

PHARMACY AND THERAPEUTICS COMMITTEE

October 2014 Newsletter

In this issue:

- Best Practices
- Barcoding Safety
- Formulary Additions
- Barium Sulfate Contrast Agents (Varibar)
- Dofetilide (Tikosyn)
- Technetium Tc 99m tilmanocept (Lymphoseek)

Best Practices: Barcoding

- Barcoding was introduced to prevent medications from being administered to the wrong patient. It can also help prevent errors such as giving the wrong dose or a medication at the wrong time.
 - Barcoding works by combining several patient identifiers into a unique code that can be scanned before administration.
 - In addition to safety, scanning the barcodes on medications helps the hospital keep track of medication usage patterns.
- From October 1, 2013 through October 1, 2014, approximately 16,000 “near misses” were avoided thanks to barcodes at UHS. That’s around 44 errors per day.
 - It should be noted that these errors accounted for less than 1% of all medication administrations, so it is the vigilant work of our nursing staff that prevents the most medication administration errors.

Drug Approvals

1. Technetium Tc-99m Tilmanocept (Lymphoseek®).

This medication is a radioactive diagnostic agent indicated to



assist with the localization of lymph nodes draining a primary tumor site in patients with breast cancer or melanoma in conjunction with a hand held gamma counter. It can also be used to guide sentinel lymph node biopsy in patients with clinically node-negative squamous cell carcinoma of the oral cavity. It is given as a 50 mcg mass dose (which includes the 18.5 MBq radioactive dose) at least 15 minutes prior to initiating intraoperative lymphatic mapping and sentinel node biopsy. This medication is an alternative to sulfur colloid, which is non-formulary and has a higher incidence of false negative results. The prescribing of this medication will be restricted to Nuclear Medicine physicians. This medication can only be obtained through Cardinal Health’s Nuclear Pharmacy Services.

2. **Dofetilide (Tikosyn®).** This medication is a Class III antiarrhythmic used to convert patients in atrial fibrillation or flutter to normal sinus rhythm and to maintain normal sinus rhythm after conversion. Patients who are initiated or re-initiated on this drug must be admitted to the hospital continuous ECG monitoring for a minimum of 3 days, or for at least 12 hours after electrical or pharmacological conversion to normal sinus rhythm, whichever is greater. This drug has a REMS program which states that prescribing physicians and institutions must be certified in its use. In addition, the institution must agree to stock and provide patients a free 7-day (14 count) supply of Tikosyn and the Medication Guide prior to discharge. The prescribing of this medication will be restricted to certified physicians in Cardiology or Electrophysiology. Dofetilide is a useful alternative in patients who cannot use current formulary options, such as amiodarone and sotalol.
3. **Barium Sulfate (Varibar®)** to the formulary. This medication is high-density liquid used as an opaque positive contrast agent during Modified Barium Swallow Studies (MBSS). It is available in several preparations of various viscosities. This medication has several advantages over the existing formulary alternative, EZ-Paque, including less time spent with product preparation, more standardized radiographic density, and lower costs and less waste associated with multiuse packaging. This medication will be restricted to Radiology.