Drug Info Corner

by: Maria Leibfried, BS, PharmD, BCNSP

Question:
Is it Ok to capitalize generic drug names in written documents?

Response:
Traditionally, drug trade/brand names are capitalized and generic names are lower case.

The history of this is 3-fold:
1. According to the American Medical Association (AMA) Manual of Style, since trade names/brand names are *proprietary* names, they are capitalized. On the contrary, since generic names are NOT proprietary, AMA recommends NOT capitalizing them.[1]

2. According to American Psychological Association (APA) rules and format, brand names are *proper* nouns and should be capitalized, however, generic names are *common* nouns and should NOT be capitalized.[2,3]

3. In the United States, per Capitalization Rules of the U.S. Authenticated U.S. Government Information (GPO), trade names and trademarks (ie: trade/brand drug names) are to be capitalized.[4]

Additionally, ISMP has a statement regarding this as a guide for PRESCRIPTION LABELS going home with patients; they recommend that generic names are listed with ALL lower-case letters and brand/trade names are written using ALL upper-case letters.[5]

In conclusion, the standard in written documents is to utilize lowercase letters for generic medication names and capitalize the first letter of brand/trade medication names. This may not be translated to electronic medical records (EMR) where technology may dictate capitalization based on rules of grammar, such as capitalization of the first word of a sentence or a single entry word.

References:
1. American Medical Association. AMA Manual of Style: proprietary names. Available at: https://www.amamanualofstyle.com/browse?t1=AMAMOS_SECTIONS%3Amed-9780195176339-div1-110 accessed Aug. 6, 2019.
2. Northeast Wisconsin Technical College. Do I capitalize the name of a drug? Available at: http://nwtc.libanswers.com/faq/212916 accessed Aug. 6, 2019.
3. Lee C. American Psychological Association. Do I capitalize this word? Available at: https://blog.apastyle.org/apastyle/2012/02/do-i-capitalize-this-word.html accessed Aug. 6, 2019.
4. Authenticated U.S. Government Information. Capitalization rules. Available at: https://www.govinfo.gov/content/pkg/GPO-STYLEMANUAL-2008/pdf/GPO-STYLEMANUAL-2008-5.pdf accessed Aug. 6, 2019.
5. Institute for Safe Medication Practices (ISMP. Principles of designing a medical label for community pharmacy and mail order pharmacy prescription packages. Available at: https://www.ismp.org/recommendations/designing-medication-label-community-pharmacy accessed Aug. 6, 2019.

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Pharmacy Focus

Formulary Update

Glucarpidase (Voraxaxe®)

Glucarpidase is indicated for reversal of methotrexate (MTX) toxicity in patients with MTX levels greater than 1 micromole/L and impaired renal function.

Uridine triacetate (Vistogard®)

Uridine triacetate is indicated for the treatment of fluorouracil or capecitabine overdose and life-threatening toxicities.

Benralizumab (Fasenra®)

Benralizumab is indicated for add-on maintenance for severe eosinophilic asthma in patients 12 years of age or older. Patients must have appropriate biomarkers or failed previous therapies. It is administered as a subcutaneous injection. This medication is ***restricted to Luckow infusion***.

Infliximab-abda (Renflexis®)

Infliximab-abda is a TNF-blocking agent for patients at least 6 years or older with moderate to severe Crohn's disease and inadequate response to conventional therapy. This drug is a biosimilar for infliximab (Remicade®) and is ***restricted to Luckow.***

Patisiran (Onpattro®)

Patisiran is indicated for the treatment of polyneuropathy of hereditary transthyretin-mediated amyloidosis (autosomal dominant, progressive, life-threatening disease) in adults. It is administered as an intravenous infusion once every 3 weeks. The most common side effects include upper respiratory infections and infusion-related reaction. This is ***restricted to Luckow.***

Pharmacy residents present at national pharmacy conference

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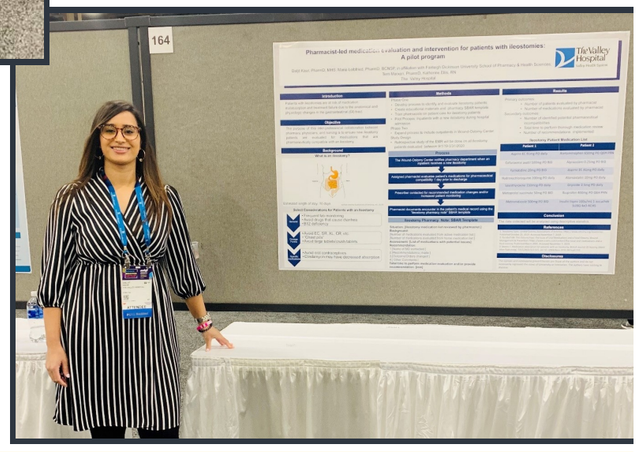
MIDYEAR 2019
Clinical Meeting & Exhibition

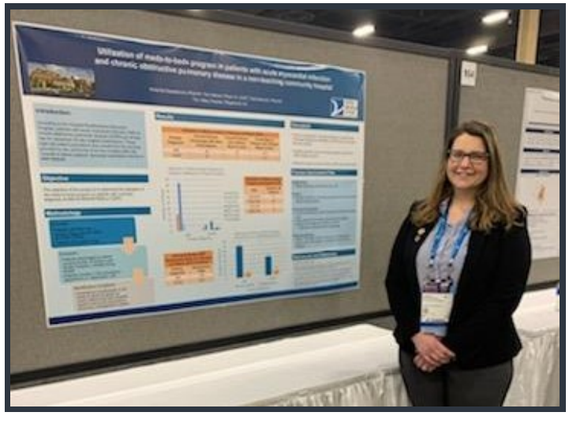


Pharmacist-led medication evaluation and intervention for patients with ileostomies:
A pilot program
Daljt Kaur, PharmD
PGY1 Pharmacy Resident

The purpose of this inter-professional collaboration between pharmacy, physicians, and nursing is to ensure new ileostomy patients are evaluated for medications that are pharmaceutically compatible with an ileostomy. The Wound-Ostomy Center at our institution will notify the pharmacy department when an inpatient receives a new ileostomy. The pharmacist reviews the patient's medications for pharmaceutical compatibility with an ileostomy. The primary outcomes of this project include the number of patients and medications evaluated by the pharmacist. The secondary outcomes include the number of identified potential pharmaceutical incompatibilities and the total time taken by the pharmacist to perform a thorough medication review for each ileostomy patient. The data collected will be analyzed using descriptive statistics and the results will be presented in Spring 2020.

Reconciliation of community pharmacy penicillin allergy records in patients with negative inpatient penicillin skin test
Sonya Kremenchugsky, PharmD
PGY1 Pharmacy Resident

Penicillin Skin Testing (PST) is a tool utilized when ruling out penicillin allergies in select patients. However, there are reports of over 50% of patients who remained labeled as penicillin allergic even after a negative test result. This project was a retrospective review of the electronic medical record (EMR) and phone surveys of patients who received a PST with negative results from February 1, 2019 – November 15, 2019. The purpose of the project was to assess the transition of negative PST results to the ambulatory care setting. In conclusion, penicillin allergy history was not consistently updated in pharmacy and Primary Care Provider (PCP) records following a negative inpatient PST, despite a recent patient encounter. Interventions are being developed.



Utilization of meds-to-beds program in patients with acute myocardial infarction and chronic obstructive pulmonary disease in a non-teaching community hospital
Amanda Despotovich, PharmD
PGY1 Community-based Pharmacy Resident

According to the Hospital Readmissions Reduction Program, patients with acute myocardial infarction (AMI) or chronic obstructive pulmonary disease (COPD) are at high-risk for unplanned 30-day hospital readmission. These high-risk patient populations may benefit from having their discharge medications delivered directly to their bedside. The purpose of this project is to determine the utilization of the meds-to-beds program in patients admitted to a non-teaching community hospital with a primary diagnosis of AMI or COPD. Patients who were identified based on their diagnosis were evaluated to determine if they utilized the meds-to-beds program by cross-referencing their names and prescriptions with the pharmacy database in the community pharmacy. Patients were excluded if they were discharged to a long-term care facility, a skilled nursing facility, hospice care, or assisted living facility. Patients were considered "utilizers" of the meds-to-beds program if they had prescriptions filled at the pharmacy during their inpatient admission no later than the date of discharge according to our inpatient electronic medical record. The primary outcome was the percent of patients admitted with a primary diagnosis of COPD and MI who utilized the meds-to-beds program.