CATHOLIC HEALTH INITIATIVES
Memorial Health Care System

PHARMACY AND THERAPEUTICS COMMITTEE

DATE: June 12, 2014 CALLED TO ORDER: 7:00 A.M.
LOCATION: Private Dining Room ADJOURNED: 7:35 A.M.

Members Present:			**Members Absent**:		**Guests**:
Richard Pesce, M.D.	Karen Babb, Pharm.D.	Brian Jones, RD, LDN	Allen Atchley, M.D.	Don Jones, RPh	Rachel Kile, Pharm D Resident
Mark Anderson, M.D.	Vickie Burger, Lab	Nan Payne, RN	Nathan Chamberlain, M.D.	Keith Lockwitz, RN	Sarah Smith, Pharm D Resident
Samuel Currin, M.D.	Michelle Denham, RN	Melissa Roden, RN	Kevin Lewis, M.D.	Deb Moore, RN	
David Dodson, M.D.	Patrick Ellis, Pharm.D.	Hannah Walker, RN	William Oellerich, M.D.	Beverly Slate, Supply Chain	
Nathan Schatzman, M.D.	Rodney Elliott, CPT	Danine Watson, RN	Michael Stipanov, M.D.	Elvie Smith, RN	
	Patrick Hagan, Finance	Sandy Vredeveld, DPh			
	Lila Heet, Pharm.D.				

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 April 10, 2014 minutes were approved as submitted.		Complete
Therapeutic Interchanges and Formulary Decisions	The following medications were reviewed:		
	1. **Exparel ® (liposomal bupivacaine) –** Exparel is a liposomal injection of bupivacaine, an amide local anesthetic, indicated for single-dose infiltration into the surgical site to produce postsurgical analgesia. CHI's clinical leadership council has made a corporate mandate to pause the expansion of use and any potential trials that would increase use until further corporate evaluation can be made.	1. Information	Complete
	2. **Ultiva® (remifentanil)** – Used as an analgesic/anesthetic agent for use during induction and maintenance of general anesthesia for surgical procedures. Dr. Schatzman explained that remifentanil could be a useful for agent as part of a total IV anesthesia regimen (TIVA) for shorter procedures in which anesthetic gases are not used or used at lower volumes and when intra-operative neurophysiological monitoring is needed (spinal surgery, carotid procedures, etc.). A cost analysis was performed and it will represent a cost increase per case as compared to Precedex® and use would need to be limited to shorter procedures (≤ 2 hrs).	2. Approved for use in cases 2 hrs or less and for cases in which remifentanil provides advantages over standard therapies. Use will be monitored and re-evaluated to ensure appropriate use.	Complete Complete
	3. **Zontivity® (vorapaxar)** – Indicated for the reduction of thrombotic cardiovascular events in patients with a history of myocardial infarction or with peripheral arterial disease. It was the recommendation of Drs. Atchley, Negus, and Thel to not approve this agent to formulary due to safety concerns (bleeding).	3. Not approved.	Complete Complete
	4. **Anoro Ellipta® (umeclidimium/vilanterol) –** Indicated for the long-term, once-daily maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease, including chronic bronchitis and/or emphysema. This is currently the only long acting anti-muscarinic (LAMA) – long acting bronchodilator (LABA) combination product on the market. It was recommended that until other agents are available to add this drug to formulary to provide continuity of therapy for patients utilizing this as a maintenance therapy for COPD. This class will be re-evaluated again once other	4. Approved	Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	combination products are FDA approved. 5. **Outpatient IV iron formulary –** Currently all IV iron products are available for outpatient use at MHCS. After a comparison of formulations of iron and considering reimbursement for each, it was recommended by CHI to remove sodium ferric gluconate and iron sucrose from outpatient formularies and only allow the use of Infed® (iron dextran) and Feraheme® (ferumoxytol) for outpatient use. Sodium ferric gluconate and iron dextran will still be on formulary for inpatient use. 6. **Namenda XR® Formulary Interchange –** The traditional immediate release formulation of Namenda (memantine) is currently the only memantine formulation on hospital formulary. A newer extended release formulation is now available but the upcoming generic availability of the immediate release formulation will offer significant savings as compared to the XR product. It was recommended to utilize a formulary interchange and to automatically convert all XR orders to a therapeutically equivalent dose of the standard product.	5. Recommendation approved. 6. Approved	
Medication Use Evaluation	• **Tranexamic Acid – Total Joint Replacement** – MUE evaluating 39 patients receiving tranexamic acid (TXA) was completed to evaluate the use of this agent in total joint replacement. The average number of blood transfusions, use of drains (blood conversation systems), and post op hemoglobin drop were all decreased for the patients that received TXA. When taking into consideration the elimination of the drain, the use of TXA resulted in an approximate savings of $62 per patient (drain cost vs. drug cost). This evaluation does demonstrate that TXA is an effective strategy to potentially decrease blood loss associated with TJR and possibly result in cost savings if post operative drains can be eliminated.	Information	Complete
Medication Safety	• **ADR Review (3rd QTR FY 14)–** No significant adverse drug reactions were reported for this evaluation period that require reporting to the FDA's MedWatch program. Overall ADR data reviewed and no significant trends or safety concerns were noted for this evaluation period. • **Anti-XA assay (LMWH) –** Patrick reviewed information related to the trialed use of utilizing the Anti-XA assay for evaluating treatment dose enoxaparin safety in patients > 70 years of age. The majority of patients in which anti-XA was used to evaluate enoxaparin dosing revealed elevated anti-XA assays which has raised questions regarding the usefulness of routine monitoring in this patient population. Although some studies have reported that high anti-XA levels were associated with an increased bleeding risk, several other studies have failed to show a relationship between anti-XA levels and bleeding. Due to the conflicting data on the usefulness of routine LMWH dose monitoring as well as the number of elevated levels it was recommended to revert back to the previous policy for anti-XA monitoring of treatment dose enoxaparin (patient weight > 190 kg, CrCl < 20 ml/min). Patrick discussed this with Dr. Stipanov and he was in agreement.	Information.	Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
Policy, Procedure & Protocols	• **Fentanly IVP –** IVP fentanyl is currently restricted to the following areas (ED, OR/procedural areas, PACU, CSSU, and ICU's. Dr. Mull requested that the committee review this restriction and consider allowing fentanyl to be used as an intermittent pain medication on the patient care areas outside of those listed above. The committee reviewed comparative safety and potency data and felt that the current restrictions should be maintained due to the potential for serious adverse events related to inaccurate dosing and/or insufficient monitoring.	Not approved	Pending
Nutrition Support Team	• **Vital High Protein –** Vital HP is a very high protein, hydrolyzed, peptide-based enteral formula for use with critically ill patients. This is unique formulation that would be useful with patients who are obese and/or on high amounts of propofol as it is the highest protein per calorie formula available from the hospital's contracted vendor. It was recommended to implement the use of this product as an enteral source of complete nutrition for patients who require a very high protein elemental enteral feedings.	Approved	Complete
Other Business	• Memorial has been asked by CHI to reduce drug supply expense by 1.3 million. The hospital is looking at all opportunities for savings. • Melissa communicated that the P & T Committee will continue to be a vital component to managing our drug budget now and in the future.	Information	Complete

There being no further business, the meeting was adjourned at 7:50 A.M. The next P&T meeting is August 14, 2014.

Respectfully submitted,

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

Approved by,

Richard Pesce, M.D. Chairman