



The P&T Consensus Newsletter is designed to promptly inform and educate Swedish staff of the Pharmacy and Therapeutics (P&T) Committee's decisions, so as to promote effective medication stewardship and timely implementation of endorsed, system-wide therapeutic initiatives. Each P&T article summarizes a P&T meeting agenda item. Details and additional information on each topic is available via the embedded link.

The P&T committee provides interdisciplinary oversight and guidance for all medication use policies and processes across the Swedish system (all inpatient and ambulatory facilities) to ensure that medications are used in a safe, clinically appropriate, and cost-effective manner.

Issue 23
March 29, 2018

[Swedish Local Actions](#)

[Formulary Changes](#)

[Drug Shortages](#)

[In Case You Missed It](#)

[Next P&T Meeting](#)

If you want to learn more about a topic, have information to share, or have questions, please email SwedishP&T@Swedish.org

SWEDISH LOCAL ACTIONS

CANGRELOR RESTRICTED TO CATH LAB ONLY

Effective immediately

Cangrelor has been restricted for use in the Cath Lab only at all inpatient Swedish facilities until further notice.

IV ACETAMINOPHEN USE RESTRICTION IN ADULTS

P&T Decision: APPROVED 11/8/17, Effective 3/27/18

IV acetaminophen is only approved for use in bariatric surgery or febrile neutropenia patients in whom the PO/PR routes are contraindicated. Doses will be limited to one-time orders only and may be reordered as long as the patient continues to meet the approved criteria. All other uses are nonformulary. P&T will monitor use closely to ensure compliance. Any requests for IV acetaminophen use outside current approved indications should be brought to P&T for review. Click [here](#) for the new use criteria. Click [here](#) for ordering instructions.

ANTI-INFECTIVE INDICATIONS IN EPIC

Effective 3/18/18

The requirement for anti-infective indications upon order entry went live in EPIC on March 18th. This change was implemented to comply with CMS requirements in addition to enhancing antimicrobial stewardship services across the system. Where possible, anti-infective orders were updated with default indications for easier ordering and ordering providers are able to modify these defaults when appropriate. For more information, click [here](#) to read the attached letter that was sent out to all medical staff.

POTASSIUM CHLORIDE ORAL FORMULATIONS

P&T Decision: APPROVED 3/14/18, Effective 4/12/18

To optimize the use of potassium chloride oral formulations for efficacy, safety, and cost-effectiveness, patients who are able to swallow the potassium tablets whole should do so. The tablet can be split in half or disintegrate in water for patients who have difficulties swallowing whole tablets. The potassium powder pack will be restricted to for tube administration only and the solution restricted to pediatrics. Therapeutic interchange has been granted for pharmacists to adjust the dosage forms to meet the patient's needs. Click [here](#) for more details.

HEPARIN ORDER SET UPDATES

P&T Decision: APPROVED 3/14/18, Effective 5/1/18

The heparin order set workgroup has been working diligently to improve the safety of the current protocol. Changes will require updates to standards, EPIC order sets, ordering and monitoring information for nursing, and pharmacy dosing for obesity. The new order sets are scheduled for May 1 implementation. Click [here](#) to review the changes. Staff education to follow.

SWEDISH ANTICOAGULATION CLINICS

P&T Decision: APPROVED 3/14/18

The Swedish Anticoagulation Clinics are ambulatory clinics that provide comprehensive care to individuals receiving anticoagulant medications. The clinic pharmacists manage the initiation and maintenance of warfarin therapy, peri-procedural anticoagulation, and transitions to and from direct oral anticoagulants (DOACs) and low molecular weight heparins (LMWHs). The Anticoagulation Clinic Standards of Practice is available [here](#) and Adult Outpatient Anticoagulation Drug Therapy Guideline [here](#).

INSULIN RESTRICTION

P&T Decision: APPROVED 3/14/18

General inpatient use of NPH and 70/30 for blood glucose control is associated with higher rates of hypoglycemia than long acting with immediate acting insulins when given in a basal/bolus/correctional regimen. These [insulins](#) are considered safe and effective for hospitalized patients with nocturnal/cyclic TPN or tube feeds, steroid induced hyperglycemia not manageable with correctional insulin lispro, obstetric patients and hyperglycemia specifically related to dextrose from PD dialysate.

THERAPEUTIC INTERCHANGE FOR OPIOID SHORTAGE

P&T Decision: APPROVED 1/10/18

Injectable opiate analgesics hydromorphone, morphine and fentanyl are on national [shortage](#) due to manufacturer delays. The shortage fluctuates and shifts between the opioids and will likely last through all of 2018. Please consider oral opioids, non-opioid analgesics & non-pharmacologic alternatives for pain relief as deemed clinically appropriate. A [therapeutic interchange](#) from hydromorphone to morphine has been approved and may be implemented if the supply of hydromorphone is exhausted. Click [here](#) for the injectable opiate inventory status update or [here](#) for current drug shortage information.

MEDICATION SAFETY TEAM UPDATE

For information only

Swedish Medication Safety Team aims to improve the quality of patient care by identifying and promoting safe medication practices. [This report](#) summarizes the system eQVR and adverse drug reactions in the fourth quarter of 2017. The team will focus on improving the safety of high alert medications as its 2018 strategic goal.

FORMULARY CHANGES

Swedish P&T engages in the centralized Providence St. Joseph Health (PSJH) [System P&T](#) formulary determination process to ensure safe, high-quality, and affordable medication throughout the continuum of care. Swedish P&T accepts and adheres to the outcomes of the centralized PSJH formulary process.

Effective March 29th:

Swedish has transitioned to [PSJH beta-blocker formulary](#).

Bisoprolol oral has been removed with therapeutic interchange to metoprolol XL

BETA-BLOCKERS, cont'd.							
ALL OTHER BETA-BLOCKERS							
Adult Dosing							
Acebutolol (Sectral)	Betaxolol (Kerlone)	Bisoprolol (Zebeta)	Bisoprolol/HCTZ (Ziac)	Penbutolol (Levatol)	Pindolol (Visken)	Timolol (Blocadren)	Metoprolol succinate (Toprol XL)
	5mg daily						25mg daily
100mg BID	10mg daily	2.5mg daily	2.5mg daily	10mg daily		10mg BID	50mg daily
200mg BID	20mg daily	≥ 5mg daily	≥ 5mg daily	20mg daily	5mg BID	20mg BID	100mg daily
>200mg BID				40mg daily	≥ 10mg BID	30mg BID	200mg daily
			HCTZ 6.25mg daily				HCTZ 6.25mg daily

Cefixime deletion (Interchange to cefdinir or ceftriaxone IM [if for gonorrhea])

Nebivolol and carvedilol CR deletion (Interchange to carvedilol IR. Carvedilol CR already NF for EDM)

Dysport (abobotulinumtoxinA) Addition (Conversion is 2.5 units of Dysport for 1 unit of Botox. Botox remains on formulary)

Click [here](#) for a complete list of recent PSJH P&T decisions

DRUG SHORTAGES

Swedish system pharmacy is conducting daily meetings in order to respond appropriately to changes in shortages. Pharmacy is developing a communication pathway to ensure all major stakeholders are involved in discussions and are basing decisions on real-time information regarding shortages.

- Bumetanide vials
- Bupivacaine with epinephrine 0.25% and 0.5%
- Cefotaxime 1G, no product in stock. Alternative ceftriaxone.
- Epinephrine 0.1 mg/mL, 10 mL syringes, crash cart supplies reduced and replaced with vials in “kits” to make the same concentration and quantity
- Hydromorphone 1 mg/mL, 1 mL carpjects. Alternative amps available.
- Lidocaine 1% with Epinephrine, 20 mL and 50 mL
- Morphine 0.5 mg/mL, 10 mL. Alternative 1 mg/mL vials

A complete list can be viewed [here](#).

Status of opioid shortages can be viewed [here](#).

IN CASE YOU MISSED IT

IV Push Medication Administration

P&T Decision: APPROVED 11/8/17, Implementation 2/15/18

Swedish system has adopted infusion administration changes for several medications currently administered as IV piggy back (IVPB) to be administered IV push (IVP). The administration rate for IVP will be provided in Epic. This change is occurring due to national shortage of mini-bags and strong evidence to support safe IVP administration. The updated IVP policy can be accessed [here](#). Epic changes scheduled for Feb 15, 2018 is detailed [here](#). [Addendum 2](#) and [Addendum 3](#) of the Medication Administration Governing Policy will be retired and current information is available in Epic and the IV smart pump software.

IV Iron Use Criteria

P&T Decision: APPROVED 2/14/18

[Criteria for the use of inpatient IV iron](#) has been developed with collaboration with providers. These will be incorporated in a new order set build for Iron Administration Orders for Adults. When the Epic build is complete, IV iron may only be ordered via this order set by providers for medical patients, CKD patients, postpartum patients, and bloodless program patients. IV iron offers no advantage over oral iron if patients can tolerate oral iron. The [Intravenous Iron Administration](#) standards has been updated.

Darbepoetin Order Set for Dialysis

P&T Decision: APPROVED 2/14/18

This new [darbepoetin order set](#) for dialysis includes indication, guidance for appropriate use, and monitoring parameters. Orders for darbepoetin will initiate 7-days from the day of order entry. Darbepoetin will be removed from all existing dialysis order sets.

Time Critical Medication

P&T Decision: APPROVED 2/14/18

Oral morphine for pediatrics and nimodipine oral have been identified as [time critical](#) medications to meet the CMS requirement. Compliance for timely administration of these medications is within 30 minutes of the scheduled administration time.

Drug Expense Tracking

P&T Decision: For information only

Drug expenditure for 2017 was reviewed. The top 20 therapeutic drug classes accounted for 67.7% of total drug expenditure in 2017, down 9.8% from 2016, impacting total purchases by a decrease of 12%. Savings of various drug initiatives is estimated at \$ 10 million for 2017.

IV Acetaminophen Restriction in Pediatrics

P&T Decision: APPROVED 1/10/18

IV acetaminophen is [restricted to pediatric](#) patients who are NPO in periop, NPO and unable to tolerate PR administration and patients in whom NSAIDs are contraindicated. Orders are limited to one dose. Infants with patent ductus arteriosus closure (PDA) treatment is limited to 12 doses of IV acetaminophen per treatment round.

Vasopressin Initiation/Discontinuation in ICU

P&T Decision: APPROVED 11/8/17, implementation TBD

When used in septic shock, critical care providers have agreed to hold off on adding vasopressin until norepinephrine has been titrated up to at least 16 mcg/minute. Vasopressin will be discontinued when norepinephrine has been titrated down to 8 mcg/minute or less. [Order sets](#) will be changed and MAR instructions will be updated to reflect new standard.

Changes in our P&T Secretary

Thomas Rivers will be returning to pharmacy staffing after more than 10 years of serving as the Secretary to the P&T Committee. He has enjoyed being part of so many heartfelt discussions and seeing the dedication that our providers have to ensure that our patients receive the best care possible. Thomas hopes to do more hiking, photography and travel. He extends this thanks to all who have worked with the P&T Committee over the years for making it a truly enjoyable, albeit challenging at times, experience.



Nicholas Toia aims to continue to Thomas' great work by sharing his knowledge and experiences staffing a wide variety of patient care areas. He supports clinical initiatives and the advancement of patient care by ensuring staff has the essential information and tools they require to perform their best every day. Nick is originally from Las Vegas, NV and has a background in architecture and entertainment industries. Now a Seattleite, Nick enjoys snowboarding in the winter time, wakeboarding in the summer time, and traveling with his wife Ashley and three year old princess Harper.

NEXT P&T MEETING

Wednesday, April 11, 2018 7:30am to 9:00am

First Hill Medical Pavilion, Douglas Fir conference room, 3rd floor. Click here for a [map](#).

Click [here](#) for printable PDF version

[Swedish P&T Webpage](#)