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Medication Safety Bulletin

The Medication Safety Bulletin (MSB) is published by the HA Medication Safety Committee (MSC) biannually (May and Nov) as an educational publication to share issues related to medication safety. Please refer to the HA Risk Alert (HARA) for sharing of medication incident cases reported in HA.

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Highlights of the Medication Safety Forum 2022

The Medication Safety Forum, with the theme **Overcoming Challenges in Medication Safety**, was successfully held on 7 December 2022. We would like to take this opportunity to thank the speakers for their fruitful sharing presentations, and attending colleagues who contributed in enhancing medication safety during this challenging year. Hope you enjoyed the Forum and stay tuned for the upcoming Forum to be held in December 2023!



The videos and presentation files of the Medication Safety Forum 2022 are available at below link:

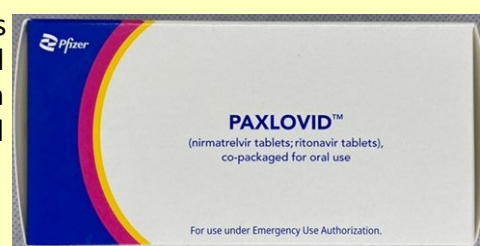
<http://hadf.home/Events>

You could also find the presentation files of previous years' Forums.

Sharing of recent incidents and safety tips regarding Paxlovid

Paxlovid (Nirmatrelvir/Ritonavir) is used for the treatment of adults and paediatric patients (12 years of age and older weighing at least 40 kg) with mild-to-moderate coronavirus disease 2019 (COVID-19) and who are at high risk for progression to severe COVID-19, including hospitalization or death.

For patients with eGFR ≥ 60 mL/minute, no dosage adjustment is necessary. The renal dose is for patients with moderate renal impairment (eGFR 30-60 mL/min). Paxlovid is not recommended in patients with severe renal impairment (eGFR < 30 mL/min) until more data are available.

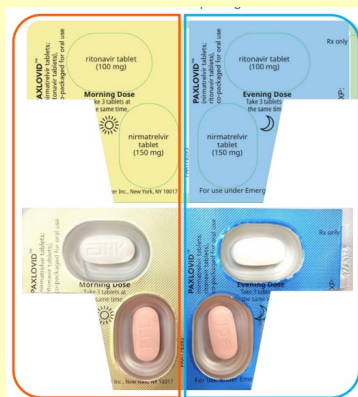


Sharing of recent incidents and safety tips regarding Paxlovid (continued)



Paxlovid tablet 300mg/100mg

Normal Dosage: 300mg Nirmatrelvir (two pink tablets) with 100mg ritonavir (one white tablet) 2 times each day for 5 days
Indicated for patients with **eGFR ≥ 60 mL/minute**



Paxlovid (Renal impairment) tablet 150mg/100mg

Renal Dosage: 150mg Nirmatrelvir (one pink tablet) with 100mg Ritonavir (one white tablet) 2 times each day for 5 days
Indicated for patients with **eGFR ≥ 30 to < 60 mL/minute**

Case Sharing (1):

During routine Paxlovid stock check, pharmacy staff found that there was one surplus pack of Paxlovid (renal impairment) 150mg/100mg (10 doses) while one pack of Paxlovid 300mg/100mg (10 doses) was found missing. Previous dispensing records were reviewed immediately. Upon investigation, it was found that one pack of Paxlovid 300mg/100mg was wrongly dispensed to an inpatient prescribed with Paxlovid (renal impairment) 150mg/100mg.

Case Sharing (2):

Patient A was referred from a private hospital and attended A&E due to COVID-related symptoms and abnormal findings on their chest X-ray. Doctor B assessed Patient A and prescribed Paxlovid 300mg/100mg. However, Nurse C unpacked only 1 tablet of Nirmatrelvir 150mg and administered it to Patient A. 1 tablet of Ritonavir and 1 tablet of Nirmatrelvir 150mg were omitted.



Learning points:

Adhering to the five rights of medication use can help prevent medication errors and promote patient safety. By following this practice, we can ensure that **RIGHT** patient receive the **RIGHT** drug, at the **RIGHT** dose, by the **RIGHT** route, and at the **RIGHT** time. Let's work together to making medication safety a top priority!

Safety information update for Rosuvastatin

HMG-CoA reductase inhibitors, also known as statins, are cholesterol-lowering medications used to reduce the risk of developing cardiovascular diseases.

Statins can cause rare side effects on muscle (also known as myopathy), including muscle weakness, inflammation and damage. Intense pain could be a symptom of rhabdomyolysis, a rare condition that involves the breakdown of muscle cells.

Examples of signs and symptoms of rhabdomyolysis include:

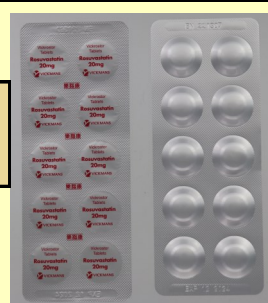
- | | | |
|-------------------|---------------|----------------------------------|
| ※ Muscle weakness | ※ Muscle pain | ※ Elevated serum creatine kinase |
| ※ Muscle swelling | ※ Dark urine | ※ Acute renal failure |

There were recent reports of adverse drug reaction (ADR) related to statin-induced rhabdomyolysis in Asian patients on high dose of rosuvastatin (daily dose 40mg or above). The manufacturer of rosuvastatin products being used in HA also updated the Product Information on contraindications:

- **The 40mg dose is contraindicated in patients with pre-disposing factors for myopathy rhabdomyolysis. Such factors include:**
 - Asian patients
 - moderate renal impairment (creatinine clearance <60ml/min)
 - hypothyroidism
 - personal or family history of hereditary muscular disorders
 - previous history of muscular toxicity with another HMG-CoA reductase inhibitors or fibrate
 - alcohol abuse
 - situations where an increase in plasma levels may occur
 - concomitant use of fibrates.



Rosuvastatin tablet
10mg(left) and 20mg(right)



Advice on safe medication use:

Not everyone will experience side effects after using the medications. Their severity also differs among individuals. Please consult advice from doctor or pharmacist if the side effects persist or worsen. Do not stop using the medications or change the dose/frequency unless directed by doctor.

For patients taking statins, please seek medical advice if there is any unexplained muscle pain or weakness, loss of appetite, nausea, vomiting, dark urine, etc.

Kowloon West Cluster's sharing on near misses:**Beware of different formulations of Denosumab and Oxycodone**

Case 1: The following outpatient prescription was prescribed to a 80 year old female patient with breast cancer who was taking Letrozole:

*Denosumab (Xgeva) SC
120mg once (every 6 months) for 6 months*



The following two Denosumab preparations are available in PMH formulary:

	Denosumab (Xgeva®)	Denosumab (Prolia®)
Indications	<ul style="list-style-type: none"> Prevention of skeletal related events in patients with chronic renal impairment and multiple myeloma or bone metastases from breast or lung cancer 	<ul style="list-style-type: none"> Prevention of androgen deprivation therapy induced bone loss in males with prostate cancer Prevention of aromatase inhibitor induced bone loss in females with breast cancer Prevention of osteoporosis
Dose	Subcutaneous 120mg every 4 weeks	Subcutaneous 60mg every 6 months

After clarification with prescriber, prescription was changed to:

*Denosumab (Prolia) SC
60mg once (every 6 months) for 6 months*



Preventive action: Make good use of common order when prescribing.

Drug Folder	Therapeutic Class(es)
▼ Prolia [Denosumab (Prolia)] <SPECIAL DRUG> Subcutaneous Prefilled Syringe	Bisphosphonates And Other Drugs Affecting Bone Metabolism
	Common Dosage
	Adult 60 MG ONCE (EVERY 6 MONTH(S))

Case 2: Pain team doctor suggested to start:

*Oxycodone 5mg Q6H
& rescue with Oxycodone 5mg Q6H prn*

Intern was unaware of the difference between **Oxycodone capsule** and **Oxycodone prolonged release tablet**, and prescribed **Oxycodone prolonged release tablet** in IPMOE instead:

ORAL	12/Nov	Oxycodone HCl	prolonged release tablet
	15/Nov	<Special Drug>	oral: 5 mg Q6H PRN
ORAL	12/Nov	Oxycodone HCl	prolonged release tablet
	15/Nov	<Special Drug>	oral: 5 mg Q6H



The following Oxycodone preparations are available in PMH formulary:

1 Oxycodone Capsule (OxyNorm®)

Usual frequency Q4-6H (regular or PRN)

5mg 10mg

2 Oxycodone Prolonged Release Tablet (OxyContin®)

Usual frequency Q12H (regular use only)

5mg 10mg



Preventive action:

Heighten awareness of doctors, nurses and Pharmacy staff on different formulations of Oxycodone via case sharing at intern orientation, department sharing and issuing of Medication Safety Newsletter.