

Pharmacy & Therapeutics Update August 2019

For further information, contact PTCommittee@stanfordhealthcare.org

Formulary Reviews:

1. **Droperidol** has been added to formulary with no restriction
 - a. Droperidol has demonstrated particular benefits in agitated patients, including faster onset and less rescue sedation required as in comparison to haloperidol
 - b. Usage has fallen off due to a shortage (back on the market in February 2019) and due to FDA boxed warning in 2002 for QTc prolongation associated with its use based on several case reports
 - i. This warning has been questioned heavily by clinicians
 - ii. The American Academy of Emergency Medicine previously stated that doses of up to 10 mg intramuscularly appear to be as safe and efficacious as other medications used for sedation in the ED
 - c. Also may be utilized for PONV
2. **Breeza** has been added to Radiology formulary and will replace VoLumen
 - a. Breeza-221 is a nonpharmaceutical lemon-lime beverage and is used for neutral abdominal and pelvic imaging for patients undergoing enterography exams in CT and MRI
 - i. For visualization of the bowel, there needs to be adequate bowel distension so patients drink this over 45-60 minutes prior to imaging
 - b. Switching from VoLumen because Breeza is more palatable for patients and compliance for these scheduled imaging appointments is of the utmost importance
3. **Brexanolone** was reviewed but not added to formulary due to low anticipated use and unclear long-term efficacy
 - a. Brexanolone, a steroidal hormone with GABAergic activity, is currently approved for the treatment of postpartum depression (PPD) in adults
 - b. If a patient is admitted for severe PPD and brexanolone (Zulresso®) use is desired:
 - i. SHC must comply with all components of ZULRESSO® REMS
 - ii. Patient should be admitted to a unit with continuous telemetry and pulse oximetry monitoring capabilities

Improving Organization Performance:

1. **Weight Loss Pharmacotherapy Guidelines** has been approved to be used by providers to select appropriate pharmacotherapy for weight loss. It will be posted on the SHC Intranet as a pharmacy medication guidance resource tool
2. **Pediatric ED Stroke Code Policy** has been approved and pediatric stroke codes are already live at SHC, but this places protocols we utilize in writing in this policy
3. **IVIG Shortage Prioritization List** – Inventory has increased but still has a relatively small supply. Will continue previously described conservation efforts to decrease inappropriate IVIG use and prevent future critical shortages. Will now auto-approve IVIG for all patients who meet priority indications or those who were previously reviewed and approved by the committee