CHI Memorial
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PHARMACY AND THERAPEUTICS COMMITTEE

DATE: December 9, 2021 CALLED TO ORDER: 7:01 a.m.
LOCATION: Physician's Dining Room + conference call ADJOURNED: 7:34 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	**Linda Johnson, PharmD**
X	**Mark Anderson, MD- Infectious Disease**		Jamie Barrie, PharmD- Manager, Hixson		Rhonda Hatfield, RN-CNO	**Natasha McGhee, RN**
X	**Justin Blinn, MD- Anesthesiology**	X	**Patrick Ellis, PharmD- Director**		Kevin Hopkins, RT- Director of Resp Therapy	**Tina Mathew, Pharmacy Resident**
	David Dodson, MD- Hospitalist		Rodney Elliott- Purchasing	X	**Rachel Kile, PharmD- Clinical Manager**	**Doug Dertien, Pharmacy Resident**
	F. Lee Hamilton MD- Hospitalist	X	**Karen Frank, RN- Quality**	X	**Daniel Marsh, PharmD- Operations Manager**	**Sabrina Curtis, Pharmacy Resident**
X	**William Haren, MD- Psychiatry**	X	**Lori Hammon, RN- Quality**	X	**Carey Smith, RPh- Manager, Georgia**	**Jessica Duke, Pharmacy Resident**
X	**Matthew Kodsi, MD-Quality**	X	**Farrah Reidt, Clinical Nutrition**	X	**Chris Chastain- Administrative Coordinator**	
X	**Aditya Mandawat, MD- Interventional Cardiology**					
X	**Chad Paxson, MD- Intensivist/Pulmonology/ICU**					
	Vimal Ramjee, MD- Cardiology					
	James Wahl, MD- Hospitalist, GA					
X	**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 October 2021 minutes were approved as submitted.	Approved	Complete
CommonSpirit Health System P&T Committee	**November 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. Remifentanil (Ultiva®):** Remifentanil is a potent IV μ-opiate receptor agonist. The analgesic effects of remifentanil are rapid in onset and offset so it is beneficial in cases in which the patients need to be awake or under lighter sedation/analgesia during the surgery. With the development of our neurosurgery service line, this medication has been requested by Dr. Babu for specific surgical cases. The cost is higher than conventional IV opioids or dexmedetomidine. It was recommend that remifentanil be restricted for ordering as follows: a. Ordering restricted to Anesthesia providers for i. Craniotomies with very low associated post-op pain, or ii. Awake fiberoptic intubations	Approved	Complete
	2. Glycoprotein IIb/IIIa Inhibitors: Aggrastat (tirofiban) is the current formulary product, however availability is currently limited. Eptifibatide is preferential for utilization in neurointerventional	Approved	Complete

	procedures requiring stent placement. It does however require refrigeration and a second bolus dose. An updated financial analysis of Aggrastat versus eptifibatide was performed and there is an estimated $6,000 annual cost savings with converting to eptifibatide for the cath lab. Integrilin (eptifibatide) will be the only GPIIb/IIIa agent on formulary. This recommendation was supported by the Invasive Cardiology committee.		
Medication Use	1. **Impact of MRSA Nasal PCR & Pharmacist Interventions on IV Vancomycin Use:** Linda Johnson presented the results of a medication/diagnostic use evaluation. The purpose of this evaluation was to assess the impact of the pharmacist-driven protocol to automatically order MRSA nasal PCRs combined with antimicrobial stewardship interventions on IV vancomycin days of therapy for the management of pneumonia. Results demonstrated a lower median IV vancomycin duration, less vancomycin levels ordered, and a 100% physician acceptance rate. There was no difference in LOS or re-escalation to vancomycin. The NPV of the MRSA nasal PCR was 100%.	Informational	Complete
Medication Safety	1. **ADR Summary:** Karen Babb presented the adverse drug reaction summary results for July-Sept 2021. There were no trends to report, with the exception of an increase in inpatients on warfarin with an INR >4. For the patients in which a pharmacist was consulted to dose, there were no predictable trends.	Informational	Complete
Policies	1. **Diet Orders**: Farrah Reidt presented updates to the Diet Orders policy, which focused on inclusion of "supplements" which can be ordered by the dietitian. 2. **Hypertonic Saline For Adults**: The maximum infusion rate of hypertonic saline to be administered via a central line was clarified by the indication: for hyponatremia, 50 ml/hr; for acute neurologic indications, 70 ml/hr. For neurologic indications, the parameters for holding the infusion and notifying the provider were updated to include a serum sodium of <135 mEq/L. 3. **Titrating Medications**: Rachel reviewed proposed updates to this policy which included: a. Parameters for physician notification b. Guidelines for paused titrating medications c. Removal of argatroban (was previously removed from formulary) d. Removal of bumetanide (not a titrating medication; remains on formulary) e. Removal of non-weight-based dosing instructions for epinephrine and norepinephrine 4. **Antimicrobial Stewardship Program**: Updated to include applicability of the ASP program to the Georgia campus.	Approved Approved Approved Approved	Complete Complete Complete Complete

Miscellaneous	**1. HIT Antibody Testing Update:** Ann Durham provided an update to the committee on the recent change to heparin induced thrombocytopenia (HIT) antibody testing. All HIT Ab tests are now processed at Erlanger Hospital instead of being sent off the Quest. This is not an ELISA test, so the optical density (OD) values will no longer be reported. Confirmatory SRA testing will automatically be re-drawn (requires a second patient stick) if the HIT Ab is positive. SRA tests will now be sent off to LabCorp, which is interfaced with Epic. Rachel will provide the committee with a journal article provided by Ann that reviews the HIT Ab test.	Informational	Complete

There being no further business, the meeting was adjourned at 7:33 a.m. The next P&T meeting is **February 10, 2022 @ 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