Oncology Pharmacy Newsletter

Volume 1, Issue 4, June 15, 2015

The Oncology Pharmacy Newsletter is a bi-weekly publication dedicated to providing useful information for the staff treating patients who come to the Oncology Outpatient Pavilion.

We welcome questions and requests for topics.

References available upon request.

Susan, Chris, Lisa & Maria

Changes! Changes! And It's Not Just Our Location

We are all excited about the impending move to the new premises! Hopefully, this newsletter will find us in the process of unpacking and setting up to see new patients.

Along with our new surroundings, there are several practice changes in the Pharmacy that will have impact for the Nurses in Oncology. These include formal notification of dose rounding of 5-Fluorouracil and other continuous infusions delivered by CADD pump, Pharmacist managed dose modification of zoledronic acid based on renal function, and changes to the OnGuard Contained Medication System Devices. All of these topics will be reviewed in this issue. Please feel free to contact Pharmacy with any questions.

Since you asked....
The new Fax and Phone Numbers for the OP Pharmacy:

Pharmacy: 8747
Fax: 0144

Chris' Desk: 2251
Chis' Cell: 860-480-8745
Chris' Fax: 1149

Susan: not yet set up

Lisa's Office: 5195
Lisa's Cell: 860-480-4723
Lisa's Fax: 4723

Mail Code: 8042

Changes to Fluorouracil Doses to Accommodate Limitations of CADD Pump Settings

You will begin to see new forms communicating dose modifications to CADD pump infusions of chemotherapy once we have moved to the Outpatient Pavillion, on Tuesday, 6/16/15.

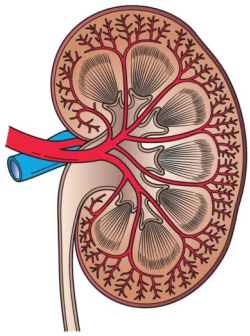
The switch to CADD pumps last year presented problems to mixing and infusing prescribed fluorouracil doses due to limitations with the pump's programmable rate and total volume to be infused. Pharmacy and Therapeutics Committee has approved a dose rounding policy that allows the Pharmacist to make changes up to 5% without requiring a prescriber's co-signature. Doses requiring >5% change in dose will require a prescriber's co-signature, which it is the responsibility of the pharmacist to obtain.

Forms Committee has approved a bar coded form to communicate that change to the Nurses and Prescribers. The Oncology Pharmacists provide, fill out, and file these dose change notifications in the orders section of the patient's outpatient chart. Nursing will need to review the order, transcribe the adjusted dose on the patient MAR, and sign the bottom of the order, just as with all other chemotherapy orders.

While this form will be primarily used for fluorouracil infusions, it may also be used to modify EPOCH and other continuous infusions administered via CADD pump if necessary.

Please see page 3 for an example of this form.

Modification of Zoledronic Acid Doses Based on Renal Function



Zoledronic Acid (Zometa® or Reclast®) is renally cleared, and has been shown to require dosage reductions in patients with poor renal function, regardless of the indication for which it is used. However, dosage guidelines vary by severity of renal impairment and indication.

Recently, the Pharmacy and Therapeutics Committee approved dosage reductions to be made and documented based on the Pharmacist's assessment of renal function using the Cockcroft-Gault equation, modified, if appropriate, for extremes in weight or for elderly patients with SCr = 0.8.

Once an order has been written for zoledronic acid, the Pharmacist will determine the Creatinine Clearance based upon current height, weight and recent Serum Creatinine level. This will be done prior to each dose in a repeating order. Please provide the height and weight to the Pharmacist when you call to request zoledronic acid. The pharmacist will then check the serum creatinine, calculate the creatinine clearance, modify the administered dose with a progress note entitled "Renal Adjustment of Medication" notifying the prescriber of the change. The pharmacist will also document any changes with a note in Siemens Pharmacy. A prescriber may override the Pharmacist's dosage adjustment, and will be contacted by the Pharmacist should this occur to discuss the change.

If there has not been a recent serum creatinine, or serum calcium, magnesium and potassium have not been checked within 1 week of the zoledronic acid dose, the Pharmacist may order these levels at their discretion. Orders for necessary supplementation of electrolytes are obtained from an APRN or MD.

Dosage modifications should follow the guidelines below:

Prevention or Treatment of Osteoporosis: Hold if Cr Cl <35ml/min using actual body weight.
Treatment of acute hypercalcemia of malignancy: No dosage change necessary, unless serum Cr >4.5

Zoledronic Acid for Oncology Uses, every 3-4 weeks:

Baseline CrCl (ml/min) **	Adjusted Dose
> 60 mL/min	4 mg
50-60 mL/min	3.5 mg
40-49 mL/min	3.3 mg
30-39 mL/min	3 mg
<30 ml /min	Not recommended, but can consider longer dosage interval or further dose reduction. Contact prescriber for discussion.

** Contact prescriber for acute changes in renal function.

References: Pharmacy and Therapeutics Committee Policy C-028
http://online.lexi.com/lco/action/doc/retrieve/docid/patch_f/7898
http://www.pharma.us.novartis.com/product/pi/pdf/reclast.pdf
http://www.pharma.us.novartis.com/product/pi/pdf/Zometa.pdf

UCONN HEALTH

UConn Health
John Dempsey Hospital
Neag Comprehensive Cancer Center

(Patient Identification)

Order Modification for Continuous Ambulatory Chemotherapy Infusion

Prescribed Dose from Provider Order:

Continuous Infusion Chemotherapy Medication per CADD Pump	mg/hour(s)		Total Hours of Treatment	mg (Total Infusion)
☐ Fluorouracil	mg	hour(s)		
☐ _____	mg	hour(s)		

Dose Mixed and Dispensed by Pharmacy Per Pharmacy & Therapeutics Committee:

Continuous Infusion Chemotherapy Medication per CADD Pump	Concentration of Medication	Total Hours of Treatment	mL/hour *	mg (Total Infusion)
☐ Fluorouracil	50mg/mL			
☐ Fluorouracil				
☐ _____				

*Dose is rounded to the capabilities of the CADD pump

Variance in Dose between prescribed dose and dose mixed and dispensed by pharmacy:	%

Note: All Fluorouracil continuous infusion bags contain a small amount of overfill in order to prime the bag. If a bag is returned with more than a few mL in the reservoir, please contact Pharmacy.

	Print Name	Signature	Date	Time
Pharmacist				
Pharmacist				
Provider*				
Nurse				
Nurse				

*Signature is only required if there is a ± 5% difference in prescribed dose.

Pharmacy and Therapeutics Committee has approved this as a Category III Substitution by a pharmacist as of 6/25/2014. This category allows the pharmacist to substitute but requires notification of the interchange to the practitioner. The practitioner must sign the form if there is a ± 5% difference in prescribed dose.

HCH-2540

Suggestions for topics, questions and comments are welcome! Just reply to sender of this Newsletter or email Susan Glassman glassman@uchc.edu or Chris Niemann niemann@uchc.edu.