

# April 18, 2017

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## Agenda

- Didactic: Paul Pottinger *P&T: good, bad, or ugly?*
- Case Discussion
- Open Discussion

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Thank you, Sunnyside





# P&T: *Good, Bad, or Ugly?*

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UW Medical Center &  
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April 18, 2017

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## Disclosures

- No financial conflicts of interest
- Everything we discuss is QI, thus protected from legal discovery under WA State Code

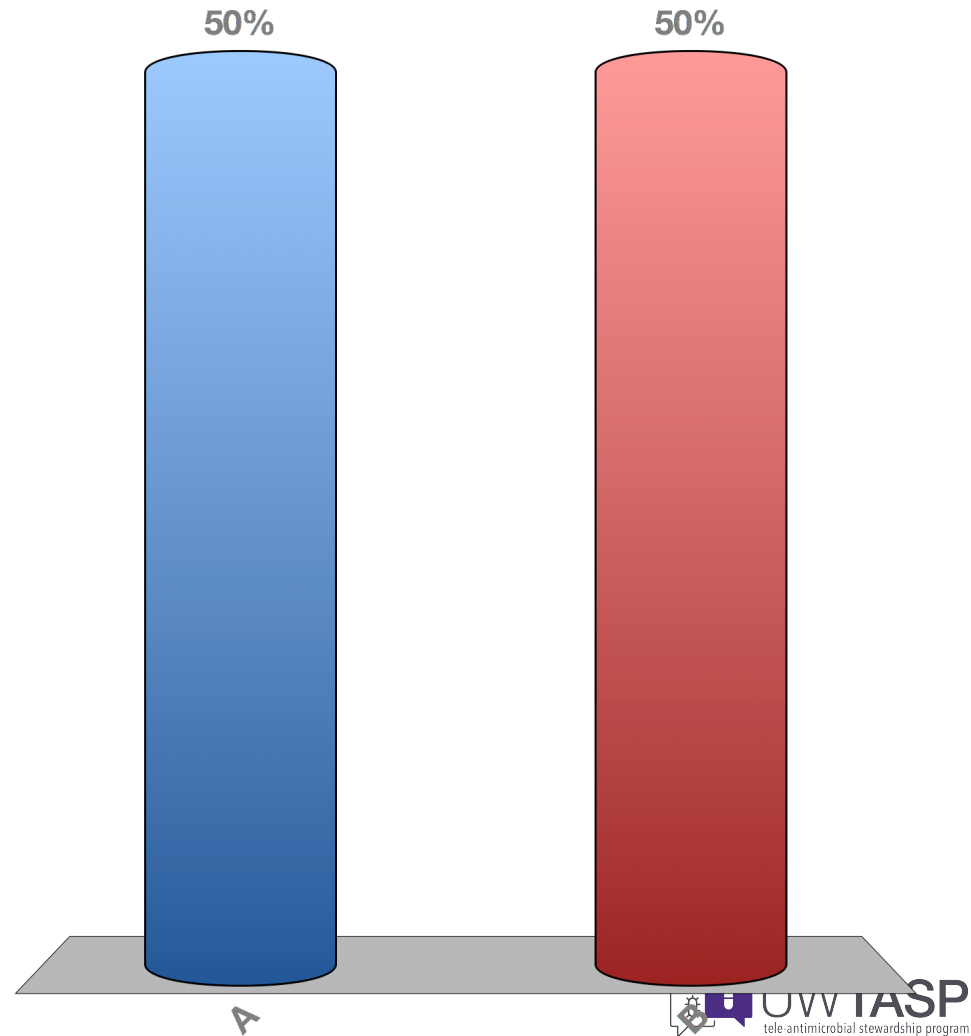


Paul Pottinger MD



# Do you participate in your hospital's P&T Committee?

- A. Yes
- B. No



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## **P&T: “*What is it good for?*”**

### Pharmacy & Therapeutics

A key tool for ASP

How to do it....

- ✓ Who is involved?
- ✓ Frequency of meetings?
- ✓ Which drugs to add?
- ✓ Which drugs to remove?
- ✓ Criteria for making these important decisions?





## P&T: “*What is it good for?*”

### Pharmacy & Therapeutics

A key tool for ASP

How to do it....

- ✓ Who is involved?
- ✓ Standing “ID Sub-Committee” (~12 members)
  - Stewardship Pharmacists (and trainees)
  - Stewardship Physicians (and other ID docs)
  - Purchasing Team
  - Guest Participants (providers, vaccine team, employee health, micro lab)



## **P&T: “*What is it good for?*”**

### Pharmacy & Therapeutics

A key tool for ASP

How to do it....

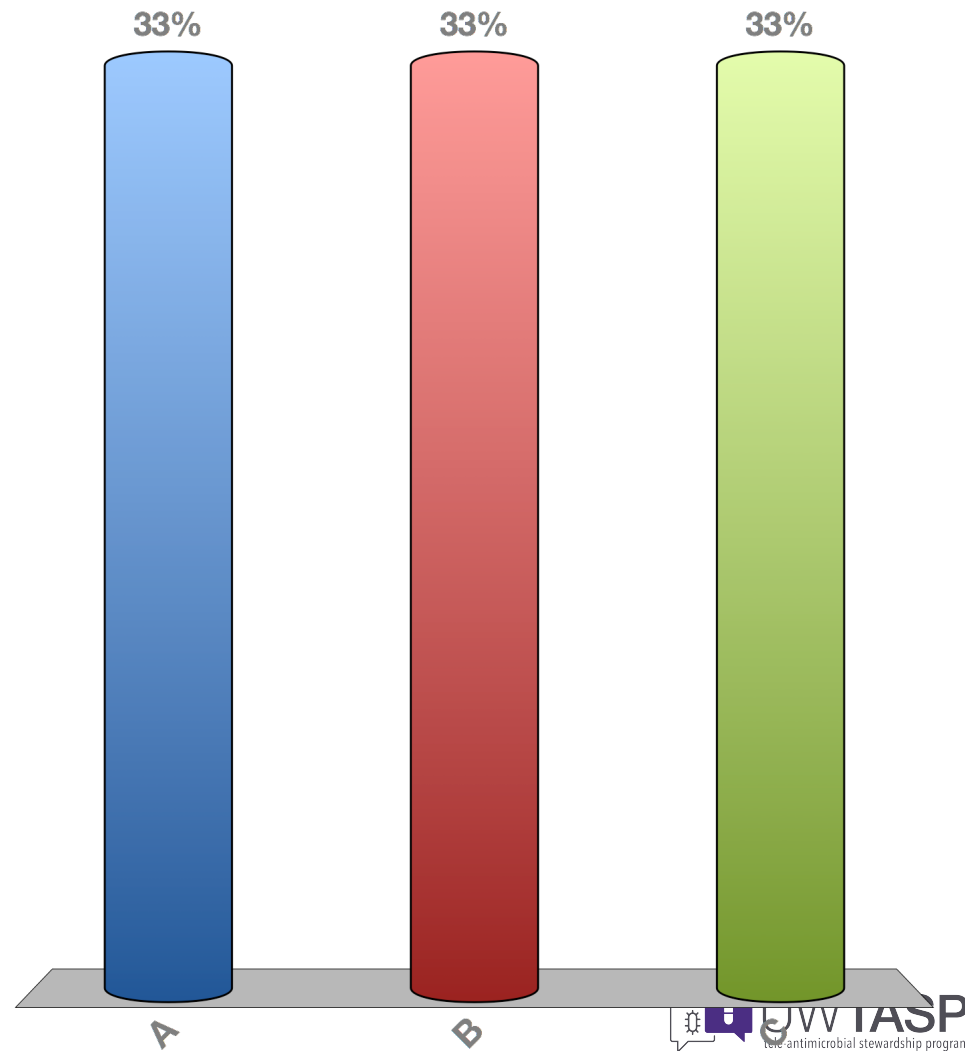
- ✓ Who is involved?
- ✓ Standing “ID Sub-Committee” (~12 members)
  - Recommendations reported up to “Big P&T”
  - Ultimately, whole team (~40 members) votes on our recommendations





# How often does your P&T Committee Meet?

- A. More than Monthly
- B. Monthly
- C. Less than monthly



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## P&T: “*What is it good for?*”

### Pharmacy & Therapeutics

- ✓ Frequency of meetings?
  - Big P&T: Monthly
  - ID Sub: Every other month





## P&T: “*What is it good for?*”

### Pharmacy & Therapeutics

- ✓ Which drugs to add?
  - **All** new antimicrobials are reviewed within a year of FDA approval (usually within 6 months)



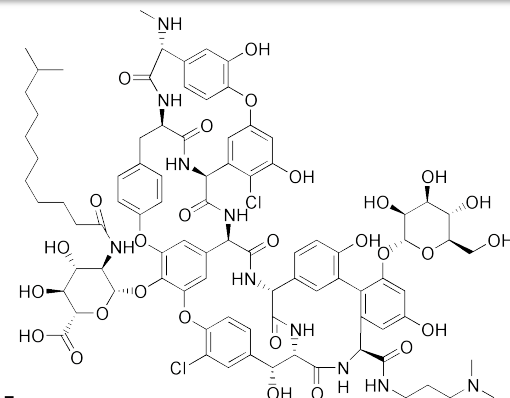
## P&T: “*What is it good for?*”

### Pharmacy & Therapeutics

✓ Which drugs to add?

#### ➤ Example: Dalbavancin & Oritavancin

- “Exciting” new class (lipoglycopeptides)
- Concern for toxicity (allergic? too bad!)
- Not approved for IE (where we need it)
- Expensive (~\$4,500 per injection)



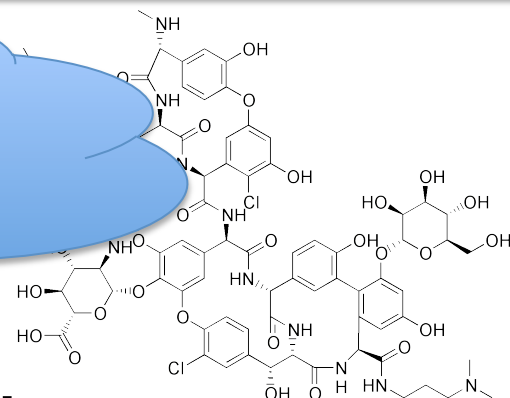
P&T: “

**REASSESS** after  
2 years, pull if  
abused

✓ Which drugs to

➤ **Example: Dalbavancin & Oritavancin**

- *NOT* add oritavancin
  - *ADD* dalbavancin **RESTRICTED** to ID approval
- ✓ Catheter related bacteremia due to susceptible organism in which conventional intravenous antimicrobial therapy has failed or conventional intravenous therapy is not feasible due to circumstances of social history or adherence to treatment therapy.
- ✓ Complicated skin and soft tissue infection with associated bacteremia in which conventional antimicrobial therapy is warranted but not feasible secondary to poor medication adherence



# Used 36 times

- \$ 105,000
- 75% outside original rules
- ID always involved
- 12% readmission rate
- Remains on formulary

The purpose of this memorandum is to provide information to the Pharmacy and Therapeutics (P&T) Committee regarding the use of dalbavancin (Dalvance) for the treatment of skin and soft tissue infections (SSTIs) in patients with a history of intravenous drug use (IVDU) and medication non-adherence.

## Methods

Pharmacy dispensing of dalbavancin was reviewed at UWMC and HMC through the electronic medical record (EMR) because they did not have a pharmacy encounter for HMC who had two separate encounters for the same indication. The indication, dosing regimen, and response to treatment were reviewed. The microorganism data was collected to calculate a

Given the limited data available, a review of the literature was conducted to determine the appropriateness of dalbavancin for the treatment of SSTIs in patients with a history of IVDU and medication non-adherence.

Among patients treated with dalbavancin, 29 (36%) were susceptible to vancomycin. Microorganisms isolated from 36 patients were

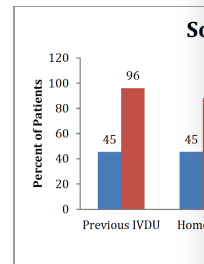
Dalbavancin was most commonly used for the treatment of SSTIs (29/36) of the patients (Table 3). An indication for dalbavancin was a combination of Strep, Viridans Strep, Strep Group A, received dalbavancin for MSSA due to patient received dalbavancin for Viri and history of IVDU. The remaining dalbavancin treatment was initiated culture results.

In terms of duration of therapy, thirty-one (36%) of the patients were prescribed two doses but only twenty-seven percent (10/36) of patients (3/36) had greater than two weeks of

Indication	HMC Patients
Bacteremia	15
Bone/Joint Infection	8
Other	2

Indication Subcategory	HMC Patients
<b>Bacteremia Source</b>	
SSTI	4
Abscess	5
Unknown	1
Endocarditis	4
CLABSI	1
<b>Bone/Joint Infection</b>	
Osteomyelitis	5
Flexor Tendon	1
Synovitis	1
Septic arthritis	2

Figure 1: Contributing social factors to the use of dalbavancin



P&T approved dalbavancin for indications appropriate with ID consultation. However, patients who have been on dalbavancin for 10 days and a readmission rate of

is not currently being used within the original P&T approved indications as active IVDU and medication non-adherence make dalbavancin inappropriate with ID consultation. It should continue to be restricted with ID consult only. It may be appropriate to compare the length of hospital stay and readmission rate before adding dalbavancin to the formulary to the data collected from the MUE.

1. Dalbavancin (Dalvance<sup>™</sup>) Package Insert, Durata Therapeutics, Inc. May 23, 2014.
2. Charlson ME, Pompei P, Ales KL, MacKenzie CR. (1987) A new method of classifying prognostic comorbidity in longitudinal studies: development and validation. J Chronic Dis; 40(5):373-83.
3. Frenkel WJ, Jongerius EJ, Mandjes-van Uitert MJ, van Munster BC, de Rooij SE. (2014) Validation of the Charlson Comorbidity Index in acutely hospitalized elderly adults: a prospective cohort study. J Am Geriatr Soc; 62(2):342-6.
4. Charlson M, Szatrowski TP, Peterson J, Gold J. (1994) Validation of a combined comorbidity index. J Clin Epidemiol; 47(11):1245-51.
5. Chang CM, Yin WY, Wei CK, Wu CC, Su YC, Yu CH, Lee CC. (2016) Adjusted Age-Adjusted Charlson Comorbidity Index Score as a Risk Measure of Perioperative Mortality before Cancer Surgery. PLoS One; 11(2): e0148076.

Submitted by: Amy Ngai, PharmD



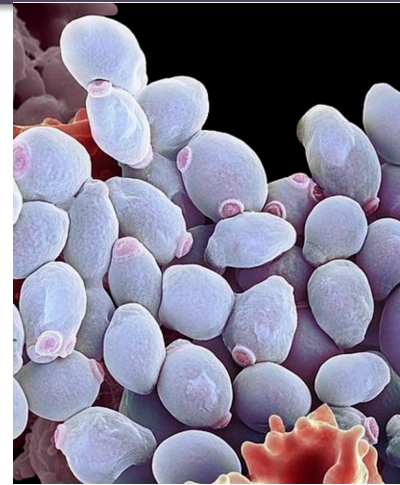
## P&T: “*What is it good for?*”

### Pharmacy & Therapeutics

✓ Which drugs to remove?

➤ **Example: Caspo & Micafungin**

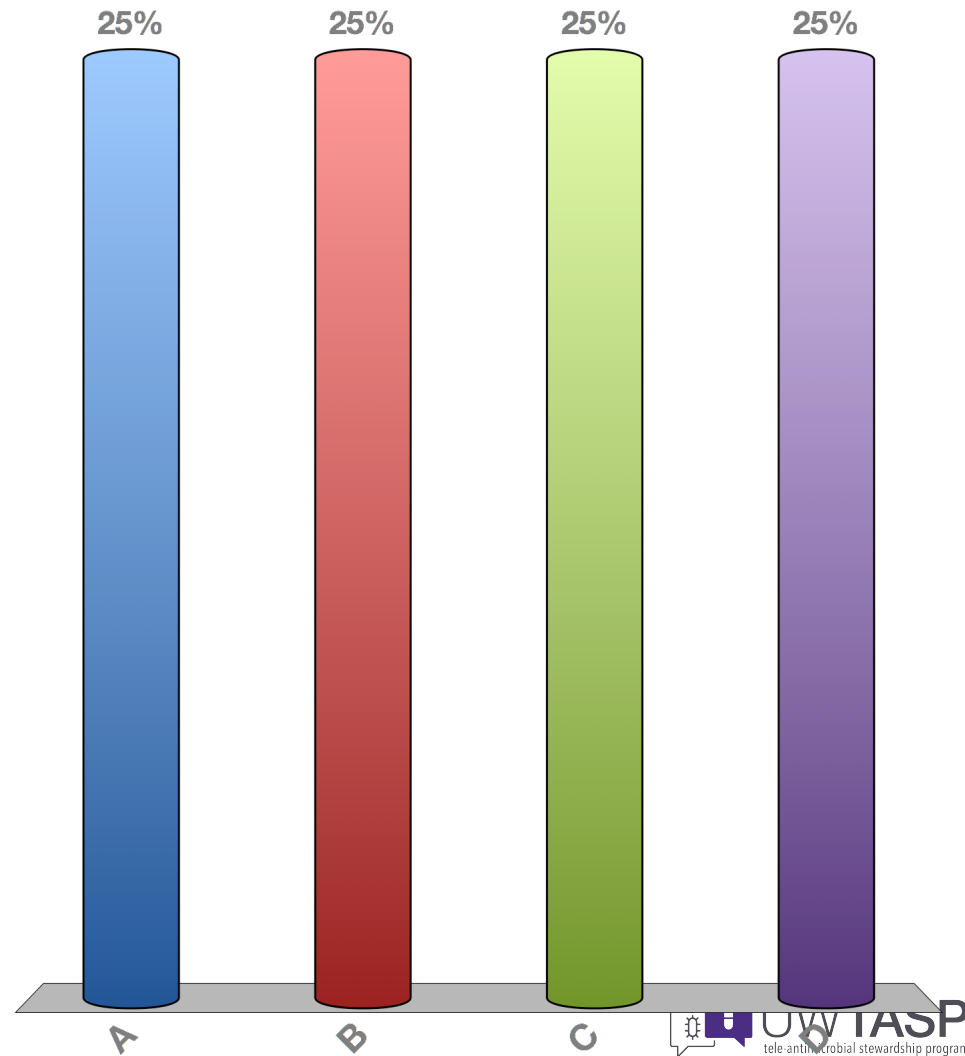
- Both excellent anti-candida drugs
- Caspo had been on formulary for years
- Mica has similar spectrum, interaction profile, dosing issues... but changing saved us \$500K
- No regrets or patient harm after the switch





# How often does your P&T Committee review existing formulary?

- A. Every Time
- B. Annually
- C. Other
- D. I'm not sure



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## **P&T: “*What is it good for?*”**

### Pharmacy & Therapeutics

- ✓ Criteria for making these important decisions?





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**PREFILLED SYRINGE 0.5 mg**

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Please contact your Genentech Account Manager for additional information.

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- Approvals, Launches, & New Indications
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## BREAKING NEWS

### Trump Administration Issues Rule on Stricter PPACA Enrollment

Changes aim to help insurers remain in marketplaces

### Democrats' Dissatisfaction With PPACA May Be the Opening Trump Needs

Gallup poll finds 57% of Dems want changes

### FDA Warns Abbott Labs About Heart Device Problems

Lithium batteries drain prematurely

### Four Reasons Why We Shouldn't Forget About Zika

Media lull doesn't mean the fight is over

### Scientists Test Sperm as Possible Candidate for Delivering Cancer Meds in Female Patients

Sperm cells wear tiny metal helmets

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### Republicans Resolve to Address High Drug Prices

As legislation is drafted to replace Obamacare, pharmaceutical issues—including controlling drug prices, expanding or contracting drug access, and incentivizing the development of generic drugs—are expected to be at the forefront of debate.

### Dosing of Enoxaparin in Renal Impairment

The authors explore efficacy and safety outcomes in multiple degrees of renal

### Trump Threatens to Withhold Insurer Payments if Dems Shun Bargaining Table

Insurance meltdown would be poison pill for PPACA

### As Bills Balloon, More Hospitals Push Patients to Pay Up Front

PPACA has unintended consequences

### Hospital Returns to Pen and Paper After Virus Shuts Down IT Systems

Hackers believed to be involved

### CDC Report: Diabetes on the Rise Among Children, Teens

Study estimates trends in major racial/ethnic groups

### Researchers Find Higher Rate of Serious Problems After Short-Term Steroid Use

Treatment associated with broken bones, blood clots, and sepsis

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- P&T table of contents (monthly)

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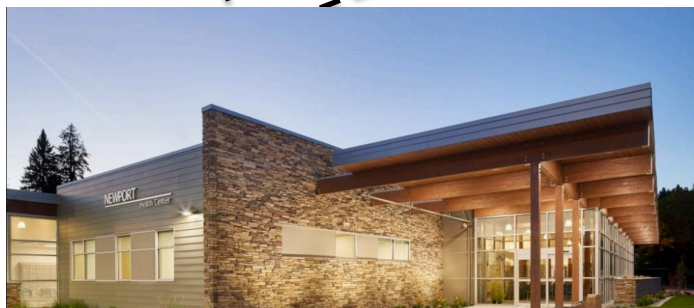
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# UW TASP – Shared Expertise





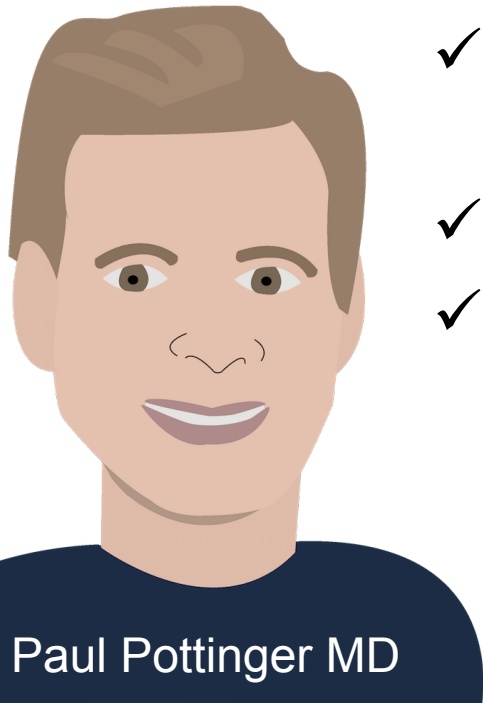
# Conclusions



**P&T: “*Good for you... sometimes ugly*”**

## Lowest Hanging Fruit on the Tree!

- ✓ Availability drives use
- ✓ Stakeholders at the table
- ✓ Resist industry pressure to add the latest abx!  
(newer ≠ better)
- ✓ Reviewing current formulary may save \$
- ✓ Shared resources can help



Paul Pottinger MD