CHI Memorial
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CHI Memorial Hospital Georgia

PHARMACY AND THERAPEUTICS COMMITTEE

DATE: November 9, 2023
LOCATION: SCN Boardroom + Zoom

CALLED TO ORDER: 7:02 a.m.
ADJOURNED: 7:55 a.m.

Voting Member Attendance:				Non-Voting Member Attendance:		Guests:
X	**Nathan Chamberlain, MD- Chairman**	X	**Matthew Kodsi, MD- Quality**		Karen Babb, PharmD- Manager	**Jaeik Lee, Clinical Pharmacist**
X	**Mark Anderson, MD- Infectious Disease**	X	**Aditya Mandawat, MD- Cardiology**		Jamie Barrie, PharmD- Manager, HX	**Asher Melton, Pharmacy Resident**
X	**Justin Blinn, MD- Anesthesiology**	X	**Daniel Marsh, PharmD- Director of Pharmacy**	X	**Kenneth Dyer, PharmD- Operations Manager**	**Raegan Willoughby, Pharmacy Resident**
X	**David Dodson, MD- Hospitalist**	X	**Chad Paxson, MD- Intensivist**	X	**Rodney Elliott- Purchasing**	**Claire Hiott, Pharmacy Resident**
	Karen Frank, RN- Quality		James Wahl, MD- Hospitalist, GA		Lori Hammon, RN- Quality	**Cricket Patterson, Pharmacy Resident**
	Sherry Fusco, RN- CNO	X	**Richard Yap, MD- Hospitalist**	X	**Shannon Harris, RN- Infection Prevention**	**Deb McKaig, Pharmacy Administrative Coordinator**
X	**F. Lee Hamilton, MD- Hospitalist**			X	**Kevin Hopkins, RT- Director of Resp Therapy**	**Christina Wing, Pharmacy Student**
				X	**Rachel Kile, PharmD- Clinical Manager**	**Neely Hodge, Pharmacy Student**
				X	**Carey Smith, RPh- Manager, GA**	
				X	**Ingrid Wright, Clinical Dietician**	
				X	**Petra McWhorter-Green, RN (CNO Proxy)**	

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 2023 minutes were approved as submitted.	Approved	Complete
Old Business	**A. Sedatives/Hypnotics for sleep program:** Dr. Paxson is in the process of developing a subcommittee and currently communicating with UCLA to develop appropriate protocols/best practices for use of sedatives and sleep medications, including non-pharmacologic approaches. The policy will now include Lunesta as an option for therapeutic interchange. If you would like to join the subcommittee, please reach out to Dr. Paxson or Rachel.	Informational	In-process
CommonSpirit Health System P&T Committee	**A. September 2023 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 below, or will be reviewed at an upcoming P&T committee meeting. The following guidelines were reviewed: ● OB Hyperemesis order set ○ This order set does not apply to our institution, therefore, there were no recommended changes brought to the P&T committee. ● *C.diff* treatment ○ No recommended changes at this time. ● Ketamine for analgosedation in mechanically ventilated adults ○ Rachel will work with ICU leadership to determine how this guideline should be	Approved	Complete

	implemented ● Compounding hazardous and non-sterile drugs ○ New policies.		
Formulary Decisions & Therapeutic Interchanges	**A. Empagliflozin (Jardiance):** Updated criteria for use was reviewed to include the following two changes: the removal of the requirement to already be on GDMT and the eGFR must now be 25 or greater, previously 45. The criteria for use will be restricted to the continuation of home therapy or new inpatient orders in which the following patient conditions are met: ● eGFR is ≥25 and renal function is stable or improving ● patient does not have recurrent UTIs ● patient does not have history of, or at high risk for, DKA ● patient does not have hypovolemia ● patient does not have severe PAD, foot ulcerations, or at risk of amputation Dapagliflozin (Farxiga) was approved to formulary by the system P&T committee in September, but the CHI Memorial P&T committee recommended it to remain as non-formulary locally.	Approved	Complete
	B. Inclisiran (Leqvio): Leqvio has an approved indication for both familial hypercholesterolemia and ASCVD treatment and prevention. It is administered as a subcutaneous injection of 284 mg given as an initial dose, again at 3 months, and then every 6 months. It is required to be administered by a healthcare provider. Leqvio is recommended for patients who have failed other therapies for cholesterol management or cannot tolerate a PCSK9 inhibitor. The P&T committee recommended adding to hospital formulary with use restricted to the outpatient setting for FDA approved indications or payer-approved off-label indications subsequent to insurance approval or prior authorization..	Approved	Complete
	C. Methylene blue: Methylene blue is a common antidote and phenothiazine derivative with FDA approval for use in septic shock or vasodilatory shock states, methemoglobinemia, and reversal of beta-blocker and calcium channel blocker overdose. This agent is most commonly used as a diagnostic aid for various purposes including sentinel lymph node mapping in breast cancer surgery and chrome endoscopic procedures. It was recommended to switch from a branded 0.5% product to an unbranded 1% product. This will have no clinical impact, only cost savings.The branded 0.5% product should be non-formulary and any orders for it would be automatically converted to the 1% unbranded product. In the event that a less dilute version of methylene blue is needed the 1% concentration may be further diluted as deemed clinically necessary.	Approved	Complete
	D. Topical benzocaine 20% spray: Benzocaine 20% (HurriCaine) topical anesthetic spray products are used for mucosal membrane application prior to various procedures including intubation and laryngoscopy. Methemoglobinemia has been reported following topical use of high concentrations of benzocaine spray applied to the mouth and mucous membranes. In 2012, CHI Memorial removed all benzocaine containing sprays from formulary due to these safety risks and lack of metered/unit dosed products on the market. Recently, ENT physicians have requested availability of topical benzocaine for select emergent procedures in the ED and/or OR. The committee recommended addition of the commercially available unit dosed	Approved	Complete

	benzocaine 20% oral anesthetic spray to formulary with the following restrictions: ● ENT providers for emergent cases ● For awake intubations: restrict use to Anesthesia providers, or critical care providers when Anesthesia is not available ● Dispense only 1 dose at a time **E. Dexamethasone ophthalmic drops:** Dexamethasone eye drops have FDA indications for use with otic inflammation, macular edema, or itching associated with conjunctivitis. Traditionally, this has been a branded product (Maxidex). It was recommended to approve an automatic pharmacist therapeutic interchange to convert all orders to the generic dexamethasone 0.1% ophthalmic solution as 2 drops at the same frequency ordered up to four times a day. **F. Annual Formulary List Review:** The annual formulary list review was completed for this year.	Approved Approved	Complete Complete
Protocols & Orders	**A. Annual Review of Medication Protocols:** Per regulatory requirements, the current medication related protocols were reviewed. See Attachment A of the minutes for the list of protocols with committee-approved actions required (none required for 2023). These were reviewed to ensure consistency with the latest standards of practice per evidenced-based guidelines, as well as if there have been any preventable adverse patient events resulting from use.	Approved	Complete
Medication Use	**A. Medication Loss in Small Volume Intermittent Infusions:** Pharmacy resident, Claire Hiott, and Clinical Informatics Nurse, Michelle Denham, are working together on a project to specifically target theoretical loss of medication in small-volume anti-infectives due to residual medication left in the tubing of smart pumps being used to administer them. For this project, a workflow change was requested that would allow nurses to order and administer normal saline as a piggyback infusion to flush the tubing after the medication has been administered to the patient. This would be approximately 15-30 mL of extra fluid to flush the tubing appropriately. Education will also be provided to nursing staff for this workflow change, and a Pyxis pop-up for added instruction. This project will be discussed at the next nurse manager meeting, and the results of the project will be reported to this committee upon completion of the project. The following recommendations were made: ● Add to the Medication Administration & Monitoring policy a statement allowing nurses to place an order in the EHR for a default maintenance fluid of normal saline to run as the primary infusion, if no maintenance IV fluid is already ordered. ● Add default Admin Instructions in EHR: "Infuse as piggyback. Nurse to place order for sodium chloride 0.9% (NS) infusion at X ml/hr to run as primary infusion, if no IV fluid already ordered on MAR. Infuse at least 15 ml post-piggyback to flush tubing. Stop IVF when infusion is complete." The X rate will be the same as the infusion rate for the small volume anti-infective. **B. Subcutaneous Insulin Order set (sliding scales)**: Levels 1-3 of the subcutaneous insulin order set (sliding scale insulin) for patients who are NPO/bedtime have the same scaling throughout, despite the purpose of giving higher doses of rapid acting insulin by escalating levels to those who are more insulin resistant. Dr. Mull reported higher rates of hypoglycemia in patients specifically on levels 2 and 3 due to this. Rachel reviewed	Approved Approved	Complete Complete

	the results of a 4 week MUE which confirmed this suspicion. It was recommended that the NPO/Bedtime units for Level 2 and Level 3 sliding scale insulins be increased. Rachel will also ask Dr. Sekhar, CHI Memorial endocrinologist for his opinion on the order set, and his recommendations will be shared with the group.		
Nutrition	**A.** **Nutrition:** Ingrid Wright, registered dietician, informed the P&T committee that Ensure original and pudding as well as Suplena will no longer be part of our medical nutrition hospital formulary moving forward. For dysphagia and CCHO patients who require additional protein, request Gelatine or Magic Cups. There will be a pocket card with formulary dietary products distributed once more are printed.	Approved	Complete
Policies	**A.** **Penicillin Allergy Skin Testing:** At this time, there were no recommended changes to this policy. **B.** **Pharmacy and Therapeutics Committee:** In a review of the policy outlining the P&T committee operations, there were two proposed changes identified. First was to change the patient safety function of this committee to encompass the Medication Safety committee as these two work collaboratively to review medication related safety concerns. The second change was to edit the communication section to sayCommonSpirit Health P&T Committee where it still referenced the national CHI P&T committee. **C.** **Sedatives/Hypnotics for Sleep:** This policy was updated to reflect the automatic therapeutic interchange of zaleplon (Sonata) to either eszopiclone or zolpidem, due to the addition of eszopiclone to formulary. **D.** **Intravenous to Oral Therapy-Pharmacy:** This policy establishes criteria for a pharmacist to evaluate targeted medications for automatic conversion to oral therapy. Dr. Peter Wong requested that this policy be reviewed by the P&T committee. His recommended changes were: ● Delete inclusion criteria: afebrile for at least 24 hours (T<100.4), and WBC criteria ● Delete exclusion criteria that the patient received 24 hours of IV therapy, and no nausea/vomiting (use of antiemetics) After extensive discussion by the committee, it was recommended to not adopt any of the above recommendations. There was discussion of requiring the pharmacist to discuss recommended changes for antibiotics, but since the ones included in the policy are highly bioavailable, it was recommended to make no changes to that process. Dr Yap recommended adding the exclusion criteria of hypothermia and neutropenia.	Approved Approved Approved Vote pending	Complete Complete Complete Incomplete

There being no further business, the meeting was adjourned at 7:55 a.m. The next P&T meeting is **February 15, 2024.**

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

Approved by,
Nathan Chamberlain, MD, Chairman