CATHOLIC HEALTH INITIATIVES
Memorial Health Care System

PHARMACY AND THERAPEUTICS COMMITTEE

DATE: October 10, 2013 CALLED TO ORDER: 7:03 A.M.
LOCATION: Private Dining Room ADJOURNED: 7:476 A.M.

Members Present:		**Members Absent**:		**Guests**:
Richard Pesce, M.D.	Karen Babb, Pharm.D.	Allen Atchley, M.D.	Patrick Hagan, Finance	Rachel Kyle, Pharm.D.
Mark Anderson, M.D.	Vickie Burger, Lab	Nathan Chamberlain, M.D.	Keith Lockwitz, RN	Darrin Majors, Pharm.D.
Nathan Schatzman, M.D.	Patrick Ellis, Pharm.D.	Samuel Currin, M.D.	Nan Payne, RN	Sarah Smith, Pharm.D.
Michael Stipanov, M.D	Lila Heet, Pharm.D.	David Dodson, M.D.		
	Brian Jones, RD, LDN	William Oellerich, M.D.		
	Elvie Smith, RN	Melissa Roden, RN		
	Sandy Vredeveld, DPh	Beverly Slate, Supply Chain		
	Hannah Walker, RN	Diona Brown, RN,C.N.O		

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
Minutes	The August 8, 2013 minutes were approved as submitted.		Complete
Therapeutic Interchanges and Formulary Decisions	The following medications were reviewed: 1. **Nesina® (alogliptin)** – Oral DPP-4 inhibitor used to improve glycemic control in adults with type 2 diabetes mellitus. It was recommended to not add alogliptin to formulary and sitagliptin will be substituted via a therapeutic interchange when alogliptin is ordered.	1. Therapeutic interchange approved	Complete
	2. **Tivicay® (dolutegravir)** – New antiviral medication used for treatment of HIV. It was recommended to add dolutegravir to formulary in order to provide continuity of care for patients who take this medication as a home therapy.	2. Approved	Complete
	3. **Simponi Aria® (golimumab)** – Intravenous monoclonal antibody indicated for the treatment of moderately to severely active rheumatoid arthritis. This medication was just recently FDA approved and there is currently not a specific HCPCS "J" code to be utilized for outpatient reimbursement. It was recommended to conditionally add golimumab to the outpatient infusion formulary but it will not be used until a medication specific "J" code is available in order to guarantee reimbursement.	3. Conditional Approval	Pending
	4. **Alpha-1 Proteinase Inhibitor (Aralast®, Prolastin®)** – Intravenous therapies used for patients with alpha-1 proteinase inhibitor deficiency. Neither product is available for direct purchase by the hospital's medication distributors and thus the facility is unable to bill for the drug if administered in the hospital's infusion centers. It was recommended to remove these agents from formulary and no longer accept future patient requests for administration of these therapies at MHCS infusion centers.	4. Formulary removal approved	Complete
	5. **Kadcyla® (Ado-trastuzumab)** – New chemotherapy agent used for patients with metastatic breast cancer who have received prior treatment with trastuzumab and/or other chemotherapy agents. Due to the unique	5. Approved	Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	mechanism of action and supporting clinical data it was recommended to add this agent to formulary. 6. **Biosimilar Medication Review –** A brief explanation was provided to the committee on "biosimilar" medications and the criteria that will need to be utilized when evaluating biosimilar medications for formulary approval as these medications are introduced to the market. 7. **Granix® (Tbo-Filgrastim)** – A "biosimilar" version of Neupogen® (filgrastim) which is indicated for the reduction in the duration of chemotherapy associated neutropenia. Numerous studies have determined that the therapeutic effect of tbo-filgrastim is therapeutically equivalent to the same dose of filgrastim. It was recommended to automatically interchange all filgrastim orders for tbo-filgrastim at the same dose as prescribed for filgrastim. Expected availability: November, 2013.	6. Information 7. Therapeutic interchange approved	Complete Complete
Medication Safety	• **ADR Review –** Patrick reviewed findings from 4th Quarter, April, 2013 – June, 2013 • **Antiemetic orders –** Patrick reviewed a proposed standardized set of antiemetic orders to replace current antiemetic orders on all existing order sets as suggested by the Medical Executive Committee. This was created to help minimize the risk of IV promethazine related phlebitis. Dr. Stipanov suggested to also include an option for ondansetron 8 mg for patients with "moderate" nausea. The proposed orders were approved along with the above mentioned addition. The proposal will now be forwarded to the Medical Executive Committee for input and final approval.	Information Approved	Complete Complete
Medication Use Evaluation	• **Argatroban –** Rachel reviewed the analysis of a recent evaluation to examine the effectiveness of the existing argatroban weight based dosing protocol. A significant number of dose titration errors were observed. Weight based protocol changes were proposed to streamline and improve the existing protocol.	Protocol Changes Approved	Complete
Policy, Procedure & Protocols	• **Argatroban, Bivalirudin** – It was recommended to add argatroban and bivalirudin to the High Alert Medications policy to improve patient safety when these medications are utilized via their respective weight based protocols. This will require documentation of 2nd nurse verification when new bags are hung, all dosage/setting changes, and shift change verification of settings. • **Heparin Therapeutic Range –** Therapeutic range for heparin weight based protocols will be changing on October 30th due to a PTT laboratory reagent change. • **Penicillin Allergy Surgery Antibiotic Administration –** Current policy requires vancomycin to be utilized for all patients with anaphylaxis to penicillins or any reaction to any cephalosporin. It was recommended to modify the policy to allow patients who claim a non-anaphylactic reaction to any cephalosporin other than cefazolin to still be given cefazolin. • **Intravevnous to Oral Therapy** – Policy updated to clarify inclusion/exclusion criteria.	Approved Approved Approved	Complete Complete Complete

There being no further business, the meeting was adjourned at 7:47 A.M. The next P&T meeting is December 12, 2013.

Respectfully submitted,

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

Approved by,

Richard Pesce, M.D. Chairman