CHI Memorial
Imagine better health.℠

CHI Memorial Hospital Georgia

PHARMACY AND THERAPEUTICS COMMITTEE

DATE: December 15, 2022
LOCATION: Private Dining Room + Zoom

CALLED TO ORDER: 7:08 a.m.
ADJOURNED: 7:55 a.m.

Voting Member Attendance:				Non-Voting Member Attendance:		Guests:
X	**Nathan Chamberlain, MD- Chairman**		Matthew Kodsi, MD- Quality	X	**Karen Babb, PharmD- Manager**	**Joseph Oh, Pharmacy Resident**
X	**Mark Anderson, MD- Infectious Disease**		Aditya Mandawat, MD- Cardiology		Jamie Barrie, PharmD- Manager, HX	**Jordan Tynes, Pharmacy Resident**
X	**Justin Blinn, MD- Anesthesiology**	X	**Daniel Marsh, PharmD- Director of Pharmacy**		Kenneth Dyer, PharmD- Operations Manager	**Hallie Butler, Pharmacy Resident**
X	**David Dodson, MD- Hospitalist**	X	**Chad Paxson, MD- Intensivist**	X	**Rodney Elliott- Purchasing**	
X	**Karen Frank, RN- Quality**		James Wahl, MD- Hospitalist, GA		Lori Hammon, RN- Quality	
	Sherry Fusco, RN- CNO		Richard Yap, MD- Hospitalist	X	**Shannon Harris, RN- Infection Prevention**	
	F. Lee Hamilton, MD- Hospitalist			X	**Kevin Hopkins, RT- Director of Resp Therapy**	
X	**William Haren, MD- Psychiatry**			X	**Rachel Kile, PharmD- Clinical Manager**	
					Carey Smith, RPh- Manager, GA	

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 September minutes were approved as submitted.	Approved	Complete
CommonSpirit Health System P&T Committee	**November 2022 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	**A. Sublingual Dexmedetomidine (IGALMI)**: Igalmi is a sublingual dexmedetomidine film approved for the treatment of acute agitation due to schizophrenia and bipolar 1 or 2 disorder. In the SERENITY 1 and 2 trials, Igalmi demonstrated significant improvement in agitation after a single dose when compared to placebo. Adverse events included somnolence, hypotension, and dizziness. Due to a lack of comparative data to current therapies for acute agitation in patients with schizophrenia or bipolar 1 and 2 disorder, the place in therapy of Igalmi is unclear. Furthermore, the level of cooperation required to administer a medication sublingually limits administration to patients able or willing to self administer a medication. Finally, the cost of each Igalmi film for administration is $105. It was recommended that Igalmi be a non-formulary product which would align with the system P&T Committee decision. **B. Hydralazine orders**: Following incidences of patients receiving PRN IV hydralazine for appropriate blood pressure parameters resulting in subsequent elevated heart rate issues, it was proposed to add hold	Approved Approved	Complete Incomplete

	instructions in all as needed injectable hydralazine orders for heart rates exceeding 100 beats per minute. P&T committee voting members wished for this to be a selectable, optional parameter within the order panel. Rachel is investigating how to build this into the EHR and will report back to the committee with options.		
	C. IVIG: Octapharma, the vendor for the current preferred IVIG product Octagam, will terminate its established contract with CommonSpirit Health at the end of this year. It was recommended to approve Privigen to formulary as the preferred IVIG product. Privigen will be acquired at the same cost per gram as Octagam. Gamunex-C will remain the alternative IVIG product restricted to patients intolerant or unresponsive to Privigen. Additionally, it was recommended to approve Privigen as the preferred outpatient IVIG product, subsequent to insurance approval or prior authorization requirements.	Approved	Complete
	D. Ophthalmic non-anti-infective agents class review: Fluorometholone(FML) ophthalmic formulations have very low utilization and are dispensed primarily as a patient home supply. Similarly, Lotemax formulations have low utilization. Due to the unlikely impact on patient care, it was recommended to approve both products as non-formulary and to implement an automatic therapeutic interchange of FML and Lotemax (loteprednol) ophthalmic formulations to dexamethasone 0.1% ophthalmic suspension. Dr. Bowers prefers the use of Lotemax for corneal transplants, therefore this may require non-formulary use of Lotemax for this specific indication. Rachel is currently working with Dr. Bowers to evaluate evidence in the use of Lotemax versus dexamethasone in this patient population.	Approved	Complete
	E. Drug shortages:		
	a. Iron dextran and sodium ferric gluconate are the preferred IV iron products for inpatient use. Both products are currently experiencing a critical shortage. It was recommended to approve the automatic pharmacist therapeutic interchange to substitute iron sucrose (Venofer) 200 mg IV every other day for new orders for IV iron replacement when sodium ferric gluconate and iron dextran are unavailable.	Approved	Complete
	b. Injectable lorazepam supply has recovered. The restrictions placed on lorazepam use were implemented to minimize unnecessary usage and ensure appropriate utilization. It was recommended to maintain current injectable lorazepam restrictions in order to maintain supply and continue appropriate use. Additionally, it was proposed to change current benzodiazepine equivalents to the following: Lorazepam 1 mg = Midazolam 2 mg (previously 1 mg) = Diazepam 5 mg. After much discussion, the committee recommended adding additional restriction parameters to IV lorazepam use which include: Agitation in the ICU and unable to take oral medications, and to clarify that use for alcohol withdrawal is for patients unable to take oral medications. Finally, it was recommended to keep lorazepam infusions as non-formulary.	Approved	Complete
	c. Injectable diazepam supply has recovered. It was recommended to remove the restrictions for IV diazepam use.	Approved	Complete
	F. Medications for COVID-19: Bebtelovimab is no longer authorized for emergency use due to lack of efficacy against select Omicron sub-variants.	Approved	Complete

Miscellaneous	**A. Report: Pharmacist Clinical Interventions, Serious Significance Level:** Rachel reviewed the "serious" significance level interventions made by pharmacist staff. The committee had no recommendations based on this review. **B. Annual Formulary List Review:** The annual formulary list review was completed for the year.	Approved Approved	Complete Complete

There being no further business, the meeting was adjourned at 7:55 a.m. The next P&T meeting is **February 9, 2023.**

Respectfully submitted,
Daniel Marsh, Director of Pharmacy; Rachel Kile, PharmD, Pharmacy Clinical Manager

Approved by,
Nathan Chamberlain, MD, Chairman