

Critical Drug Shortages

On-going shortages and strategies to minimize the impact to patient care for drugs with limited availability

Shortage: *Morphine, Hydromorphone PCA*
Action: *oral alternatives, intermittent dosing*

Shortage: *Injectable Opiates*
Action: *Oral alternatives if possible*

Shortage: *Diazepam Injection*
Action: *oral alternatives, lorazepam*

Shortage: *Lidocaine, Bupivacaine injection with and without epinephrine*
Action: *alternative concentrations, sizes*

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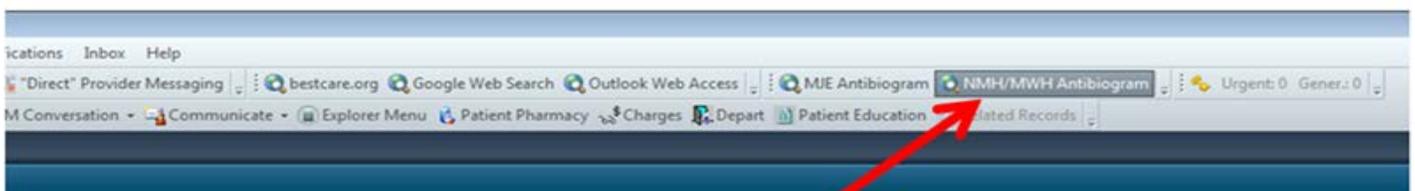
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If you have any questions or concerns, please contact the NMH Pharmacy Purchasing Department: 402-354-4337.

2018 Antibiogram Published

The Methodist Antimicrobial Therapy Guide has been updated for 2019 to reflect cumulative antibiogram data collected between January-December 2018. This document provides important information about antimicrobial resistance patterns within our patient population and guidance for optimal empiric therapy for common organisms.

A link to the 2019 Antimicrobial Therapy Guide is located in Powerchart (see the below screenshot).



NMH Formulary Update

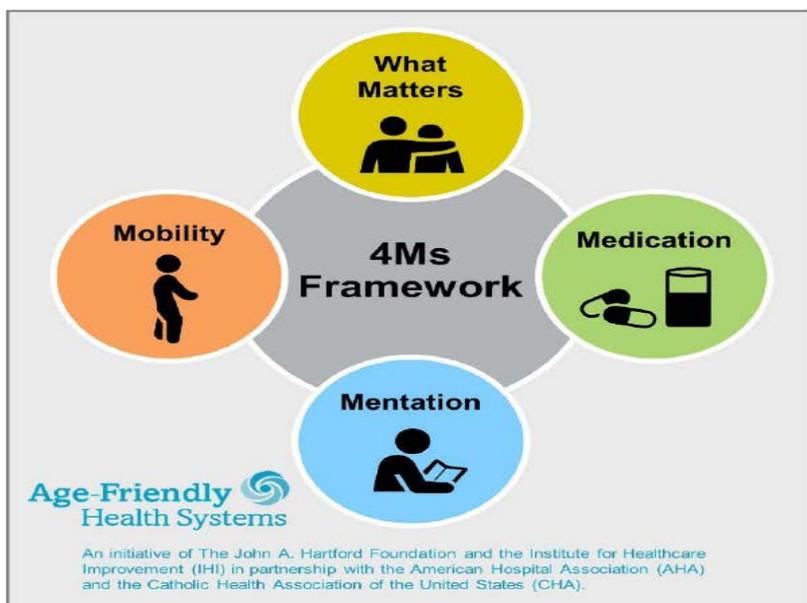
The NMH Pharmacy and Therapeutics Committee and Medical Executive Committee reviewed the oral anti-diabetic treatment agents and approved the following change:

- Deletions: Saxagliptin (Onglyza) was removed due to low use and potential adverse events (potential to increase the risk of heart failure, particularly in patients who already have heart or kidney disease)
- Current formulary agents: metformin, metformin ER, glimepiride, glipizide, glyburide (WH only), canagliflozin, empagliflozin, sitagliptin

Caring for the Older Adult: 4M Framework to Enhance Outcomes

In April, Nebraska Methodist Health System (hospitals and Physicians Clinic sites) will begin a performance improvement journey to enhance the care of the older adult by participating in The John A. Hartford Foundation and the Institute of HealthCare Improvement's (IHI) national Age Friendly Health System Action Community. The initiative will focus on establishing evidence-based practices called the 4Ms Framework. Teams will be created to address four focus areas in the acute and ambulatory settings. Focus areas include, aligning care with patient's health outcome goals, safe use of medications in the older adult, assessing and managing mentation issues, and ensuring safe mobility. Providers will participate in the initiative in various capacities, including providing team guidance, developing implementation plans, and acting on recommendations identified (eg aligning the care plan with What Matters, de-prescribing or not prescribing high risk medications, considering further evaluation and manage manifestations of dementia or refer, managing factors contributing to depression, ensuring safe mobility).

Principles of Age-Friendly Health Systems



For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at ihi.org/AgeFriendly

What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Vitamin Dosing Unit Changes

Several common dietary supplements will be undergoing a change in labeling based on the FDA's 2016 "Food Labeling: Revision of the Nutrition and Supplement Facts Label" which mandates labeling compliance by January 2021. The guidelines modify how dietary ingredients are measured and displayed on package labeling. The rule requires the label to list the absolute amounts of vitamins and minerals in metric units in addition to the percent daily value (% DV). Supplements that will be modified include folate, niacin, and vitamins A, D, and E. The new units include:

- **Folate/folic acid: mcg to mcg DFE** (dietary folate equivalents); 1mcg DFE = 1mcg folic acid (FA) in natural food or 0.6mcg FA in a dietary supplement that is taken with food or 0.5mcg FA in a dietary supplement taken without food
- **Niacin: mg to mg NE** (niacin equivalents) 1 mg NE = 1 mg inositol hexanicotinate, niacin, niacinamide, nicotinic acid, nicotinamide
- **Vitamin A: IU to mcg RAE** (retinol activity equivalent); 1mcg RAE = 6.7 IU beta-carotene (from dietary supplements) or 20 IU beta-carotene (from food), 1mcg retinol, or 40 IU alpha-carotene or beta-cryptoxanthin
- **Vitamin D: IU to mcg; 1 mcg = 40 IU** (from food and dietary supplements)
- **Vitamin E: IU to mg alpha-tocopherol; 1 mg alpha-tocopherol = 1.49 IU d-alpha-tocopherol (natural) or 2.22 IU dl-alpha-tocopherol (synthetic)**

Some manufacturers are keeping the prior units on the packaging to assist in the transition, while others are not.

Source: Clinical Resource, *Dietary Supplement Labeling Changes: A Dose Conversion Chart. Pharmacist's Letter/Prescriber's Letter*. February 2019.

Pharmacy and Therapeutics Update

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