CATHOLIC HEALTH INITIATIVES
Memorial Health Care System

PHARMACY AND THERAPEUTICS COMMITTEE

DATE: February 14, 2013 CALLED TO ORDER: 7:00 A.M.
LOCATION: Private Dining Room ADJOURNED: 7:56 A.M.

Members Present:		**Members Absent**:		**Guests**:
Richard Pesce, M.D.	Karen Babb, Pharm.D.	Nathan Chamberlain, M.D.	Keith Lockwitz, RN	John Jantz, Pharm.D.
Mark Anderson, M.D.	Brian Jones, RD, LDN	John L. Gwin, Jr., M.D.	Scott Madaris, RN	Ali Roberts, Pharm.D.
Allen Atchley, M.D.	Patrick Ellis, Pharm.D.	Tareck Kadrie, M.D	Deb Moore, RN, SVP	Teresa Bledsoe, Risk Mgmt.
Samuel Currin, M.D.	Patrick Hagan, Finance	Robert Mynatt, M.D.	Nan Payne, RN	Amanda Tolbert, CPT
David Dodson, M.D.	Lila Heet, Pharm.D.	Diona Brown, RN,C.N.O.	Melissa Roden, RN	Blake Carver, Student
William Oellerich, M.D.	Jane Raulston, RN	Vickie Burger, Lab	Beverly Slate, Supply Chain	
Nathan Schatzman, M.D.	Sandy Vredeveld, DPh	Gwen Davis, RN	Elvie Smith, RN	
Michael Stipanov, M.D		Don Jones, RPh	Hannah Walker, 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 December 13, 2012 minutes were approved as submitted.		Complete
Old Business	**Samsca® (Tolvaptan) -** The previous MUE was again discussed and Dr. Atchley made a recommendation to further restrict Samsca to patients with serum sodium of < 130 mmol/L to prevent inappropriate usage.	Approved	Complete
Therapeutic Interchanges and Formulary Decisions	The following medications were reviewed: 1. **Exparel® (bupivacaine iposomal)** – Liposomal formulation of bupivacaine. Recommended to approve for trial use as intercostal nerve block s/p thoracic surgery for Dr. Headrick and Dr. Zellner. Committee again recommended to not add to formulary for incisional use at this time. 2. **Eliquis® (apixaban) –** Oral Xa inhibitor used for stroke prevention in patients with non-valvular atrial fibrillation. Recommended to add to formulary. 3. **Linzess® (linaclotide)** – New treatment for irritable bowel syndrome with constipation and for the treatment of chronic idiopathic constipation. Requested by gastroenterology due to unique mechanism of action and ability to be given via tube. Recommended to add to formulary. 4. **Kyprolis® (carfilzomib)** – Used in the treatment of refractory multiple myeloma. Recommended to add to formulary. 5. **Proton Pump Inhibitor (PPI) formulary** – Gastroenterology requested an additional PPI be added to formulary for patients intolerant of the current formulary PPI (pantoprazole). Lansoprazole recommended to be added to formulary for this purpose. 6. **Azithromycin® 5 Day Automatic Stop Proposal** – Due to the long half-life of azithromycin, the antimicrobial stewardship committee recommended that an automatic 5 day stop date policy for azithromycin when used for treatment of acute respiratory	1. Approved for trial 2. Approved 3. Approved 4. Approved 5. Approved 6. Approved	Pending Pending

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	infection. 7. **Prothrombin Complex Concentrate (PCC) –** The committee discussed the possible use of PCC for patients with severe life threatening bleeding associated with warfarin. It was recommended that pharmacy develop use guidelines to prevent the inappropriate use of PCC when needed for warfarin reversal. Patrick will work with Dr. Dodson and provide education to the hospitalists once the protocol is developed.	7. Information	
Medication Safety	• **APAP content-combination prescription products –** Recent reviews of inpatient APAP use have shown that patients are at times receiving an excess of 4 grams of APAP per day which is often due to receiving multiple doses of various APAP containing products. It was recommended to now only dispense hydrocodone and other APAP combination products containing 325 mg of APAP per dosage unit to minimize the risk of exceeding recommended daily maximum doses of APAP. All order sets would be adjusted to reflect this change and orders for 500 mg containing products will be converted to the comparable 325 mg APAP product (example: hydrocodone 5/500 → hydrocodone 5/325). • **Promethzaine IV –** The IV team has reported an increased incidence of phlebitis associated with IV promethazine administration and an increased placement of PICC lines to accommodate IV promethazine use. It was recommended to have the IV team collect data on promethazine associated phlebitis and to re-educate nursing on proper dilution and administration of promethazine prior to IV administration. This will be re-discussed again once more data is available to better quantify the scope of the problem.	Information Information	Complete
Medication Use Evaluation	• **Levemir® (insulin detemir) –** An MUE was conducted to determine how the formulary change from Lantus (insulin glargine) to Levemir (insulin detemir) impacted blood glucose control at MHCS. The evaluation demonstrated that blood glucose control was similar between the agents and that Levemir is an appropriate formulary substitution for Lantus. • **Vancomycin –** An MUE was conducted to evaluate elevated Vancomycin trough results to assess our current Vancomycin dosing strategy and identify any potential patient population that could benefit from changing our dosing strategy. The evaluation demonstrated that the current guideline recommendation to utilize total body weight appears to over-estimate a patient's Vancomycin clearance as evidenced by a higher proportion of obese patients developing troughs in excess of 20 mg/dl. Based on this information, pharmacy will modify their dosing strategy to utilize an adjusted body weight for all patients when dosing Vancomycin.	Information Information	Complete
Policy and Procedure	• **Alcohol Withdrawal Management Protocol –** A draft version of the Alcohol Withdrawal Management Protocol was presented for review and possible additions/edits. Dr. Atchley recommended changing the PRN beta-blocker to labetalol based on better data for this patient population. • **Med Administration – Timeliness of Scheduled Medications –** This policy was created to differentiate between time critical versus non-time critical medications as required by CMS. • **Blood Glucose Control with TPN –** It was recommended to modify the current *TPN*	Approved Approved Approved	Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	Initiation Orders to allow pharmacists the ability to increase or decrease the subcutaneous correction insulin dose to the next appropriate level based on the patient's blood glucose values to achieve better glycemic control while on TPN.		
Pharmacy Clinical Dashboard	Patrick reviewed.	Information	Complete
Nutrition Support Team	**ProSource No-Carb –** A modification to the protein supplement formulary was presented to allow the use of an alternative protein supplement product in place of the current supplement (Pro-Stat 64).	Approved	Complete

There being no further business, the meeting was adjourned at 7:59 A.M. The next P&T meeting is April 4, 2013.

Respectfully submitted,

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

Approved by,

Richard Pesce, M.D. Chairman