



MEETING: PHARMACY AND THERAPEUTICS COMMITTEE
DATE: December 19, 2018
LOCATION: Chesapeake Conference Center

P= Present; A= Absent; E=Excused

	J	F	M	A	M	J	J	A	S	O	N	D
Sid Kharal, MD (Chair)	P	P		P	P	P	P	P	P	P		P
Michael Abraham, MD	A	P		A	A	A	P	A	A	A		A
Fermin Barrueto, MD	P	P		A	P	A	P	A	A	P		P
Heather Beauchamp, RN	P	P		P	A	P	P	A	A			A
Jennifer Bui, PharmD	P	P		P	P	P	P	P	P	P		P
Kim Cass, DO	A	A		A	A	A	A	A	A	A		A
Colleen Clay, RN	P	P		P	A	A	P	P	A	P		A
Joan DiPietro, RN	P	P		P	P	P	P	P	P	P		P
Joyce Fox, RN	A	P		A	P	A	P	P	A	A		A
Andrew Fridberg, MD	A	A		A	A	A	A	P	E	A		P
Sue Evans		P		P	P	P	A	P	P	P		P
Jane Gordon	A	A		A	A	A	A	A	A	A		A
Kathleen Gotzmann, MD	A	A		A	A	A	A	A	A	A		A
Angela Kaitis, PharmD	P	P		P	P	P	P	P	P	P		P
Richard Lewis, MD	A	A		A	A	A	P	A	P	P		P
Paul Lomonico, MD	A	A		A	A	A	A	A	A	A		A
Jay Singh, PharmD		A		P	P	P	P	P	P	P		P

Name	J	F	M	A	M	J	J	A	S	O	N	D
Brian Monroe, MD	A	A		A	A	A	A	A	A	A		A
Sarah Birch, RN	P	P		P	P	P	P	P	P	P		P
Rodger Oursler, MD	A	A		A	A	A	A	A	A	A		P
Christine Pappas, RN	A	P		A	P	P	P	P	A	A		A
Tennile Ramsay, RN	A	P		P	P	A	A	A	A	A		P
Sandy Sexton, RN	P	P		P	P	P	P	A	P	P		P
Katharine West, PA	A	A		A	A	A	A	A	A	A		A
Faheem Younus, MD	A	A		A	A	A	A	A	A	A		A
Leonardo Girio-Herrera, DO						P	A	A	A	A		A
Guests:												
Shannon Raemer									P	P		P
Christine Kane												P
Katie Humphrey									P	P		P
Lisa Thomas, MD		P		P	P		P	A	A	P		A
David Wholey, MD		P		P	P	P	A	A	A			A
Hillary Hosford												P
Farrah Travakol												P

TOPIC	DISCUSSION	CONCLUSION/RECOMMENDATIONS	ACTION/FOLLOW-UP
CALL TO ORDER	The meeting was called to order by Dr. Kharal.		None.
MINUTES			
Minutes	Minutes of the Oct 17, 2018 meeting were presented.	Minutes approved	None.
MEC ACTIONS			
Recent MEC Approvals	<ul style="list-style-type: none"> 11/14/18 MEC All order sets presented were approved PRN Pain Management, Therapeutic Duplication-Transition to Next Line Medication (Policy/SOP) 		None.



TOPIC	DISCUSSION	CONCLUSION/RECOMMENDATIONS	ACTION/FOLLOW-UP
	<ul style="list-style-type: none"> • Formulary Addition: Rosuvastatin (Crestor) 5mg and 20mg strengths (per UMMS System P and T) informational only • 12/12/18 MEC • Albumin Order Set • Biennial Review Order Sets • P&T Order Sets 		
NEW Business			
Formulary Considerations			
Moxifloxacin eye drops (J.Bui)	UMMS drug class review. Moxifloxacin used for bacterial conjunctivitis or keratitis – provides additional coverage over Ciprofloxacin and was request by Dr. Giordiano.	Moxifloxacin is added to formulary per suggestion from UMMS system P&T Ciprofloxacin is on backorder – use ofloxacin as a substitute. See Chart below	Approved Approved as a fast track by Dr. Kharal
Buprenorphine (Subutex) Table (J.Bui)	Requested by Dr. Stancliff for OB patients. 2 mg and 8 mg doses	Approved by UMMS: we only add 2 mg and 8 mg SL doses to formulary Injection is also approved, but we will not add this to our formulary	Approved
Ensure Max (S. Ishak)	Presented by Suzanne-dietician at the Bariatric Clinic at HMH. Ensure max has 2x the protein which is better for healing, better nutrient composition.	UMMS has a contract w/ Abbott for 90% of their products and this is an Abbott product.	Approved
NICE Nipple Cream (K. Hensley; A. Kaitis)	All natural non-prescription product. Contains peppermint, no dyes.	We are a Baby friendly organization, promoting breastfeeding.	Approved
Policies			
Renal Dosing Guidelines (J.Bui)	Pharmacist guidelines for adjusting doses of drugs for renally excreted drugs without calling provider. Change in allopurinol, ampicillin, and cefotetan. Tikosyn added to the table...flagyl removed as no recommendation listed. Xarelto just added indications but no dosage adjustment required. Crestor which was just added to formulary so added to the renal dosing guidelines. Valacyclovir also changed	Renal dosing guide updated	Approved



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	in the guidelines.		
Therapeutic Interchange Guidelines (J.Bui)	Policy the same but table changed for crestor and melatonin added for sleeping med	Table updated	Approved
Order Sets			
Dofetamide (Tikosyn) (Dr.Zeno; J.Bui)	Dr. Zeno thinks this is too complex an order set. Dr zeno will meet with Joan and Jen and bring back	Tabled	Tabled
Humulin R U500 SQ Insulin-ADJUSTMENTS Only (new) & Humulin R U500 SQ Insulin-Initial Orders (revision) (C.Kane)	<p>Added an adjustments only sheet for dosage adjustments...one sheet form for all adjustments and one time doses. This is not initial and not for continuing from home. Still requires endo consult even for these changes. Initial order set reads initial orders...verification is the same but only on initial order set... Joan and Christine will make a changes in the order set on line 2, other providers,etc..We will remove other provider's line as is redundant. Joan will redo this order set.</p> <p>Adjustments only sheet requires that all dosages must be entered for all changes so that all orders are clear</p>	Order set will have minor revisions. The entire sheet must be filled out every time there is a change in dose, no shortcuts. Providers will be educated at a lunch and learn. Remains a paper order only.	Approved
ACS/Angina/MI (NSTEMI) (J.Bui)	Tabled		Tabled
Ortho Preop Day of Surgery Orders (S.Raemer)	<p>Divided joint cocktail to 2 by 50ml syringes. Separate with and without ketorolac. Clindamycin 900mg added</p> <p>Ensure for ERAS protocol supplement has been approved will be stored in refrigerator on units. Will be able to scan this on the MAR. Order set allows for patients with delayed gastric emptying to be given 3 hours before surgery. This is not for diabetic patients.</p>	Initial studies were only done in a sterile cup, no data for syringes. Requesting the medication in syringes may delay OR times since the medication will not be able to be made in advance.	Approved
Hip Fracture ADM & Preop Orders (S.Raemer; H.Lloyd)	Ensure Pre surgery to be given 3 hours prior for patients with delayed gastric emptying.		Approved



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P&T Standing Items:			
Antibiotic Stewardship Program (ASP):			
C Difficile Rates- UMMS Hospitals (J.Bui)	Our rate is low compared to other hospitals in the UMMS system, but we will strive for zero	HMH and UCH rates are consistently below the 0.40 expected rate	Informational
AG Extended dosing by Pharmacy (J.Bui)	Aminoglycoside dosing some pharmacists use extended some use standard. Extended dosing cannot be used for several indications. Not used widely, “pharmacy to dose” will be standard dosing not extended	Pharmacy to use conventional dosing, MD can order extended dosing if they would like to. Pharmacokinetic guideline is revised to reflect the above change	Approved
Fluoroquinolone eye drops- UMMS drug class review (J.Bui)	Covered at the top of this document	See above	Approved
Surgical Prophylaxis- Abx duration (J.Bui)	From UMMS stewardship committee recommendations -clean and clean-contaminated not to use antibiotics at end of surgery even if a drain. 1A recommendation. No benefit but potential harm. No mandated per UMMS but recommended that we adopt it...need to speak with all surgeons involved prior to final decision Exception to this is if the patient has prior antibiotic treatment	Antibiotic stewardship committed recommends we adopt Surgical order sets will be revised and be brought back to P&T for approval	Informational
Probiotic Guidelines- UMMS (J.Bui)	UMMS has guidelines and suggest if antibiotic > 48 hrs then use probiotic. BioK which has 3 sp. of probiotics, IDSA recommend. .but our stewardship committee says no...we will wait for results in 6 months per Dr. Barrueto	BioK is being piloted at 4 UMMS hospitals for 1 year. We are not adopting this guidelines at this time We voted to “opt out” at UMMS system P&T at this time	Informational
Bio-K probiotic (J.Bui)	See above	See above We voted NOT to add bio-K to our formulary at this time at UMMS system P&T	Informational



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UMMS Initiatives			
Exparel Process (for Anesthesiologist administration) (Dr. Oursler/T. Ramsay)	Previously everyone trained that wanted to use it. Dr. Rodger Oursler contacted rep and he feels that all anesthesiologists need to be trained. He will cut with 0.5% 5ml to 10ml of exparel to make a 1.3% 15 cc block. Must be judicious as other nerves can be blocked such as the phrenic nerve, so training needed. Rodger will set up training This replaces onq ball which has not been used in a while. It is on the ortho order set but anesthesia will have to be contacted prior to alert them.	Training to be setup by Dr. Oursler Checklist to be developed	Informational
UMMS System P&T	(J.Bui & Dr. Kharal to take recommendations /feedback to UMMS P&T)		
Albumin- dose rounding per Pharmacy for SBP (J.Bui)	We have adopted UMMS guidelines. Rounding approved to not waste P&T just approved the rounding of albumin dosage to the nearest 12.5gm. Most dosages in the order set are already rounded off, the only indication with dosage in gm/kg is SBP (spontaneous bacterial peritonitis, 1gm/kg or 1.5gm/kg) where you may automatically round to the nearest 12.5gm	Providers will have to select an UMMS criteria and appropriate dosages (dosages are suggested with each indication).	Approved
Buprenorphine (Subutex) (J.Bui)	Subutex is now on formulary. This drug requires special DEA licensure to prescribe unless the patient comes in on the drug. Any prescriber without the special DEA licensure cannot begin any patient on subutex	Subutex comes in 2 mg and 8 mg doses In Emergency situations provides without the DATA 2000 waiver may order up to 72 hour of medication but not to exceed 24 hours at a time.	Approved
Ivermectin (J. Bui)	We will stay with nix we will not add to formulary	We will not add to our formulary at this time	Not approved
Kayexalate (J.Bui)	We will remove kayexalate per UMMS system P&T due to : 1) FDA warning of intestinal necrosis, 2) questionable efficacy, and 3) the price has increased. We will remove when we have something to replace it. Lokelma will be looked at by UMMS in January 2019.	Suggest to remove Kayexalate but not implemented until Lokelma, a new potassium binder, is added to formulary	Approved
Lokelma (J.Bui)	Tabled	Bring this back in January to P & T	Tabled



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Fibrinogen concentrate (J.Bui)	For acute bleeding in patients with fibrinogen deficiency in OB/GYN patients	Not for UCH, HMH. Not added to our formulary.	Not Approved
UMMS Formulary Review Policy (J.Bui)	UMMS format for bringing to UMMS P&T approval process How to add items to the formulary How to delete items Implementation	We will have to follow UMMS policy	Informational
Drug Class Review (J.Bui) <ul style="list-style-type: none"> • Phosphate binders • ACE Inhibitors • H2A • Fluoroquinolone eye drops 	Phosphate binder we already have calcium acetate and renvela on formulary, so no change. Captopril, enalapril, lisinopril. We would remove Ramipril and sub with Lisinopril Pepcid IV and PO- no change since we already have Auto sub from ciprofloxacin to ofloxacin but dosage is different. Check with ID and ophthalmologists	No change Auto sub Ramipril with Lisinopril dosage per UMMS (see below) No change Auto sub ciprofloxacin to ofloxacin during shortage. See chart below.	Approved
Drug Shortage List (A. Kaitis; J. Singh)	Ancef Ciprofloxacin eye solution	Substitution in place.	Informational.
Items Approved at P&T Subcommittee	All below presented as approved by P&T subcommittee & available for review if anyone interested.	Informational.	Advance to MEC
Order Sets: Albumin Orders by Indication Sedation Analgesia ICU order set ED Sickle Cell Crisis PED Appendectomy All order sets containing chest pain medication orders IVIG - IP & OP Fosphenytoin (Cerebyx) Pharmacy allowed to round the loading dose greater than 750mg to the nearest 250mg (adult patients only) PED Fosphenytoin (Cerebyx)		Informational.	Advance to MEC



TOPIC	DISCUSSION	CONCLUSION/RECOMMENDATIONS	ACTION/FOLLOW-UP
phenytoin (Dilantin) IV-Adult Intracranial Neurosurgery Postop Hemodialysis Order Set ICD/Pacemaker Pre Procedure PED IVIG PACU Medications- Adult Hysterectomy Postop Other Items: Chlorothiazide IV delete from formulary			
Adjourn			

CIPROFLOXACIN	OFLOXACIN
1-2 gtt q15min while awake	1-2 gtt q30min while awake
1-2 gtt q2h	1-2 gtt q2h
1-2 gtt q4h	1-2 gtt 4 times a day
Any other dosages not listed above	Pharmacy will contact the provider

RAMIPRIL TO LISINOPRIL

- Ramipril 1.25 mg/day Lisinopril 5 mg/day
- Ramipril 2.5 mg/day Lisinopril 10 mg/day
- Ramipril 5 mg/day Lisinopril 20mg/day
- Ramipril 10-20 mg/day Lisinopril 40 mg/day

Chair: Sid Kharal, M.D.
 Recorder: Angela Kaitis, PharmD.