CATHOLIC HEALTH INITIATIVES
Memorial Health Care System

PHARMACY AND THERAPEUTICS COMMITTEE

DATE: February 12, 2015 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	Diona Brown, RN	Matthew Russell, PharmD
Mark Anderson, M.D.	Michelle Denham, RN	Sandy Vredeveld, DPh	Vickie Burger, Lab	Megan Whittier, PharmD
Allen Atchley, M.D.	Rodney Elliott, PhT	Brian Jones, RD	Nathan Chamberlain, M.D.	Taylor Austin, student
David Dodson, M.D.	Patrick Ellis, PharmD	Danine Watson, CNO	William Oellerich, M.D.	
Michael Harper, M.D.	Lila Heet, PharmD		Hannah Walker, RN	
Kevin Lewis, M.D.	Nan Payne, RN		Shannon Harris, RN	
Michael Stipanov, M.D.	Karen Regal, Supply Chain		Scott Harbaugh, Finance	
	Rhonda Poulson, 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 August 14, 2014 minutes were approved as submitted.		Complete
Old Business	**Exparel –** On 2/11/15 CHI issued guidance on appropriate Exparel use. Patrick will add this to the April agenda for further discussion.	Information	Pending
Therapeutic Interchanges and Formulary Decisions	The following medications were reviewed: 1. **Inhaled Corticosteroid Formulary** – Patrick reviewed the latest CHI recommendations for formulary consolidation of inhaled respiratory agents. The only outstanding formulary interchange that has not been completed is a conversion to Asmanex HFA (mometasone) as the preferred inhaled corticosteroid agent. The interchange was reviewed and it was recommended to adopt the automatic formulary interchange utilizing Asmanex and all orders for other inhaled corticosteroid agents would be interchanged to a therapeutically equivalent dose of Asmanex HFA. Additionally a request from Dr. Mull was discussed to allow the automatic conversion of any patient receiving non-therapeutic doses of inhaled corticosteroid/beta agonist (once daily dosing) inhalers to be automatically increased to the normal twice daily dosage (Dulera 2 puffs BID). This was recommended for approval by Dr. Pesce. 2. **Akten® (lidocaine ophthalmic gel)** – Topical ophthalmic gel indicated for ocular surface anesthesia during ophthalmologic procedures (cataract surgery, etc.) – requested by Dr. Lindquist. This product provides an alternative to traditional injectable blocks while providing similar although not superior pain control. The gel formulation allows for longer corneal contact time and better anesthetic effect as compared to traditional topical ophthalmic anesthetics. Recommended for approval with restriction to ophthalmology service. 3. **Rapivab® (peramivir)** – Peramivir is the first and only IV antiviral approved for treatment	1. Formulary interchange approved 2. Approved 3. Approved with restrictions	Complete Complete Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	of uncomplicated acute influenza. The CDC still recommends oral Tamiflu as first line therapy for hospitalized patients and that peramivir should only be considered in seriously ill patients who cannot absorb or tolerate oral or enterally administered Tamiflu. It was recommended to add to formulary with the following restrictions: - Patient must be in a critical care/ICU level of care - Cannot or suspect unable to absorb oral/enteral Tamiflu - Ordering restricted to Critical Care and/or Infectious Disease - If initiated therapy will be re-evaluated after 5 days of therapy		Pending
	4. **Pneumonia Vaccination Guidelines** – Patrick reviewed the recently updated pneumonia vaccine recommendations. The new guidelines have changed and now recommend both the PCV13 (Prevnar) and PPSV23 (Pneumovax) vaccine and they should be routinely administered in series to all adults aged ≥ 65 years. In order to achieve optimal immune response with each vaccine it is recommended that the PCV13 vaccine be administered initially with ideally a 1 year window between vaccines depending upon the patient's specific vaccine history. Due to the complexity of the new recommendations and the difficulty in correctly adhering to the new guidelines the following recommendations were made for hospitalized patients: - Remove Pneumovax from the standard admission vaccination assessment & orders and stop routinely vaccinating with the PPSV23 vaccine. - Modify the discharge instructions to encourage patients to discuss pneumonia vaccination with their PCP after discharge. - Communicate with MHP and other local healthcare providers of this hospital process change. - Add Prevnar (PCV13) to formulary and continue to stock a small amount of Pneumovax (PPSV23) for patients who may benefit from immunization during hospitalization. This includes patients with splenectomy and patients with clear vaccination histories whom follow up coordination (additional vaccines, etc.) can be assured.	4. All Recommendations approved	Complete
	5. **Savaysa® (edoxaban) –** Oral inhibitor of factor Xa indicated for stroke prevention in patients with NVAF and for the treatment of DVT & PE. It was recommended to add Savaysa to formulary in order to provide continuity of care for inpatients admitted to the facility on this medication. Dr. Atchley recommended that pharmacy closely monitor patients' renal function while on this medication and recommend transitioning to an alternate agent if CrCl > 95 ml/min due to poor clinical outcomes in the NVAF patient population. Patrick agreed and stated that this medication would be monitored closely along with the other novel oral anticoagulants already on formulary.	5. Approved	Complete
	6. **Prolia® (denosumab)** – RANKL inhibitor indicated for the treatment of osteoporosis. The recommendations and review provided by the Formulary Business Review Committee were reviewed and discussed. Due to no new clinical information indicating superiority as compared to other agents such as Reclast it was recommended to support the Formulary Business Review recommendation of not lifting the current formulary restrictions for Prolia.	6. Lifting of restrictions not approved	Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	7. **Caldolor® (IV ibuprofen) –** IV formulation of ibuprofen requested for trial use by Dr. Harper. Dr. Harper reviewed the available clinical data regarding the use of IV ibuprofen in patients with severe sepsis, ARDS, etc. in decreasing physiologic inflammatory effects such as fever, tachycardia, oxygen consumption, and lactic acidosis. Although the available data has not demonstrated a mortality benefit he believes this may prove to be useful as an adjunct therapy for this patient population. It was recommended for approval on a trial base only and use restricted to Critical Care physicians only for a duration of 48 hrs (10 mg/kg – max 800 mg, Q 6 hrs x 8 doses)	7. Approved for trial use with restrictions	Complete
	8. **Nimbex® (cisatracurium) –** Non-depolarizing neuromuscular blocker that undergoes organ independent metabolism not requiring kidney or liver function for elimination. The current formulary NMB's (rocuronium, vecuronium) can safely be used in patients with renal dysfunction. Their use does present problems if patients also have co-existing liver disease due to their primary hepatic metabolism. Due to the increased per day cost of Nimbex it was recommended to add this drug to formulary and limit its use to patients with multi-system organ failure who are not candidates for therapy with rocuronium or vecuronium.	8. Approved	Complete
	9. **Ofirmev® (IV acetaminophen) –** Per the Februray 2014 P&T decision Ofirmev is currently restricted to use by cardio thoracic surgery only. In November due to the recent price increase this service agreed to remove this from their order sets and has eliminated all usage of this product. It is recommended at this time to designate Ofirmev non-formulary and no longer be stocked by the pharmacy.	9. Approved for formulary removal	
Medication Safety/Quality	• **VTE Core Measure – data review –** Patrick and Nan reviewed the most recent data regarding the hospital's performance with the VTE core measures. The biggest opportunity continues to be with the VTE-1 measure that requires that all patients have either mechanical or pharmacologic prophylaxis (or contraindications to both) by midnight the day after admission. Two proposals were shared. Streamlining of the standard DVT assessment orders to make them more user friendly and to add the mechanical prophylaxis options to standing orders that already have DVT prophylaxis orders included (including sections to document contraindications for both types of prophylaxis). Both of these proposals were approved. Additional discussion occurred around options to create a standardized protocol for all newly admitted patients to have mechanical or pharmacologic prophylaxis unless "opted out" by the admitting physician. This discussion was tabled and it was recommended to possibly route this discussion on to MEC for further discussion.	Order modifications approved	Complete
	• **Antithrombotic Reversal/Surgical Management Recommendations –** Patrick shared with the group that the updated reference cards including Edoxaban will be distributed soon to physicians and other clinical staff at both campuses.	Information	Complete
Policy, Procedure & Protocols	• **Look-Alike, Sound-Alike Policy –** Policy requires annual review and Patrick explained that recent changes were made to incorporate errors that occurred due to similar named products.	Approved	Complete
Nutrition Support Team	• **Diet Manual –** Brian reviewed that a new diet manual (Sodexo Hospital Diet Manual) will now be used as a supplement for menu planning purposes. The updated policy was	Approved	Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	shared with the committee.		

There being no further business, the meeting was adjourned at 8:00 A.M. The next P&T meeting is April 9, 2015.

Respectfully submitted,

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

Approved by,

Richard Pesce, M.D. Chairman