

PHARMACY AND THERAPEUTICS COMMITTEE

DATE: February 10, 2022

CALLED TO ORDER: 7:00 a.m.
LOCATION: Zoom Only

ADJOURNED: 8:00 a.m.

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Voting Member Attendance:					n-Voting Member Attendance:	Guests:
)	Nathan Chamberlain, MD- Chairman Mark Anderson, MD- Infectious Disease Justin Blinn, MD- Anesthesiology David Dodson, MD- Hospitalist Karen Frank, RN- Quality F. Lee Hamilton, MD- Hospitalist William Haren, MD- Psychiatry Rhonda Hatfield, RN-CNO	X X X X	Matthew Kodsi, MD- Quality Aditya Mandawat, MD- Cardiology Daniel Marsh, PharmD- Director of Pharmacy Chad Paxson, MD- Intensivist Vimal Ramjee, MD- Cardiology James Wahl, MD- Hospitalist, GA Richard Yap, MD- Hospitalist	X X X X X X X	Karen Babb, PharmD- Manager Jamie Barrie, PharmD- Manager, HX Chris Chastain- Admin Coordinator Kenneth Dyer, PharmD- Ops Manager Rodney Elliott- Purchasing Lori Hammon, RN- Quality Shannon Harris, RN- Infection Prevention Kevin Hopkins, RT- Director of Resp Therapy Rachel Kile, PharmD- Clinical Manager Farrah Reidt- Clinical Nutrition Carey Smith, RPh- Manager, GA	Tina Mathew, Pharmacy Resident Doug Dertien, Pharmacy Resident Sabrina Curtis, Pharmacy Resident Jessica Duke, Pharmacy Resident

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 December 2021 minutes were approved as submitted.	Approved	Complete
CommonSpirit Health	January 2022 Decision Brief: The medication decisions that were approved at the CommonSpirit	Approved	Complete
System P&T Committee	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. Bezlotoxumab (Zinplava®) for the treatment of C. difficile infection is being reviewed by the Antimicrobial Stewardship Subcommittee before being brought to our P&T Committee.		
Formulary Decisions & Therapeutic Interchanges	A. Remifentanil (Ultiva®): Expansion of utilization criteria was requested to include all neurosurgical cases of the head in order to ensure fast wake up and quicker neurological assessment regardless if the patient is awake or asleep for the surgery. The committee approved revision of the current restriction criteria for remifentanil to the following: Ordering restricted to Anesthesia providers; craniotomies associated with very low associated post-op pain plus the need for rapid emergence and full neurological assessment; or awake fiberoptic intubations.	Approved	Complete
	B. Insulin glargine (Semglee®): Semglee (insulin glargine-yfgn) is a fully interchangeable biosimilar for the reference product, Lantus. Semglee will replace Lantus as the long-acting insulin product at CHI Memorial hospitals. The existing automatic therapeutic interchange for long acting insulins will	Approved	Complete



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		be updated to reflect this approval.		
	C. PCC (Kcentra®) Dosing for DOAC Reversal: Rachel shared with the committee recent data		Approved	Complete
	supporting conversion to a fixed dose of 4-factor prothrombin complex concentrate (PCC) for oral			
		factor Xa inhibitors/direct oral anticoagulation reversal, which is a decrease from the current dose		
		of 50 units/kg (max dose 5000 units). The update aligns with CommonSpirit Health system P&T		
		committee recommendations. The following lower, fixed dose strategy was recommended for		
		DOAC reversal:		
		 a. 2000 units for urgent reversal for surgery or major (life threatening) bleeding b. If ICH (spontaneous or traumatic) use 2500 units 		
	 b. If ICH (spontaneous or traumatic) use 2500 units c. May repeat the same dose once within 6 hours of the initial dose if hemostasis is not 			
		achieved and/or maintained		
	The Antithrombotic Reversal & Surgical Management Guidelines for reversal of oral Factor Xa			
	inhibitors or DOACs and the Anticoagulation Management policy will be updated. A future			
	pharmacy resident project will evaluate outcomes following this implementation. CSH will also be			
	performing a medication use evaluation.			
	D.	Medications for COVID 19: The committee reviewed and approved an automatic pharmacist	Approved	Complete
		therapeutic interchange to either bamlanivimab/etesevimab, casirivimab/imdevimab, or sotrovimab		
		based on product availability and anticipated efficacy against variant(s) of concern (per CDC/FDA		
		guidance). The oral antivirals, Paxlovid and molnupiravir, were recommended to be non-formulary		
		but to allow continuation of patient's own supply. The Pfizer adult formulation COVID-19 vaccine		
		will remain the only available COVID-19 vaccination on formulary. The appropriate use/restriction		
		criteria for remdesivir were updated and reviewed.		
Medication Use	A.	Pharmacist-Driven PPI & H2RA Deescalation Protocol: Jessica Duke, pharmacy resident,	Approved	Complete
		presented a proposal for a pharmacist-driven automatic discontinuation of stress ulcer prophylaxis		
		agents (IV or PO pantoprazole or famotidine) ordered for patients in the ICU based on specific		
		patient criteria. The committee approved this as an automatic, pharmacist-driven process. She will		
		collect pre and post-implementation data and the results will be reported back to this committee		
		upon completion. Dr. Dodson suggested expansion hospital-wide (not limited to ICU), and this will		
		be considered following the results of the initial data evaluation.		
Medication Safety	Α.	,	Informational	Complete
		2021. There were no trends to report. The ADR review now includes patient chart reviews by Karen		
		for all inpatients on opiates who received naloxone to determine if naloxone was administered		
		within 12 hours of a patient receiving anesthesia. Of the 12 patients who received naloxone, 3 were		
	within 12 hours of receiving anesthesia. Dr. Blinn and Rhonda will begin routinely reviewing this			
		patient list as part of the ongoing audit process.		
Policies	Α.	Anticoagulation Management: The committee reviewed updates to this policy which included:	Approved	Complete



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	B. C.	removal of argatroban (non-formulary); pharmacist ordering of INR every other day if the INR is stable; clarification of baseline labs to align with current orders; instructions for provider notification if labs cannot be drawn for heparin infusions; updated PCC dosing for DOAC reversal. Bradycardia Management Protocol: A policy to support the previously approved protocol was adopted. The atropine dose was updated to 1 mg in alignment with 2020 ACLS guideline updates. Contrast Media Administration: This policy was updated to remove Omnipaque from the product column of the diagnostic radiology protocol table since Omnipaque was previously removed from formulary.	Approved	Complete
	D.	Drug and Food Interaction/Education: The committee reviewed this policy per periodic review requirements. No updates were needed.	Approved	Complete
	E.	Sedatives-Hypnotics for Sleep: This policy was updated to include suvorexant (Belsomra®) to the automatic therapeutic interchange to Ambien 5 mg. Dr. Paxson suggested that the policy stating that no sedative/hypnotics for sleep be administered to any patient greater than 65 may be overly restrictive and recommended that it be re-reviewed separately. Per Lori, the current policy was based on a >10 year old internal study on falls. Rhonda recommended a best practice review for sleep in hospitalized patients. Rachel will coordinate a small group to review the prior study and determine next steps.	Approved	Complete
	F.	Respiratory Distress Protocol: The committee reviewed this policy per annual protocol review requirements. No updates were needed.	Approved	Complete
Nutrition	A.	Nutrition Care Manual: Farrah shared updates to the nutrition care manual which were reviewed by the committee.	Approved	Complete

There being no further business, the meeting was adjourned at 8:00 a.m. The next P&T meeting is April 7, 2022 @ 7:00 a.m.

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

Approved by, Nathan Chamberlain, MD, Chairman