

P & T Committee Summary Report AUGUST 2006

FORWARDED FOR APPROVAL:

Antidepressants Cost Savings Analysis

- The committee was presented with a cost analysis data on all the antidepressant on our formulary.
- Last fiscal year 5061 units of Lexapro 10mg was dispensed costing us \$26,430.77
- Switching from lexapro 10mg to Celexa 20mg will only cost us \$847.14 a cost savings of \$25,583.63.
- This cost analysis data was also done for fluoxetine, mirtazepine, bupropion, paroxetine and effexor. **(See cost analysis table on the next page)**

COMMITTEE RECOMMENDATIONS:

- The committee recommended we keep citalopram, fluoxetine, and mirtazepine as our first line agents. No approval is required for these agents.
- The committee recommended we create a form to be completed when a prescription is written for our second line agents (paroxetine and bupropion)
- The committee recommended all our third line agents will require a formal approval by telephone(Sertraline , escitalopram and Venlafaxine)
- The committee is aware that Venlafaxine is a non-formulary agent at MHMRA. (See cost analysis table on the next page)

FORWARDED FOR INFORMATIONAL PURPOSES:

1. Drug budget review from Sept 2005 through July 2006:

- HCPC Pharmacy drug budget is **\$570,000**
- Cost of drugs during this period was **\$652,552** This includes:
 - Drugs purchased by pharmacy: \$492,687
 - Obtained through Texas Prescription Assistance Program: \$130,052
- Projected drug cost for the complete FY-06 is \$719,899.6
- Based on what we have experienced lately with the Texas Prescription Assistance Program, the amount of support obtained through this program has dropped due to the impact of Medicare Part D.
- It is thus recommended that our pharmacy drug budget be increased from the current \$570,000 to \$719,899.6, an increase of approximately \$150,000.
- Approximately 80% of our drug budget is accounted for by the following drugs: atypical antipsychotics, Valproic acid, escitalopram and benzotropine.

2. Adverse Drug Reaction Reports:

- YTD- FY-06 we have documented 42 reports: 0.83% per admit. The benchmark is 4% per admit.
- The most common ADRs: GI upset (48%), EPS (31%).
- About 74% of our reported ADR is category A., 15% category B, 9% category C, category D is 2% (one patient.) Patient had an increase in CK and CK-mb on Thorazine) and no category E and F for this Fiscal year. No reactions resulted in permanent harm.
- Our goal of 5% reporting was not met. This is partly because we are not counting EPS (with EPS included, the rate becomes 0.82%). We are monitoring all orders for possible ADR. This includes use of certain "**TRACER DRUGS**" drug which might indicate an ADR such as Benadryl, Cogentin, and Steroids. "**ALERTING ORDERS**" Like hold, start and stop, and any orders to treat rash or itch.

3. Non-formulary drug requests:

From September 2005 to date: Trileptal, Topamax and Neurontin have been requested the most.

4. Clinical Interventions / Medication Usage Evaluation:

For Fiscal year FY-06, Our Pharmacist has documented 316 interventions. 95.65% of these interventions came from the Adult units and only 4.355% from the Adolescent Unit. The cost savings associated with these interventions was \$21,785.

About 89% of these interventions were accepted.

The most common interventions were as follow, Therapy change 28%, Evaluation 18%, Drug information 13%, Therapeutic Duplication avoided 10%, Therapy recommendation 10% Allergy prevented 6% ,Allergy information clarified 13% renal dosing 4%.

5. Medication Errors For YTD-FY-06:

- One –Hundred and Twenty Three errors have been reported. Only 8 (7%) reached the patient (the Benchmark is 31%).
- Our goal is to reduce the amount of medication errors reaching the patient to <10%.
- The most commonly reported error in FY06 was "allergy to ordered drug" (34 incidents). In FY 05 we had 60 incidents while in FY 04 we had 15 reports. Further improvement is expected after we update to the newer version of Sunrise in December.
- For FY-06 there have been errors associated with Look-Alike-Sound-Alike drugs.
- Another noted problem which could possible lead to a med error involves the automatic flow of orders from the physician to the MAR. The safe flow would be from the physician to the pharmacist who would then "approve" the order and it would be sent to the MAR. Pharmacy has met with MIS and presented the cost for the needed Interphase to resolve the problem. The Interphase will be available in December.

6. **Protocol for the Management of Extreme Agitation**

- The committee was presented with a protocol from the task force. The committee did not approve the protocol.