



MESAC MEMO

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Did you know that the Medication Education Safety and Approval Committee (MESAC) Website is now active?

You can now access essentially all of the drug-related information you will need through this web portal. To access the website, go to the Start button, click Partners Applications, then click on Clinical References, then scroll down and click the MESAC button.

MESAC Updates

Since the first MESAC Memo, one of the six original subcommittees was disbanded. What follows is a description of our fourth subcommittee.

The “MESAC Safe Administration Subcommittee” Revealed

What does this subcommittee do?

- Under the charge of MESAC, this subcommittee works to develop, implement, and, optimize, procedures supporting the safe administration of medications within our institution.
- This subcommittee supports the culture of safety in collaboration with the Office of Quality and Safety and with other MESAC subcommittees. The Safe Administration Subcommittee is but one group, within a network of stakeholders within and outside of MESAC, working on development of policies, procedures, and systems improvements to reduce errors related to medications within MGH.
- The Safe Administration Subcommittee develops medication safeguards including: limited access to medications, identification of high-risk medications, dissemination of automated alerts, standardization of procedures and other safeguards, as appropriate.

Who is on the subcommittee?

- Physicians, nurses, pharmacists, members from biomedical engineering and information systems comprise the subcommittee.

How often do they meet?

- Twice a month.

What are the scope and functions of the subcommittee?

- To implement a proactive approach to improving patient safety as it relates to medication usage.
- To incorporate the JCAHO recommendations as they relate to medication safety.
- To establish MGH priorities in conjunction with high-alert high-risk medication therapies.
- To establish programs, procedures and policies to facilitate safe and effective drug therapy practices and management.
- To examine and review the stages of the medication management process and improve them where possible.
- To identify opportunities to coordinate system-wide safety improvements.
- To disseminate best-practice information.
- To review adverse drug event (ADE) surveillance data to guide safe medication practices.

MESAC Formulary Updates (see details below)

August and October 2005

- Palifermin (Kepivance®): A recombinant human keratinocyte growth factor. Approved with restrictions.

- Tegaserod (Zelnorm®): A serotonin 5HT-4 receptor agonist. Approved with restrictions.
- Tipranavir (Aptivus®): An HIV protease inhibitor. Approved with restrictions
- Argatroban Worksheet: Approved for use.
- Cidofovir (Vistide®): An antiviral agent. Approved with restrictions.

MESAC Formulary Updates

August and October 2005

Palifermin (Kepivance®): Approved with restrictions

Palifermin (Kepivance®) is a recombinant human keratinocyte growth factor that targets epithelial cells lining the mouth and gastrointestinal tract. Palifermin will be considered for patients receiving total body irradiation for autologous or allogenic stem cell transplantation or another myeloablative preparative regimen for allogenic SCT in which moderate to severe mucositis is expected. The Committee approved the addition of palifermin to the formulary with the following restriction: restricted to use by members of the Department of Oncology, and for BMT regimens that include total body irradiation.

Tegaserod (Zelnorm®): Approved with restrictions

Tegaserod (Zelnorm®) is a selective serotonin 5HT-4 partial agonist designed to interact with the network of cells and nerves throughout the gastrointestinal tract that use serotonin. Tegaserod is used to treat patients with constipation and constipation-predominant irritable bowel syndrome. Compared with medications used for the same purpose, tegaserod has distinct safety advantages (e.g., there is a paucity of the CNS side effects seen with metoclopramide and an absence of the cytochrome P450 interactions associated with erythromycin). However, concerns have been raised regarding reports of ischemic colitis associated with the use of tegaserod. The addition of tegaserod to the formulary was approved by the Committee with the following restriction: approval from the GI Service is required for initiation of therapy.

Tipranavir (Aptivus®): Approved with restrictions

Tipranavir (Aptivus®) is a non-peptidic HIV protease inhibitor. Use of tipranavir is limited to highly treatment-experienced or multi-protease inhibitor-resistant patients. Co-administration with ritonavir (200mg BID) is required. The Committee approved the addition of tipranavir to the formulary with the following restrictions: restricted to patients on tipranavir at home or to those for whom the Infectious Disease Service has recommended the drug as a new therapy.

Argatroban Worksheet: Approved for use

The Safe Administration Subcommittee presented the argatroban worksheet, which is intended for use by nurses to assist in calculating dose changes based on the patient's INR. Since the worksheet will not be part of the medical record, it was approved by the Committee with no requests for changes or revisions.

Cidofovir (Vistide®): Approved with restrictions

Cidofovir (Vistide®) is an acyclic nucleoside phosphonate derivative used in the treatment of some viral infections. Cidofovir is more active than other anti-viral agents against adenovirus and polyoma BK virus and is a possible alternative to ganciclovir and foscarnet for cytomegalovirus (CMV) infection. The Approval Subcommittee recommended that the prescription-writing for cidofovir be restricted to staff of Infectious Disease and Transplant Services. The Committee approved the addition of Cidofovir (Vistide®) to the Formulary with the following restriction: Transplant or Infectious Disease Services approval is required.