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: 7:54 A.M.

Members Present:		**Members Absent**:	**Guests**:
Richard Pesce, M.D.	Karen Babb, PharmD	Diona Brown, RN	Michael Harper, M.D.
Mark Anderson, M.D.	Michelle Denham, RN	Vickie Burger, Lab	Eleni Martinez, PharmD,
Allen Atchley, M.D.	Patrick Ellis, PharmD	Nathan Chamberlain, M.D.	Matthew Russell, PharmD
Samuel Currin, M.D.	Lila Heet, PharmD	Patrick Hagan, Finance	Megan Whittier, PharmD
David Dodson, M.D.	Brian Jones, RD, LDN	Keith Lockwitz, RN	
Kevin Lewis, M.D.	Melissa Roden, RN	William Oellerich, M.D.	
Nathan Schatzman, M.D.	Sandy Vredeveld, DPh	Nan Payne, RN	
Michael Stipanov, M.D.	Hannah Walker, RN	Beverly Slate, Supply Chain	
		Elvie Smith, RN	
		Danine Watson, 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 June 12, 2014 minutes were approved as submitted.		Complete
Therapeutic Interchanges and Formulary Decisions	The following medications were reviewed: 1. **Tanzeum® (albiglutide)** – New GLP-1 agonist approved as adjunct therapy for treatment of diabetes mellitus. Recommended to designate this medication non-formulary status along with the other agents in this class since albiglutide is only available as a multi-dose injectable pen. 2. **Sivextro® (tedizolid)** – Oral/IV antibiotic indicated for treatment of acute bacterial skin and skin structure infections – same therapeutic class as Zyvox® (linezolid). Due to limited data for treatment of respiratory infections and only a marginal price benefit it was recommended to not approve for formulary inclusion at this time. A proposed therapeutic interchange utilizing linezolid was presented. 3. **Exparel® (liposomal bupivacaine) & Ofirmev (IV APAP)** – The CHI corporate mandate to pause the expansion of use and any new trials until further notice was again discussed. The committee discussed at length the concern over the cost of this therapy and the importance of identifying which cases are most appropriate for use. Dr. Schatzman expressed concern over the need for proper analysis in order to potentially allow expanded use when clinically appropriate situations arise. Melissa Roden recommended that in order to comply with the corporate decision related to Exparel® that a full business review of each requested use/trial be completed prior to considering any further expansion of use. The use of Ofirmev® was also discussed and Dr. Pesce reiterated the previous P&T decision that oral APAP should be utilized at this time due to the cost of IV APAP. 4. **Dulera® (mometasone/formoterol inhalation)** – Combination inhaled	1. Not Approved 2. Formulary Interchange Approved 3. Tabled until a full business review can be completed. 4. Formulary Interchange Approved	Complete Complete Pending Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	corticosteroid/Ibeta agonist indicated for treatment of asthma. A new respiratory contract agreement has been signed by the hospital's group purchasing organization that will designate the Merck products (Dulera®, etc.) the preferred combination product in this class of medications. This decision will result in Dulera® being more cost-effective than the current formulary agent Symbicort®. It was recommended to remove Symbicort® from formulary and utilize Dulera® as the corticosteroid/beta agonist agent of choice and interchange all other products in this class to a therapeutically equivalent regimen of Dulera.		
	5. **Zohydro® (extended reléase hydrocodone)** – Long acting single entity hydrocodone product indicated for patients requiring long acting opioid pain relief. It was recommended to designate this medication non-formulary and therapeutically interchange an equipotent dose of extended release oxycodone for all Zohydro® orders.	5. Formulary Interchange Approved	Complete
	6. **Entyvio® (vedolizumab)** – New monoclonal antibody indicated for treatment of uclerative colitis & Crohn's disease who have failed or had inadequate response to conventional therapy. This medication does not yet have a specific HCPS code assigned for outpatient reimbursement at this time and this discussion was tabled until a later date. Patrick expressed the need for a sub committee review of outpatient drugs such as Entyvio® to closely examine the financials (cost, reimbursement, etc.) prior to the clinical P&T review. Melissa Roden agreed and stated that a sub committee will be formed to perform a business review of new outpatient therapies prior to final clinical approval by the full P&T committee. Melissa will work with Patrick to form this committee.	6. Not approved / information	Complete
Medication Use Evaluation	• **Kcentra® (PCC) –**Patrick reviewed an MUE evaluating 34 patients who have received PCC since formulary addition last July. The data revealed that when used appropriately (major/life threatening bleeding, reversal for urgent surgical intervention) that PCC was highly effective for reversal of warfarin and also was effective in re-achieving hemostasis in patients treated with the new novel oral anticoagulants. However, the analysis also reviewed the need for further education to ensure that PCC is not utilized for minor bleeding and reversal for non-urgent surgeries. PCC was inappropriately utilized for four situations in which other therapies (Vit K, FFP, etc.) would have been more appropriate and cost effective. Dr. Atchley suggested that pharmacy closely evaluate each order for PCC to ensure appropriateness and intervene when appropriate to recommend other therapies. Dr. Atchley also recommended that PCC use for reversal of the new oral anticoagulants should be monitored closely by pharmacy to ensure that conventional lab tests such as PTT & PT are not used inappropriately to determine a patients need for or PCC dose for reversal.	Information	Complete
Policy, Procedure & Protocols	• **Surgical Prophylaxis Antimicrobial Dosing** – Dr. Anderson updated the committee on upcoming changes to the process for determining antibiotic selection for surgical prophylaxis. The preliminary plan has been presented to the Med-Exec committee and the final policy will be presented at the September meeting for final approval. The policy will clearly define the antibiotic selection based on surgery type and will be executed by the anesthesia staff.	Information	Pending
	• **Cefazolin Dose Optimization –** Patrick reviewed a proposal for dose optimization of	Approved	Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	cefazolin for patients on maintenance therapy to ensure that each patient's dose is appropriate based on their weight and renal function. It was recommended for pharmacy to automatically increase the cefazolin dose to 2 gm Q 8 hrs for all patients > 80 kg and decrease the interval to every 12 hours if CrCl < 30 ml/min. **Metronidazole & Ciprofloxacin Standardized Dosing –** It was recommended to automatically adjust all metronidazole orders that are not ordered as 500 mg Q 8 hrs to this dose in order to standardize the dosing for this medication. Additionally, it was recommended to streamline the renal dosing of ciprofloxacin (CrCl < 30 ml/min) to a 500 mg Daily dose which would alleviate the need to maintain stock of the 250 mg (oral) and 200 mg (IV) strengths of ciprofloxacin.	Approved	Complete
Nutrition Support Team	• **Pep-uP Volume Based Feeding Protocol –** Brian reviewed the PEPuP volume based feeding protocol and asked for approval to pilot this protocol in the MICU. IRB approval has been obtained and this will allow our facility to participate in the USPEPuP Collaborative study evaluating the volume based feeding protocol.	Approved	Complete

There being no further business, the meeting was adjourned at 7:54 A.M. The next P&T meeting is October 9, 2014.

Respectfully submitted,

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

Approved by,

Richard Pesce, M.D. Chairman