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PHARMACY AND THERAPEUTICS COMMITTEE
Minutes of Meeting

DATE: August 13, 2015 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.. David Dodson, M.D. Samuel Currin, M.D. Mark Anderson, MD Allen Atchley, M.D Michael Harper, M.D	Karen Babb, PharmD Patrick Ellis, PharmD Lila Heet, PharmD Rhonda Poulson, CNO Vickie Burger, Lab Scott Harbaugh, Finance	Sandy Vredeveld, DPh Hannah Walker, RN Brian Jones, RD	Diona Brown, RN William Oellerich, M.D. Shannon Harris, RN Michael Stipanov, M.D. Michelle Denham, RN Karen Regal, Supply Chain	Rodney Elliott, PhT Nan Payne, RN Kevin Lewis, CMO Melissa Roden, RN	Tatum Daniel, Student Sean Bergeron, Resident Camellia Davis, Resident Erin Massarello, Resident Whitney Williams, Resident

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 25, 2015 minutes were approved as submitted.		Complete
Therapeutic Interchanges and Formulary Decisions	The following medications were reviewed: 1. **Ketamine –** IV infusion for pain 2. **Afrezza® (inhaled insulin) –** A new inhaled insulin formulation was reviewed. Data suggests a 1:1 conversion when converting to Novolog insulin. Due to risk of errors associated with this new insulin formulation it was recommended to convert any home medication orders of Afrezza to an equal dose of Novolog while hospitalized. 3. **Extended Release Morphine Formulary Interchange –** Patrick reviewed a proposed therapeutic interchange for the extended released morphine products. MS Contin is the most utilized extended release morphine by a very wide margin and is proposed to be the only formulary agent on formulary. The proposed interchange would utilize an automatic conversion to MS Contin for any orders for Avinza, Kadian, or Oramorph. In no situation will a substitution result in more than a 10 mg difference in total morphine dose per 24 hours and when this is not possible by utilizing available strengths of MS Contin the prescriber will be contacted for alternative orders or utilization of the patient's home supply will be arranged. 4. **Entresto® (sacubitril/valsartan) –** New heart failure drug utilizing valsartan (ARB) and sacubitril which is a new therapeutic entity known as a neprilysin inhibitor which inhibits the breakdown of endogenous vasoactive and natriuretic peptides. Data indicates a	1. Tabled until next meeting 2. Not approved for formulary addition 3. Therapeutic Interchange Approved 4. Approved for formulary addition	Pending Complete Complete Complete

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	mortality benefit associated with the use of this product and Dr. Atchley recommended this agent be added to formulary.		
	5. **Kengreal® (cangrelor) –** New procedural antiplatelet agent indicated for use during PCI in patients not receiving oral platelet inhibitors or GP IIb/IIIa inhibitors. Patrick has discussed this with the CHI interventional cardiologists and although they don't feel this will be commonly used they felt it would be useful having this on formulary for patients unable to take oral platelet agents. The cardiologists requested that they have an opportunity to collaborate together to develop appropriate use criteria along with the national cardiovascular service line. It was recommended to conditionally approve cangrelor to formulary pending this being added to the smart pump dictionary and development of appropriate use criteria as recommended by the Invasive Cardiology committee.	5. Approved for formulary addition	Pending
	6. **Cyramza® (ramucirumab) –** A new monoclonal antibody for the treatment of refractory gastric cancers, NSCLC, and metastatic colorectal cancer. It was recommended by Dr. Stipanov to have this agent available for use on an outpatient basis for treatment of the previously mentioned malignancies.	6. Approved for outpatient formulary addition	Complete
	7. **Panhematin® (Hemin) –** Agent indicated for the treatment of recurrent attacks of acute intermittent porphyria related to the menstrual cycle or other patients with various forms of porphyria. In the event of acute attacks this agent is usually necessary to mitigate the signs/symptoms of acute porphyria attacks. Despite the extreme expense of Panhematin (~ $25,000 per course of treatment) it was recommended to add this drug to formulary in order to provide this therapy for a patient who is routinely being admitted to the Glenwood campus for treatment of acute porphyria. Scott Harbaugh has evaluated the reimbursement associated with Panhematin and unfortunately no separate inpatient reimbursement for this product is available.	7. Approved for formulary addition	Complete
	8. **Dalvance® (dalbavancin) –** New long acting glycopeptide antibiotic indicated for the treatment of ABSSSI caused by susceptible gram positive organisms. Patrick reviewed that the available data is primarily limited to the treatment of skin infections where this agent is not a cost-effective treatment. It was recommended by Dr. Anderson to not add to formulary but that as new data emerges this might be an attractive option for special situations in which long term, daily IV therapy may not be possible or feasible.	8. Not approved for formulary addition	Complete
	9. **"GI Cocktail" Formulary Interchange –** A recent cost increase in the price of Donnatal tablets has resulted in the re-evaluation of the clinical effectiveness of this product for treatment of dyspepsia – primarily used in the ED. Patrick reviewed a study that demonstrated that the addition of other agents such as Donnatal to liquid antacids provided no additional benefit compared to monotherapy with a liquid antacid. Drs. Visser and Champion were agreeable to removing Donnatal from "GI Cocktail" based on	9. Formulary interchange approved	Complete

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	this data and thus it was recommended to automatically substitute the formulary liquid antacid for all "GI Cocktail" orders. 10. **PCSK9 Inhibitors –** Patrick updated the committee that a new class of monoclonal antibodies for hyperlipidemia are beginning to emerge to the market. He explained that these appear to be only distributed via specialty pharmacy and will not be available for purchase or use while hospitalized unless the patient's own supply is utilized. Dr. Atchley agreed that these drugs likely have no utility for hospital management and further data is needed to fully validate their current place in therapy. 11. **Combigan Formulary Interchange –** Due to a recent price increase it was recommended to automatically substitute the separate products (bromonidine 0.2% and timolol 0.5%) for any Combigan orders.	10. Information only 11. Formulary interchange approved	Complete Complete
Medication Use Evaluation	**Pharmacy Discharge Service:** Patrick reviewed the data associated with a year-long pharmacy project that evaluated the potential impact of utilizing de-centralized pharmacists to provide medication discharge order review and medication counseling to a high risk group of patients. The LACE tool was utilized to identify patients for pharmacy intervention and readmission rates were compared to the same population of patients that did not have pharmacist intervention. The data demonstrated a statistically significant reduction in readmission rates for the patients with pharmacist intervention. Dr. Atchley recommended that this data be presented at the upcoming Clinical Operations Council (MEC subgroup) for further discussion.	Clinical Operations Committee for discussion	Pending
Medication Safety/Quality	**Estimated GFR Equations (MDRD, CKD-EPI):** Patrick reviewed a letter that was submitted by Dr. Lonard Hays requesting that the hospital consider utilizing the CKD-EPI equation instead of the MDRD equation due to data suggesting its superiority in estimating a patient's risk of developing acute kidney injury. Vicki Burger explained that she has discussed this with pathology and they have agreed to change the equation used by lab to calculate GFR to the CKD-EPI formula. Patrick explained that the cockcroft gault equation will continue to be utilized by pharmacy since most pharmacokinetic studies utilize this equation for determining renal dosing needs. **Prescription Ear Products:** Patrick updated the committee on a recent FDA decision to remove numerous otic products from the US market including one agent utilized on the hospital formulary – benzocaine/antipyrine otic. This product has now been removed from the hospital formulary.	Information only Information only	Complete Complete
Policy, Procedure & Protocols	**IV Levothyroxine - appropriate use:** Patrick reviewed with the committee that recent price increases associated with IV Levothyroxine will result in annual expenditures exceeding $100,000 per year. In order to minimize the cost impact several possible options were discussed including expanded use of IV to PO conversion or less frequent dosing (every 2-3	Approved	Complete

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	days) due to the long half-life of levothyroxine. The majority of our IV levothyroxine usage in the ICU's for patients unable to take oral medications. Drs. Harper and Pesce both recommended that administration of IV levothyroxine every 3 days would be preferred and this is what was recommended to the committee. Dr. Dodson was also in agreement of this strategy from a hospitalist standpoint.		
Nutrition Support Team	**ENFit Connector:** Brian Jones updated the committee on work that is ongoing to incorporate the use of ENfit connectors to ensure safe and appropriate use of enteral feedings and enteral medication administration for patients with certain tubes such as G tubes, DHT, etc. A multidisciplinary team will be meeting to help with the transition to the ENFit feeding tubes, connectors, and syringes. **Ensure High Protein:** A new high protein formula that was recommended to be added to formulary and for use with the med pass program previously presented at the June 2015 P&T meeting.	Information only Approved	Pending Complete

There being no further business, the meeting was adjourned at 8:00 A.M. The next P&T meeting is **October, 8, 2015 at 7:00 a.m.**

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

Approved by,
Richard Pesce, M.D. Chairman