CATHOLIC HEALTH INITIATIVES
Memorial Health Care System

PHARMACY AND THERAPEUTICS COMMITTEE

DATE: February 27, 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, Pharm.D.	Brian Jones, RD, LDN Vickie	Nathan Chamberlain, M.D.	Sandy Vredeveld, DPh	Darrin Majors, Pharm D Resident
Mark Anderson, M.D.	Burger, Lab	Keith Lockwitz, RN	William Oellerich, M.D.	Danine Watson, RN	Sarah Smith, Pharm D Resident
Allen Atchley, M.D.	Patrick Ellis, Pharm.D.	Melissa Roden, RN	Michelle Denham, RN		Megan Whittier, Student
David Dodson, M.D.	Rodney Elliott, CPT	Hannah Walker, RN	Don Jones, RPh		
Samuel Currin, M.D.	Patrick Hagan, Finance		Deb Moore, RN		
Kevin Lewis, M.D.	Lila Heet, Pharm.D.		Nan Payne, RN		
Nathan Schatzman, M.D.			Beverly Slate, Supply Chain		
Michael Stipanov, M.D			Elvie Smith, RN		

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
Minutes	The October 10, 2013 minutes were approved as submitted.		Complete
Therapeutic Interchanges and Formulary Decisions	The following medications were reviewed: 1. **Arzerra ® (ofatumumab) –** Mononoclonal antibody used for treatment of patients with refractory chronic lymphocytic leukemia (CCL) refractory. Infusion related reactions discussed and the need for pre-treatment. Two patients have received year to date.	1. Approved.	Complete
	2. **Exparel® (bupivacaine iposomal)** – Liposomal formulation of bupivacaine. The trial for Intercostal nerve block did show efficacy in comparison to bupivicaine and dexamethasone. Recommended to add to formulary for intercostal nerve block s/p thoracic surgery. Dr. Schatzman discussed Dr. Hartley's request to utilize Exparel during total knee replacement procedures. The plan is to use a multi-model approach using bupivacaine with epinephrine and Exparel in order to help decrease opioid usage and decrease length of stay. Dr. Schatzman felt that its usage in joints was appropriate for a trial to gauge its effectiveness. The committee recommended to approve the trial of twenty patients and to review the following outcomes: narcotic usage, pain control (VAS scores) and length of stay. Dr. Nelson's request for hemorrhoidectomy use was considered and committee recommended having him discuss the formulary addition at the next meeting.	2. Added to formulary with restriction to cardiothoracic usage and limited trial with Dr. Hartley. Patrick to follow up.	Ongoing
	3. **Ofirmev® (IV acetaminophen) –** Continue to receive requests for IV acetaminophen. Dr. Morrison is using currently to improve weaning patients off the vent. IV acetaminophen does have a quicker onset and a higher peak. Committee discussed giving oral or rectal pre-operatively may negate the need for administering the IV formulation.	3. Keep Ofirmev restricted to cardiothoracic cases. Continue to review as appropriate.	Complete
	4. **Combivent® Formulary Interchange -** Due to the newer formulation of Combivent, it is not able to be utilized via the common canister. Dr. Mull and Dr. Pesce agreed prior to meeting to	4. Approved.	Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	automatically substitute to albuterol and atrovent nebulizer treatments. 5. **Tudorza® (aclidinium for inhalation) –** A long-acting inhaled antimuscarinic showing similar efficacy to Spiriva®. Current pricing indicates a possible cost savings opportunity if Tudorza® is utilized in place of Spiriva®. The hospital's group purchasing organization (GPO) is currently evaluating the respiratory market and updated pricing contracts will be released in March. It was recommended to declare these agents therapeutically equivalent and once the pricing situation becomes more clear a therapeutic interchange will be implemented for the most cost effective agent. 6. **Inhaled Cortiscosteroid/β-Agonist – Formulary Interchange –** A new agent (Breo Elipta®) has now been FDA approved and it was recommended to add this drug to the existing Symbicort® formulary Interchange.	5. Approved. Patrick to re-evaluate once GPO finalizes contract. 6. Approved for formulary substitution.	Ongoing Complete

Medication Safety	• **ADR Review –Medication Error Review –** 5 month summary.
	  • One Category 3 ADR reviewed.
	  • Category 1 & 2 statistics reviewed.
	
	Patrick presented information on 3 category 2 ADR's related to enoxaparin that occurred in elderly patients with normal renal function. The safety of low molecular weight agents was discussed. Anti-xa assays are obtainable within the hospital. Vicki Burger explained that the processing time will become faster as we increase the ordering of anti-xa assays. The committee recommended that pharmacy automatically order anti-xa assays for patients on treatment dose enoxaparin that are ≥ 70 yrs of age to help ensure appropriate dosing in elderly patients.
	
	Dr. Atchley requested that pharmacy automatically adjust the new oral anticoagulants (Xarelto®, Eliquis®, Pradaxa®) per renal function and notify the prescriber when an adjustment is warranted.
		Information
		
		Approved – *Anticoagulation Management Policy* will be edited to reflect this recommendation
		
		Approved
			Complete
			
			Approved

Medication Use Evaluation	• **Vitamin K – Warfarin Reversal -** MUE reviewing six months usage of Vitamin K indicated a need for physician education. A trend was noted in using subcutaneous Vitamin K for reversal of warfarin in patients • A trend was noted in using subcutaneous Vitamin K for warfarin reversal which is no longer recommended per the CHEST guidelines. Two patients with life threatening major bleeding (intracranial hemorrhage) received Vitamin K Subscutaneously. Of the 47 patients who received Vitamin K to aid in the reversal of warfarin reversal for surgery, 40% of them experienced a delay in surgery >24 hours. All of the delays were experienced in those patients who received the subcutaneous route. It was recommended to encourage the use of IV vitamin K when urgent warfarin reversal is needed (surgery, active bleeding, etc.). • Recommended to flag prescribers when subcutaneous formulation ordered. Subcutaneous is less effective than oral and IV administration and can lead to delays in anticoagulation reversal or need for more expensive agents such as Kcentra to be used prior to surgery.	Information. Physician Education Needed on current guidelines. Approved for pharmacists to contact prescribers when SQ route is ordered and recommend IV formulation if need for reversal is urgent.	Complete
Policy, Procedure &	• **Pneumonia Standing Orders -** Discussed the need to change the standing orders due to	Approved	Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
Protocols	worsening fluoroquinolone resistance against *Pseudmonas aeruginosa*. Tobramycin will be added to HAP/HCAP regimen with pharmacy dosing and each patient will be reviewed to ensure prolonged courses of tobramycin are not inappropriately continued to minimize the risk of tobramycin associated kidney injury. The use of tobramycin for patients with mild to moderate renal dysfunction was discussed and it was recommended to still include an option for a fluoroquinolone containing regimen for patients with preexisting renal dysfunction. Committee approved protocol with the addition of fluroquinolones for the patients with severe renal impairment.		
	• **Tamiflu® (oseltamivir) – Automatic Stop Proposal –** Proposed to institute a 5 day automatic stop for oseltamivir when used for non-critically ill patients and a 10 day automatic stop of critically ill ICU patients. It is also recommended to allow this drug to be automatically adjusted in patients with impaired renal function in accordance with the Renal Dosing Adjustments policy.	Approved	Complete
	• **IV to PO – IV Synthroid® -** It was recommended to add this to IV to PO policy when drug is in short supply.	Approved	Complete
	• **Sterile Compounding Outsourcing –** Patrick explained to the committee that the hospital uses two different compounding companies for the preparation of certain sterile products that are not compounded by the hospital pharmacy. One is Cantrell, which is an FDA approved outsourcer and supplies MHCS with drug shortage items that are unable to be obtained from other drug manufacturers. The second is Surgery Pharmacy Services in which individual prescriptions are obtained per patient and is accredited by the Pharmacy Compounding Accreditation Board. Dr. Anderson asked if periodic site visits to the local compounding pharmacy could be performed by pharmacy leadership to help ensure ongoing compliance with sterile compounding regulations. The committee agreed that we are in compliance and agreed to continue to document compliance and have readily available.	Information: Quarterly quality reports available and annual site visit performed to local compounding site.	Complete
Nutrition Support Team	**Pivot 1.5 – addition to nutrition formulary –** Brian reviewed new high protein product. **Enteral Nutrition – Order Set & Policy Revision -** Brian reviewed an updated, streamlined tube feeding order set. This order set has been approved by nursing practice council. He also reviewed the updated process for implementing the Enteral Nutrition Adult Order set.	Approved Approved	Complete Complete
Other	• **Octagam (IVIG) patients –** Patrick updated the committee on new data that shows we can infuse at a faster rate. The plan is to pursue the faster administration rate and begin conversion of our outpatient IVIG patients to Octagam 5% once provider notification is completed over the next 4-6 weeks.	Approved	Ongoing

There being no further business, the meeting was adjourned at 8:00 A.M. The next P&T meeting is April 10, 2014.

Respectfully submitted,

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

Approved by,

Richard Pesce, M.D. Chairman