

PHARMACY AND THERAPEUTICS COMMITTEE NEWS

Nov-Dec 2022

Insulin PowerPlan and Formulary Changes

Updates to the Insulin – Adult Subcutaneous PowerPlan were approved. Cerner education will be forthcoming, but highlights of changes include:

- Required selection of diabetes diagnosis from drop down menu (type 1, type 2, gestational, or impaired glucose tolerance)
- Close chart alert if patient with type 1 diabetes and no active order for basal insulin
- Encourages use of both basal and nutritional insulin in addition to correctional in most non-critically ill patients
- Inclusion of carb-based meal-time/nutritional insulin option in addition to fixed dose
- Removal of Humalog Mix 75/25 from formulary
 - Mixed insulins are associated with a higher rate of hypoglycemia in hospitalized patients
 - Most patients should be transitioned to an appropriate basal-bolus regimen with glargine and lispro, though some very stable patients may be prescribed equivalent doses of NPH and lispro
 - Contact clinical pharmacist if needed for equivalent dose recommendations

Go live is planned for early January.

Automatic Stop Orders (ASO)

Automatic stop orders (ASO) are orders that include a pre-specified date and time after which a medication will be automatically discontinued. Providers may override this at the time of order entry by specifying a set number of doses or days to continue the medication, or may extend the duration prior to expiration of the order.

The MHC ASO Policy has been revised to create an abbreviated and simplified medication list, applicable to all system hospitals. Medications with ASOs include:

Medication	Stop Time
Ketorolac injection	5 Days
Azithromycin Injection	3 Days
Baricitinib Tablet	14 Days
Molnupiravir Capsule	5 Days
Paxlovid	5 Day
Oseltamivir Capsule and suspension	5 Day
Remdesivir Injection	5 Day

Acetylcysteine for Acetaminophen Overdose

The MHC system-wide acetylcysteine dosing guideline has been revised to align with current Poison Control recommendations. In contrast to the currently used Prescott protocol in which three infusion bags at varying doses are given over 24 hours, the new protocol includes a 150mg/kg bolus followed by a continuous infusion of 15mg/kg/hr, to be continued until resolution of hepatotoxicity at the discretion of the provider and/or poison control.

Go live of the new protocol is December 20

The information contained herein is confidential and privileged to the greatest extent permitted by law, and is intended solely for patient safety improvement and/or professional review-related purposes.

Beta-Lactam Allergy Alert Suppression

- Cerner EMR: **Effective Monday, Dec. 19**, allergy alerts will cease to fire in PowerChart when cephalosporins (EXCEPT cephalexin, cefaclor, cefprozil, and cefadroxil) are ordered for patients with any documented penicillin antibiotic allergy. For more information on the rationale for this change, read [this article](#).
- Having a reported penicillin allergy in the EMR is associated with higher rates of alternative antibiotic use that are detrimental to a patient's outcome (i.e., higher rates of *c. difficile*, MRSA, vancomycin-resistant *Enterococcus*, and surgical site infections).
- The risk of using alternative antibiotics in patients with a reported penicillin allergy far outweighs the risk of a cross-reactivity reaction with a cephalosporin.
- By suppressing cross-reactivity alerts, we can remove 1/3 of the total allergy alerts experienced by providers and pharmacists across Cerner.

Current Drug Shortages

Active critical shortages:

- Amoxicillin suspension
- Racemic epinephrine inhalation
- Local anesthetics, particularly those containing epinephrine
- Sufentanil
- Neomycin tablets

Resolved/stable shortages:

- Valproate injection

See current list:

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

Formulary Changes

Additions to formulary:

- Methocarbamol tablets and injectable
- Venetoclax (restricted to oncology providers in the setting of newly diagnosed AML)
- Empagliflozin 10mg
 - Restricted to use in heart failure only
 - Orders for indication of diabetes WITHOUT heart failure will continue to be automatically discontinued (ADA recommends against routine use in hospitalized patients unless stable and preparing for discharge, in which case patient's own medication may be used)
 - Hold 72 hours prior to planned procedure

Removed from formulary:

- B&O suppositories (no longer manufactured)

For questions on any MMC Pharmacy and Therapeutics content or decisions, please contact Philip Dimondo, PharmD pdimondo@mhc.net