



UW TASP
tele-antimicrobial stewardship program



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

Rupali Jain, PharmD

Paul Pottinger, MD, FIDSA

Associate Professor

UW Medical Center

This presentation is intended for educational use only, and does not in any way constitute medical consultation or advice related to any specific patient.



**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?*”

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)





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?*”

UW Medicine Pharmacy & Therapeutics

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



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



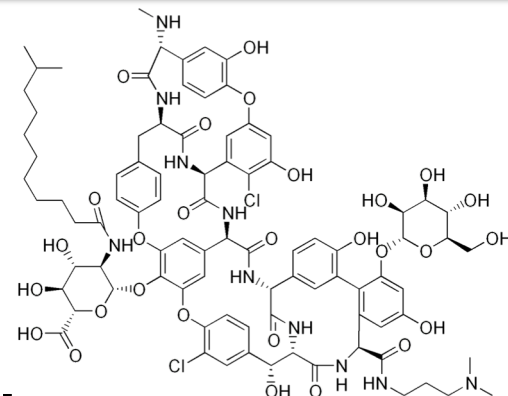
P&T: “*What is it good for?*”

Pharmacy & Therapeutics

✓ Which drugs to add?

➤ **Example: Dalbavancin & Oritavancin**

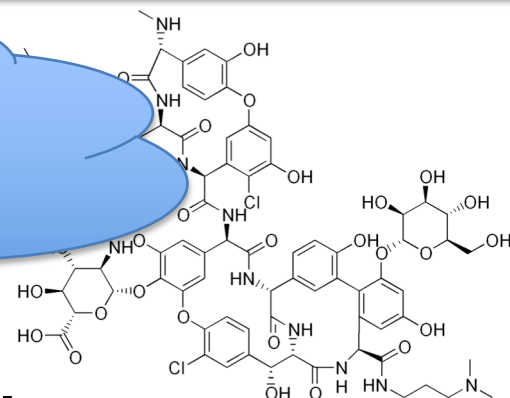
- “Exciting” new class (lipoglycopeptides)
- Concern for toxicity (allergic? too bad!)
- Not approved for IE (where we need it)
- Expensive (~\$4,500 per injection)



P&T: “U

**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 guidelines
- 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) at the University of Washington Medical Center (UWMC) and Harborview Medical Center (HMC).

Methods

Pharmacy dispensing of dalbavancin at UWMC and HMC was reviewed through the electronic medical records (EMR) because they did not have a dedicated HMC who had two separate encounters was treated differently. The indication, dosing regimen, reactions, homelessness, and the microorganism data were collected to calculate a

Given the label use

Among patients treated with vancomycin. Microorganisms of them were susceptible to vancomycin.

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

In terms of duration of therapy, thirty-one doses of dalbavancin to finish a course 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 |

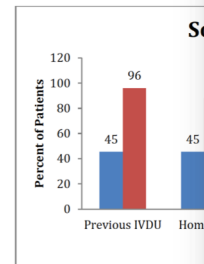
| Indication Subcategory | HMC Patients |
|-----------------------------|--------------|
| Bacteremia Source | |
| SSTI | 4 |
| Abscess | 5 |
| Unknown | 1 |
| Endocarditis | 4 |
| CLABSI | 1 |
| Bone/Joint Infection | |
| Osteomyelitis | 5 |
| Flexor Tendon | 1 |
| Synovitis | 1 |
| Septic arthritis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

RISK MANAGEMENT
DO NOT PLACE IN MEDICAL RECORD
CONFIDENTIAL

RISK MANAGEMENT
DO NOT PLACE IN MEDICAL RECORD
CONFIDENTIAL

MRSA and Strep Group B
MRSA and Viridans Streptococci

Figure 1: Contributing social factors



RISK MANAGEMENT
DO NOT PLACE IN MEDICAL RECORD
CONFIDENTIAL

RISK MANAGEMENT/QUALITY IMPROVEMENT WORK PRODUCT
DO NOT PLACE IN MEDICAL RECORD
CONFIDENTIAL PURSUANT TO RCW 4.24.240-250 & 70.41.200
5

Submitted by: Amy Ngai, PharmD

1. Dalbavancin (Dalvance™) 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.



P&T: “*What is it good for?*”

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

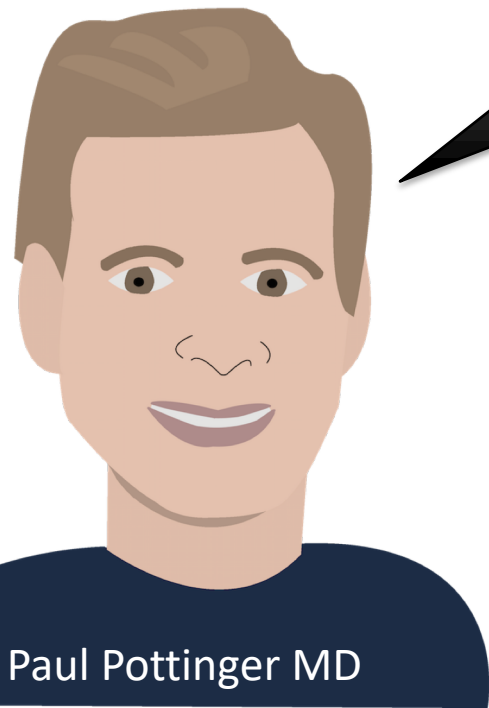




Question...

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

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



Paul Pottinger MD



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



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