PHARMACY AND THERAPEUTICS COMMITTEE

DATE: October 7, 2021 CALLED TO ORDER: 7:02 a.m.
LOCATION: Zoom conference call ADJOURNED: 7:39 a.m.

Physician Member Attendance:		Non-Physician Member Attendance:				Guests:
X	**Nathan Chamberlain, MD- Chairman**	X	**Karen Babb, PharmD- Manager**		Shannon Harris, RN- Infection Prevention	**Tina Mathew, Pharmacy Resident**
X	**Mark Anderson, MD- Infectious Disease**		Jamie Barrie, PharmD- Manager, Hixson		Rhonda Hatfield, RN-CNO	**Doug Dertien, Pharmacy Resident**
X	**Justin Blinn, MD- Anesthesiology**	X	**Patrick Ellis, PharmD- Director**		Kevin Hopkins, RT- Director of Resp Therapy	**Sabrina Curtis, Pharmacy Resident**
	David Dodson, MD- Hospitalist		Rodney Elliott- Purchasing	X	**Rachel Kile, PharmD- Clinical Manager**	
	F. Lee Hamilton MD- Hospitalist	X	**Karen Frank, RN- Quality**		Daniel Marsh, PharmD- Operations Manager	
	William Haren, MD- Psychiatry		Lori Hammon, RN- Quality	X	**Carey Smith, RPh- Manager, Georgia**	
	Matthew Kodsi, MD-Quality		Farrah Reidt, Clinical Nutrition			
X	**Aditya Mandawat, MD- Interventional Cardiology**					
X	**Chad Paxson, MD- Intensivist/Pulmonology/ICU**					
	Vimal Ramjee, MD- Cardiology					
	James Wahl, MD- Hospitalist, GA					
	Richard Yap, MD- Hospitalist					

This meeting will be convened under the protection of the Tennessee Statute 63-6-219 and the Health Care Quality Improvement Act of 1986, Public Law 99-660. All information, case reviews, meeting minutes, statistics and correspondence are confidential and protected. Included in that protection are those that are involved in the review of the information. Any discussion of this information outside the realm of Peer Review constitutes a breach and violates the protection of the persons involved in the breach.

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
Minutes	The August 2021 minutes were approved as submitted.	Approved	Complete
CommonSpirit Health System P&T Committee	**September 2021 Decision Brief:** The medication decisions that were approved at the CommonSpirit Health System P&T committee meeting were reviewed. All new system formulary medications or changes were either consistent with existing CHI Memorial formulary decisions or are described in the "Formulary Decisions & Therapeutic Interchanges" section of the minutes below, or will be reviewed at an upcoming P&T committee meeting.	Approved	Complete
Formulary Decisions & Therapeutic Interchanges	1. **Aminolevulinic acid (Gleolan®):** Rachel reviewed a new oral imaging agent that is indicated as an adjunct agent for the visualization of grade III or IV malignant glioma tissue during surgery, to be used by Dr. Babu (Neurosurgeon). It must be administered ~3 hours prior to onset of anesthesia. Patients must be protected from natural and artificial light sources and monitored for phototoxic reactions for 48 hours after administration. The committee approved the following use criteria: May be used inpatient and outpatient for patients with high-grade glioma undergoing fluorescence-guided surgical resections. Restricted to hospitals that are confirmed to have the appropriate microscope and filters and to neurosurgeons who have completed the training program provided by the distributor. The dispensing pharmacist must confirm that the requesting neurosurgeon is an approved user prior to dispensing. (The microscope has been ordered. Dr. Babu will be completing the training program.)	Approved	Complete

	2. **Empagliflozin (Jardiance®):** The EMPEROR-Preserved trial evaluated patients with class II–IV heart failure and an ejection fraction of greater than 40% receiving empagliflozin or placebo, in addition to usual therapy). Empagliflozin demonstrated a reduced composite of cardiovascular death or hospitalization for heart failure. Based on these results, it was recommended to remove the existing empagliflozin restriction criterion "For heart failure, ejection fraction is </= 40%". This recommendation was supported by Cardiology. The EHR will be updated.	Approved	Complete
	3. **Albuterol sulfate/ipratropium bromide (Combivent Respimat®)**: Combivent Respimat® is a non-formulary product locally and for the CommonSpirit Health system. During the pandemic, CHI Memorial hospitals have been utilizing Combivent Respimat® for COVID positive patients who have underlying COPD or asthma and do not require ventilation. Combivent Respimat® is $344.94 per patient. In order to decrease expense, it was recommended to approve an automatic therapeutic interchange for Combivent Respimat® as follows: In COVID positive patients who have underlying COPD or asthma and are not ventilated, interchange orders for Combivent Respimat® to Ventolin HFA (albuterol sulfate) (1 puff) plus Atrovent HFA (ipratropium bromide) (1 puff) at the same ordered frequency, both administered via common canister. This recommendation was approved by Dr. Mull and Kevin Hopkins, Director of RT.	Approved	Complete
	4. **Ivermectin**: Rachel reviewed the CommonSpirit Health system P&T committee decision on the formulary status/restrictions for ivermectin. It was recommended to align our formulary status for ivermectin with the system decision as follows: a. Restricted to the treatment of parasitic infections, such as Strongyloides stercoralis, Onchocerca volvulus, Pediculus capitis, Pediculus corporis, Pediculosis pubis, Sarcoptes scabiei, Wuchereria bancrofti, larva currens, larva migrans, acne rosacea, ascariasis, enterobiasis, trichuriasis and scabies.	Approved	Complete
	5. **Medications for COVID-19**: The committee reviewed and approved an automatic pharmacist therapeutic interchange to either tocilizumab or baricitinib based on product availability; and to bamlanivimab/etesevimab or casirivimab/imdevimab based on product availability. The appropriate use/restriction criteria for remdesivir, tocilizumab, and baricitinib were also reviewed.	Approved	Complete
	6. **Annual Medication Protocol Review**: Per regulatory requirements, the current medication related protocols were reviewed. See Attachment A of the minutes for the list of protocols with committee-approved actions required. These were reviewed to ensure consistency with the latest standards of practice per evidenced-based guidelines, as well as if there have been any preventable adverse patient events resulting from use.	Approved	Complete
Policies	1. **Pharmaceutical Vendor Guidance:** The committee reviewed the new CommonSpirit Health administrative guidelines for pharmaceutical vendors. Our current policy closely matches this guidance, and we will update our policy as needed to align.	Approved	Complete
	2. **Hypertonic Saline For Adults**: Approved use of undiluted 23.4% saline boluses for administration	Approved	Complete

	by Neurology/Neurosurgery was added to the policy. The name of the policy was updated to remove "3%".		
	3. Pain Management: The Intervention section of this policy was updated to include the following statement, "Upon patient request, nurse may administer pain medication ordered for a lower pain score (not higher pain score) than the value reported by the patient. (Example: Acetaminophen is ordered as needed for mild pain (1-3), and tramadol is ordered for moderate pain (4-6). Patient reports pain score of 5 and requests acetaminophen rather than tramadol. Acetaminophen may be given.)"	Approved	Complete
	4. TPN/PPN- Adult: Pharmacists manage all TPN formulas and required lab monitoring. Per policy, TPN must be given via a central vascular line/device. The policy was updated to include, "Pharmacist may order a peripherally inserted central catheter (PICC) for TPN administration if a central line is not already placed."	Approved	Complete
	5. Ketamine Low Dose (Sub-anesthetic Dosing) for Pain-Adults: The policy was updated to reorganize patient location, dosing, monitoring, and documentation guidance into a chart format. Additionally, the route of slow IVP was clarified to allow use in the PACU when ordered by Anesthesia providers.	Approved	Complete
	6. Look-Alike Sound-Alike Medication List: The committee reviewed the list. Prednisone and prednisolone were added based on recent errors related to them being confused. No other additions or edits were required at this time.	Approved	Complete
Nutrition	7. **EHR Diet Order Changes:** Rachel reviewed the diet order standardization initiative. This standardization initiative was approved by the Texas market for our EPIC build. The goal of the initiative is to ensure consistency in how diets are ordered and compliance with the current approved diet manual. The committee reviewed the EHR diet order changes.	Approved	Complete

There being no further business, the meeting was adjourned at 7:39 a.m. The next P&T meeting is **TBD (December) @ 7:00 a.m.**

Respectfully submitted,
Patrick N. Ellis, PharmD, Director of Pharmacy; Rachel Kile, PharmD, Pharmacy Clinical Manager

Approved by,
Nathan Chamberlain, MD, Chairman

Attachment A

Medication Protocols – TJC Annual Protocol Review

October 2021

Protocol	Key contact(s)	Action Required
MCT RIS Contrasts Order Set/ Contrast Media Administration Policy	Jeff Harwood Dr. Rowlett Pharmacy	Order set and policy up to date. No medication edits are required.
Anaphylaxis & Acute Drug Hypersensitivity Protocol	Pharmacy	Remove meperidine for rigors. Recent recommendations prefer methylprednisolone to be used for rigors. Update order set and policy.
Hypoglycemia Protocol	Diabetes education, Pharmacy	No medication edits are required. Order set and policy up to date.
Narcan (Naloxone) Opioid Reversal Protocol	Pharmacy; Clinical educator critical care	Remove the requirement of donning PPE for unknown narcotic exposure. No medication edits are required. Update order set and policy.