UW TASP tele-antimicrobial stewardship program | echo

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

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Audience Question…

Do you participate in the pharmacy and therapeutics committee?

A. Yes
B. No
C. I don't know

P&T: *"What is it good for?"*

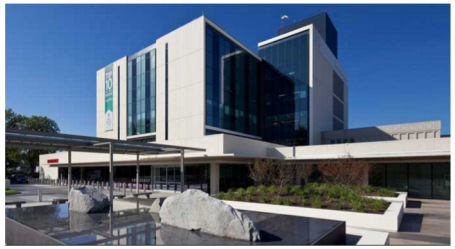
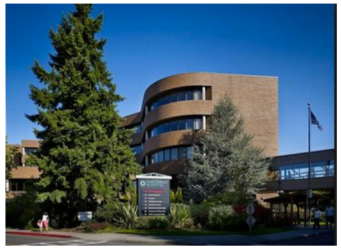
Pharmacy & Therapeutics

- Purpose: maintain formulary
  - Represents the clinical judgment of providers and pharmacists in the diagnosis, prophylaxis or treatment of disease and promotion of health.
  - Ongoing process to systemically review drug therapies and drug related products to identify the most medically appropriate and cost-effective therapy for a given population.

Examples: Medicare, Medicaid, your hospital

P&T: *"What is it good for?"*



<u>Pharmacy & Therapeutics</u>

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)

Audience Question…

How often does your P&T committee meet?

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

P&T: *"What is it good for?"*

<u>UW Medicine Pharmacy & Therapeutics</u>

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

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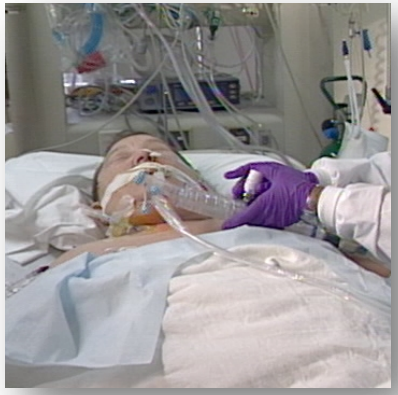
P&T: *"What is it good for?"*

Pharmacy & Therapeutics/ ID Subcommittee

- ✓ Which drugs to add?
- ✓ Providers can request
  - ➢ **All** new antimicrobials are reviewed within a year of FDA approval (usually within 6 months)
- ✓ Unbiased review of clinical data



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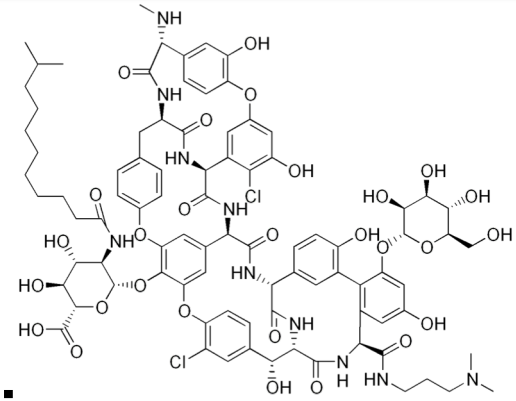
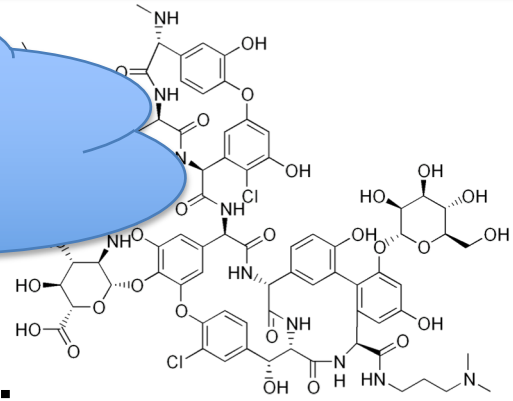


Pharmacy & Therapeutics

- ✓ 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

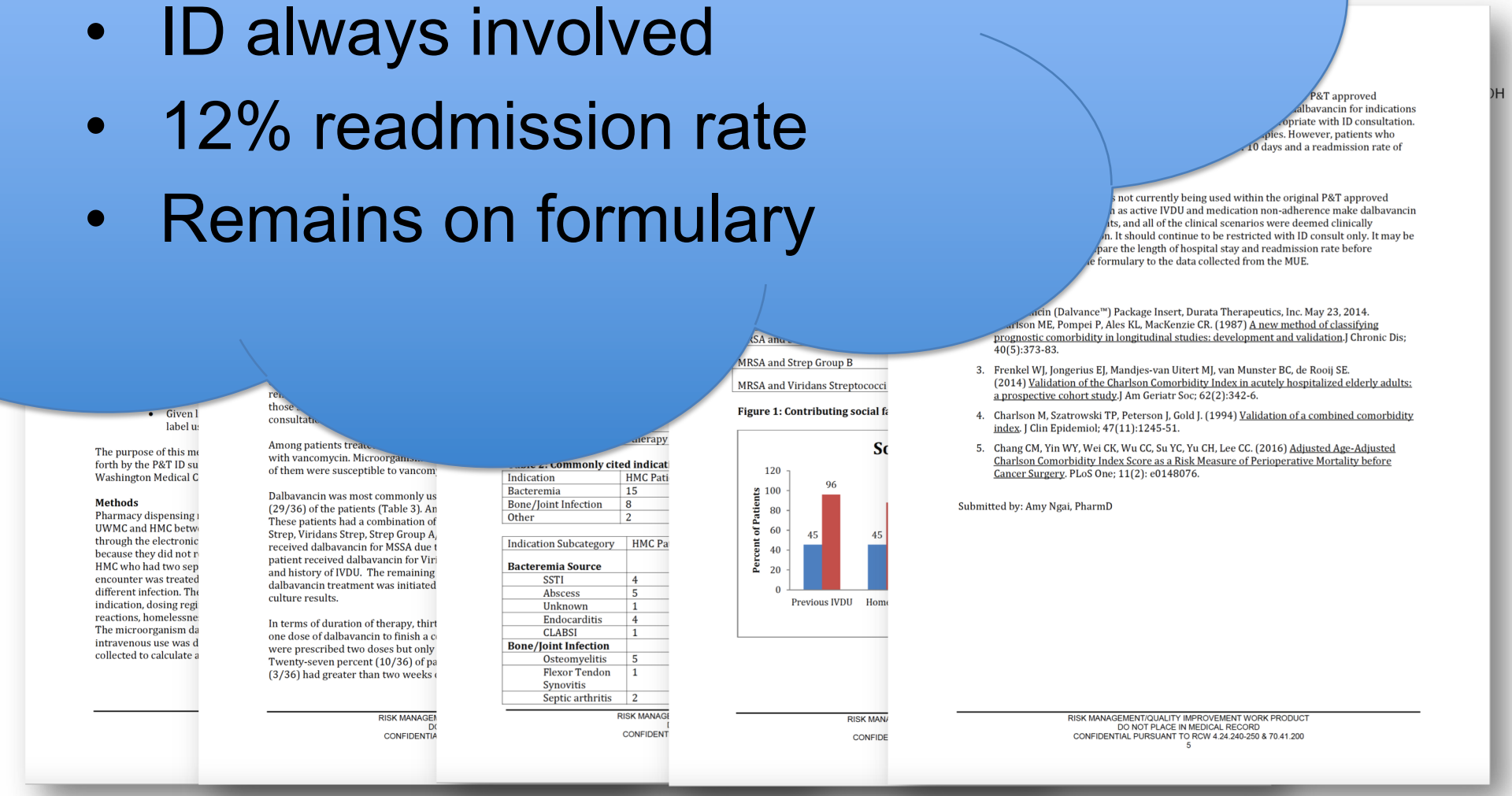


- ✓ When [illegible]
  - ➢ **Example: Dalbavancin & Oritavancin**
    - *NOT* add oritavancin
    - *ADD* dalbavancin RESTRICTED to ID approval

- ✓ 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 guidelines
- ID always involved
- 12% readmission rate
- Remains on formulary



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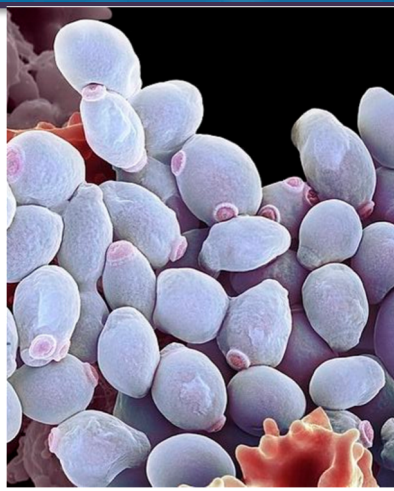

Pharmacy & Therapeutics

- ✓ Which drugs to remove?
  - ➢ **Example: Caspofungin & 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

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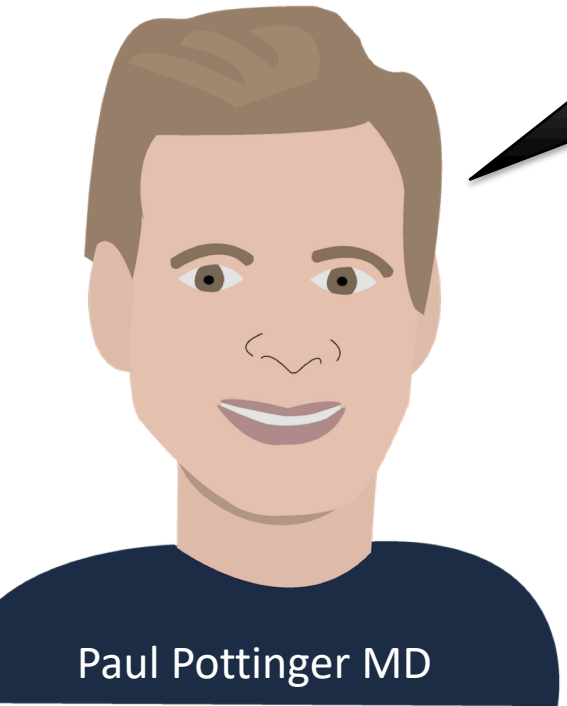
Question…

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



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

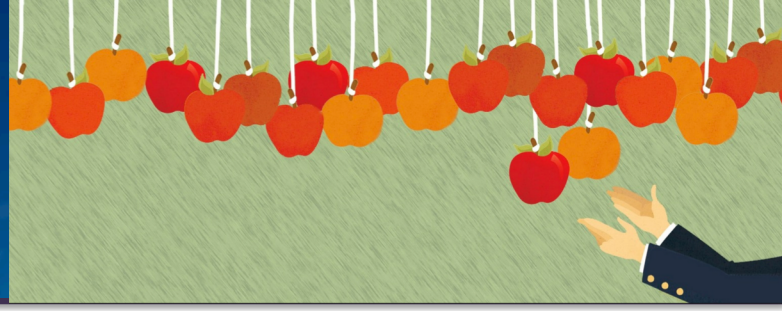
P&T: *"What is it good for?"*

Additional Pharmacy & Therapeutics activities:

- Adverse drug event monitoring
- Medication-error prevention
- Development of clinical care guidelines
- Communication for drug shortages and interchanges
- Resource for medication use evaluations (MUEs)
- Newsletters
- Supports rather than replaces antimicrobial stewardship

Guidelines on the Pharmacy and Therapeutics Committee and Formulary System; ASHP.

Conclusions



P&T: *"Good for you… sometimes ugly"*

<u>Lowest Hanging Fruit on the Tree!</u>

- ✓ 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