Board of Directors Report:
Policy Recommendation for the November 2018 Virtual House of Delegates

COUNCIL ON THERAPEUTICS POLICY RECOMMENDATION ................................................ 2
Safe and Effective Use of IV Promethazine ................................................................. 2
COUNCIL ON THERAPEUTICS
POLICY RECOMMENDATION

The Council on Therapeutics is concerned with ASHP professional policies related to medication therapy. Within the Council’s purview are (1) the benefits and risks of drug products, (2) evidence-based use of medicines, (3) the application of drug information in practice, and (4) related matters.

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Safe and Effective Use of IV Promethazine

1. To advocate that intravenous promethazine be used only when medically necessary.

(Note: This policy would supersede ASHP policy 1105.)

Rationale

In its 2018-2019 Targeted Medication Best Practices for Hospitals, the Institute for Safe Medication Practices (ISMP) included a recommendation to eliminate injectable promethazine from hospitals. This recommendation includes removal of injectable promethazine from all areas of the hospital, including the pharmacy; classification of injectable promethazine as a nonstocked, nonformulary medication; implementation of a medical staff-approved automatic therapeutic substitution policy; conversion of all injectable promethazine orders to another antiemetic; removal of injectable promethazine from all computerized medication order screens and from all order sets and protocols. This recommendation was a change from previous ones in which ISMP promoted safe use by raising awareness about risks associated with IV promethazine administration. However, sporadic and significant patient harm continues to occur.

Promethazine is a known vesicant that can cause tissue damage and necrosis when extravasation occurs during intravenous (IV) administration, and it has negative effects on cardiac conduction. Although therapeutic alternatives are available for most indications, the alternative therapies are also not without risk and may not be as effective in some clinical situations. Because promethazine has demonstrated effectiveness for some indications, its use
may be warranted in some clinical circumstances, despite its risks. Healthcare organizations should restrict its use to these indications. Processes to limit the potential for patient harm when IV promethazine is used include but are not limited to use of therapeutic alternatives; use of alternate routes and modalities of administration; restrictions on use; and basing use on a patient-specific evaluation of its risks and benefits, including potential adverse effects.

**Background**
The Council reviewed ASHP policy 1105, Safe and Effective Use of IV Promethazine, in response to recent events. The Council voted to recommend revising policy 1105, which reads as follows:

To recognize intravenous (IV) promethazine as a treatment alternative in limited clinical circumstances; further,

To support health-system efforts to restrict use of IV promethazine by encouraging alternate routes of administration or use of therapeutic alternatives when appropriate; further,

To encourage health systems to establish medication-use processes that reflect nationally recognized best practices to limit the potential for patient harm when IV promethazine use is medically necessary.

The Council noted that the most recent iteration of the ISMP Targeted Medication Best Practices for Hospitals recommends eliminating injectable promethazine from the hospital. The Council reviewed ASHP policy 1105, Safe and Effective Use of IV Promethazine, and discussed current practices, utilization, and safety of promethazine and whether changes to the policy are required. The Council noted that promethazine is still used for antiemetic therapy, often with restrictions and administration techniques to enhance safe use. The Council noted that alternatives to promethazine have significant risks as well, and that removal from institutional formularies could limit therapeutic options, especially during periods of shortages.