CATHOLIC HEALTH INITIATIVES
Memorial Health Care System

PHARMACY AND THERAPEUTICS COMMITTEE

DATE: August 8, 2013 CALLED TO ORDER: 7:00 A.M.
LOCATION: Private Dining Room ADJOURNED: 7:45 A.M.

Members Present:			**Members Absent**:		**Guests**:
Richard Pesce, M.D.	Karen Babb, Pharm.D.	Keith Lockwitz, RN	David Dodson, M.D.	Brian Jones, RD, LDN	Rhonda Hanley, Student
Mark Anderson, M.D.	Diona Brown, RN,C.N.O.	Patrick Ellis, Pharm.D.	Nathan Chamberlain, M.D.	Don Jones, RPh	Rachel Kyle, Pharm D Resident
Allen Atchley, M.D.	Nan Payne, RN	Melissa Roden, RN	William Oellerich, M.D.	Beverly Slate, Supply Chain	Darrin Majors, Pharm D Resident
Samuel Currin, M.D.	Rodney Elliott, CPT	Sandy Vredeveld, DPh	Nathan Schatzman, M.D.		Sarah Smith, Pharm D Resident
Michael Stipanov, M.D	Patrick Hagan, Finance	Hannah Walker, RN	Elvie Smith, RN		Dori Neufeld, RD
	Lila Heet, Pharm.D.		Vickie Burger, Lab		
	John Jantz, 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 June 13, 2013 minutes were approved as submitted.		Complete
Therapeutic Interchanges and Formulary Decisions	The following medications were reviewed:		
	1. **Injectable Iron (non-dextran) Formulary Review** – The following products were reviewed: sodium ferric gluconate complex (Ferrlecit®), iron sucrose (Venofer®), and ferumoxytol (Feraheme®). All three products exhibit similar clinical efficacy and safety. Due to recent contract and pricing changes it was recommended to only utilize sodium ferric gluconate complex for inpatient use. Inpatient orders for all other non-dextran iron products will be automatically interchanged to a therapeutically equivalent dose of sodium ferric gluconate complex. All three products will remain on formulary for outpatient use at this time.	1. Approved	Complete
	2. **Rh(D) Immune Globulin Formulary Review: WinPho® SDF vs. Rhophylac®** – A review of the available Rh(D) Immune Globulin products indicates similar therapeutic efficacy and safety and both products have indications for both ITP and suppression of Rh isoimmunization during pregnancy. Rhophylac® offers a significant pricing advantage and due to similar efficacy it was recommended to remove WinRho® from formulary and stock only Rhophylac® for patients needing Rh(D) immune globulin therapy.	2. Approved	Complete
	3. **Adcirca® (tadalafil) –** Oral phosphodiesterase inhibitor indicated for the treatment of pulmonary arterial hypertension. Tadalafil exhibits similar efficacy to Revatio® (sildenafil) although it is significantly more expensive per day of therapy than tadalafil. It was recommended to not add tadalafil to formulary and sildenafil will be substituted via a therapeutic interchange when tadalafil is ordered.	3. Therapeutic interchange approved	Complete
	4. **Edarbi® (azilsartan) –** Angiotensin receptor blocker indicated for the treatment of hypertension. It was recommended to add azilsartan to formulary to provide continuity of	4. Approved	Complete

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	care for patients admitted to the hospital who take this medication as a home therapy. The angiotensin receptor blocker class of medications will be reviewed again as more medications become generically available for the possibility of utilizing a formulary interchange in the future.		
	5. **Cinryze® (C1 inhibitor) –** Injectable medication indicated for routine prophylaxis against angioedema attacks in patients with hereditary angioedema. Annual cost of ~$600,000 annually per patient. Due to the extreme cost, it is recommended to designate this agent non-formulary for inpatient use and for use as an outpatient therapy on a case by case basis ONLY pursuant to insurance pre-approval and finance review to ensure reimbursement available.	5. Approved for outpatient use on a case-by-case basis only.	Complete
	6. **Rapaflo ® (silodosin) –** Alpha antagonist indicated for treatment of signs/symptoms of BPH. Demonstrates similar efficacy and safety to current formulary agent Flomax® (tamsulosin) although significantly more expensive per day of therapy as compared to tamsulosin. It was recommended to not add tamsulosin to formulary and substitute a therapeutically equivalent dose of tamsulosin via a therapeutic interchange when silodosin is ordered.	6. Therapeutic interchange approved	Complete
	7. **Exparel® (bupivacaine iposomal)** – Trial still ongoing evaluating this therapy for use as an intercostal nerve block s/p thoracic surgery with trial results expected by the October meeting. Committee reiterated to not allow any additional use of Exparel® at this time and future requests will be evaluated on a case by case basis as requested.	7. Review on case-by-case basis. All requests to go through P & T committee for approval.	Pending
Medication Safety	• **Promethzaine IV –** Work still ongoing to further standardize antiemetic orders on standing orders to help minimize the risk of tissue injury/phlebitis in patients requiring extended therapy with IV promethazine.	Information	Pending
	• **Medication Error Review –** 6 month summary. ◦ 332 Errors reported ◦ 187 Reached Patient ◦ 1 Serious Safety Event ◦ 74% did not cause harm or additional monitoring ◦ Top 3 medication errors: Insulin, Heparin and Vancomycin ◦ Top therapeutic classes: Anticoagulants, Opiate Agonists, Antimicrobials, Insulins ◦ Action Plans and Improvements were reviewed.	Information	Complete
	• **Ketoconazole FDA Warning –** A recent FDA warning was issued advising against the use of ketoconazole if at all possible due to risk of liver injury, adrenal insufficiency and serious drug interactions. Ketoconazole is rarely used at MHCS as an antifungal but it is sporadically used off label as treatment for patients with advanced prostate cancer due to its ability to reduce androgen production. Dr. Currin felt that a limited supply of Ketoconazole should be kept on formulary for patients needing this medication as an adjunct therapy for prostate cancer. The committee agreed and recommended to designate Ketoconazole as non-formulary for all other indications.	Formulary restrictions approved	Complete
Medication Use Evaluation	• **Monurol® (Fosfomycin) –** An evaluation was performed to examine the use of fosfomycin as an alternative antimicrobial agent for the treatment of ESBL cystitis. The	Information	Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	data suggests that when used to treat patients with complicated ESBL cystitis it is a viable oral alternative to conventional therapies such as carbapenems with comparable success rate.		
Policy and Procedure	• **Bivalirudin Weight Based Protocol (HIT) –** A draft protocol was presented to allow the use of bivalirudin as an alternative to argatroban in patients with HIT or other intolerance to heparin with indications for full anticoagulation. Recent data has demonstrated that bivalirudin can safely and effectively be used for the treatment of HIT and it is only partially eliminated by the kidneys (20%) which can allow it to be safely used in patients with hepatic or renal failure. The protocol will be a nurse driven sliding scale nomogram that will function similarly to the existing Argatroban protocol (goal PTT: 55-75). Pharmacy will monitor the efficacy and safety of the protocol once implemented. The draft protocol was approved and no additions/edits were suggested.	Approved	Complete
	• **Antimicrobial Surgical Prophylaxis Guidelines –** The Infectious Disease Society of America recently published updated antimicrobial surgical prophylaxis guidelines. The most significant of these changes involves a larger emphasis on weight based dosing than previous recommendations with cefazolin doses up to 3 gm and weight based dosing for vancomycin and gentamicin. Dr. Anderson and the Antimicrobial Stewardship Committee are developing a standardized document with the recommended changes to the hospital's current standards of practice while also utilizing the hospital's antibiogram data. These recommendations will be reviewed with the various medical specialties prior to changes being made to current practices.	Information	Pending
	• **Look-Alike, Sound-Alike Medications Policy –** It was recommended to add Ketamine - Keppra to the policy in response to recent errors involving these medications. Action plan and added safety measures will be implemented and these were discussed and reviewed.	Approved	Complete
Nutrition Support Team	**Diet Order Policy –** Dori presented an update to the Diet Orders Policy related to dietician management of tube feedings. An order for dietician to "manage", "TF per dietician", etc. will now be interpreted as an order to manage and/or change the formula, strength or rate of the tube feeding without further physician order. If a practitioner orders tube feeding goal per dietician, the dietician will write the order for the tube feeding goal, but not take over continued management of the feeding unless otherwise ordered.	Approved	Complete

There being no further business, the meeting was adjourned at 7:45 A.M. The next P&T meeting is October 10, 2013.

Respectfully submitted,

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

Approved by,

Richard Pesce, M.D. Chairman