



وزارة الصحة  
Ministry of Health

# PHARMACY NEWSLETTER

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A quarterly e-newsletter of the General Administration of Pharmaceutical Care, Therapeutic Affairs Deputyship

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## 1.1 Formulary New Additions

-Cyanocobalamin 0.15 mg + pyridoxine hydrochloride 100 mg + thiamine 100 mg tablet  
Status: Temporary Formulary (Wasfaty)

-levocetirizine dihydrochloride 500 micrograms/mL oral liquid  
Status: Temporary Formulary (Wasfaty)

-Nintedanib 100 mg capsule  
Central Medication  
Restriction: Patients with IPF and who have (FVC) between 50%- 80% under value based program  
Privilege of Prescribing: Consultant Pulmonologists

-Nintedanib 150 mg capsule  
Central Medication  
Restriction: Patients with IPF and who have (FVC) between 50%- 80% under value based program  
Privilege of Prescribing: Consultant Pulmonologists

## 1.2 Formulary Deletions

Deletion is effective when the stock reaches zero (DWZ):

-Anti-D [Rho] immunoglobulin 2500 international units (500 microgram) injection, syringe

-Phytomenadione 1 mg/0.5 mL injection, 0.5 mL ampoule

-Miconazole Nitrate 2% (20 mg/g) application

## 1.3 Change Description

-Fat emulsion for infusion SMOF 20% ( 30% soya oil +30% triglycerides medium chain + 25% olive oil + 15% fish oil ) injection: intravenous infusion, 250 mL bottle

-Diphenyl Cyclopropanone ( Dpcp ), 1g powder

-Anti-D [Rho] immunoglobulin 750 international units (150 microgram)/mL injection, 2 mL ampoule

-Anti-D [Rho] immunoglobulin 250 international units (50 microgram)/mL injection, 1 mL vial

-lomitapide 10 mg capsule  
Central Medication  
Privilege of Prescribing: Consultant endocrinology value based program

-lomitapide 20 mg capsule  
Central Medication  
Privilege of Prescribing: Consultant endocrinology value based program

-lomitapide 5 mg capsule  
Central Medication  
Privilege of Prescribing: Consultant endocrinology value based program

-Sodium chloride nasal spray

## 1.4 New Dosage Form / Strength

-Phytomenadione 2 mg/ 0.2 mL injection, ampoule

## 1.5 Revised Restriction / Privilege of Prescribing

-Ixekizumab 80 mg/ mL injection, 1 mL prefilled pen  
Restriction: 3rd line in psoriasis

-Patiromer 16.8 g sachet  
Restriction: The treatment of chronic resistant hyperkalemia despite standard of care management in adults with CKD (stage 3b-5) who are not on dialysis or in adults with HF if serum potassium level is at least 6 mmol/L or in the above mentioned patients who are not taking optimized RAASI dose  
Privilege of Prescribing: Restricted to consultant nephrologists and cardiologists

-Risankizumab 150 mg/mL SubQ injection, 1 mL autoinjector  
Restriction: 2nd line in psoriasis please refer to Psoriasis guidelines

## 1.6 RE-ENLIST to Formulary

-Budesonide 160 microgram/actuation + formoterol fumarate dihydrate 4.5 microgram/actuation dry powder inhaler



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## 1.7 New Approved Guideline

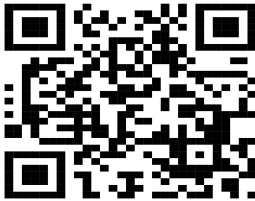
1-Diagnosis and Management of Alopecia Areata: A Saudi Expert Consensus Statement (2023)

To read the full guideline please visit the barcode below :



## 1.8 Updated Hajj Formulary

To read the full list of medication, please visit the barcode below :



## 1.9 MOH Formulary Application



For IOS



For Android

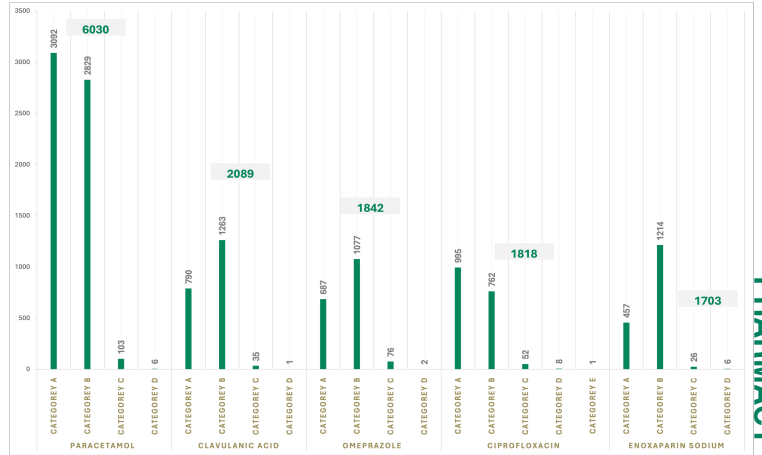


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## The Top 5 Most Frequently Reported Medication Errors

The top 5 reported medication errors through the Ministry of Health Medication Error Reporting System were as follows:

1-PARACETAMOL = 6030      2-CLAVULANIC ACID= 2089  
3-OMEPRAZOLE = 1842      4-CIPROFLOXACIN= 1818  
5-ENOXAPARIN SODIUM= 1703



- A: Circumstances or events that have the capacity to cause error
- B: An error occurred, but the medication did not reach the patient
- C: An error occurred that reached the patient but did not cause patient harm
- D: An error occurred that resulted in the need for increased patient monitoring but no patient harm
- E: An error occurred that resulted in the need for treatment or intervention and caused temporary patient harm

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## A Case of Medication-Related Problems (Overdosing)

Case:

A 70-year-old female patient with known thyroid carcinoma, was admitted to the hospital, with diagnosis deep vein thrombosis (DVT), and treated with intravenous heparin. During a review of her medical records, the clinical pharmacist noticed that her activated partial thromboplastin time (aPTT) was over 160 seconds. Fortunately, there was no sign of any bleeding, indicating over-anticoagulation.



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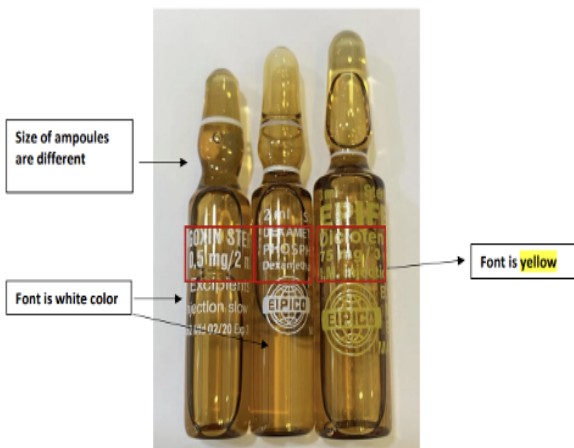
## Ministry of Health

The physician had prescribed a heparin infusion according to the protocol. However, upon investigation, it was discovered that a newly employed nurse administered heparin infusion rate of 80 units/kg/hr instead of the correct infusion rate of 18 units/kg/hr. The potential reasons leading to this confusion were that the new nurse did not receive proper orientation and training, and the pre-printed protocol was also unclear. Upon identifying the error, the clinical pharmacist immediately advised the physician to hold heparin infusion and instructed the nurse on the appropriate infusion rate as per protocol. Additionally, the pharmacist reported the incident to the hospital's medication safety committee.

Recommendations for reducing medication error and minimizing harm:

- Implement electronic protocol templates instead of pre-printed forms.
- Ensure that all intravenous medications are verified, prepared, and double-checked by the pharmacy department in accordance with CBAHI standards.
- Provide comprehensive training and education on the Heparin protocol for all physicians and nurses.
- Consider the implementation of a double-checking system for the administration of all high-alert medications within the hospital.

## 4 Medication Safety Alert



	Digoxin	Dexamethasone	Diclofenac sodium
Pharmacological class:	Antidysrhythmic, Inotropic	Anti-inflammatory (corticosteroids)	Non-steroidal anti-inflammatory
	HAM	LASA	LASA

## 5

### ISMP Recommendations for Promethazine

- Eliminate injectable promethazine from the formulary.
- Remove injectable promethazine from all areas of the organization including the pharmacy.
- Classify injectable promethazine as a non-stocked, non-formulary medication.
- Implement a medical staff-approved automatic therapeutic substitution policy to convert all injectable promethazine orders to another antiemetic.
- Remove injectable promethazine from all medication order screens, and from all order sets and protocols.
- This Best Practice includes not using deep parenteral administration of promethazine because this can also cause tissue damage if accidentally injected intraarterially.

## 6

### Anabolic Steroids Abuse

Anabolic steroids, synthetic variants of testosterone, have become prevalent among individuals seeking to augment muscle mass and athletic performance. Through the retention of nitrogen in muscles, these compounds stave off muscle breakdown and facilitate strength gains.

Despite the perceived benefits, the abuse of anabolic steroids is fraught with considerable risks and potential repercussions. Chief among these concerns is their impact on reproductive health. Prolonged steroid use can lead to diminished fertility, sexual dysfunction, and in severe cases, irreversible infertility. Additionally, users may experience adverse effects such as hair loss and an escalated susceptibility to certain cancers, particularly those affecting the liver and prostate.

Beyond the physical implications, anabolic steroid abuse can profoundly affect mental well-being. Users may exhibit mood swings, heightened aggression, and even hallucinations, posing dangers to themselves and others. Moreover, the addictive nature of these substances can result in dependence, characterized by a persistent craving for the drug and withdrawal symptoms upon cessation.

Withdrawal from anabolic steroids can precipitate a range of debilitating symptoms, including depression, decreased appetite, headaches, and impaired concentration. These symptoms can significantly impair an individual's daily functioning and may necessitate professional intervention for effective management.



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It is imperative for individuals contemplating the use of anabolic steroids to carefully consider the potential benefits vis-à-vis the inherent risks. Seeking guidance from healthcare professionals and exploring alternative avenues for achieving fitness and performance objectives is paramount for safeguarding both physical and mental well-being.

In summary, while anabolic steroids may yield transient gains in muscle mass and strength, their protracted use entails serious health risks and psychological ramifications. Prioritizing safer and more sustainable approaches to fitness and performance enhancement is essential for long-term health and vitality.

### 7 Transition of Care: Role of Pharmacists

Transition of care (TOC) pharmacy services encompass a range of activities focused on safely transferring a patient's care between healthcare settings, such as moving from a hospital to a home or long-term care facility. These services include Medication Reconciliation, Medication Education, Medication Therapy Management, Collaboration with Healthcare Teams, and Follow-up and Monitoring. Their aim is to reduce medication-related problems, enhance patient safety, and improve overall health outcomes during transitions of care. They play a crucial role in the continuum of healthcare, especially for patients with complex medication regimens or chronic conditions.

The transition of care services offered to pharmacists typically involves educational and experiential opportunities aimed at preparing future pharmacists to play a vital role in managing medication transitions for patients. These services may include didactic education, clinical rotations, medication reconciliation training, patient counseling skills, and interprofessional collaboration. They are crucial for preparing pharmacists to become competent and effective healthcare providers who can contribute to the safe and successful transfer of patient care between different healthcare settings.

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### Mark Your Calendar

Mark your calendar! Reserve your spot for the 6th Annual Conference on Innovative Insights in Hospital Pharmacy Practice, #IHOP6. It will be held in Riyadh at The Arena Riyadh Venue for Exhibitions, from 30 May -1 Jun, 2024.