Pharmacy and Therapeutics (P&T) Summary – September 2011
Methodist Healthcare-Memphis Hospitals (MHMH)
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Consent Agenda:
The following consent agenda items were approved:

- **Calcium Gluconate Conservation Plan** (this will be implemented and communicated as determined as necessary by the Drug Shortage Team)
- **Pharmacy Product Standard Committee Actions**
  - This is a subcommittee of the P&T Committee charged with evaluating strengths and dosage forms of formulary items in an effort to standardize medications across the adult hospitals.
  - Rifaximin 550 mg was added as a product line extension to the MLH adult formulary (currently the 200 mg strength is on formulary with restrictions) with restricted use to hepatology, gastroenterology and transplant prescribers.
- **GYN-ONC Plans**
- **ENT Head and Neck Post Operative Plans**
- **Bronchoscopy Pre-Procedural Orders**
- **Edit of Lifecare PCA with Hospira MedNet Drug Library**
  - Increase the Upper Hard Limit of the PCA Dose in the AD HYDROMorphine CCA from 0.6mg to 1mg
  - Decrease the lock-out interval to 5 minutes
- **Removal of Extraneous Synonyms for Sliding Scale Insulin Orders**
  - Removal of the following extraneous careset names:
    - MD-Specific Sliding Scale Insulin Orders
    - Sliding Scale Insulin Orders – MD-Specific
    - Sliding Scale Insulin Protocol Orders
  - Re-name Sliding Scale Insulin Protocol Plan to Insulin Sliding Scale Protocol Plan
  - Hide the following insulin component orderables:
    - Insulin aspart (sliding scale per MD)
    - Insulin regular (sliding scale per MD)
    - NovoLIN (sliding scale per MD)
    - NovoLOG (sliding scale per MD)
    - Regular insulin (sliding scale per MD)
- **Outpatient Filgrastim and Pegfilgrastim Ordering in CPOE**

Committee Reports:

- The Pediatric P&T Committee Minutes were reviewed and approved
  - SHS amino acid added to the pediatric formulary
  - New NICU PN order form and plan accepted
- The Medication Safety Committee Minutes were reviewed and approved
  - Safety Event presentation from University involving Tobramycin Extended-Interval Dosing on inappropriate patients – revisions are being done on aminoglycoside protocol
  - Evaluation of scales across system to prevent weight-based errors
  - Good Catch of the Month from Methodist Germantown – unit secretary prevented a delay in the administration of a heparin drip
  - 2nd Qtr ADE Report – increase in total number of errors reported
  - 2nd Qtr Anticoagulation ADE Report - 1 error with harm where a patient with INR of 4 received warfarin and required vitamin K; total number of errors have decreased
• Antimicrobial Subcommittee P&T Committee were reviewed and approved
• Oncology Subcommittee P&T Minutes were reviewed and approved, and outpatient formulary restrictions and guidelines were approved.

Formulary Review:
• 1st & 2nd Qtr Non-formulary Report:
  o Non-formulary use ordered as DNS increased
  o Pantoprazole continues to be one of the top non-formulary agents – a class review of PPIs will be presented at P&T in the upcoming months
• Fidaxomicin is an oral macrolide indicated for treatment of C. Diff infection that acts locally in the GI tract with minimal systemic absorption. In studies compared to oral vancomycin, fidaxomicin had a lower risk of recurrence, but it is very expensive. Fidaxomicin was approved for addition to the MLH adult formulary with the following restrictions:
  o C. Diff (+) cultures only. Not for empiric use
  o Must have >/= 1 relapse within the last 30 days or >/= 2 criteria for high risk of relapse:
    1. Greater than 65 years of age
    2. Immunosuppressed
    3. Broad spectrum antimicrobials within the last 30 days
    4. Greater than or equal to 2 SIRS criteria
    5. Severe disease criteria (WBC >15k and SCr 1.5x baseline)
An MD documentation form must be built in CPOE for the prescriber to document that the patient meets criteria before the drug is added to the MLH adult formulary. An MUE will be completed after 6 months.

Information Only
• Critical drug shortages include IV NaPhos, IV KPhos, Calcium Gluconate, Calcium Chloride, Aminocaproic acid (Amicar), Acetylcysteine, Butorphanol, IV Famotidine, IV Hydralazine, IV Labetalol, and IV Metoprolol
• An FDA alert report was provided in the P&T packet for review
• Tranexamic acid dosing guidelines for CV surgery were developed and approved for the aminocaproic acid shortage