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PHARMACY AND THERAPEUTICS COMMITTEE
Minutes of Meeting

DATE: February 11, 2016 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.	Karen Babb, PharmD	Sandy Vredeveld, DPh	Diona Brown, RN	Nan Payne, RN	Sean Bergeron, PharmD
David Dodson, M.D.	Patrick Ellis, PharmD	Patty Hicks, RN	Michael Harper, M.D.	Shannon Harris, RN	Camellia Davis, PharmD
Mark Anderson, M.D.	Susan Fuchs, RD	Rodney Elliott, PhT	Kevin Lewis, CMO		Erin Massarello, PharmD
Allen Atchley, M.D.	Michelle Denham, RN	Melissa Roden, RN	Michael Stipanov, M.D.		Whitney Williams, PharmD
Nathan Chamberlain, M.D.	Rhonda Poulson, CNO	Scott Harbaugh, Finance	Nathan Schatzman, M.D.		Linda Johnson, PharmD
Sam Currin, M.D.			Lila Heet, PharmD		Eric Nelson, MD

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 November 12, 2015 minutes were approved as submitted.		Complete
Therapeutic Interchanges and Formulary Decisions	The following medications were reviewed: 1. **Keytruda®** – Immune modulating monoclonal antibody indicated for the treatment of advanced melanoma and refractory NSCLC. Although similar to Opdivo, Dr. Stipanov recommended that this be added to formulary (non-stock) for outpatient use for the approved indications. 2. **Blincyto®** – Monoclonal antibody indicated for treatment of relapsed or refractory Philadelphia chromosome negative B-cell acute lymphoblastic leukemia (ALL). This represents a treatment option for what would otherwise be a condition with little to no other viable options. Due to the risk of serious adverse reactions Patrick explained to the committee that for the inpatient portion of Blincyto therapy that pharmacy would develop a detailed reaction guide to help nursing identify signs/symptoms of adverse reactions. Despite the safety concerns it was recommended to approve this to formulary (non-stock) for this rare condition. 3. **Voraxaze®** – Therapy indicated for treatment of toxic plasma MTX concentrations in patients who develop impaired renal function resulting in delayed clearance of MTX. Although this is a rare situation, cases of severe MTX toxicity can be fatal and leucovorin and dialysis are ineffective at preventing ongoing toxic side effects. Voraxaze rapidly hydrolyzes MTX and is the only known therapy for this condition. It was recommended	1. Approved for Formulary Non-Stock 2. Approved for Formulary Non-Stock 3. Approved for Formulary Non-Stock	Complete Complete Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	to approve to formulary (non-stock). 4. **Nucala®** – New monoclonal antibody (once monthly SQ injection) indicated for add-on maintenance therapy for treatment of severe asthma in patients with an eosinophilic phenotype. Clinical trials have shown that this medication has the ability to decrease the rate of exacerbations and reduce steroid requirements in patients with this asthma phenotype. Scott Harbaugh reviewed the outpatient reimbursement details with the committee and explained that the hospital could expect a modest profit based on expected payments from the hospital's normal payer mix. Due to the unique mechanism of action it was recommended to approve this therapy to formulary (non-stock) as an outpatient only medication formulary item. 5. **Cresemba®** – Azole antifungal agent indicated for invasive aspergillosis and invasive mucormycosis. Linda explained that although this would not be commonly utilized it would be useful for patients who are intolerant of voriconazole or who are on concomitant drugs with severe drug-drug interactions with voriconazole prohibiting its use and for patients with mucormycosis who are intolerant of amphotericin B or who need salvage therapy. It was recommended by Dr. Anderson to approve to formulary (restriction to ID service) and with the formulary addition of Cresemba to remove Noxafil (posaconazole) from formulary. 6. **Exparel®** – Dr. Nelson presented his request for Exparel to be allowed for utilization as a TAP block in colorectal procedures. Questions surrounding the efficacy of Exparel TAP blocks in comparison to other local anesthetics were raised by members of the committee in addition to the lack of data demonstrating prolonged efficacy of Exparel. Dr. Pesce recommended to table the discussion and allow Dr. Nelson the opportunity to further discuss the available literature on this topic with a small sub-set of the committee at a later date.	4. Approved for outpatient infusion use only 5. Approved 6. Sub-committee to review data from Dr. Nelson	Complete Complete Tabled
CHI Medication Use and Evaluation Committee	Patrick updated the committee on CHI's plans to form a national MUE (P&T) committee that will be utilized to vet formulary decisions at a national level. The committee will consist of physicians from the various CHI regions and Dr. Pesce will represent Memorial at these meetings. Patrick reviewed the charter with the committee and explained to them how this process will work in relation to the local Memorial P&T. The first meeting is scheduled for March and Exparel is a confirmed agenda item at the first meeting.	Information	Complete
Medication Safety/Quality	**Opioid Safety Work Group –** *update* Patrick updated the committee on the progress of this work group including the recent implementation of mandatory/automatic sedation assessments following the administration of any opioid medication. Upon review of patients requiring naloxone following opioid over-sedation the question was posed by Lori Hammon (quality) if a standing order for opioid	Information Only	Tabled

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	reversal would be beneficial to direct nurses upon identification of over-sedation to expedite reversal. Patrick explained that the POSS sedation scale is very objective and that if this was pursued that we would likely need to utilize some objective measures (respiratory rate, etc.) in addition to the subjective findings of the POSS scale to prevent reversal in patients that may not clinically need naloxone. After much discussion it was decided for Patrick to develop a draft of potential reversal orders and bring this back for further discussion at the April meeting.		
Policy, Procedure & Protocols	1. **Antimicrobial Stewardship Policy** Patrick reviewed a policy formally outlining the responsibilities, tasks, and leadership of the hospital's antimicrobial stewardship program.	1. Approved	Complete
	2. **Seadative/Hypnotics for Sleep** This policy was reviewed as required every 3 years. The pharmacy reviewed 70 patients that experienced inpatient falls to assess for any contribution of sedatives or hypnotics. Based on this small review it appears that the policy as designed is continuing to positively impact falls in patients $\geq$ 65 years of age with only two patient in this category experiencing falls who received a hypnotic for sleep. In both of these situations these were continuation of home medications and not newly started medications as part of order sets. Patrick mentioned that benzodiazepines appear to be a contributing factor in many falls and the pharmacy will continue this retrospective evaluation to determine if any other changes may be necessary to further minimize the risk of medication related patient falls.	2. Approved	Complete
	3. **Medication Administration – Timeliness of Meds** Modifications to this policy were suggested in order to limit the number of "time critical" medications to those that are truly felt to represent a patient safety risk if administration is greater than 30 minutes before or after the scheduled dosing time. After collaboration with clinical informatics it was recommended to only include the following in this category: antimicrobials in which serum levels are frequently utilized (vancomycin, gentamicin, amikacin), and therapeutic doses of oral and injectable anticoagulants (excluding warfarin and prophylactic doses of injectable anticoagulants such as enoxaparin 40 mg and fondaparinux 2.5 mg). It was recommended to approve these changes in order to minimize the number of medications impacted by this policy and to improve compliance with the CMS requirement for designation of time critical medications.	3. Approved	Complete
	4. **Look Alike/Sound Alike Med List** Approved with no changes needed.	4. Approved	Complete

There being no further business, the meeting was adjourned at 8:00 A.M. The next P&T meeting is **April 14, 2016 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