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PHARMACY AND THERAPEUTICS COMMITTEE
Minutes of Meeting

DATE: November 12, 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.	Karen Babb, PharmD	Sandy Vredeveld, DPh	Diona Brown, RN	Samuel Currin, M.D.	Sean Bergeron, PharmD
David Dodson, M.D.	Patrick Ellis, PharmD	Hannah Walker, RN	Nan Payne, RN	Michael Harper, M.D.	Camellia Davis, PharmD
Mark Anderson, M.D.	Lila Heet, PharmD	Susan Fuchs, RD	Shannon Harris, RN	Kevin Lewis, CMO	Erin Massarrello, PharmD
Allen Atchley, M.D.	Rodney Elliott, PhT	Michelle Denham, RN	Michael Stipanov, M.D.	Melissa Roden, RN	Whitney Williams, PharmD
Nathan Schatzman, M.D.	Sandy Vredeveld, DPh		Vickie Burger, Lab	Rhonda Poulson, CNO	Linda Johnson, PharmD
Nathan Chamberlain, M.D.			Scott Harbaugh, Finance		Shalena McWilliams, PharmD

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 August 13, 2015 minutes were approved as submitted.		Complete
Therapeutic Interchanges and Formulary Decisions	The following medications were reviewed: 1. **Orbactiv®** – New long acting glycopeptide antibiotic indicated for the treatment of ABSSI 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 Patrick and 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 of feasible. 2. **Nexavar®** – An oral oncology agent (multi-kinase inhibitor) that has shown recent promise for a subset of patients with AML in addition to standard induction therapies. Due to this being a "specialty pharmaceutical" the distribution system is different and these medications are typically dispensed as patient specific prescriptions direct to the patients from specialty pharmacy distributors. Patrick described a process and order set for Nexavar that has been created which can be initiated to help obtain Nexavar when needed for a hospital inpatient and once obtained dispensed to the patient as their "own medication" via specialty pharmacy distribution channels. This has been discussed with the oncologists and the expectation is that the medication can be obtained or ordered within 72 hours once ordered. They were agreeable to this proposed process. 3. **Specialty Pharmacy Medications** – Patrick recommended that a similar process be	1. Not approved for formulary addition 2. Patient own use whenever possible 3. Approved	Complete Complete Complete

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	utilized for other "specialty medications" when ordered and to utilize case management and outpatient pharmacy to arrange for the medication order to be filled as a direct to patient order when possible rather than these medications being ordered and dispensed directly from the inpatient pharmacy.		
	4. **Cimzia®** – Outpatient monoclonal antibody indicated for the treatment of Crohn's disease, rheumatoid arthritis, ankylosing spondylitis, and active psoriatic arthritis. Patrick explained that this was reviewed by the Formulary Business Committee and it was recommended by this sub-committee to not approve due to this predominantly being a self-administered medication. The review of the clinical data also does not demonstrate any superiority over other formulary agents within this same class of medications. It was recommended by Dr. Pesce to not approve to formulary.	4. Not approved for formulary addition	Complete
	5. **Praxbind®** – Monoclonal antibody designed for the specific reversal of dabigatran. Patrick reviewed the clinical data which suggests that it is highly effective in reversing the anticoagulant effects of dabigatran. Patrick recommended that a single dose be stocked at each Memorial campus for patients with severe/life-threatening bleeding or patients needing urgent reversal prior to surgery.	5. Approved for formulary addition	Complete
	6. **Antithrombotic Reversal & Surgical Management** – Pocket cards have been updated to include Praxbind and non-anticoagulant associated coagulopathies. These cards will be distributed to all medical staff.	6. Approved	Complete
	7. High Dose Influenza Vaccine – The use of the high dose flu vaccine was discussed for patients ≥ 65 years of age. Although the CDC currently doesn't specifically recommend this vaccine some of the available data appears to indicate a benefit (lower hospitalizations, reduced incidence of influenza) although a more recent study failed to demonstrate a benefit except in patients ≥ 85 years of age. Patrick explained that there is a mechanism in place to receive additional inpatient payment for Medicare patients receiving inpatient flu vaccines which could help offset the additional cost. Based on this information the committee recommended that this be added to hospital formulary and vaccination protocols for next flu season.	7. Approved for 2016-2017 flu season	Pending
	8. **Fentanyl IV Use Restrictions** – A request to allow the use of IV fentanyl (outside of ICU and procedural areas) for patients receiving palliative care/end of life care was discussed. Dr. Goldman has requested this for some patients and the committee felt that this was a reasonable request for patients being seen by his service. However, the committee felt that this should be restricted to certain patient care areas to assure nursing competency with administering IV fentanyl. Patrick suggested that this aspect be discussed with Rhonda Poulson to engage her input. Dr. Schatzman made the recommendation that use of fentanyl via PCA may be the most optimal option for these patients instead of intermittent IVP.	8. Approved for palliative care use – patient care unit restrictions to be developed with nursing input	Pending

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	9. **Statin Class Review** – A class review of all the available statins was discussed for the possibility of a therapeutic interchange for Crestor due to a cost savings opportunity. Dr. Atchley supported the conversion of Crestor orders to a therapeutically equivalent dose of Lipitor and suggested that the conversion be modified slightly utilize Lipitor 80 mg for only Crestor 40 mg dosages.	9. Formulary interchange approved for Crestor	Complete
	10. **Entresto CHI guidelines for appropriate use** – Patrick reviewed the CHI guidelines with the committee and stated that pharmacy will develop processes to ensure that GFR, K+, allergies, and ACE/ARB washout times are appropriately observed when clinically appropriate. Dr. Atchley supported this process and also brought to the committee's attention that although the clinical trials for Entresto showed a clinical benefit that due to issues related to study design and tolerability issues observed in the clinical trials this may result in lower utilization of this agent than what was initially thought. Patrick offered to share the full CHI guidelines with the hospitalist physicians.	10. Monitoring criteria approved	Complete
	11. **Phosphate Binder Class Review** – A new class of iron based phosphate binders was discussed (Velphoro®, Auryxia®). Clinical trials have not shown these to be superior to other formulary agents such as sevelamer. However, Dr. Chamberlain stated that some patients are able to tolerate these agents better than other drugs within this class. For this reason his recommendation was to not utilize a formulary interchange but to declare these non-formulary and have patients utilize their own supply while hospitalized.	11. New agents not approved for formulary addition – patients will be allowed to take their home medication supply	Complete
Medication Safety/Quality	**ADR Review** – Tabled until next meeting.	Information Only	Tabled
Policy, Procedure & Protocols	1**. Pharmacy Formulary Business Review Committee –** Patrick reviewed a new policy that was created to govern the activities of this P&T sub-committee to evaluate outpatient medication therapies. The policy outlines sub-committee membership and mechanisms for reviewing medications via a standard or expedited review process.	1. Approved	Complete
	2. **Ketamine IV Infusion for Pain** – Patrick and Dr. Schatzman reviewed the benefit of utilizing sub-anesthetic doses of ketamine for post-surgical patients with acute on chronic post-operative pain. The policy outlines usual dosing and restricts the use of continuous infusion ketamine to PACU/PACU extended stay and the intensive care units and prescribing limited to anesthesiologists and intensivists. Dr. Schatzman requested that extra measures be taken to prevent the possibility of diversion and recommended to dispense ketamine as a PCA to further limit access to ketamine infusions.	2. Approved with restrictions as noted	Complete
	3**. Chemotherapy and Biologic Dose Rounding –** A new policy outlining the rounding of both cytotoxic and biologic medications intended for infusion was discussed. The policy would allow pharmacists the authority to round doses of designated biologics within 10% of the ordered dose (to the nearest vial size when possible) and within 5% of the ordered dose for cytotoxic medications. The policy outlines the medications applicable to this policy.	3. Approved	Complete
	4**. TID Schedule Modification –** Patrick reviewed a recommendation to modify the current	4. Approved	Complete

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	"TID" (three times daily) medication administration schedule to 0900-1500-2100 (formerly 0900-1300-1800) to more closely mimic the schedule in which patients take "TID" medications at home. Pertinent policies would be modified to reflect this modification.		

There being no further business, the meeting was adjourned at 8:00 A.M. The next P&T meeting is **February 11, 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