



Capital Health

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The following policies were approved by the District Medical Advisory Committee (Jan08) on the recommendation of the District Drugs and Therapeutics Committee (Nov07, Dec07).

I. Additions to Formulary

Ciprofloxacin/Dexamethasone Otic, *Ciprodex*

The combination product Ciprodex suspension (ciprofloxacin/dexamethasone) appears to be a safe and efficacious antibiotic/corticosteroid choice to treat acute otitis media with tympanic membrane perforation, acute otorrhea in patients with tympanostomy tubes, and to treat acute otitis externa. The closest comparator currently on formulary, Garasone ophthalmic/otic drops, is contraindicated in patients with absent or perforated tympanic membranes. The recommendation was to add Ciprodex to formulary with the following restrictions.

Approved Restrictions:

- Treatment of otitis externa in patients with a documented or suspected perforated tympanic membrane.
- Treatment of acute otitis media with otorrhea with or without tympanostomy tubes.

Voriconazole Intravenous, *Vfend Intravenous*

Voriconazole is a triazole antifungal agent that exhibits broad-spectrum *in vitro* activity and fungicidal activity against *Aspergillus* species. The oral bioavailability of voriconazole is estimated to be 96%, allowing for oral use when a patient has a functioning GI tract. The oral form of voriconazole is currently on formulary, restricted to the treatment of patients with definite or probable aspergillosis. For patients who are unable to take oral medications the intravenous formulation has been added to formulary.

Approved Restrictions:

- In patients with documented or highly suspected invasive aspergillosis as per the Antimicrobial Order Form.

II. Expanded Guidelines

Rituximab, *Rituxan*

A new policy recommendation for rituximab maintenance therapy has been approved by the District Drugs and Therapeutics Committee.

Approved Restrictions:

- As a single agent in patients with documented evidence of CD20+ low grade NHL (excluding SLL), with an ECOG performance status of 0-2, who have received rituximab within the previous 6 months either as a single agent or as part of multi-agent chemotherapy, responded to that therapy, have a recommendation, and choose to receive maintenance therapy.

Interferon (IFN)/ Bacillus Calmette-Guerin (BCG)

A new policy recommendation for interferon/bacillus calmette-guerin has been approved by the District Drugs and Therapeutics Committee.

Approved Restrictions:

- Intravesical interferon (INF) in combination with bacillus calmette-guerin (BCG) in high risk patients with superficial bladder cancer having BCG failure due to intolerance, initial failure (resistance), or recurrence, if further intravesical therapy is warranted.

III. Therapeutic Interchange

Revised

Capital Health has three formulations for Pain Relief Mouthwash: Pain Relief Mouthwash with attapulgite, Pain Relief Mouthwash with antacid, and Pain Relief Mouthwash without lidocaine. The Therapeutic Interchange Policy specifies that any order written for 'Magic Mouthwash' is dispensed as Pain Relief Mouthwash with attapulgite:

Therapeutic Interchange

Preparation Ordered	Dispensed as
Magic Mouthwash	Pain Relief Mouthwash (with <u>Attapulgite</u>) <ul style="list-style-type: none"> - Diphenhydramine 50 mL - Lidocaine viscous 25 mL - <u>Attapulgite</u> suspension 25 mL <li style="text-align: right;">Total Volume 100 mL
-if no dosage interval specified	-10-15 mL swish and spit tid - qid prn

Many patients are instructed to swallow the mouthwash, and in these patients attapulgite can be constipating. As a result, the Therapeutic Interchange Policy for 'Magic Mouthwash' has been revised to Pain Relief Mouthwash with antacid (aluminum/magnesium antacid has a more balanced effect on the bowels):

Revised Therapeutic Interchange

Preparation Ordered	Dispensed as
Magic Mouthwash*	Pain Relief Mouthwash (with <u>Antacid</u>) <ul style="list-style-type: none"> - Diphenhydramine 50 mL - Lidocaine viscous 25 mL - <u>Magnesium/aluminum</u> Concentrate suspension 75 mL <li style="text-align: right;">Total Volume 150 mL

* The dosage interval component of the Therapeutic Interchange has been removed

IV. Other Items

Pain Relief Mouthwash Formula Change

[See Section III Therapeutic Interchange]

The current formula for Pain Relief Mouthwash without lidocaine has also been revised to contain aluminum-magnesium antacid as follows:

Old Formula	
Pain Relief Mouthwash (without lidocaine)	<ul style="list-style-type: none"> - Diphenhydramine syrup 50 mL - <u>Attapulgite</u> suspension 50 mL <li style="text-align: right;">Total Volume 100 mL

New Formula	
Pain Relief Mouthwash (without lidocaine)	<ul style="list-style-type: none"> - Diphenhydramine syrup 50 mL - <u>Magnesium/aluminum</u> suspension 50 mL <li style="text-align: right;">Total Volume 100 mL

Levothyroxine Interchange

Synthroid is the preferred levothyroxine product for use at Capital Health. All orders for levothyroxine (regardless of brand) will be interchanged to Synthroid as part of the Product Selection Policy.

The information contained in this newsletter may also be accessed online:

<http://cdhaintra/departmentservices/pharmacy/Formulary/index.cfm>

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