

PHARMACY AND THERAPEUTICS COMMITTEE NEWS

May, 2023

Alcohol Withdrawal Protocol with Phenobarbital Loading Dose

Carley Dubbert, PGY-1 pharmacy resident completed a retrospective comparing the new alcohol withdrawal protocol with phenobarbital loading dose series to the previous protocol with symptom triggered phenobarbital administration. The new protocol was found to be effective, with reduced hospital and ICU lengths of stay, superior symptom control, and overall lower total doses of phenobarbital and lorazepam administered. In addition, the new protocol was not associated with an increased risk of oversedation. The greatest benefit was seen in patients presenting with severe alcohol withdrawal. For more details, contact Trevor Warner, PharmD.

Antibiotic Duration of Therapy: Outpatient and Discharge Prescriptions

Recently, it was reported that two patients were inadvertently prescribed a 30-day course of antibiotics on hospital discharge when the intention was for less than 5 days. Both were caught prior to dispensing. The MHC Antimicrobial Stewardship Committee has reviewed and recommended removal of all order sentences for 14 days of therapy or longer for the most commonly prescribed antibiotics, given that very few disease states would require prolonged duration of therapy. If extended duration is clinically appropriate, the duration of therapy can be modified on prescribing. For more information, contact Nick Torney, PharmD.

Constipation and Nausea and Vomiting Protocol Updates

As part of the move to standardize EMR and protocols throughout the MHC system, the nursing-directed constipation protocol and the nausea and vomiting protocol are being updated. Go live dates are yet to be determined, and more information and education will be disseminated prior to implementation. A summary of changes:

- Constipation protocol: nursing will assess for home medications and obtain orders to continue if needed. Nursing may also add, in a step-wise fashion, scheduled Miralax and prn bisacodyl suppository based on defined criteria.
- Nausea and vomiting protocol: nursing is directed to administer ondansetron IVPush, with prochlorperazine IVPush available if ondansetron is ineffective. This represents a very minor change for MMC, in that the current protocol allows for ondansetron to be repeated a single time within a 24 hour period, whereas the new protocol allows for repeat dosing every 6 hours. This protocol is a component of several power plans and is intended for patients with mild to moderate intermittent nausea and vomiting. A number of other formulary agents are available for those with more severe or refractory agents (see [guideline](#)), or for special populations i.e. peri-operative patients.

Current Drug Shortages

Active critical shortages:

- Viscous lidocaine
- Hydrocortisone injection
- Propranolol injection
- Lidocaine with epinephrine
- Cisplatin
- Carboplatin

Resolved/stable shortages:

- Phenylephrine eye drips
- Saliva substitute

See current list:

<https://sharepoint16.mhc.net/RX/Formulary/Formulary%20Documents/MMC%20Drug%20Shortages.pdf>

For questions related to drug shortages, contact Brad Beaman, PharmD or Cathi Cornelius, PharmD.

New Hypertriglyceridemia Power Plan

A new power plan was approved for the use of insulin infusion in conjunction with dextrose infusion to treat critical hypertriglyceridemia. More details and education related to this Power Plan is forthcoming.

Formulary Changes

- Cabotegravir (Apretude) and cabotegravir/rilpivirine (Cabenuva) were added to formulary for use in the HIV clinic or in the infusion clinic setting for HIV pre-exposure prophylaxis and treatment, respectively.
- Conjugated estrogen (Premarin) cream was removed from formulary and estradiol cream was added to formulary, restricted to the gynecologic surgical setting.
- Mepivacaine was added to formulary as an alternative short acting anesthetic in same-day discharge orthopedic procedures.
- Itraconazole solution was added to formulary as the preferred formulation for in-hospital initiation as well as for esophageal candidiasis due to improved absorption and bioavailability over capsules. Itraconazole capsules will remain available for patients taking prior to admission, given the lack of equivalence between the capsule and liquid dosage forms.

For questions related to formulary, contact Brad Beaman, PharmD or Cathi Cornelius, PharmD.

To request a formulary change (addition, deletion, or substitution), submit on-line or print, scan, and email [request form](#) along with supporting literature to Cathi Cornelius, PharmD ccornelius@mhc.net