







	<ul style="list-style-type: none"> <li>• Pantoprazole 40 mg IV Q 12 hours should be administered for up to 72 hours after endoscopy</li> <li>• Patients should be continued on oral PPI therapy (pantoprazole 40 mg PO Q 24 hours) <ul style="list-style-type: none"> <li>○ Patients can be transitioned to oral therapy <u>before</u> 72 hours, if applicable</li> <li>○ No more than <u>3 days</u> of an IV PPI should be used after endoscopy unless extenuating circumstances (NPO, etc.)</li> </ul> </li> </ul> <p><b>F. Drug shortages update:</b> The injectable lorazepam supply has recovered and lorazepam IV push at 0.5 mg x 1 dose has been requested to be added back to the MCT IP CAR CORONARY CTA PRE MEDICATION ORDERS order set. Dr. Mandawat researched this request and determined that the use of IV lorazepam during this testing is a standard protocol across the country for acute management of anxiety due to bradycardia caused by beta blocker administration 60-90 minutes prior to the study. It is recommended to update the order set and replace the oral tablet with the IV push formulation.</p> <p><b>G. Medications for COVID-19:</b> It was recommended to make the Pfizer-BioNTech COVID-19 Vaccine (monovalent) and Bivalent booster vaccines non-formulary due to a lack of usage, high waste with use, and lack of need for administration for patients discharging to SNF/facilities. Paxlovid use inclusion criteria for inpatients was updated to read “diagnosis of COVID-19 with mild to moderate symptoms” in lieu of having a positive Covid test, as per the EUA update.</p>	Approved	Complete
<b>Medication Use</b>	<p><b>A. “Once” Medication Orders:</b> This was a proposal from a cross-market pharmacy group including Texas and Kentucky (shared EPIC EHR). “Once” medication orders that are documented as “Not Given” remain active on the MAR and Pyxis. This has led to medication errors including the Once medication being given days later without a new order being obtained from the provider. The question posed to the committee was: “How long should medication orders with the frequency of “once” remain active/available for administration on the MAR if not documented as “not given”?”</p> <ul style="list-style-type: none"> <li>• Discussion surrounding the purpose of a Once order along with timing the medication should be given <ul style="list-style-type: none"> <li>○ Once orders by providers intended to be given within a timely manner (vs days later)</li> <li>○ Account for possible patient transfers and time off the floor for diagnostic testing</li> </ul> </li> <li>• Solution: change Once orders to auto-discontinue after 12 hours</li> </ul> <p>The proposed solution will be shared back to the cross-market committee. Rachel will update the committee once a decision is finalized.</p>	Approved	Complete
<b>Policies</b>	<p><b>A. Medication Administration: Timeliness of Scheduled Medications:</b> Updated to align with current EPIC workflows. Changes to the “Standard Scheduled Administration Times” include:</p> <ul style="list-style-type: none"> <li>• 3 times daily changed to 0900, 1500, 2100</li> <li>• Multiple respiratory therapy (RT) timing changes</li> </ul>	Approved	Complete

There being no further business, the meeting was adjourned at 8:09 a.m. The next P&T meeting is **March 30, 2023**.

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

Approved by,  
Nathan Chamberlain, MD, Chairman