CHI Memorial
Imagine better health.℠

PHARMACY AND THERAPEUTICS COMMITTEE
Minutes of Meeting

DATE: April 14, 2016 CALLED TO ORDER: 7:00 A.M.
LOCATION: Private Dining Room ADJOURNED: 8:00 A.M.

Members Present:			**Members Absent**:	**Guests**:
Richard Pesce, M.D. David Dodson, M.D. Mark Anderson, M.D. Nathan Chamberlain, M.D. Sam Currin, M.D. Michael Stipanov, M.D. Richard Yap, M.D. Avni Kapadia, M.D.	Karen Babb, PharmD Patrick Ellis, PharmD Susan Fuchs, RD Lila Heet, PharmD	Sandy Vredeveld, DPh Patty Hicks, RN Melissa Roden, RN Linda Johnson, PharmD	Nathan Schatzman, M.D. Michael Harper, M.D. Nan Payne, RN Shannon Harris, RN Rhonda Poulson, CNO Michelle Denham, RN Scott Harbaugh, Finance	Sean Bergeron, PharmD Camellia Davis, PharmD Erin Massarello, PharmD Whitney Williams, PharmD Adam Henderson, RN

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 11, 2016 minutes were approved as submitted.		Complete
Therapeutic Interchanges and Formulary Decisions	The following medications were reviewed: 1. CHI MUE Committee Decision Brief: The medications that were reviewed at the first national MUE committee meeting from March 15, 2016 were reviewed with the committee. Updates to the Memorial formulary will be required for the following medications based on the national committee's formulary decisions: • **Kengreal®:** This was approved to CHI national formulary with restrictions as recommended by the CVSL. Since this was previously approved to local formulary in August 2015 the nationally approved use restrictions will be communicated to the Cardiology Invasive Committee at their next scheduled meeting. • **Exparel®:** This was voted to be removed from all CHI hospital formularies. The committee recommended that this be removed from local formulary by the end of April to comply with this national decision. Dr. Pesce stated that one physician may file an exception request to the national decision. A motion was passed to have the P&T chair and CMO review the exception request along with hospital administration to decide if the exception should be considered at a later date by the full committee and removal from local formulary by 4/30/16.	Use restrictions approved Removed from formulary effective 4/30/16	Complete Pending formulary removal

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	2. **Veltassa®** – Potassium binding agent indicated for the treatment of hyperkalemia. Although similar to kayexalate, Veltassa is intended to serve as a long term maintenance therapy for patients with CKD who need to continue RAAS inhibition therapy while controlling associated hyperkalemia. The cost per day of therapy is ~ $60 per day versus $5 per day for kayexalate. Due to the cost difference and the unlikely need to start this therapy during inpatient hospitalization it was recommended to designate this as a non-formulary medication. Patients that are stabilized on this as a home medication will be allowed to utilize their own medication per the hospital's formulary policy.	Not approved for formulary addition	Complete
	3. **Movantik®** – Oral peripheral acting mu-opioid receptor antagonist (PAMORA) indicated for the treatment of opioid-induced constipation (OIC). The use of the other formulary PAMORA agents (Relistor) was also discussed along with the current Relistor restrictions of use. Due to an increasing prevalence of OIC it was recommended by Drs. Dodson and Yap to consider the addition of Movantik to formulary for use by any specialty. Due to similar clinical efficacy and cheaper cost associated with Movantik as compared to Relistor it was recommended to add this to formulary and allow this to be used by any physician as long as the following criteria are met. Education will be provided to hospitalists on appropriate use and other current prescribers of Relistor due to cost savings opportunity if Movantik is utilized as an alternative. ✓ Taking Movantik prior to admission for OIC ✓ Receiving chronic (> 4 weeks) opioid therapy with failure to respond to oral and rectal laxative therapy. ✓ Candidates for SQ Relistor for OIC but who can tolerate oral therapy	Approved with restrictions for use	Pending education
	4. **Bridion®** – Cyclodextrin molecule that binds rocuronium and vecuronium allowing for rapid reversal of neuromuscular blockade in adults undergoing surgery. Bridion provides a more effective means for reversing these medications as compared to neostigmine/glycopyrrolate for patients with deep neuromuscular blockade although at an increased cost of $79 per day. This has been discussed with Drs. Clanton and Schatzman from anesthesia and the following situations were recommended as approved restrictions of use for Bridion. Usage will be monitored to ensure compliance with these restrictions and education provided for anesthesia staff. ✓ Immediate reversal of NMB in a "cannot intubate/cannon ventilate" or other emergency situation ✓ For intubation doses of rocuronium/vecuronium to shorten anesthesia time for shorter than expected, abandoned or cancelled procedures in which neostigmine/glycopyrrolate would be ineffective (deep block).	Approved with restrictions for use	Pending education
	5. **Opthalmic Antihistamines** – A class review of this class of medications were reviewed. Patrick explained that the limited clinical data indicates that all of the available products	Therapeutic interchange approved	Approved

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	are likely interchangeable from a therapeutic efficacy standpoint with no significant safety or tolerability differences as well. Due to the cost advantage with using Ketotifen, it was recommended to only utilize this product and automatically interchange other ophthalmic antihistamine orders to a therapeutically equivalent dose of ketotifen.		
	6. **Meningococcal Vaccines** – Linda reviewed updated ACIP recommendations for post-splenectomy vaccines that will require formulary changes in order to provide the recommended vaccinations to our patients needing these vaccinations while hospitalized. The recommendation was to remove Menomune (MPSV4) from formulary and add a MenACWY meningococcal vaccination (Menactra or Menveo) and MenB meningococcal vaccination (Trumenba or Bexsero) to formulary. Dr. Anderson recommended that Trumenba and Bexsero be added due to more convenient dosing regimens and a lack of vaccine interactions with the Pneumococcal vaccinations. Patrick explained that CHI is currently in contract negotiations with the vaccine manufacturers and at this time it was unclear which vaccines would be preferred. Patrick agreed to try if at all possible to utilize the vaccines that Dr. Anderson recommended for formulary inclusion.	Menomune removed from formulary; alternative agents approved pending CHI contracting decision	Pending
	7. **Post Splenectomy Vaccines** – Patrick reviewed with the committee the updated post-splenectomy vaccine recommendations. Education will be provided to physicians once the vaccine contracts are finalized and pharmacy will help develop a process to assist with writing the appropriate follow up prescriptions to help with patient compliance post hospital discharge.	Approved	Pending
	8. **Antibiotic dose adjustments (cefepime, cefazolin)** – Due to changes related to susceptibility breakpoints modifications are necessary to the automatic dose adjustment process performed by pharmacy to ensure optimal therapy based on MIC values and renal function. Dr. Anderson supported Linda's recommendations and recommended these changes be approved.	Approved	Complete
MUE – Medication Use Evaluation	**Stress Ulcer Prophylaxis (PPI's)** – A MUE was conducted to evaluate the usage of PPI's as stress ulcer prophylaxis. The evaluation revealed that patients admitted to the non-ICU areas were most commonly inappropriate (80% inappropriate) when evaluated against a literature evaluated risk stratification model. The majority of the inappropriate orders for SUP were generated from admission order sets with the hospitalist admission orders being the most commonly implicated. The hospitalist representatives on the committee (Drs. Yap, Dodson, Kapadia) all recommended that their group consider the removal of SUP agents from their admission order sets. Additional strategies (pharmacy initiated auto-discontinuation) may be considered based on follow up reviews in 4-6 months following order set modifications.	Information – to be further discussed with Hospitalist group	Pending
Patient Safety & Regulatory	**Therapeutic Duplication of PRN Medication Orders Policy**	Policy approved	Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
(JCAHO)	Patrick reviewed a draft policy that was created to provide resolution to the most commonly encountered issues related to therapeutic duplication of PRN orders. Patrick explained that > 350 physician standing orders have been reviewed and edited. The most commonly encountered issues were PRN pain medications that did not clearly indicate pain severity or contained duplications for the same level of pain severity. The policy was reviewed with the committee and the process for executing this policy and resolving discrepancies if duplicate PRN meds are ordered was explained in detail to the committee. The policy was recommended for approval by Dr. Pesce and no further suggestions to the policy were recommended by the members of the committee.		

There being no further business, the meeting was adjourned at 8:00 A.M. The next P&T meeting is June 9, 2016.

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

Approved by,
Richard Pesce, M.D. Chairman