

MORNING CMO REPORT

06.11.2014

FROM THE DESK OF:

Anthony P. Weiss, MD, Chief Medical Officer,
Associate Dean for Clinical Affairs,
Upstate University Hospital

UPSTATE
UNIVERSITY HOSPITAL

Levalbuterol Formulary Status Change

Applies to All Physicians

Levalbuterol

Advisory

Albuterol, a beta-2 adrenergic agonist used as a bronchodilator in the treatment of asthma and other respiratory conditions, has been employed in patient care for decades. Chemically, it exists as a racemic mixture of R and S isomers. Investigators have determined that it is the R isomer that delivers the pharmacologic effects of albuterol; the S isomer is not active. Levalbuterol is the R isomer of albuterol and, as such, has demonstrated similar efficacy compared to albuterol when employed in equivalent doses.

A recent systematic review and meta-analysis of studies involving children and adults concluded that factors including final respiratory rate, change in respiratory rate, oxygen saturation, change in FEV1, tremor incidents, heart rate change and clinical asthma score **did not differ significantly** between albuterol and levalbuterol treated patients. [Jat KR and Khairwa A. Levalbuterol versus albuterol for acute asthma: a systematic review and meta-analysis. Pulmonary Pharmacology and Therapeutics 2013;26:239-248]

On a molecular basis, 1.25mg of levalbuterol would be expected to elicit the same clinical and/or adverse effects as 2.5mg of albuterol. In clinical practice, evidence of beta-2 receptor induced tachycardia and tremor is often considered a correlate of effective bronchodilatory activity. In a patient who has demonstrated intolerance to 2.5mg albuterol, it is reasonable to expect that a 0.63mg dose of levalbuterol might have reduced adverse effects by virtue of the equivalent of a 50% dose reduction. A similar reduction in adverse effects would likely be achieved by reducing the dose of albuterol by 50% (to 1.25mg).

Based on these and other sources of evidence, the Pharmacy and Therapeutics committee at the Downtown Campus will **remove levalbuterol from the formulary and the pharmacy will eliminate all stock of levalbuterol effective July 1, 2014**. Patients who are chronically managed on levalbuterol in the outpatient setting should be converted to albuterol (at twice the chronic levalbuterol dose) during and inpatient stay. Those patients who have demonstrated intolerance to albuterol in the past should have their empiric albuterol dose reduced by 50%.

If you have any questions, please contact Chris Miller, Pharm.D., at 464-4214.

ALERT-Highest priority emergency communication; warrants immediate action or attention by the recipient.

HIGH ADVISORY-High priority does not warrant immediate action but recipients should be aware.

ADVISORY-Provides very important information for a specific incident or situation that does not require immediate action.

UPDATES TO ALERTS AND ADVISORIES-Provides updated information regarding an incident or situation; unlikely to require immediate action.

INFORMATIONAL MESSAGE-Provides timely information, important for review or serves as a reminder for an action that should be taken.

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Volunteers Needed

Applies to All Physicians

HCDA

Advisory

Clarifying the code status for a person with a developmental disability can be a complex process, given additional safeguards in place for this population. After the attending initiates a DNR for a person with a developmental disability it requires a consulting physician to certify capacity as well. We have relied upon psychologists at the Office of Persons with Developmental Disabilities (OPWDD), which sometimes creates delays in making our patients a DNR, particularly after hours and on weekends.

If you have at least 3 years of experience (including the care of patients with developmental disability) you would qualify to make these capacity determinations. If interested, each physician would complete the attached short application and submit their vitae for approval by the Commissioner of OPWDD.

Having a small pool of authorized physicians within the hospital would be extremely helpful in expediting the DNR process for these patients. If you have additional questions or are interested in completing the form, please contact Mark Buttiglieri at 464-4345.

Thank you for your support.

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**Health Care Decisions Act for Persons with Mental Retardation
(OMR - HCDA 01) (6/04)**

Clinician application for OMRDD approval

Background: The Health Care Decisions Act for Persons with Mental Retardation specifies that certain functions may only be performed by physicians or licensed psychologists who meet the following criteria: 1) are employed by a DDSO; 2) have been employed by an agency for at least two years to provide services to people with mental retardation in a facility or program operated, certified or authorized by OMRDD; or 3) have specialized training or at least three years experience in serving people with mental retardation and have been approved by the Commissioner of OMRDD. This application form should be completed by physicians or licensed psychologists who are seeking OMRDD approval under #3. A separate application process is available for clinicians who meet the requirements under #2 and who wish their names to appear on the list of clinicians maintained by each DDSO.

Instructions to applicant: Please fill out and submit to the DDSO that is responsible for the area in which you primarily provide services. A map and list of DDSOs can be found on the OMRDD web site at www.omr.state.ny.us.

Name _____

License # _____ Expiration date _____

- Physician
 Licensed psychologist

Address _____

Tele.# (work) _____ (home) _____ (fax) _____

E-mail address _____

-
1. Do you have three years experience serving people with mental retardation? yes no
Attach a brief description of your experience serving people with mental retardation, including the length of time providing services. Specify any agency providing services to people with mental retardation with which you have had an affiliation.
 2. Attach a brief description of any specialized training you have received related to serving people with mental retardation.
 3. List the counties of residence for people with mental retardation that you serve:

 4. Have you ever been found guilty of medical misconduct by the Board for Professional Medical Conduct or subject to a disciplinary action by the Board of Regents for professional misconduct, or are you currently under investigation or are proceedings pending by those bodies? Yes (attach explanation) No
 5. Attach your resume.

Note: OMRDD will contact current and previous employers and affiliated agencies to verify information provided.

OMRDD use only

DDSO _____ Date submitted to Central Office _____

NAME OF APPLICANT _____

DDSO staff completing form: name _____ phone _____ fax _____ E-mail _____

Item	Date Completed	Comments
Application/Resume review		
<input type="checkbox"/> Verification of current license <input type="checkbox"/> Check for professional misconduct/disciplinary action		
Reference checks		
Approval/disapproval recommended by DDSO: <input type="checkbox"/> Medical Director (for physician) <input type="checkbox"/> Nursing Program Coordinator (for physician) <input type="checkbox"/> Psychology Discipline Coordinator (for psychologist)		
Need to contact other DDSOs? If yes, name: _____ _____ _____		

DDSO Director approval/disapproval recommended

Approval Disapproval

Commissioner approval/disapproval

Approval Disapproval

_____ DDSO Director Signature

_____ Date

_____ Commissioner/designee

_____ Date

**Health Care Decisions Act for Persons with Mental Retardation
(OMR - HCDA 02) (6/04)**

Clinician application for inclusion on OMRDD list

Background: The Health Care Decisions Act for Persons with Mental Retardation specifies that certain functions may only be performed by physicians or licensed psychologists who meet the following criteria: 1) are employed by a DDSO; 2) have been employed by an agency for at least two years to provide services to people with mental retardation in a facility or program operated, certified or authorized by OMRDD; or 3) have specialized training or at least three years experience in serving people with mental retardation and have been approved by the Commissioner of OMRDD. This application form should be completed by physicians or licensed psychologists who meet the requirements under #2 and who wish their names to appear on the list of clinicians maintained by each DDSO.

The DDSO will furnish this list to attending physicians and others involved in locating physicians and psychologists to perform the functions specified by the law, or who are seeking to confirm qualifications of physicians and psychologists to perform these functions.

A separate form, the OMRDD HCDA 01, is available for physicians and psychologists who are seeking OMRDD approval under #3.

Instructions to applicant: Please fill out and submit to the DDSO that is responsible for the area in which you primarily provide services. A map and list of DDSOs can be found on the OMRDD web site at www.omr.state.ny.us.

Name _____

License # _____ Expiration date _____

Physician

Licensed psychologist

Address _____

Tele.# (work) _____ (home) _____ (fax) _____

E-mail address _____

You must have a minimum of two years of employment providing services in a facility or program operated, certified or authorized by OMRDD.

On the reverse side, list your most recent relevant employers, dates of employment and contact person at the provider agency that would demonstrate that you meet the minimum of two years relevant employment. Instead, you may attach a resume or other documentation so long as it contains the requested information.

OMRDD will contact current and previous employers to verify information provided.

NAME OF APPLICANT _____
 DDSO _____

	Employer	Dates of employment	Contact person	Phone/E-mail	OMRDD use only: check if verified
1.					
2.					
3.					
4.					
5.					

OMRDD use only

DDSO staff verifying information Name _____ Phone _____

Currently valid license holder?
 yes no

Two years of employment verified?
 yes no