CHI Memorial
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CHI Memorial Hospital Georgia

PHARMACY AND THERAPEUTICS COMMITTEE

DATE: March 30, 2023 CALLED TO ORDER: 7:02 a.m.
LOCATION: SCN Boardroom ADJOURNED: 7:37 a.m.

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

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 February minutes were approved as submitted.	Approved	Complete
Old Business	**A. Hydralazine IV 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 instructions in all as needed injectable hydralazine orders. A vote was conducted following the December P&T meeting, with the majority selecting Option 1 - a default in administration instructions to hold for heart rates exceeding 100 beats per minute. These instructions are currently live in EPIC. The default administration instructions are editable if the provider desires to not include in the order.	Informational	Complete
	B. Clinimix E: Clinimix E is a standardized, commercially available parenteral nutrition product. This week the utilization of Clinimix went live. a. Clinimix is not the same as ProcalAmine as Clinimix requires a central line b. Clinimix still follows the same clinical necessity as TPN c. Clinimix should not be requested if the intended duration of parenteral nutrition is less than 7 days	Informational	Complete

Formulary Decisions & Therapeutic Interchanges	**A. Spesolimab-sbzo (Spevigo):** Spevigo is a humanized monoclonal antibody that inhibits IL-36 signaling by binding to the interleukin-36 receptor (IL-36R). Binding of Spevigo to IL-36R prevents subsequent activation of IL-36R by ligands and downstream activation of pro-inflammatory and pro-fibrotic pathways. Dermatology office in Hixson requested a review of this drug. The CommonSpirit Health System P&T committee has reviewed this medication and approved for formulary. Spevigo obtained FDA approval in September 2022 for acute flares of generalized pustular psoriasis (GPP) based on: ● Effisayil-1 study demonstrated 54% of patients in treatment group vs 6% in placebo had no visible pustules at week 1 after treatment Warnings and precautions for Spevigo include: ● Increased risk of infections; do not initiate during any clinically important active infection ● Hypersensitivity reactions (including DRESS) and infusion-related reactions; discontinue immediately ● Evaluate patients for TB prior to treatment ● Do not concurrently administer live vaccines with Spevigo It was recommended that due to the significant cost (up to $102,266 per disease flare) and rarity of GPP in the United States, Spevigo should be added to formulary, but with restrictions to outpatient settings for FDA-approved indications or payer-approved off-label indications subsequent to insurance for approval or prior authorizations. Having this medication available in the outpatient may help prevent future hospitalizations.	Approved	Complete
	B. Aminolevulinic acid (Gleolan): Gleolan is the first and only FDA-approved optical imaging agent for use during fluorescence-guided surgery (FGS) in patients with glioma as an adjunct for the visualization of malignant tissue during surgery. In October 2021, the CHI Memorial P&T committee voted to approve Gleolan to formulary. Gleolan is a weight-based medication dosed at 20 mg/kg. Currently, patients are being charged for the full amount of the Gleolan vial (1 vial = 1500 mg) even if patients do not require the full vial. Gleolan does not allow for wastage to be charged by the hospital, so Memorial is required to charge the patient for the full vial regardless. Solution: other CommonSpirit facilities using Gleolan have adopted a fixed-dosing strategy:: ● Patient weight <= 120 kg = 1500 mg (1 vial) ● Patient weight >120 kg = 3000 mg (2 vials) In a review of patients who have received Gleolan since early 2022, 4 patients weighing less than 120 kg have received Gleolan, therefore those patients would receive one 1500 mg vial. One of the four patients would have a substantial dose change as the fixed dose of 1500 mg is ~32% less than the administered dose. Dr. Ranjith Babu has reviewed the data and approved the fixed-dose strategy. It was recommended to adopt the above fixed dosing strategy with approval for the pharmacist to round to the nearest vial size.	Approved	Complete
	C. Sulfadiazine: Sulfadiazine is an oral antibiotic with FDA approval for treatment of toxoplasmosis encephalitis in combination with pyrimethamine and prophylaxis of rheumatic fever in patients with a penicillin allergy. In the past 6 months, there have been no inpatient orders for sulfadiazine tablets (60 tablets = $884). Dr.	Approved	Complete

	Anderson added he has seen little utilization of this drug during his career and supported the recommendation to remove sulfadiazine tablets from formulary. Patients will be allowed to continue their own home medication. If a case suspicious of toxoplasmosis encephalopathy were to arise, Memorial would go through non-formulary channels of obtaining the drug. This would not delay care as the diagnostic testing typically takes 2-3 days to result which would allow time to obtain sulfadiazine if needed. **D. Acetaminophen 120 mg and codeine phosphate 12 mg per 5 mL:** Acetaminophen with codeine is indicated for pain management of mild to moderate pain where treatment with an opioid is appropriate. In February 2023, acetaminophen 120 mg and codeine phosphate 12 mg per 5 mL oral liquid unit dose became unavailable for purchase from our standard distributor due to manufacturer discontinuation (40 count unit dose package). The only option for purchase is a 100 count package at a higher price. The previous 12 months of utilization showed only 3 doses were administered. ● Alternative oral liquid options for mild to moderate pain on formulary including acetaminophen, ibuprofen, and hydrocodone with acetaminophen ● Due to low utilization, Dr. Champion (ED) approved removal from formulary It was recommended to approve the removal of acetaminophen 120 mg and codeine phosphate 12 mg per 5 mL from formulary. **E. Drug shortages update:** Duoneb (ipratropium 0.5 mg/albuterol 2.5 mg per 3 mL) is currently a critical shortage item. On March 7th, 2023, the P&T Committee chairman emergently approved the automatic interchange by pharmacists from Duoneb to the separate components, ipratropium and albuterol, as individual nebulized medications. Since emergent approval, the pharmacy has received some backorders, but remains in critical shortage. In collaboration with respiratory therapy leadership, orders for Duoneb are slowly being integrated back into patient care on 5N, 6N, and 7N only due to RRT staffing as separating Duoneb into separate components hosts its own problems for RRT: ● Nebulizing the separate medications doubles the nebulization time by the RRT due to double the amount of drug volume ● Increases time by roughly 15 minutes per treatment and is requiring an additional 3 RRT's workload volume per day It was recommended to formally approve the pharmacist emergent interchange during times of Duoneb shortage. There was discussion on how to potentially address this issue. One recommendation is to evaluate the true need to have ipratropium and albuterol for a patient. There is an option in the Adult General Admission MCT order set under "Medications" → "Respiratory" that allows for the selection of albuterol by itself.	Approved Approved	Complete Complete
Policies	**A. Methicillin Resistant Staphylococcus Aureus (MRSA) nasal PCR - Pharmacy Ordering :** Reviewed policy with no updates needed. The MRSA rapid nasal PCR has been shown to have high negative predictive value (95-99%) for MRSA pneumonia and has been safely used to de-escalate vancomycin therapy in studies as well at Memorial Hospital. The positive predictive value for the MRSA nasal PCR is low	Approved	Complete

		(~40%). Therefore should not be used for escalation of therapy, especially if the patient is clinically improving on current non-MRSA antimicrobial therapy. Another reminder that the MRSA nasal PCR is only for pneumonia and not for other indications. This policy has decreased the need for vancomycin and has decreased the average days of therapy from 4 days to 2 days.		
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.		

There being no further business, the meeting was adjourned at 7:39 a.m. The next P&T meeting is **June 15, 2023 via ZOOM only.**

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

Approved by,
Nathan Chamberlain, MD, Chairman