

**PHARMACY AND THERAPEUTICS COMMITTEE**

DATE: October 11, 2012  
 LOCATION: Private Dining Room

CALLED TO ORDER: 7:00 A.M.  
 ADJOURNED: 8:03 A.M.

<b>Members Present:</b>		<b>Members Absent:</b>	<b>Guest:</b>
Richard Pesce, M.D. Mark Anderson, M.D. David Dodson, M.D. Gale Fellowes, M.D. Michael Stipanov, M.D.	Karen Babb, RPh Diona Brown, RN,C.N.O. Vickie Burger, Lab Patrick Ellis, RPh Beverly Slate, Supply Chain Hannah Walker, RN	Jackie Jackson, RN,COO Brian Jones, RD, LDN Cindy Brooks, RN Sandy Vredeveld, RPh Lila Heet, RPh	Nathan Chamberlain, M.D. John L. Gwin, Jr., M.D. Tarek Kadrie, M.D. Susan Izell, RN William Oellerich, M.D. Elvie Smith, RN Melissa Roden, RN
		Gwen Davis, RN Scott Madaris, RN Robert Mynatt, M.D. Patrick Hagan, Finance. Deb Moore, RN, COO Nan Payne, RN Don Jones, RPh	John Jantz, RPh, resident Daniel Marsh, RPh

This meeting will be convened under the protection of the Tennessee Statute 63-6-219 and the Health Care Quality Improvement Act of 1986, Public Law 99-660. All information, case reviews, meeting minutes, statistics and correspondence are confidential and protected. Included in that protection are those that are involved in the review of the information. Any discussion of this information outside the realm of Peer Review constitutes a breach and violates the protection of the persons involved in the breach.

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
<b>Minutes</b>	The June 28, 2012 minutes were approved as submitted.		Complete
<b>Formulary</b>	The following medication were reviewed: 1. <b>Lepirudin (Refludan®)</b> – Used in the management of HIT. Due to a recent cost increase, lepirudin will be therapeutically interchanged to <b>argatroban</b> . A very limited supply of Refludan will be on hand for patients with severe hepatic impairment who are not suitable candidates for argatroban therapy. 2. <b>Roflumilast (Daliresp®)</b> – Used in the treatment of COPD. 3. <b>Denosumab (Prolia®)</b> – Used in the treatment of osteoporosis. Its use will be limited to <u>only</u> outpatients that are <u>not</u> candidates for <b>Reclast®</b> therapy (CrCl < 35 ml/min). 4. <b>Acidinium bromide (Tudorza®, Pressair®)</b> –Used in the treatment of COPD. All new orders will be substituted to a therapeutically equivalent dose of <b>Spiriva®</b> . 5. <b>IVIG (Octagam®)</b> – Used in treatment of immunodeficiencies. Annual savings of \$500,000. 6. <b>Sulphan Blue</b> – Used to facilitate sentinel node biopsy. Annual savings is \$14,896. Will be utilized instead of isosulfan blue. 7. <b>TobraDex®</b> -- Used in the treatment for eye infections. All orders will be substituted to a therapeutically equivalent dose of <b>Pred-G®</b> . Annual savings is \$4,600. 8. <b>Current Formulary</b> – annual formulary review completed by committee.	1-2. Approved.  3. Restricted use only (per criteria)  4. Denied  5-8. Approved	Complete  Complete  Complete  Complete
<b>Medication Safety</b>	1. <b>Safe Use of Opioids in hospitals.</b> The Joint Commission published article was discussed by members of the committee. It was recommended to share the information with the members of Ortho CQI for their input. A group including nursing, pharmacy and the chief of staff is currently reviewing the content for recommendations and subsequent plan of action. A sub group will also be formed to evaluate the feasibility of utilizing capnography for patients at high risk of respiratory depression and/or over-sedation secondary to opioid use. 2. <b>Ondansetron (Zofran®)</b> -- FDA warns of abnormal heart rhythms associated with single 32mg doses of ondansetron. IV doses will now be limited to a maximum single dose of 16mg per dose.	1. Information  2. Approved	Pending  Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	3. <b>Topical Benzocaine sprays</b> – Due to continued reports to the FDA of methemoglobinemia, all benzocaine containing sprays will be removed from formulary.	3. Approved	Complete
MUE	<p>1. <b>Chlorothiazide (Diuril®)</b> – An MUE was conducted to identify the types of prescribers with highest utilization, provide information about current expenditures, and determine the usual indications surrounding its use. Due to the findings, pharmacy will begin to monitor for discontinuation in patients receiving this drug greater than 24-36 hours when clinically appropriate. Stability testing for a longer expiration date is currently underway as well to minimize wastage.</p> <p>2. <b>IV Acetaminophen (Ofirmev®)</b> –A retrospective study reviewed 300 patients to determine if this drug affected a patient’s perceived pain scores or opioid usage post-orthopedic surgery. Results showed no significant reduction in pain scores, opioid consumption in PACU, or 24 hour opioid consumption. Recommendation was made to remove from formulary. Dr. Pesce to follow-up with the remaining specialty that continues to utilize this medication.</p>	<p>1. Information</p> <p>2. Do not add to formulary</p>	<p>Complete</p> <p>Pending</p>
Policy and Procedure	<p>1. <b>Sedatives/Hypnotics For Sleep</b> – This policy was amended to allow the use of diphenhydramine (Benadryl®) for sleep if a patient takes it at home. Maximum dose will be limited to 25mg.</p> <p>2. <b>Restricted antimicrobials</b> – List was reviewed.</p> <p>3. <b>Anticoagulation Management</b> – This policy was amended to expand the time frame for a baseline INR required prior to initiating warfarin. INRs within 72 hours will be allowed instead of 24 hours.</p> <p>4. <b>Alteplase (Cathflo®)</b> – All alteplase orders for catheter occlusion will be converted from 2mg/ml to 1mg/1ml. This offers a potential annual savings of \$24,695.</p>	1-4. Approved	Pending
Pharmacy Dashboard	<p>July-August 2012 compared to May-June 2012</p> <ul style="list-style-type: none"> <li>♦ Documented Clinical Interventions (CIs) increased by 2.4%</li> <li>♦ Major Adverse Drug Events Prevented by pharmacists increased by 138%</li> <li>♦ Pharmacokinetic consults increased 10%</li> <li>♦ TPN pts per 1000 Adj Pt Days increased by 45%</li> <li>♦ 1 central line infections in TPN pts</li> <li>♦ Coumadin consults increased by 7.9%</li> <li>♦ Antimicrobial Stewardship Clinical Interventions increased by 11.2%</li> <li>♦ Chemotherapy doses increased by 8.2%</li> </ul>	Information	Complete
Nutrition Support Team	<p>1. <b>Clear Liquid Diet</b> – Diabetic patients receiving a clear liquid diet will receive 200 grams of carbohydrates spread equally throughout the day.</p> <p>2. <b>Vital HN</b> – Peptide-based, elemental, low-residue tube feeding. All orders for Vital HN will be substituted to Vital 1.5.</p>	<p>1. Approved</p> <p>2. Denied</p>	<p>Complete</p> <p>Complete</p>

There being no further business, the meeting was adjourned at 8:03 A.M. The next P&T meeting is December 13, 2012.

Respectfully submitted,  
Sandy Vredeveld, D.Ph. Director of Pharmacy  
Patrick Ellis, Pharm.D. Pharmacy Clinical Coordinator

Approved by,  
Richard Pesce, M.D. Chairman