D&T Decisions

… from the Drugs and Therapeutics Committee

Issue #74: Sept. 8, 2022

The information in this newsletter may also be accessed online. To request a change to the NS Health Hospital Formulary select & complete the online "Drug Request Form":
http://cdhaintra/departmentservices/pharmacy/Formulary/index.cfm

Inside this Issue…

The following policies were approved by the Medical Advisory Committee (Jun 22, Aug 22) on the recommendation of the Drugs and Therapeutics Committee (May 22, Jun 22).

I. Additions to Hospital Formulary

Brolucizumab/ *Beovu*®

Brolucizumab is a vascular endothelial growth factor (VEGF) antagonist administered by an ophthalmologist as an intravitreal injection for the treatment of neovascular (wet) age-related macular degeneration. As per other VEGF antagonists (i.e., ranibizumab, bevacizumab, aflibercept), therapy is funded by the NS Department of Health and Wellness (DHW) through the Provincial High Cost Drug Program via Pharmacare.

Natural Health Products

The NS Health Natural Health Product (NHP) Policy specifies that only formulary NHPs will be provided during a patient's hospital admission and that non-formulary NHPs will be discontinued or a patient may use their own supply. A review of non-formulary usage resulted in the Formulary addition of three NHPs that are prescribed to manage acute conditions in hospitalized patients:

Caffeine

Oral caffeine tablets are provided to hospitalized patients for post-dural puncture headache. A Cochrane Review from 2015 assessed the evidence for drug therapy for post-dural puncture headache and concluded that caffeine had evidence of effectiveness and decreased the need for additional drug treatments.

Selenium sulfide shampoo

Selenium sulfide antifungal shampoo is prescribed for seborrheic dermatitis (SD) and pityriasis versicolor (tinea versicolor). SD is an inflammatory condition with redness and scaling eruptions in areas with high numbers of sebaceous glands. While it is primarily a cosmetic problem, it can affect a higher number of immunocompromised individuals and can cause mild to severe symptoms. The goals of pharmacologic therapy are to reduce pruritus and treat the fungus that causes scaling and inflammation. Frequent cleansing (at least 3 times weekly) with non-medicated shampoos can help remove scales, dirt and oil from the hair and improve the cosmetic appearance. Selenium sulfide shampoo is also effective for pityriasis versicolor (tinea versicolor), a yeast infection of the skin. Selenium sulfide shampoo may be preferred as a cost-effective option for hospitalized patients.

Oral rehydration solution

Oral electrolyte rehydration powder for solution is indicated for infants, children and adults experiencing dehydration due to vomiting, diarrhea or heavy sweating. Rehydration and maintaining electrolyte balance are important aspects of treating diarrhea and administration of an oral solution may decrease the need for IV therapy. The contents of the oral electrolyte rehydration solution includes sodium and glucose in the concentration and osmolarity of the luminal fluid; therefore, stool output and vomiting are reduced. Preparing home-made oral rehydration solution using the WHO formula is discouraged due to the risk of mixing errors.

Formulary Projects

Ideally, a non-formulary designation would be evidence and/ or economic based with an identifiable Formulary alternative. However, since the current NS Health Hospital Formulary process is request driven, there are many non-formulary drugs that have not been reviewed for Formulary inclusion (i.e., there has not been a Formulary request for a drug review). Since non-formulary medications may be appropriate for patient care, two recent Pharmacy Projects reviewed the formulary status of medications and recommended that 11 non-formulary drugs be added to the NS Health Hospital Formulary. These recommendations were based on at least one of the following factors: IWK Formulary status; NS Pharmacare benefit status [may be based on CADTH Canadian Drug Expert Committee (CDEC) CDR recommendation]; hospital drug utilization data; cost (e.g., low generic drug cost); and/ or continuation of appropriate established therapy.

Based on the combined recommendations of the Pharmacy Therapeutic Interchange Working Group and the QEII Pyxis/ Automated Dispensing Cabinets (ADC) Non-Formulary Project, the following medications have been added to the Hospital Formulary:

Acetaminophen CR/ *Tylenol® CR*
DilTIAZem XC/ *Tiazac® XC*
Olive oil
Multivitamins with minerals (prenatal)
Donepezil
Dutasteride
Midodrine
Mirabegron/ *Myrbetriq®*
Nadolol
Solifenacin
Topiramate

II. New Guidelines

Polatuzumab vedotin/ *Polivy™*

A new guideline has been approved for polatuzumab vedotin in combination with bendamustine and riTUXimab for patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL).

Approved Restriction:

In combination with bendamustine and riTUXimab (pola-BR) for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, who are not eligible for autologous stem cell transplant.

Eligible patients should have a good performance status and a life expectancy of greater than or equal to 24 weeks. Patients must have received at least 1 prior therapy. Treatment with pola-BR should continue for a maximum of 6 cycles (21 days per cycle) or until unacceptable toxicity or disease progression, whichever comes first.

III. Expanded Guidelines

Nab-PACLitaxel, *Abraxane®*

A new guideline has been approved for nab-PACLitaxel for patients with adjuvant breast cancer.

Approved Restriction:

For the treatment of patients with adjuvant breast cancer who are unable to tolerate standard taxane therapy due to hypersensitivity reaction to docetaxel or paclitaxel, or have a contraindication to steroids typically administered with docetaxel and PACLitaxel, such as poorly controlled diabetes mellitis or a history of steroid psychosis.

Pembrolizumab/ *Keytruda®*

A new guideline has been approved for pembrolizumab as monotherapy for the first-line treatment of patients with metastatic microsatellite instability-high (MSI-H) or mismatch repair-deficient (dMMR) colorectal cancer.

Approved Restriction:

As monotherapy for the first-line treatment of patients with metastatic microsatellite instability-high (MSI-H) or mismatch repair-deficient (dMMR) colorectal cancer. Eligible patients include those who have not received prior treatment for metastatic MSI-H/dMMR colorectal cancer and have a good performance status at the start of treatment with pembrolizumab.

Treatment should continue until confirmed disease progression or unacceptable toxicity to a maximum of 2 years, whichever occurs first.

Daratumumab/ *Darzalex®*

Three new guidelines have been approved for daratumumab.

A new guideline has been approved for the role of daratumumab in combination with lenalidomide and dexamethasone for patients with newly diagnosed multiple myeloma

Approved Restriction:

In combination with lenalidomide and dexamethasone for patients with newly diagnosed multiple myeloma.

A new guideline has been approved for the role of daratumumab in combination with VMP or CyBorD for patients with newly diagnosed Multiple Myeloma.

Approved Restriction:

In combination with bortezomib, melphalan and prednisone (DVMP) for patients with newly diagnosed multiple myeloma who are not suitable for autologous stem cell transplant. Treatment should be in patients who have a good performance status. Treatment with the daratumumab portion should continue until unacceptable toxicity or disease progression.

Daratumumab may also be used in combination with cyclophosphamide, bortezomib and dexamethasone (CyBorD) as an alternate to VMP.

A new guideline has been approved for the role of daratumumab in combination with CyBorD for Patients with Newly Diagnosed Light Chain Amyloidosis.

Approved Restriction:

In combination with bortezomib, cyclophosphamide and dexamethasone for the treatment of adult patients with newly diagnosed light chain (AL) amyloidosis according to defined clinical criteria.

IV. Medication Policies

The following hospital policies have been approved by the Medical Advisory Committee on the recommendation of the Drugs and Therapeutics Committee.

MM-SR-010	High Alert Medications
MM-GA-020	Prescribing by Registered Nurses

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