CATHOLIC HEALTH INITIATIVES

Memorial Health Care System

PHARMACY AND THERAPEUTICS COMMITTEE

DATE: August 14, 2014 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.	Karen Babb, PharmD	Melissa Roden, RN	Allen Atchley, M.D.	Eleni Martinez, PharmD
Mark Anderson, M.D.	Michelle Denham, RN	Sandy Vredeveld, DPh	Diona Brown, RN	Matthew Russell, PharmD
Samuel Currin, M.D.	Rodney Elliott, PhT	Hannah Walker, RN	Vickie Burger, Lab	Megan Whittier, PharmD
David Dodson, M.D.	Patrick Ellis, PharmD	Danine Watson, CNO	Nathan Chamberlain, M.D.	
Michael Harper, M.D.	Scott Harbaugh, Finance	Vicki Burger, Lab	Brian Jones, RD, LDN	
Kevin Lewis, M.D.	Lila Heet, PharmD		William Oellerich, M.D.	
Nathan Schatzman, M.D.	Nan Payne, RN		Elvie Smith, RN	
Michael Stipanov, M.D.	Karen Regal, Supply Chain			

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 August 14, 2014 minutes were approved as submitted.		Complete
Old Business	**Exparel –** Patrick explained that the ongoing Exparel trial (total joint replacement) was expanded to include additional physicians and the data evaluation will now include a therapeutic comparison to local anesthetic delivery via the OnQ pain pump. Pharmacy will be working with anesthesia and the surgeons on this analysis.	Information	Pending
	Ofirmev (IV APAP) – Patrick and Melissa conveyed to the committee a request from Dr. Ponce for IV APAP in patients undergoing bariatric surgery. The committee recommended that this request be denied based on the past P&T decision and the current corporate "pause" on any expansion of use for this medication.	Not Approved	Complete
Therapeutic Interchanges and Formulary Decisions	The following medications were reviewed:		
	1. **Jardiance® (empagliflozin)** – New oral medication for the treatment of type 2 diabetes. Other medications in this class have previously been denied for formulary addition due to concern of adverse events in elderly and in patients with impaired renal function. It was recommended to follow the previous recommendations for other medications in this class and not add this medication to formulary.	1. Formulary addition denied	Complete
	2. **Uceris® (extended release budesonide)** – Extended release glucocorticosteroid for the treatment of ulcerative colitis. It was recommended by Dr. Shikoh for this medication to be added to formulary due to its advantage over other similar therapies (Entocort) in its ability to treat colitis of the ascending and descending colon. The recommendation was made to add this agent to formulary.	2. Approved	Complete
	3. **Custodial HTK® (crystalloid cardioplegia)** – Crystalloid cardioplegia requested by Dr. Zellner for minimally invasive mitral valve repairs. This solution can be utilized as a single dose cardioplegia and may be beneficial during minimally invasive repairs as opposed to the traditional 2 dose cardioplegia that is used for traditional cases.	3. Approved for trial use	Complete

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	4. **Fluid Resuscitation – 0.9% NS vs. Balanced Crystalloids** – A review of the clinical use of normal saline and balanced crystalloids (LR, Plasma-lyte, etc.) for fluid resuscitation was discussed. Current literature suggests that balanced crystalloids cause less detrimental side effects (hyperchloremic acidosis, increased interstitial edema, renal impairment, etc.) and possibly better clinical outcomes. Dr. Schatzman discussed perioperative fluid management and based on the current literature he suggested a strategy utilizing primarily LR in the operative setting instead of NS 0.9%. All physician members of the committee agreed that the use of NS 0.9% should be phased out in favor of the balanced crystalloids based on current evidence. The use of Plasma-lyte was also discussed, however supply issues and cost issues need to be addressed prior to proceeding with adding this product to the central supply formulary. However, the committee did recommend that this solution be made available if possible for situations in which LR would not be an appropriate solution (patients receiving transfusions, etc.). Dr. Lewis agreed that changing the standard of practice for fluid resuscitation is needed and that widespread physician education will need to be done to disseminate this information. Additionally, Dr. Lewis recommended that a financial analysis be performed to assess the financial impact of making this change and to evaluate the impact of adding Plasma-lyte and for this to be reviewed via the hospital's value analysis process. Karen Garner agreed to follow-up on the financial review and supply availability of these alternative solutions.	4. Recommendation approved	Pending
	5. **Azithromycin vs. Erythromycin for Gastroparesis –** Ongoing drug shortages of IV erythromycin continue to present problems in supplying this therapy for patients with gastroparesis. Patrick reviewed some newer literature that has demonstrated that azithromycin is a possible alternative that can offer similar results as compared to erythromycin. Patrick also reviewed this information with Dr. Patel (gastroenterology) and he felt that this appeared to be a viable alternative based on the available literature. It was recommended to remove IV erythromycin from formulary and interchange a therapeutically equivalent dose of IV azithromycin when ordered for the treatment of gastroparesis or stimulation of gastric motility.	5. Formulary Interchange Approved	Complete
	6. **Levemir – Lantus Formulary Interchange** – A letter from Dr. Heinsohn was reviewed requesting that patients who enter the hospital on Lantus be allowed to continue on this product while hospitalized. The committee discussed this request and recommended that the existing formulary interchange not be modified at this time due to no known patient safety issues resulting from this interchange.	6. Amending existing therapeutic interchange denied.	Complete
	7. **Testosterone Replacement Products –** The use of testosterone replacement products in the inpatient setting was discussed. Pharmacy carries a limited supply of these products (injectable products, patches, etc.) and it was recommended to remove all testosterone replacement products from formulary and any home medication orders for these products may be continued following hospital discharge.	7. Removal from formulary approved.	Complete
Medication Safety/Quality	• **Metformin – IV Contrast Administration –** As requested by Dr. Schatzman, a review was performed of the current hospital practices related to peri-procedural holding of metformin therapy. Currently no clear standard exists and multiple variations exist on current standing orders. Patrick reviewed the current recommendations for withholding	Recommendation approved	Complete

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	metformin for patients receiving IV contrast and the current recommendations recommend discontinuation of metformin containing drugs at the time of procedure and resume 48 hours following procedure. Dr. Schatzman made the recommendation that this process be followed for all contrast related procedures and prior to any surgical procedures per the "Pre-operative anesthesia orders for adults" protocol. The committee agreed that a standardized process needs to exist for peri-procedural holding of metformin and a recommendation was made to approve this recommendation and forward this on to the Medical Executive committee for final approval. Once approved all standing orders with verbiage related to holding metformin will be modified to reflect the above recommendation.		
	• **ADR Review –** Patrick reviewed the most recent ADR data and he pointed out that the majority of our serious errors continue to be related to the use of narcotics. The review of these events revealed continued concerns related to standing order doses of injectable narcotics and opioid dosing in opioid naïve patients. Melissa recommended that a more in depth review of rapid response calls, naloxone use, and standing order PCA dosing be conducted to look for trends related to opioid safety and any recommendations routed through the Medical Executive Committee for discussion. Further discussion tabled until the above additional data is available for review.	Information	Pending
	• **VTE Core Measure – data review/discussion –** Tabled until next meeting.	Tabled until next meeting.	
Policy, Procedure & Protocols	• **Antibiotic Surgical Prophylaxis –** Patrick updated the committee on the progress of this policy and process change. Dr. Anderson and Patrick are finishing discussions with the various surgical specialties to discuss the final antibiotic recommendations and the final protocol will be reviewed for final approval at the next P&T meeting. The policy outlining this new process was approved at the September Medical Executive Committee.	Information	Complete
	• **Unapproved/Unacceptable Abbreviations –** Policy reviewed for annual approval by the medical staff. Melissa asked for Patrick to review if Q.I.D. is still on the JCAHO list of unapproved abbreviations and if not she made the recommendation to remove this abbreviation from the policy.	Approved	Complete
	• **IVP Administration – cefazolin, ceftriazone, cefoxitin –** Patrick reviewed plans for moving to IV push administration of cefazolin, ceftriaxone, and cefoxitin.	Approved	Complete

There being no further business, the meeting was adjourned at 8:00 A.M. The next P&T meeting is December 11, 2014.

Respectfully submitted,

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

Approved by,

Richard Pesce, M.D. Chairman