



PHARMACY AND THERAPEUTICS COMMITTEE

DATE: June 10, 2021

LOCATION: Private Dining Room + Zoom conference call

CALLED TO ORDER: 7:00 a.m.

ADJOURNED: 7:36 a.m.

Physician Member Attendance:	Non-Physician Member Attendance:	Guests:
<p>X Nathan Chamberlain, MD- Chairman Mark Anderson, MD- Infectious Disease</p> <p>X Justin Blinn, MD- Anesthesiology</p> <p>X David Dodson, MD- Hospitalist F. Lee Hamilton MD- Hospitalist William Haren, MD- Psychiatry Matthew Kodsi, MD-Quality Aditya Mandawat, MD- Interventional Cardiology Chad Paxson, MD- Intensivist/Pulmonology/ICU</p> <p>X Vimal Ramjee, MD- Cardiology James Wahl, MD- Hospitalist, GA Richard Yap, MD- Hospitalist</p>	<p>Karen Babb, PharmD- Manager Jamie Barrie, PharmD- Manager, Hixson</p> <p>X Patrick Ellis, PharmD-Director</p> <p>X Rodney Elliott- Purchasing</p> <p>X Karen Frank, RN-Quality</p> <p>X Susan Fuchs, RD-Nutrition Lori Hammon, RN-Quality</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 Carey Smith, RPh- Manager, Georgia</p> <p>Sierra Detwiler, PharmD La'Travia Howard, PharmD Andrea Wilkinson, PharmD</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 April 2021 minutes were approved as submitted.	Approved	Complete
CommonSpirit Health System P&T Committee	May 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 "Therapeutic Interchanges and Formulary Changes" section of the minutes below, or will be reviewed at an upcoming P&T committee meeting.	Approved	Complete
Formulary Decisions & Therapeutic Interchanges	1. Alteplase (Activase®): This committee previously approved replacing Activase® (alteplase) with TNKase® (tenecteplase) for the treatment of acute ischemic stroke at CHI Memorial hospitals. It was recommended to revise the formulary status for Activase® 50 mg or 100 mg vials to the following restricted indications: 1. Pulmonary embolism, and 2. Acute ischemic stroke when alteplase is required for clinical trial participation only. The EHR build, including order set(s), will reflect the above formulary recommendations.	Approved	Complete
	2. Erythropoietin agents - Therapeutic Interchange: It was recommended to approve a pharmacist-driven automatic therapeutic interchange from darbepoetin alfa (Aranesp®) to epoetin alfa-epbx (Retacrit®), or to the most cost effective epoetin alfa biosimilar agent on formulary. Inpatient orders for darbepoetin alfa for interchange to the epoetin alfa biosimilar should be limited to those scenarios in which the administration of the medication cannot be deferred to post-discharge.	Approved	Complete

	3. Annual Formulary List Review: The committee reviewed the formulary list for all CHI Memorial facilities.	Approved	Complete
Protocols & Orders	1. Order sets with Opioid Analgesics for Mild Pain: Rachel reviewed a summary of current order sets which include opioids for mild pain. Tramadol is the most common, and it was recommended to remove tramadol from order sets which also have acetaminophen as a mild pain option currently available, with exceptions for the following order sets in which Rachel will work with physician champions to form a plan: Standard Post Anesthesia, Colorectal Surgery Post-Op, and Orthopedic Surgery Post-Op. Lortab solution will be changed to acetaminophen solution for the Bariatric Surgery Pre Op order set, with prior approval by Dr. Jamie Ponce.	Approved	Complete
	2. Cardiac Arrest Post Cardiac Surgery Protocol: This new policy was reviewed. It was developed at the request of cardiothoracic surgeons with the goal of providing an evidence-based resuscitation protocol to meet the needs of patients immediately after cardiac surgery (within the first 24 hours post-op in the CVICU). Specific to medication use during ventricular fibrillation (VF) or pulseless ventricular tachycardia (pVT) arrest, this policy approves of CVICU nurses placing and order for amiodarone 300 mg IV push only after 3 attempts to defibrillate when VF or pVT persists, per protocol, with physician co-signature required in the EHR. This policy will be added to the list of protocols reviewed annually per TJC requirements.	Approved	Complete
	3. Neostigmine IV Order Panel: Rachel reviewed a neostigmine IV ordering panel for EHR build which was shared from another CHI Epic hospital. The orders ensure adequate patient monitoring for the administration of neostigmine IV route for use outside of the OR (floors, ICU) for colonic pseudo-obstruction. Atropine PRN, cardiac monitoring for 1 hour, and patient monitoring instructions for nursing are included. It was recommended to approve the order panel build for with restrictions to inpatient units with telemetry monitoring and neostigmine administration limited to an ACLS certified RN.	Approved	Complete
Medication Safety	1. ADR Summary: Rachel reviewed the adverse drug reaction summaries for Jan-Mar 2021 and no new trends were observed.	Informational	Complete
Miscellaneous	1. Blue Top Tube Lab Shortage: Due to a shortage of citrate for lab testing, blue top lab tubes are on a nationwide shortage and it is impacting our facilities. Blue top tubes are used for coagulation tests such as aPTT, PT/INR, D-dimer, fibrinogen, and TEG. The committee discussed options for temporarily reducing orders of laboratory tests required for drug monitoring to conserve supply. It was recommended to temporarily authorize a modification to the Anticoagulation Monitoring policy to allow pharmacists to order an INR for patients on warfarin as often as every 72 hours, when clinically appropriate, instead of daily.	Approved	Complete

There being no further business, the meeting was adjourned at 7:36 a.m. The next P&T meeting is **TBD at 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