

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

DRUG NAME	THERAPEUTIC CATEGORY
Gatifloxacin (Tequin ®)	Antibiotic
Caffeine citrate (Cafcit ®) inj	Bronchial smooth muscle relaxant
Budesonide (Pulmicort ®) respules	Respiratory corticosteroid
Beclomethasone (QVAR ®) inhl	Respiratory corticosteroid



Concentrated potassium chloride has been removed from all patient areas. The department of Pharmacy will now provide "K riders" which is potassium chloride 10 milliequivalents or 20 milliequivalents in 100cc of sterile water for injection.

Pharmacy will also be supplying the large volume preparations that contain potassium chloride such as D5 1/2NS + 20 meq KCl. If a physician requests a large volume preparation containing potassium chloride that does not come ready made Pharmacy will now prepare those solutions for the nursing staff.



Drug Interaction Update

Some services in this hospital use a combination of lidocaine and bupivacaine for local anesthesia. When these two drugs are used together there is an increased risk of methemoglobinemia. A possible mechanism is the displacement of lidocaine from its protein binding sites by bupivacaine.

Lidocaine, as well as the organic nitrates, can increase the levels of methemoglobin in the body. The oxidation of iron in hemoglobin from the ferrous form to the ferric form results in the formation of methemoglobin. Lidocaine, the organic nitrates, sodium nitroprusside, as well as non cardiac drugs such as sulfonamides, phenazopyridine and antimalarials are capable of oxidizing hemoglobin and can contribute to the production of high levels of methemoglobin.

As a reminder to all physicians: not all medications are on formulary here at SUNY Downstate and not all medications that are on formulary at Kings County Hospital Center are on formulary here. If you have any questions about the availability of a medication here please call the Pharmacy at 270-2854/2856. Remember there is a 24 hour turnaround time for non-formulary items. Recently there has been a slew of medication omission errors that stem from physicians ordering non-formulary items (fosinopril, in particular) and the drug not being available for administration to the patient.

Doxazosin and the ALLHAT Study

Doxazosin, an alpha-1 adrenergic blocker was dropped from the ALLHAT Study (Anti-hypertensive and Lipid Lowering Treatment to Prevent Heart Attack Trial). The ALLHAT Trial is a randomized, double-blind, active-controlled trial sponsored by the National Heart, Lung, and Blood Institute looking at whether there are any differences between four different classes of drugs (a diuretic, calcium channel blocker, ACE Inhibitor and an alpha adrenergic blocker) in reducing fatal coronary heart disease and nonfatal myocardial infarction in high risk hypertensive patients 55 years or older. Secondary outcomes include combined cardiovascular disease such as congestive heart failure, coronary revascularization, angina and peripheral artery disease and stroke.

Over 42,000 patients were recruited and randomized. In January, 2000 the Data Safety Monitoring Board decided to discontinue the doxazosin-treatment arm of the study. They based this decision on the interim results that showed patients on doxazosin had a 25% higher incidence of "combined cardiovascular disease" and double the incidence of congestive heart failure (8.13% vs. 4.45%) as compared to chlorthalidone (a diuretic).

The surprising interim results of this study will require researchers to revisit the idea that lowering blood pressure, is by itself, a valid endpoint for showing the efficacy of an antihypertensive drug. Greater emphasis will now have to be placed on morbidity and mortality data in addition to a drug's ability to lower blood pressure.