commission (JC) reported adverse events related to opioids in the Sentinel Event Database. Patients most at risk for respiratory depression and oversedation included patients who are obese, elderly, very sick, or those receiving concomitant CNS and respiratory depressants. A retrospective review performed at Methodist adult Hospitals revealed 48 patients who recently required naloxone for opioid reversal. Of these patients, 25% received naloxone less than 30 minutes after receiving a dose of hydromorphone. Seventy-three percent of patients received concomitant oral opioids. An Opioid Performance Team has been assembled and further recommendations will be released at a later date.

I. Vasopressin shortage - Currently, supply has stabilized. However, a plan was approved at P&T and will be implemented should levels reach critically low levels.

II. The following items were reviewed and approved: EP Cardioversion Implant Pre and Post Procedures Orders, Medication Administration Policy, Timely Administration of Scheduled Medications Policy, Administration of Gadolinium Based Contrast Media Policy, and Administration of Contrast Media Policy

III. Home Medications, Illicit Drugs, and Alcohol Brought to Hospital by Patients
Revisions were made and approved to the current policy and are posted on Clinical Standardization. Below are reminders and revisions for staff:

- Information about all medications brought from home should be recorded by nursing staff on the Admission History Form in the Valuables/Belongings section.
- Use of a home medication requires a prescriber order, pharmacist physical inspection, and witness of administration by nursing staff. Administration should be documented on MAR accordingly.
- Medications that are not to be used on an inpatient basis should be given to family members to remove from the hospital premises. If no family is available or patient does not desire for family member to handle the medications, then the medications will be inventoried by nursing staff with a security officer. These medications will be placed in a sealed property bag and properly labeled. The sealed property bag and accompanying patient property form will be taken to the property office where the medication can be securely stored.
- All Controlled medications will be counted in the presence of the patient and recorded on a Controlled Drug and Administration Record (CDAR) followed by the steps detailed previously. Patient’s controlled substances being used inhouse will be double locked on the patient care unit.
- Medications requiring refrigeration will be stored in the locked patient care area medication room.

Upcoming P&T Agenda Items: Hetastarch formulary evaluation, antibiotics after dialysis
MUE
Next P&T Meeting: May 2, 2013

All decisions and actions described herein have been approved by the P&T Committee and are awaiting approval by the Medical Executive Committee