

The Pharmacy and Therapeutics Committee approved and has recommended for approval to the Executive Committee of the Medical Board the following drugs:

DRUG NAME	THERAPEUTIC CATEGORY
Valsartan (Diovan ®) caps	Angiotensin receptor blocker
Terbinafine (Lamisil ®) tabs **	Antifungal
Tamsulosin (Flomax ®) caps	Alpha -1 adrenergic blocker

** Requires I.D. approval

The following drug has been removed from the formulary

DRUG NAME	THERAPEUTIC CATEGORY
Candesartan (Atacand ®)	Angiotensin receptor blocker

The following is a list of adverse drug reactions reported from February 15th to April 15th

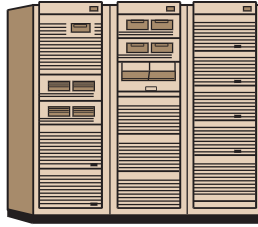
DRUG NAME	SEVERITY
Thymoglobulin	Moderate
IV contrast media	Mild
Cefazolin	Mild
Immune globulin	Mild
Immune globulin	Mild
Ferlecit ®	Mild
Ceftriaxone	Mild
Lisinopril	Mild
Albumin	Mild
Adhesive for electrode in ECG	Mild

Volume 2, Issue 3
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Please be careful of look alike and sound alike drugs. Cerebyx ®, Celebrex ®, and Celexa ®, all sound alike, but they do very different things. Cerebyx ® is an anticonvulsant, Celebrex ® is for pain and Celexa ® is an antidepressant.



The Department of Pharmacy is proud to announce that the medication cart fill is now automated. The Department of Pharmacy purchased a robot that now fills the cart every 24 hours for all inpatients in all the nursing stations. The advantages of this system are many: patients' medication cassettes are now filled and exchanged every 24 hours; it only takes about 2-3 hours for the robot to do the cart fill for the entire hospital; it will decrease the incidence of medication errors and it will free up the pharmacists' time to do more clinical work in patient care areas.



The Question Corner

By Ira Dinerman, M.S., RPh, Drug Information Specialist

A number of questions have arisen about using chlordiazepoxide (Librium ®) and propofol injection (Diprivan ®), both sedative medications.

Question: Can the same preparation of chlordiazepoxide be used both intramuscularly and intravenously?

Answer: No, the chlordiazepoxide must be prepared differently for each route of administration. For intramuscular administration, 100mg of the powdered chlordiazepoxide is reconstituted with the diluent provided. The diluent, which is packaged in a separate ampule consists of 2ml of a formulation of benzyl alcohol, polysorbate 80, propylene glycol, maleic acid and sodium hydroxide. Intravenous administration is not recommended because air bubbles form on the surface of the solution.

For intravenous administration, 5ml of preservative free normal saline or sterile water for injection is added to 100mg of the powdered chlordiazepoxide. The ampule is agitated gently until the contents are thoroughly dissolved. This preparation should not be given intramuscularly because it would be very painful.

Question: How must the patient be monitored while receiving parenteral chlordiazepoxide?

Answer: Hypotension and/or respiratory depression can occur. Facilities and equipment for respiratory or cardiovascular assistance should be readily available. The patient should be observed, preferably in bed, for up to three hours.

Question: Why is propofol milky white?

Answer: Like milk, propofol injection is an oil in water emulsion. Propofol is formulated with soybean oil, glycerol and egg lecithin. The preparation should be shaken well before use and protected from light. When used as a sedative agent in the ICU, the unused

portion should be discarded not more than 12 hours after puncturing the stopper if administered directly from the vial or not longer than six hours if the medication was transferred with a syringe.

Propofol is a strong respiratory depressant, and when used as a sedative in the ICU setting, it should only be administered to the intubated, mechanically ventilated patient.



MEDICAL NEWS

Rapacuronium bromide (Raplon ®) has been voluntarily withdrawn from the market. Rapacuronium is a nondepolarizing neuromuscular blocker. It was used to produce skeletal muscle relaxation during surgical procedures and to aid in intubating patients. It is being withdrawn because the manufacturer received reports indicating that the drug may be associated with bronchospasm. Five deaths have occurred during the administration of rapacuroinium. The drug was FDA approved in August 1999.

NYS DOH IS PHASING OUT THE NYS TRIPLICATE FORM FOR SCHEDULE II DRUGS

On May 1, 2001 the New York State Department of Health will begin issuing a new single part Official Prescription form. When physicians need to order more Official Prescription forms they will now receive the new prescription forms. Physicians will order the new prescription forms in the same manner as before. Physicians may continue to use the Official Triplicate forms until December 31, 2001. Starting January 1st, 2002, only the new single part Official Prescription form will be valid. There will be no refunds issued for unused Triplicate prescriptions. The new single part Official Prescription form is purple in color and apparently contains state of the art security features to deter alterations, color copying and scanning. If you have any questions regarding this issue, please call the Bureau of Controlled substances at (518) 402-0708.

IMPORTANT NEW SAFETY INFORMATION REGARDING ZYVOX ® (LINEZOLID)

The FDA and Pharmacia have received reports of myelosuppression in patients receiving Zyvox ®. Zyvox ® is an antibacterial agent indicated in the treatment of infections caused by susceptible strains of vancomycin-resistant *Enterococcus faecium*, nosocomial pneumonias and complicated skin and skin structure infections caused by staph aureus (methicillin- susceptible and resistant strains). The labeling of the product has been updated to reflect this serious adverse reaction. The types of myelosuppression reported with Zyvox ® include: anemia, leukopenia, pancytopenia and thrombocytopenia. The manufacturer recommends weekly blood counts in patients receiving Zyvox ® for longer than two weeks, those with pre-existing myelosuppression, those receiving concomitant drugs that produce bone marrow suppression or those with a chronic infection who have received previous or concomitant antibiotic therapy. It is advised to discontinue therapy in those patients who develop or have worsening myelosuppression.