



PHARMACY AND THERAPEUTICS COMMITTEE

DATE: August 19, 2021

LOCATION: Zoom conference call

CALLED TO ORDER: 7:05 a.m.

ADJOURNED: 7:38 a.m.

| Physician Member Attendance: | Non-Physician Member Attendance: | | Guests: |
|---|--|---|---|
| <p>X Nathan Chamberlain, MD- Chairman</p> <p>X Mark Anderson, MD- Infectious Disease</p> <p>X Justin Blinn, MD- Anesthesiology David Dodson, MD- Hospitalist</p> <p>X F. Lee Hamilton MD- Hospitalist</p> <p>X William Haren, MD- Psychiatry</p> <p>X Matthew Kodsi, MD-Quality</p> <p>X Aditya Mandawat, MD- Interventional Cardiology</p> <p>X Chad Paxson, MD- Intensivist/Pulmonology/ICU Vimal Ramjee, MD- Cardiology James Wahl, MD- Hospitalist, GA</p> <p>X Richard Yap, MD- Hospitalist</p> | <p>X Karen Babb, PharmD- Manager Jamie Barrie, PharmD- Manager, Hixson</p> <p>X Patrick Ellis, PharmD-Director Rodney Elliott- Purchasing</p> <p>X Karen Frank, RN-Quality</p> <p>X Lori Hammon, RN-Quality</p> <p>X Farrah Reidt, Clinical Nutrition</p> | <p>Shannon Harris, RN-Infection Prevention</p> <p>X Rhonda Hatfield, RN-CNO Kevin Hopkins, RT- Director of Resp Therapy</p> <p>X Rachel Kile, PharmD-Clinical Manager</p> <p>X Daniel Marsh, PharmD- Operations Manager</p> <p>X Carey Smith, RPh- Manager, Georgia</p> | <p>Tina Mathew, Resident</p> <p>Jessica Duke, Resident</p> <p>Doug Dertien, Resident</p> <p>Courtney Guile, Student</p> |

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 June 2021 minutes were approved as submitted. | Approved | Complete |
| CommonSpirit Health System P&T Committee | July 2021 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 and Therapeutic Interchanges" section of the minutes below, or will be reviewed at an upcoming P&T committee meeting. | Approved | Complete |
| Formulary Decisions & Therapeutic Interchanges | <p>1. Non-Ionic CT Contrast Media: Rachel reviewed the CommonSpirit Health formulary decision to remove Omnipaque and replace it with Isovue. The committee approved alignment with this decision which will require purchasing of Isovue 300 and Isovue-M 300 (for intrathecal use) to replace Omnipaque 300. A Visipaque formulary restriction for patients intolerant of low-osmolar contrast media was also approved. The EHR and current order sets will be updated to reflect these recommendations. A \$75,000 annual cost savings is anticipated.</p> | Approved | Complete |
| | <p>2. Crotalidae Immune F(ab')₂- Equine (Anavip®): The CommonSpirit Health system P&T committee approved a single antivenom to formulary, Anavip. The FDA recently expanded the indication for Anavip to include all North American Pit Vipers from the original indication for treatment of rattlesnake envenomations only. Based on the lower cost of initial therapy for more severe envenomations, it was recommended to convert our formulary antivenom agent from</p> | Approved | Complete |

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|--------------------------|--|---|---|
| | <p>CroFab to Anavip.</p> <p>3. Eptinezumab (Vyepti®): Eptinezumab is the first IV infusion formulation of a calcitonin gene-related peptide receptor antagonist for migraine prophylaxis. Rachel reviewed the clinical and safety data and pricing. It was recommended to add eptinezumab to formulary, with restrictions to the outpatient setting for FDA-approved indications or payor-approved off-label indications subsequent to insurance approval or prior authorization.</p> <p>4. Sacubitril/valsartan (Entresto®): The label for sacubitril/valsartan was recently updated to allow use in heart failure regardless of ejection fraction (EF) based on the PARAGON-HF trial results. It was recommended to revise the current restriction criteria for sacubitril/valsartan by removing the existing criterion limiting use to EF <40%. This order question will be removed from the order in the EHR.</p> <p>5. Polidocanol injectable foam (Varithena®): Varithena is an injectable sclerosing agent utilized by vascular. It was recommended to approve to formulary with restrictions to outpatient procedures with confirmed payer approval for treatment of superficial symptomatic venous insufficiency, varicose veins, or incompetent tributaries and perforators in the legs.</p> <p>6. Venetoclax (Venclexta®): Venetoclax is an oral B-cell lymphoma-2 protein inhibitor approved for CLL, SLL, and AML. Rachel reviewed the clinical and safety data. It was recommended to add to formulary with use restrictions as follows: restricted to hematology oncology service for CLL, SLL, or AML, for first cycle or for admitted patients and next cycle is needed (unable to defer to outpatient administration or obtain from specialty pharmacy). For continuation of therapy during hospitalization, the patient's own medication supply must be utilized if on therapy prior to hospitalization.</p> <p>7. Budesonide, glycopyrrolate, and formoterol (Breztri®): Breztri is a triple combination ICS, LAMA, plus LABA approved for maintenance treatment of COPD. It was recommended to approve an automatic therapeutic interchange for all Breztri® orders to the formulary products tiotropium/olodaterol (Stiolto Respimat®) 5 mcg/5 mcg (2 puffs) via oral inhalation once daily plus mometasone HFA (Asmanex) 200mcg /inhalation two inhalations BID.</p> <p>8. Biosimilar formulary addition: Rituximab-arrx (Riabni), a biosimilar agent for the reference product Rituxan, was approved to formulary. Any formulary restrictions currently in place for Rituxan will be applied to Riabni.</p> | <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> | <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> |
| Medication Safety | <p>1. ADR Summary: Karen Babb reviewed the adverse drug reaction summaries for Apr-Jun 2021 and no new trends were observed.</p> | <p>Informational</p> | <p>Complete</p> |

There being no further business, the meeting was adjourned at 7:38 a.m. The next P&T meeting is **October 7, 2021 @ 7:00 a.m.**

Respectfully submitted,
Patrick N. Ellis, PharmD, Director of Pharmacy; Rachel Kile, PharmD, Pharmacy Clinical Manager

Approved by,
Nathan Chamberlain, MD, Chairman