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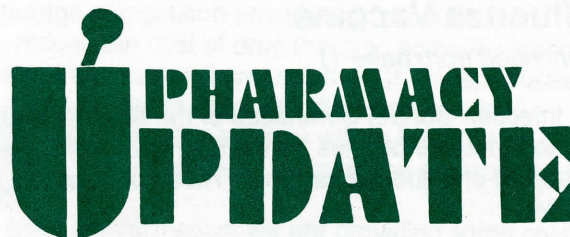
University Hospital Pharmacy Update: November/December 1988 v. 3, no. 6

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The
University
Hospital



A Newsletter of Current Topics from the Pharmacy

Volume 3, Number 6

November/December 1988

New Policy for Distribution of Influenza Vaccine at UH

Every year when the CDC releases the new data on the prevalent strains of influenza vaccine, manufacturers gear up for the production of the vaccine. The process is long and many batches have to be discarded in the process because of unusability. Most vaccine is sold to and distributed by the state governments. In the Commonwealth, the City of Boston distributes the vaccine to Boston hospitals in a predetermined quantity for each hospital (800 doses for UH, for instance). In years in which few early batches have to be discarded, the manufacturer sells the surplus influenza vaccine. UH has often bought additional influenza vaccine to meet its needs. However, this year, because of an unusually long growth period for one of the strains there was no surplus to sell hospitals. Therefore, despite increased need UH was limited to 790 doses of influenza vaccine with no ability to purchase more. Because the rationing of the limited amount of vaccine on a first-come, first-served basis was not the best method, the Pharmacy and Therapeutics Committee of the Medical Staff and

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EDITORIAL: Thanks

As the year comes to an end, the Department of Pharmacy would like to thank the employees of The University Hospital for all their cooperation and support throughout the year.

Special thanks needs to be given to the UH nurses who worked with the Department of Pharmacy, offering suggestions and guidance to help improve the level of pharmacy services throughout the year including improving the narcotic system, making the transition to 24 hour service and in the provision of cancer chemotherapy to both inpatients and outpatients. With their continued support more

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FDA Decertifies Neomycin for Use in Sterile Irrigations

The FDA has taken an unusual step in decertifying specific uses of sterile solutions containing neomycin and revoking the labeling of sterile neomycin. This action was taken following a review of clinical data. Uses that were specifically cited included the use of irrigation solutions for infected ulcers and wounds; prophylactic local use before, during and after surgery; colonic or rectal irrigations or retention enemas; intrapleural instillation; use in wet dressings; aerosol inhalation solutions for soaking grafts and silastic implants; and similar uses that may result in a substantial risk of nephrotoxicity. The FDA concluded that there is inadequate data to support the safety and efficacy of neomycin in the cited situations. Moreover, there is significant toxicity associated with most of the cited uses.

In compliance with this FDA ruling, all neomycin containing irrigation solutions will no longer be made or purchased by the Pharmacy. Other preparations of neomycin, intended for otic, ophthalmic, oral, and dermatologic use are unaffected by this decision and will continued to be stocked. □

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Influenza Vaccine

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the Infection Control Committee of the Medical Staff, met to formulate policies for the distribution of the limited supply of influenza vaccine. Those policies are as follows:

Who can Receive It?

The priority for the distribution of limited supplies of influenza vaccine will be as follows:

1. High risk inpatients who will be hospitalized for over 10 days. High risk defined as:
 - a. Any patient with a chronic disorder of the cardiovascular, pulmonary and/or renal system documented in the patient's medical record.
 - b. Any patient with compromised immune function (e.g. transplant patients, immunosuppressed patients, cancer chemotherapy patients)
2. Evans Medical or Clinic Patients
3. High risk employees with direct patient contact.
4. Other high risk employees.
5. Low risk employees with direct patient contact.
6. Other employees wishing vaccination.

Any inpatient who does not meet the above criteria as being high risk or who has been in the hospital for less than 10 days, but for whom the physician has determined it appropriate to receive the vaccine during the current hospitalization must get the approval of William Hauser, M.D. Hospital Epidemiologist. If Dr. Hauser is not available, the Infectious Disease Consultation Service should be notified to evaluate the patient. Only an ID attending physician may release a dose of the vaccine, the ID fellow does not have the authority to do so.

How will the Limited Supply be Distributed?

The 790 doses will be initially distributed as follows:

Inpatient Supply = 100 doses, 1 dose at a time.
Dialysis Unit Supply = 30 doses, 1 dose at a time.
Outpatient Chemotherapy Clinic = 30 doses, 1 dose at a time.
Evans Medical Clinics = 420 doses in aliquots of 100 doses at a time.
Employee Health Service = 210 doses in aliquots of 50 doses at a time.

What is the Current Supply?

As of December 24th, the current supplies in the pharmacy are as follows:

Inpatient Supply= 94 doses
Dialysis Supply= 15 doses
OP Chemo Clinic= 27 doses
Evans Medical Clinics= 20 doses
Employee Health Serv.= 50 doses

CDC Guidelines for Influenza Vaccination:

The following represents a synopsis of the recommendations for use of inactivated influenza vaccine distributed by the Center for Disease Control for this year. The complete report can be found in the Morbidity and Mortality Weekly Report: June 17, 1988 Vol 37 No. 23 p. 361.

The major changes from last year include statements about 1) updating of the influenza strains in the trivalent vaccine for 1988-89, 2) increased emphasis on the need for vaccination of health care workers, 3) prevention of influenza in persons with HIV infection and 4) dosage considerations for amantadine.

Influenza vaccine is recommended for:

- 1) all high risk persons \geq 6 months of age and their medical providers or household contacts;
- 2) children and teenagers receiving long-term aspirin therapy (to prevent development of Reye's syndrome)
- 3) other persons wishing to reduce their chances of acquiring influenza.

Groups at greatest risk of influenza-related complications:

- 1) Adults and children with chronic disorders of the pulmonary or cardiovascular systems requiring regular medical follow-up or hospitalization during the preceding year, including children with asthma.
- 2) Residents of nursing homes or other chronic-care facilities housing patients of any age with chronic medical conditions.

Groups at moderate risk of influenza-related complications:

- 1) Otherwise healthy persons \geq 65 years of age.
- 2) Adults and children who have required medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies or immunosuppression
- 3) Children and teenagers who are receiving long-term aspirin therapy (to prevent post-influenza Reye's syndrome).

Groups capable of transmission of influenza to high risk persons:

- 1) Physicians, nurses, and other personnel who have extensive contact with high-risk patients.
- 2) Providers of home care to high risk patients.

It is also recommended that persons infected with human immunodeficiency virus (HIV) be vaccinated as a prudent precaution.

Persons with anaphylactic hypersensitivity to eggs or with an active acute febrile illness should not be vaccinated.

November is the optimal time for vaccination.

Influenza Vaccine

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How to Order for an Inpatient

The physician need only write an inpatient order, like any other, on the doctor's order sheet. The pharmacist will verify if the criteria have been met and if Dr. Hauser's approval is needed. If so, the physician will be contacted.

Other Important Info about Influenza Vaccine

Influenza vaccine will be drawn up by the pharmacy into individual dose syringes for the inpatient, dialysis and chemo clinic areas only. Glass syringes will be preferably used, as the vaccine will be stable for 30 days under refrigeration. In plastic syringes, the vaccine is stable for only 7 days under refrigeration. At room temperature, in either plastic or glass, the vaccine is stable for only 48 hours. Please read the expiration dates on the syringes carefully. Do not administered expired vaccine.

Your cooperation in meeting these guidelines to assure that the limited supply of vaccine is distributed to those most in need of it is deeply appreciated. □

Editorial: Thanks

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improvements should be forthcoming in the next year particularly with the implementation of a large volume IV admixture service.

Special thanks also need to be extended to the OR staff, who help us establish the OR satellite and have worked with us to improve pharmacy services in that area, with hopeful expansion in the coming year.

We cannot forget to thank those members of the Pharmacy and Therapeutics Committee who volunteer their time to help make difficult and tough decisions that affect the entire institution related to drug therapy. Many inroads and achievements were seen in 1988 through their dedicated leadership. Improving patient care while keeping costs down is a difficult task to achieve, but in many cases we were successful this past year.

Finally, thanks needs to be extended to the house staff. Despite our constant phone calls and reminders about the formulary status of drugs and lest costly drug therapy alternatives, they have supported the goals of the P&T Committee and hospital as best they can and have relied on UH pharmacists more as a member of the health care team. Our drug information center and clinical pharmacists are being utilized now more than ever. Through combined efforts with UH pharmacists, antibiotic costs, a major target for reduction, went down almost \$100,000 last year, despite treating 18% more patients. Continue efforts along these lines will help improve UH's position in the health care market.

Not all the news was good last year. Despite efforts

to encourage competition among drug products and hence, reduce the cost of drug therapy, some life-saving drugs saw tremendous increases in cost. Most notable were anesthetic drugs, thrombolytics, and cancer chemotherapy. Efforts next year will be targeted in these areas. Your continued cooperation and support is needed.

As a point of information, we are providing some cost information about one of these drug groups - cancer chemotherapy. You may be surprised just how expensive these therapies can be. As a group, next to antibiotics, they represent the second largest group of drugs (in terms of \$ spent) at UH. Are you surprised? □

Cost of Cancer Chemotherapy Regimens at UH*

*based on net acquisition cost plus indirect costs (i.e. preparation and administration supplies and labor) as of 12/27/88 for dose listed. Note: patient charge is substantially higher.

<u>Drug and Dose</u>	<u>Cost per dose</u>
<u>Alkylating Agents:</u>	
Carmustine (BiCNU) 200mg/250ml qd	\$ 90.15
Cyclophosphamide (Cytoxan) 1000mg/250ml.....	\$ 24.05
Dacarbazine (DTIC-Dome) 200mg/250ml	\$ 12.45
Lomustine (CEENU) 100mg	\$ 24.17
Mechlorethamine (Mustargen) 10mg/20ml IVP	\$ 14.81
Streptozocin (Zanosar) 1gm/250ml	\$ 29.55
Triethylenethiophoramide (Thiopeta) 7mg IVP	\$ 39.57
<u>Antimetabolites</u>	
Cytarabine (Cytosar) 150mg/1000ml.....	\$ 17.47
2gm/500ml	\$ 65.28
Floxuridine (FUDR) 500mg/5ml IVP	\$ 53.12
Fluorouracil (5-FU) 1gm/1000ml.....	\$ 9.15
Methotrexate (MTX) 50mg/2ml IVP	\$ 10.14
20mg intrathecal.....	\$ 19.76
<u>Antibiotics</u>	
Bleomycin (Blenoxane) 15U/3ml IVP	\$143.77
Daunorubicin (Cerubidine) 80mg/40ml IVP	\$ 70.58
Doxorubicin (Adriamycin) 75mg IVP.....	\$295.13
Mitomycin (Mutamycin) 15mg/150ml.....	\$209.13
Mitoxantrone** (Novantrone) 20mg/100ml	\$389.15
Plicamycin (Mithracin) 1500mcg/1000ml.....	\$ 58.99
<u>Miscellaneous</u>	
Cisplatin (Platinol)100mg/100ml.....	\$175.11
170mg/250ml.....	\$311.42
Etoposide (Vepesid) 150mg/500ml	\$149.43
Hydroxyurea (Hydrea) 500mg capsule	\$ 7.69 ea.
Interferon (Intron-A) 3mu	\$ 28.94
Leucovorin (Wellcovorin) 25mg tablet	\$ 9.85 ea
1000mg/250mg IV	\$156.65
Vinblastine (Velban) 10mg/10ml IVP	\$ 17.81
Vincristine (Oncovin) 2mg/2ml IVP	\$ 19.04

** Note: Mitoxantrone is non-formulary at the time of this printing, but is being considered for addition to the formulary in January.

*Merry Christmas and a
Happy New Year
from the Department of Pharmacy:*

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Tim Khil
Elsa Lam
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**P&T Committee Actions
October/November 1988**

Additions to Formulary

Apraclonidine HCl (Iopidine)

1% ophthalmic solution 0.25ml bottle

Requested Additions to the Formulary Denied

Tobramycin/Dexamethasone (Tobradex) Ophthalmic Solution

Sinacalide (Kinevac) - request withdrawn.

Miscellaneous

- An Adverse Drug Reaction Program for UH was approved.
- Influenza Vaccine Distribution Guidelines were approved.
- 6 Nursing and 6 Pharmacy Policy and Procedures were approved.

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