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CHI Memorial Hospital Georgia

PHARMACY AND THERAPEUTICS COMMITTEE

DATE: November 3, 2022 CALLED TO ORDER: 7:02 a.m.
LOCATION: Private Dining Room + Zoom ADJOURNED: 7:46 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**	**Rachel Anderson, PharmD**
	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**		Kenneth Dyer, PharmD- Operations Manager	**Jordan Tynes, Pharmacy Resident**
X	**David Dodson, MD- Hospitalist**		Chad Paxson, MD- Intensivist		Rodney Elliott- Purchasing	**Chris D'Amico, Pharmacy Resident**
	Karen Frank, RN- Quality		James Wahl, MD- Hospitalist, GA	X	**Lori Hammon, RN- Quality**	**Morgan Knight, Pharmacy Student**
X	**Sherry Fusco, RN- CNO**		Richard Yap, MD- Hospitalist	X	**Shannon Harris, RN- Infection Prevention**	
X	**F. Lee Hamilton, MD- Hospitalist**			X	**Kevin Hopkins, RT- Director of Resp Therapy**	
	William Haren, MD- Psychiatry			X	**Rachel Kile, PharmD- Clinical Manager**	
				X	**Carey Smith, RPh- Manager, GA**	

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 August minutes were approved as submitted.	Approved	Complete
CommonSpirit Health System P&T Committee	**September 2022 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 & Therapeutic Interchanges" section of the minutes below, or will be reviewed at an upcoming P&T committee meeting.	Approved	Complete
Formulary Decisions & Therapeutic Interchanges	**A. Posaconazole (Noxafil)**: Posaconazole is an antifungal azole derivative approved to the CommonSpirit Health formulary. CHI Memorial approved isavuconazole (Cresemba®) to formulary in 2015 and substituted any potential patients in need of posaconazole to isavuconazole. Since this decision, the cost of oral posaconazole tablets have significantly decreased. It was recommended to add posaconazole oral tablets to formulary, with restrictions to Infectious Diseases providers for new initiation or continuation of patient home medication. **B. Vabomere to Avycaz**: Ceftazidime/avibactam (Avycaz) was approved to CHI Memorial formulary in 2015. Meropenem/vaborbactam (Vabomere), a similar agent, replaced ceftazidime/avibactam in 2019 due to cost and availability of a CMS New Technology Add-on Payment (NTAP) program which provided additional payments for the drug for qualifying cases. The NTAP program for meropenem/vaborbactam has since	Approved Approved	Complete Complete

	expired and the cost of ceftazidime/avibactam is now lower than that of meropenem/vaborbactam. It was recommended to replace meropenem/vaborbactam with ceftazidime/avibactam as the formulary product for treatment of infections due to susceptible MDR gram-negative rod for which other preferred treatment options are unavailable, with restrictions to Infectious Diseases providers and cases meeting qualifying criteria. Ceftazidime/avibactam will be dose adjusted for renal function per existing pharmacist dose-adjustment policy.		
	C. Beta-lactam allergy guidance: The purpose of this guideline is to guide clinicians in prescribing antibiotics for inpatients with reported allergic reactions to penicillin or cephalosporin antibiotics by allowing these patients to receive more narrow-spectrum, more effective, less toxic, and/or less costly antibiotics. It was recommended to adopt the decision of the Antimicrobial Stewardship Subcommittee and approve these guidelines and associated policy. Education will be provided to hospitalists.	Approved	Complete
	D. Ammonia smelling salts: Ammonia inhalant capsules (smelling salts) are considered a medication. In March, ammonia inhalants were removed from the CHI Memorial outpatient lab due to lack of medication orders for use and lack of secure storage. The lab's venipuncture policy was also updated to remove references to its use. Rachel reported ~60% of dispensed doses at CHI Memorial are not documented as administered which leads to inaccurate medical record keeping and lost charges. It was recommended to remove ammonia inhalant capsules from formulary and utilize alternative methods to avoid syncope.	Approved	Complete
	E. Banana bags: "Banana bag" therapy, which usually includes thiamine 100 mg, folic acid 1 mg, multivitamin, ± magnesium 2 gm in a 1 liter 0.9% sodium chloride bag, is a common treatment used in alcohol withdrawal patients. There is no literature to support administering a banana bag in the treatment of alcohol withdrawal. The CSH System P&T Committee recently approved removal of banana bags from formulary. As an alternative, individual components were approved for the treatment of alcohol withdrawal including options for thiamine, folic acid, magnesium, and IV fluid replacement. IV multivitamin was approved for use only in TPN. Rachel reported an estimated annual savings of $12,087. It was recommended to adopt the decision of the CSH system P&T committee mentioned above, which will align with the newly approved alcohol withdrawal management protocol utilizing phenobarbital. An ordering panel with the above options will be developed in the EHR to assist with ease of ordering the components in place of a banana bag. Use of the "custom IV infusion" entry by providers to design their own banana bag will not be verified by pharmacists and it was approved to adopt an automatic therapeutic interchange by the pharmacist to the individual components above using the ordering panel.	Approved	Complete
	F. Dexmedetomidine taper: Dexmedetomidine is an alpha-2 adrenergic receptor agonist approved for the sedation of intubated and non-intubated patients for up to 24 hours. Due to its favorable pharmacodynamic properties, it has become a widely used agent for sedation in the intensive care setting. However, abrupt discontinuation of dexmedetomidine has been associated with symptoms such as tachycardia, reflex hypertension, agitation, and other hypersympathetic conditions. Joseph proposed a weaning protocol utilizing a percentile reduction of dexmedetomidine paired with concomitant guanfacine. The implementation of a weaning protocol was recommended to standardize infusion durations of dexmedetomidine. The proposed	Approved	Complete

	changes will update the current "Intubation and as Ventilator Weaning MCT" order set in addition to developing a new standalone medication entry for the dexmedetomidine infusion weaning protocol plus guanfacine taper. The non-weaning dexmedetomidine infusion will remain available as an ordering option. Concerns were voiced in regards to the ease of accessibility of the nursing reference guide for weaning which will be followed-up by Joseph. **G. Tecovirimat (Tpoxx):** Monkeypox is an orthopoxvirus that is related to the smallpox virus. Since May 2022, an outbreak of monkeypox has been ongoing in several countries, including the United States. Tecovirimat (Tpoxx) is an antiviral agent FDA indicated for smallpox. Based on the CDC interim clinical guidance for the treatment of monkeypox, tecovirimat may be considered for treatment of monkeypox in certain patients. Tecovirimat (Tpoxx) was recently approved to the CSH system formulary. CHI Memorial has obtained oral Tpoxx from the state of TN and is now a "pre-positioned" site in order to ensure expedited treatment of patients, especially those that may present through the ED. CHI Memorial hospital may distribute Tpoxx to the Hixson campus and our ID physicians' office if needed. Tpoxx distributed from TN cannot be shared with GA per state guidelines. It was recommended to add Tecovirimat (Tpoxx) to formulary. Education will be provided to pharmacy and ED staff. **H. Medications for COVID-19:** The Pfizer-BioNTech COVID-19 bivalent booster vaccine was recommended to add to formulary for inpatient use. The current monovalent vaccine on formulary can no longer be used as a booster vaccine; only as part of the initial series.	Approved Approved	Complete Complete
Protocol & 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. 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. **B. Meditech order sets approved during EHR downtime:** The former Meditech order sets that were emergently reviewed and approved by the P&T Committee during the October 2022 extended EHR downtime were reviewed. These order sets were only approved for use during that downtime and any requested use in the future would require re-approval by the committee.	Approved Approved	Complete Complete
Policies	**A. 24 Hour Stop On Routine Perioperative Antibiotic Prophylaxis**: No changes to this policy were required at this time. Approved per routine review. **B. Renal Dosing Adjustments:** Updates were made to the automatic dose adjustment per pharmacist for ampicillin, cefepime, and meropenem. The changes were previously approved by the Antimicrobial Stewardship Subcommittee. **C. Beta Lactam Allergy**: This is a new policy accompanying "C" under Formulary Decisions & Therapeutic Interchanges. **D. Pharmacy & Therapeutics Committee**: No changes to this policy were required at this time. Approved per routine review.	Approved Approved Approved Approved	Complete Complete Complete Complete

Appendices	**A. Subcommittee Meeting Minutes: Antimicrobial Stewardship (ASP)**: The June and September 2022 ASP meeting minutes were reviewed and approved.	Approved	Complete

There being no further business, the meeting was adjourned at 7:46 a.m. The next P&T meeting is **December 15, 2022.**

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

Approved by,
Nathan Chamberlain, MD, Chairman

Attachment A

<u>Medication Protocols</u> – TJC Annual Review

November 2022

Protocol	**Key contact(s)**	**Action Required 2022**
MCT RIS Contrasts Order Set/ Contrast Media Administration Policy	Director of Imaging Services Dr. Rowlett	*Eliminating the need to check a patient's renal function when they are going to be receiving a MultiHance contrasted MRI. The GFR < 30 cutoff will thus be eliminated.*
Anaphylaxis & Acute Drug Hypersensitivity Protocol	Pharmacy Review Team	Order set and policy up to date. No medication edits are required.
Hypoglycemia Protocol	Diabetes education, Pharmacy Review Team	Order set and policy up to date. No medication edits are required.
Narcan (Naloxone) Opioid Reversal Protocol	Pharmacy Review Team; Clinical educator critical care	Order set and policy up to date. No medication edits are required.
Respiratory Distress Protocol	Pulmonary management team	Order set and policy up to date. No medication edits are required.
Bradycardia Management Protocol	Clinical educator critical care	Change symptomatic SBP to <u>≤</u>80 instead of <70 mmHg. No medication edits are required.