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Ministry of Health

PHARMACY NEWSLETTER

A quarterly e-newsletter of the General Administration of Pharmaceutical Care, Ministry of Health

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It's with great pleasure that we launch the first issue of the MOH pharmacy newsletter. It will provide very important updates on the MOH formulary, and vital clinical education information, as well as links to the protocols and other resources. Many thanks to the team who has worked on the newsletter, and we look forward to hear your feedback and suggestions.

Dr. Tareef Alaama, FACP, FRCPC, CPE
Deputy Minister of Curative Services

In this issue:

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1.1 FORMULARY NEW ADDITIONS

Acamprosate calcium 333 mg tablet: enteric coated Restricted to addiction specialists in addiction clinics

Naltrexone 380 mg ER Injection Restricted to addiction specialists in addiction clinics

Buprenorphine 16, 24 and 32 mg Injection, Buprenorphine 64, 96 and 128 mg ER Injection Restricted to addiction specialists in addiction clinics

Buprenorphine and Naloxone 2mg/0.5mg, 4mg/1mg, 8mg/2mg, 12mg/3mg sublingual film Restricted to addiction specialists in addiction clinics

Fondaparinux sodium 2.5 mg/0.5 ml, 7.5 mg/0.6 ml, 10 mg/0.8 ml Restricted for Heparin-Induced Thrombocytopenia (HIT) as 1st line; restricted to hematology, critical care, internal medicine and anticoagulation services

Argatroban 250 mg/2.5 ml injection, 2.5 ml vial Restricted for Heparin-Induced Thrombocytopenia (HIT) as 2nd line after failure to, or in case of contraindication to, Fondaparinux. Restricted to hematology, critical care, and internal medicine and anticoagulation services.

Cisatracurium 150 mg/30 ml injection, 30 ml vial Restricted to emergency physicians and Intensive Care Unit (ICU) services

Diosmin 500 mg tablet
Restricted for the treatment of hemorrhoids

Sitagliptin 25 and 50 mg tablets

HYRIMOZ (adalimumab-adaz) biosimilar (40 mg/0.8 ml injection, 0.8 ml syringe

Flucloxacillin 250 and 500 mg capsules

Flucloxacillin 125 mg/5 ml oral liquid

Mesalazine (Salofalk) 500 mg tablet: modified release
Restricted for the treatment of Ulcerative Colitis
(Mid-ileum to colon) restricted to gastroenterologists

Mesalazine (Salofalk) 4 g/60 ml enema, 60 ml bottle
For the treatment of Ulcerative Colitis (Mid ileum to colon) restricted to gastroenterologists

Daptomycin 500 mg injection: powder, vial Restricted to Infectious Disease

1.2 FORMULARY DELETIONS

Vecuronium bromide 10 mg injection: powder for, vial

Pancuronium bromide 4 mg/2 ml injection, 2 ml ampoule

Adalimumab (Humira) 40 mg/0.8 ml injection, 0.8 ml syringe

Mesalazine (Pentasa) 500 mg tablet: modified release

Cloxacillin 250 and 500 mg capsule

Cloxacillin 125 mg/5 ml oral liquid

1.3 NEW STRENGTH AND/OR DOSAGE FORM ADDITION

Atorvastatin 40 mg tablets

1.4 GENERIC SWITCH

Enoxaparin sodium (Enoxaparin TBM)
20 mg/0.2 ml injection, 0.2 ml syringe,
40 mg/0.4 ml injection, 0.4 ml syringe,
60 mg/0.6 ml injection, 0.6 ml syringe,
80 mg/0.8 ml injection, 0.8 ml syringe
Enoxaparin Inj. (for family medicine consultants in specialized PHCs only)

1.5 EXTENSION TO PHCs

Sitagliptin 100 mg tablet

1.6 DELISTING FROM PHC

Linagliptin 5mg tablets

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2 Medication safety starts with your analysis

Yes, medication safety starts with your own analysis and corrective action plan. We all believe that reporting is the first step in safety, but it is meaningless if the error is not combined with analysis and corrective action plan to prevent recurrence.

Case 1:

Patient received double dose of digoxin. This case is classified as category D within medication errors categories.

Patient was prescribed digoxin 0.125 mg PO once daily as a continuation of her diagnosis. Her son presented to the outpatient pharmacy to pick up the prescription.

Due to unavailability of the 0.125 mg tablets strength, the pharmacist dispensed digoxin 0.25 mg tablet and informed the son clearly that digoxin tablets 0.125 mg are not available so his mother should take half the tablet. One week later, the son came back again to the outpatient pharmacy carrying the same prescription of digoxin 0.125 mg tablets for refill as the medication is running out!

The pharmacist checked the patient's file and noticed that the medication was dispensed last week, however, the 0.25 mg tablets strength were dispensed which was supposed to be given in half.

The son has not delivered this crucial information to the care giver who was administering double the prescribed dose to the patient on a daily basis.

Lessons learned:

Counseling was done briefly while this medication is a high-risk medication that requires extreme care and attention. There were more steps to be followed that were not, including but not limited to:

1. Making sure the patient or the caregiver understand properly the instructions about medication use (either high alert, look alike/sound alike or a regular medication), by applying the teach-back method (asking for a repeat of the instructions)

2. Asking about the person who is responsible for administering the medication to the patient at home to make sure important instructions are delivered clearly.

3. Reconciling home medications to include other medications possibly picked up at a different facility.

4. Carefully checking the patient's medication record (before approving a refill) for any contraindications, interactions, too soon refills and/or duplication in therapies.

5. Clinical decision supporting systems within the health information systems could be helpful (giving pop-up warning messages if there is any remaining quantity from the previous refill.

6. Give the patient complete detailed information about his/her medications (Uses, precaution, etc.)

7. Refer the patient to the medications' counseling clinic.

3 Patient counseling to enhance adherence:

(Steps in patient education &counseling process)

It varies according to the health systems' policies and procedures, environment, and practice setting. Generally, the following steps are appropriate for patients receiving new medications:

1. Establish caring relationships with patients:

- Introduce yourself as a pharmacist
- Explain the purpose and expected length of the sessions
- Obtain the patient's agreement to participate
- Determine the patient's primary spoken language

2. Assess the patient's knowledge about their health problems and medications:

- Asses their capability to use the medications appropriately, and attitude toward their health problems and management
- Use open ended questions about each medication's purpose and what the patient expects
- Ask the patient to describe or show how he or she will use the medication

3. Provide verbal information with the use of visual aids:

- Open medication containers to show patients the colors, sizes, shapes, and measures
- For oral liquids & injectables, highlight the dosage marks on the measuring devices
- Demonstrate the assembly and use of administration devices such as nasal and oral inhalers
- As a supplement to face-to-face oral communication, provide written handouts to help the patient recall the information. If a patient is experiencing problems with his or her medications, gather data and assess the problems.
- You may provide a communication mean through which the patient can contact you for help
- Then contact prescriber with recommendation to adjusting the therapeutic regimen according to guidelines, if needed.

4. Verify patient's knowledge and comprehension of medication use:

- Perform the "teach-back" (ask how they will use their medications and correct any misunderstanding"
- Observe patients' medication-use capability and accuracy and attitudes toward following their regimen

Case 2:

Patient had extra quantity from Cyclopentolate drop but he didn't use it!! This case is classified as category E within medication errors categories. Patient was admitted in the surgery ward for cataract surgery and transferred to the inpatient ward on the same day. Cyclopentolate eye drops was ordered and was dispensed with a label for one day duration within inpatient stay. The next day, patient was discharged with 7 days' supply.

The nurses in charge gave the bottle of cyclopentolate that was dispensed within inpatient stay following a project of reduced drug utilization.

Later, the doctor found up during a follow up visit that the patient underused the eye drop because it was labeled for one day duration only.

Keep in mind:

1. The multi-use inpatient medication must be returned to the pharmacy for relabeling once the physician's instruction changes
2. Any multi-use inpatient regular order already dispensed with enough quantity to the patient during his inpatient stay should not be re-dispensed
3. Make sure the counseling is done in an effective manner with appropriate patient counseling materials
4. This case is considered as waste of medication stock

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4 What is De-prescribing? Do I still need this medication?

The term "deprescribing" refers to a process of medication withdrawal, supervised by a health care provider, with the goal of managing polypharmacy and improving outcomes.
This can encompass efforts to comprehensively review a patient's medication list and systematically discontinue or reduce the dose of all medications with an unfavorable balance of benefits and harms, as well as efforts focused on specific high-risk medications.

Goals:

Common goals for deprescribing include reducing overall medication burden, reducing the risk of specific geriatric syndromes such as falls and cognitive impairment,
and improving global health outcomes such as hospitalization and death.

Patient characteristics:

Patients who should be targeted for deprescribing include those with polypharmacy, co-morbidity, renal impairment, transitions of care, medication nonadherence, limited life expectancy, older age, frailty and dementia.

Targeted Medications:

Overused and high-risk medications: Inappropriate
medications for older adults (such as sedative-hypnotics, anticholinergic medications, long-acting sulfonylureas such as glyburide, and chronic use of proton pump inhibitors (PPIs) and nonsteroidal anti-inflammatory drugs (NSAIDs) in the absence of compelling indications. In certain situations, insulins and aspirin may also be appropriate for deprescribing.

Targeted Medications:

1.Deprescribing is best accomplished in a stepwise approach which includes engaging the patient and gathering the right information, identifying, and deciding on which medications to deprescribe, and implementing a deprescribing plan with monitoring and following-up

2.Tapering is a good strategy for many medications. It can reduce the chance of adverse drug withdrawal events (ADWEs), identify the lowest effective dose in patients who are unable to stop a drug completely, and support long-term drug cessation by increasing patient comfort and willingness for deprescribing. Certain medications are more likely to cause ADWRs if stopped abruptly.

3.Shared decision-making is essential to successful
deprescribing and should include alignment of patient goals and preferences. Effective communication is needed not only between patients and clinicians but also between health care professionals.

Common barriers:

1. Patient reluctance

2.Care shared between multiple providers

3.Challenges in recognizing appropriate medications

4.Clinical inertia can be addressed through communication, education, and other strategies

5 5. Safety alert of look-alike medications

-Dexamethasone 8mg/2ml injection, 2 ml ampoule

-Diclofenac Sodium 75 mg/3ml injection, 3 ml ampoule

-Metoclopramide hydrochloride 10 mg/2ml injection, 2 ml ampoule

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6 First Immunization Campaign in the Middle East provided by Community Pharmacies:

The General Administration of Pharmaceutical Care at the Ministry of Health (MoH) in collaboration with the Saudi Society of Clinical Pharmacy (SSCP) initiated the first ongoing formalized training program for pharmacists on vaccine administration in community pharmacies.

The program was designed by ambulatory care clinical pharmacists and was accredited by the Saudi Commission for Health Specialties (SCFHS). It was launched in mid-March 2021 and have so far trained >250 pharmacists from different regions in the kingdom. In addition to COVID-19 vaccine training, the training program included 9 other essential vaccine types.

Trainees are awarded a two-years certificate after passing the written and practical exam. Community pharmacies provided the service after fulfilling MoH requirements to ensure safety.

This contributed to significantly increase in COVID-19 vaccine delivery.

7 How herd immunity works?

When someone is vaccinated, they become protected against the targeted disease. However, not everyone can be vaccinated. Those with certain underlying health conditions, such as immunocompromised individuals, or those with severe allergies to vaccine components may not be able to get vaccinated. Nevertheless, these people can still be protected if they live among others who are vaccinated. When most people in a community are vaccinated, the pathogen will have a hard time circulating because most people are immune. The more others are vaccinated, the less likely people who are unable to be protected by vaccines are at risk of being exposed to the harmful pathogens. This is called herd immunity. Achieving herd immunity is especially important for people who cannot be vaccinated. No single vaccine provides 100% protection, and herd immunity does not provide full protection too! But with herd immunity, those people will have substantial protection, thanks to those around them who vaccinated.

8 Multivitamins: Should I prescribe one?

The use of dietary supplements, including multivitamins has increased substantially in the past few decades. On an average, 20-30% of the population in developed countries use such vitamin supplements. Industry involved in manufacturing vitamins are reported to be one of the world's fastest growing industries. Although, the use of multivitamins supplementation may provide benefits in terms of increased nutrient intake in some patients, there are potential adverse effects due to high intake. It is important to note the following:

- Multivitamins are not recommended for healthy adults and children without evidence of vitamin deficiency
- Do not prescribe multivitamins for treatment of diabetes, cardiovascular, cognitive and osteoporosis disorders.
- Multivitamins are recommend-ed only for certain groups:
  - Pregnant women
  - Chronic kidney disease patients
  - Those who undergone bariatric surgery

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9 Medications common misconceptions:

Omeprazole

- Do not use for nausea, vomiting and dyspepsia
- Do not prescribe for gastro-intestinal ulcer prophylaxis unless the patient is at risk
- Do not use for patients with chronic cough unless the gastro-esophageal reflux disease is confirmed
- In patients with documented esophageal erosion, the use of omeprazole should be limited to specific duration (4-8 weeks)

Acetylsalicylic acid (Aspirin)

- Use aspirin for secondary prevention of atherosclerotic cardiovascular disease (ASCVD)
- Do not use Aspirin for primary prevention of ASCVD in low-risk patients

Vitamin B complex

Vitamin B complex is indicated only for the following:

- Patients with chronic use of metformin therapy
- Patients with peripheral neuropathy
- Patients with alter gastro-intestinal anatomy (e.g. bariatric surgery)

Prescribe the Specific vitamins for Specific indications:

- If the patient has Vitamin B12 deficiency anemia (check vitamin B12 level) get IM Vitamin B12 alone
- If Nausea and vomiting of pregnancy get Vit B6 alone
- If asymptomatic patients on isoniazid as prophylaxis and for symptomatic patients as a treatment get Vit B6 alone
- If peripheral neuropathy, cardiomyopathy associated with chronic alcohol use get Vit B1 alone

Don't use:

- Vitamin B12 as a prevention of dementia, osteoporosis, or cardiovascular disease,
- Vitamin B6 to reduce risk of cancer

Nasal decongestant (Xylometazoline):

- Don't use routinely for allergic rhinitis because the risk of rebound nasal congestion which may develop within 3-7 days.
- If used for reliving nasal symptoms, it should be used for a maximum of 2-3 days only
- Xylometazoline HCl is not recommended for children less than 12 years

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10 Important Reach outs for you:

MOH formulary for IOS

MOH formulary for Android

Medication Error Reporting

COVID-19 Protocols and guidelines

920009080

Reporting of Medication shortages
(for health care providers)

Mark your Calendars

World Pharmacist' Day 25 September

The World Pharmacist' Day is celebrated by Pharmacists to promote their commitment to organize activities that advocate for the role of the pharmacist in improving health in all parts of the world.

If you have any question or comment regarding this publication, kindly send an e-mail to: phacare@moh.gov.sa

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