

**STATE OF MARYLAND**  
**Maryland Department of Public Safety and Correctional Services**  
**Office of Health Care Services**

**Pharmacy and Therapeutic Committee Meeting Minutes**

Attendees

Sharon L. Baucom, MD, MDPSCS Medical Director

<b>Item</b>	<b>Discussion</b>	<b>Action</b>	<b>Follow-up Evaluation</b>
<b>1. Old Business</b>			

	<p>EPHR utilization was discussed. BCDC WDC is being wired for connection due to week wireless signal. MHM received terminal for psychiatrist at WCI. Dental is ordering stock in EPHR. Pharmacy has received all RSA tokens.</p> <p>Mental health services are to be provided to the Home Detention Unit (HDU). CMS and MHM must meet with the facility administrator to discuss room availability. Dr Baucom stated the policy was changed allowing individuals with mental health needs be housed in HDU. Dr Coleman should develop a clinic schedule and share it with CMS.</p> <p>There was follow-up discussion on Juvenile consent. Dr Simmons stated that case managers are notified and letters are being sent to legal guardian for consent</p> <p>Proton Pump Inhibitor (PPI) utilization follow-up was discussed. Dr Luka provided an in-service to the Baltimore Region medical staff on GERD clinical pathway. Dr Luka discussed stepwise approach which emphasized lifestyle modifications.</p>	<p>Each vendor is to articulate in writing continued EPHR limitations</p> <p>CMS and MHM will meet with facility administrator</p> <p>Continue to monitor Proton Pump Inhibitor prescribing and evaluate patient long-tem use.</p>	<p>Monthly</p> <p>Nov 2006</p> <p>Nov 2006</p>
<p><b>2. New Business</b></p>			
<p><b>a. EPHR</b></p>	<p>Mr Nattans evaluated the EPHR medication orders faxed to pharmacy per Service Delivery Area. The</p>	<p>Continue to educate current and new providers and medical staff on</p>	<p>Ongoing</p>

	Western Service Delivery Area continues to lead faxing EPHR orders to the pharmacy; followed by Jessup, Eastern, and Baltimore.	EPHR medication ordering and faxing batch reports to the pharmacy.	
<b>b. Pharmacist Chronic Care Clinic</b>	Dr O'Reilly gave an summary of the July Pharmacist Chronic Care Clinic patients at MTC. Primary diseases seen was hypertension (HTN) with 50% of patients controlled based upon CMS HTN guidelines. Diabetes assessments were incomplete due to absent recent HbA1c.	Diabetes Chronic Care Clinic CQI focused on HbA1c test.	Nov 2006
<b>c. Hepatitis Vaccine Update</b>	Mr Parish discussed statewide Hepatitis Vaccine utilization. Mr Parish stated that training and documentation is focused area of needed improvement.	Infection Control Coordinator will collaborate with CRPS for educational support for nursing staff. In addition, proper vaccine documentation in EPHR will be emphasized to medical staff.	Nov 2006

<b>d. Medication Errors and ADR Reports</b>	<p>Mr Nattans presented pharmacy discrepancy report for 2005-2006 indicating a 99.97% accuracy rate. Mr Nattans requested the co-vendors to encourage their staff to complete a discrepancy report and fax to the pharmacy when an error is identified</p> <p>Ms Mellors stated that she continues to revise the statewide error reporting documentation.</p>	Regional medical errors will be presented at each P & T meeting.	Nov 2006
<b>e. Formulary Update – Atripla™ and Prezista™</b>	<p>Dr O'Reilly recommended adding Atripla™ and Prezista™ to the formulary. Atripla™ (combination of Truvada and Sustiva ) is the newly approved once-daily single tablet HIV drug therapy. Prezista™ is the new Protease Inhibitor indicated for treatment of HIV infection in treatment-experienced patients.</p> <p>The committee discussed the recent medication errors with HIV drug therapy. Education must be provided to medical and nursing staff to reduced potential HIV medication errors.</p>	<p>Atripla™ and Prezista™ will not be added to the formulary. Revisit at next P &amp; T meeting.</p> <p>Dr O'Reilly and CMS will collaborate to provide in-services to medical and nursing staff on HIV treatment.</p>	Nov 2006
<b>g. Review of Statistics</b>	<p>Top 5 All Medications (Excluding HIV) by Cost Per SDA</p> <ul style="list-style-type: none"> <li>• Western SDA <ol style="list-style-type: none"> <li>1. Procrit 10,000 u/ml 2ml \$110,041</li> <li>2. Lovastatin 40 mg \$ 55,459</li> <li>3. Citalopram 20 mg \$ 35,329</li> <li>4. Omeprazole 20 mg \$ 30,880</li> <li>5. Risperdal 4 mg \$ 30,621</li> </ol> </li> <li>• Eastern SDA <ol style="list-style-type: none"> <li>1. Ambisome 50 mg \$ 14,507</li> <li>2. Lovastatin 20 mg \$ 11,035</li> <li>3. QVAR 80 mcg \$ 10,563</li> <li>4. Valproic Acid \$ 10,559</li> </ol> </li> </ul>		Nov 2006

	<ul style="list-style-type: none"> <li>5. Risperdal 3 mg \$ 10,251</li> <li>• Jessup SDA <ul style="list-style-type: none"> <li>1. Risperdal 2 mg \$ 45,934</li> <li>2. Procrit 10,000 u/ml 2ml \$ 36,145</li> <li>3. Omeprazole 20 mg \$ 27,320</li> <li>4. QVAR 80 mcq \$ 25,146</li> <li>5. Lovastin 40 mg \$ 25,010</li> </ul> </li> <li>• Baltimore <ul style="list-style-type: none"> <li>1. Valproic Acid 250 mg \$ 31,158</li> <li>2. Albuterol 90 mcq \$ 30,116</li> <li>3. Risperdal 2 mg \$ 26,151</li> <li>4. Procrit 10,000 ml 2ml \$ 21,955</li> <li>5. Azithromycin 600 mg \$ 19,467</li> </ul> </li> </ul>		
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1. The Pharmacy and Therapeutics meeting concluded at 1530 hrs. The next meeting will be Thursday, November 9, 2006.
2. Following reports: Top 50 All Medications (Apr-Jun 2006), Top 50 Non-Form Medications (Apr-Jun 2006), Regional Service Delivery Area Drug Utilization, Regional Chronic Disease State (Apr-Jun 2006), Regional Psychotropic Utilization and Correct Rx Pharmacy Services Newsletter. (ENCL #3), Pharmacist Chronic Care Clinic Stats, Correct Rx Pharmacy Monthly Discrepancy Report.

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Chairperson, Pharmacy and Therapeutics Committee  
Correct Rx Pharmacy Services