CATHOLIC HEALTH INITIATIVES

Memorial Health Care System

PHARMACY AND THERAPEUTICS COMMITTEE

DATE: April 10, 2014 CALLED TO ORDER: 7:00 A.M.
LOCATION: Private Dining Room ADJOURNED: 7:35 A.M.

Members Present:			**Members Absent**:		**Guests**:
Richard Pesce, M.D.	Karen Babb, Pharm.D.	Brian Jones, RD, LDN	Allen Atchley, M.D.	Don Jones, RPh	Darrin Majors, Pharm D Resident
Mark Anderson, M.D.	Michelle Denham, RN	Keith Lockwitz, RN	Nathan Chamberlain, M.D.	Vickie Burger, Lab	Rachel Kile, Pharm D Resident
David Dodson, M.D.	Patrick Ellis, Pharm.D.	Nan Payne, RN	Samuel Currin, M.D.	Deb Moore, RN	Karen Garner, RN
	Rodney Elliott, CPT	Melissa Roden, RN	Kevin Lewis, M.D.	Beverly Slate, Supply Chain	
	Patrick Hagan, Finance	Hannah Walker, RN	Nathan Schatzman, M.D.	Elvie Smith, RN	
	Lila Heet, Pharm.D.		Michael Stipanov, M.D	Danine Watson, RN	
	Sandy Vredeveld, DPh		William Oellerich, M.D.		

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
Minutes	The February 27, 2014 minutes were approved as submitted.		Complete
Therapeutic Interchanges and Formulary Decisions	The following medications were reviewed: 1. **Farxiga ® (dapagliflozin) –** New oral medication indicated for the treatment of type 2 diabetes utilizing a mechanism of action unique from other available agents (increases urinary glucose excretion). Dr. Dodson recommended not adding to formulary at this time due to concern of adverse reactions in elderly and patients with impaired renal function. 2. **Gazyva® (obinutuzumab)** – New anti-CD20 monoclonal antibody indicated for treatment of CLL. New data suggests this agent may have some benefits over Rituxan® and it was recommended by Dr. Stipanov to add to formulary. 3. **Cleviprex® (clevidipine)** – Injectable dihydropyridine calcium channel antagonist similar to nicardipine although with a much shorter terminal half life. Dr. Schatzman requested this be added to formulary in order to have a primary arterial vasodilator available that can be used both introperatively and perioperatively as an alternative to Nitroglycerin and Sodium Nitroprusside. Dr. Pesce discussed this agent with Dr. Atchley and he agreed that this would be a desirable option to have available for patients due to its short half life and rapid onset of action. Dr. Pesce recommended that clevidipine be added to formulary but restricted to anesthesiology, cardiology, and intensivists for a maximum duration of 24 hours. Patrick discussed the potential for look-a-like errors with propofol since they are both available as 50 & 100 ml bottles and are both lipid emulsions. He suggested that smart pump entries and education be completed for ICU and OR staff prior to clevidipine being used.	1. Not approved. 2. Approved. 3. Approved with 24 hr use restriction and prescribing limited to Cardiology, Anesthesiology, and Intensivists 4. Approved	Complete Complete Pending Complete

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	4. **Pancrelipase Formulary Interchange –** It was recommended to add Creon 24 t o the formulary to help ease the pill burden for patients requiring doses of ≥ 20,000 lipase units per dose. 5. **Omega-3 Fatty Acid Supplements –** Vascepa® and Lovaza® were reviewed. A generic fish oil supplement (Promega®) is currently the only omega-3 supplement carried by the pharmacy. Dr. Pesce discussed this class of drugs with Dr. Atchley and he was in favor of not adding these newer agents to formulary and automatically substituting the currently stocked drug on a milligram per milligram basis. 6. ***Clostridium difficile* - Therapeutic Review –** The appropriate dose of oral Vancomycin was discussed by Dr. Anderson based. New data has shown that the 125 mg Q 6 hr regimen has equivalent clinical response with no difference in mortality or recurrence rates as compared to a 250 mg Q 6 hr regimen. This confirms what is currently recommended by the IDSA and ACG guidelines for patients with mild, moderate or severe *C. difficile* infection (CDI). Dr. Anderson recommended that pharmacy automatically substitute the 125 mg Q 6 hr dose for any orders written for the higher dose of 250 mg Q 6 hr (excluding patients in the ICU with life threatening disease complicated by ileus or mega colon). The use of bile acid binders (cholestyramine, etc.) and anti-motility agents (loperamine, diphenoxylate, etc.) were also discussed for patients with CDI. Dr. Anderson recommended that pharmacy automatically discontinue orders for these agents in patients with CDI.	5. Formulary Interchange Approved. 6. Approved	Complete Complete
Medication Use Evaluation	• **Relistor® (methylnaltrexone)** – MUE evaluating 25 patients receiving Relistor® was completed to evaluate the use of this agent. The evaluation demonstrated that much of the drug's use was for the off-label indication of post-op ileus. The evaluation also demonstrated that 66% of doses dispensed were continued following return of bowel function (documented bowel movement). Pharmacy estimated that approximately $10,000 in annual savings could be realized if the medication is discontinued upon return of bowel function. It was recommended to automatically stop scheduled orders for Relistor® following 24 hours of return of bowel function (documented bowel movement).	Approved automatic stop.	Complete
Policy, Procedure & Protocols	• **Surgical Prophylaxis – Antimicrobial Dosing –** New IDSA surgical prophylaxis dosing recommendations were discussed for cefazolin, vancomycin, gentamicin, cefoxitin and clindamycin. It was recommended to adopt the new weight based dosing for these perioperative antimicrobials on all surgical standing orders. Dr. Anderson will present this at the next Med Exec committee meeting for final approval. • **Pharmicist Ordering of Lab Values –** Discussed editing the *Medicaton Orders-Pharmacist Review* policy to add the following: Aminoglycoside levels and Procalcitonin assays. • **VTE Prevention Policy –** A draft version of a new VTE Prevention Policy was	Approved Approved Approved	Pending Complete Complete

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	discussed. CHI is requiring all facilities to adopt standardized evidence based practices for the prevention of VTE. The only element of the policy that has required a change in practice is the frequency of the nursing VTE risk assessment which will now be done daily. It is hoped that this will help identify patients that may need mechanical and/or pharmacological VTE prophylaxis as well as improve VTE core measure performance.		
Nutrition Support Team	• **Diet Orders Policy –** Wound team workgroup recommended adding an additional guideline where patients with a Braden score of 13 will have a medically appropriate oral nutrition supplement added to their diet.	Approved	Complete

There being no further business, the meeting was adjourned at 7:35 A.M. The next P&T meeting is June 12, 2014.

Respectfully submitted,

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

Approved by,

Richard Pesce, M.D. Chairman