

Pharmacy and Therapeutics Committee

March Newsletter



In this issue:

Hospital Formulary
Invanz to Merrem Interchange
Protonix to Pepcid Interchange
Alinia (nitazoxanide) Evaluation
Relistor (methylnaltrexone) Evaluation
Antimicrobial Stewardship Policies
Antibiogram and Empiric Guideline
Drug Shortages

Hospital Formulary

The annual review of the hospital formulary was presented and approved. The formulary can be viewed on the Wadley Intranet section "For Physicians."

Invanz Interchange

A therapeutic interchange for treatment orders for Invanz to be interchanged to Merrem was proposed and approved. The spectrum of the two agents is similar with the exception that Merrem has additional coverage for *Pseudomonas* and *Acinetobacter*. The cost of Invanz is \$78 per day, while the cost of a typical regimen of Merrem is about \$15 per day. IM Invanz will be permitted for patients who do not have an IV line. Invanz orders for surgical prophylaxis will not be interchanged. Merrem will be appropriately dosed for indication and renal function.

Protonix Interchange

A therapeutic interchange for Protonix injection for stress ulcer prophylaxis to Pepcid injection was proposed and approved. PPIs and H2s have been shown to be equivalent in the prevention of stress related mucosal damage and the prevention of GI bleed. H2s are recommended in guidelines as first line agents for stress ulcer

prophylaxis, and the use of PPIs is associated with an increased risk of pneumonia, *C. difficile* infection. There is the potential for a cost savings of approximately \$11,000 annually with this interchange. Additionally, a recent shortage of Protonix injection is cause for the conservation of its use in patients with compelling indications for PPI therapy.

Orders for once daily Protonix injection will be automatically interchanged to Pepcid injection BID or daily in patients with CrCl <50.

Alinia Evaluation

A non-formulary agent Alinia (nitazoxanide) was prescribed for 3 patients in the past 3 months. An evaluation revealed that it was used for the appropriate indication of documented *Cryptosporidium* and *Giardia*, but treatment exceeded the recommended 3 days in one patient. The committee agreed to maintain the non-formulary status of the agent, to restrict the agent to use in documented *Cryptosporidium* and *Giardia*, and to automatically stop orders after 3 days.

Relistor Evaluation

An evaluation was conducted for methylnaltrexone (Relistor) injection. It is indicated for the treatment of opioid induced constipation with advanced illness. The evaluation revealed that Relistor is frequently prescribed without adequate documentation of opioid status, without a previous trial of laxative therapy as per FDA indications, and at inappropriate doses based on weight and/or renal function. Relistor is available in 8 and 12 mg single dose vials, both at a cost of

\$68.51 per vial. It was proposed and approved to implement an automatic stop after each day of Relistor for physician re-evaluation of necessity and for pharmacy to adjust the dose.

Antimicrobial Stewardship

In preparation for the upcoming survey of Infection Control, new policies for antimicrobial stewardship were proposed and approved. The committee will formally meet for the purpose of antimicrobial stewardship following the March and September P&T meetings going forward.

The antibiogram for 2014 was presented in a new format that separates urine isolates from non-urine sources. The committee also reviewed an empiric antibiotic guideline that will be available on the reverse side of the antibiogram. Both the antibiogram and the empiric guideline can be viewed on the Wadley Intranet section "For Physicians." Copies will also be provided to all practitioners.

Drug Shortages

Drug shortages continue to impact both patient care and cost. Resolution of shortages repeatedly proves to be unpredictable. The Toradol injection shortage was predicted to be unavailable for a prolonged period, but we acquired product in less than one week. IV fluid shortages were predicted to resolve in summer of 2014, but we continue to be plagued with this issue. Current critical shortages include IV fluids, methylene blue, and Protonix. A shortage of Zosyn is being addressed by the purchase of frozen product at significantly increased cost.

By: Andrea Jarzyniecki, Pharm D, BCPS
Clinical Pharmacy Manager
Contact me at extension 7044 or
andrea.jarzyniecki@wadleyhealth.com