CHI Memorial
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PHARMACY AND THERAPEUTICS COMMITTEE

DATE: April 15, 2021 CALLED TO ORDER: 7:00 a.m.
LOCATION: Private Dining Room + Zoom conference call ADJOURNED: 7:33 a.m.

Members Present:		**Members Absent**:	**Guests**:
Nathan Chamberlain, MD	Karen Frank, RN-Quality	Vimal Ramjee, MD	Sierra Detwiler, PharmD
Mark Anderson, MD	Patrick Ellis, PharmD	Justin Blinn, MD	La'Travia Howard, PharmD
F. Lee Hamilton MD	Rachel Kile, PharmD	Rhonda Hatfield, RN-CNO	Kristen Liveris, PharmD
Chad Paxson, MD	Karen Babb, PharmD	Kevin Hopkins, RT	Andrea Wilkinson, PharmD
Matthew Kodsi, MD	Daniel Marsh, PharmD	Lori Hammon, RN-Quality	Proxies for Rhonda Hatfield:
Aditya Mandawat, MD	Carey Smith, RPh	Shannon Harris, RN	Petra Green, RN
	Susan Fuchs, RD		Natasha McGhee, RN
	Rodney Elliott		Rebecca Jones, RN

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 2021 minutes were approved as submitted.	Approved	Complete
CommonSpirit Health System P&T Committee	**February & March 2021 Decision Briefs:** The medication decisions that were approved at the CommonSpirit Health System P&T committee meetings 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. The only exception was the pain order set guidance which instructs removal of all opioid pain medication orders from the "mild pain" medications options within order sets. Rachel will ask IT to generate a report to identify which order sets and medications this applies to at CHI Memorial. This will be assessed with recommendations brought for review to the next P&T meeting.	Approved	In progress
Formulary Decisions & Therapeutic Interchanges	1. **CommonSpirit Health Formulary Alignment:** The February & March 2021 System P&T committee meetings reviewed additional medications for formulary alignment opportunities across the entire system. The below medications represent formulary variances from the current CHI Memorial formulary: a. BiDil (isosorbide dinitrate 20 mg plus hydralazine 37.5 mg): It was recommended to remove BiDil brand name product from local formulary and approve a therapeutic interchange to the individual components during inpatient admission. This recommendation was approved by Cardiology. b. Demeclocycline 150 mg: Utilization is very low and cost is high. It was recommended to remove from formulary and allow patients to utilize their own supply.	Approved	Complete

	2. **Droperidol:** Droperidol was reintroduced to the market in Feb 2019. It was recommended to be added to formulary with more restrictive criteria than the CommonSpirit Health approved restrictions. The below restrictions were approved for CHI Memorial: • Maximum single dose = 2.5 mg • Indications: ○ Prevention and/or treatment of nausea and vomiting associated with surgical and diagnostic procedures ○ Prior to using droperidol for off-label indications (such as nausea and vomiting, migraine and agitation), other treatments should be utilized, as clinically appropriate ○ When used for agitation: a. Utilize 2.5 mg IV or IM dose b. Use limited to scenarios of urgent potential harm to the patient and/or staff and other medications for agitation were attempted first (EHR documentation should reflect) c. Do not administer if K+ and Mg++ are abnormal (if labs available) • Baseline Monitoring: ○ Baseline SBP >100 mmHg ○ Baseline electrocardiogram is recommended; use of droperidol is not recommended if there is evidence of QTc prolongation	Approved	Complete
	3. **Lurbinectedin (Zepzelca®):** Alkylating drug FDA indicated for the treatment of adult patients with metastatic small cell lung cancer (SCLC) with disease progression on or after platinum-based chemotherapy. It was recommended to approve lurbinectedin to formulary with restrictions to the outpatient setting for FDA-approved indications or payer-approved off-label subsequent to insurance approval or prior authorization.	Approved	Complete
	4. **Inpatient COVID-19 Vaccine:** Patrick provided a brief update on plans for inpatient COVID-19 vaccination since administration of J&J vaccine has been paused globally. The committee approved administration of J&J vaccine for inpatients in alignment with updated EUA guidelines, once it is deemed safe to administer by the CDC and FDA.	Approved	Complete
	5. **Emergency use authorization (EUA) medications for COVID-19:** On March 5th, the committee chairman approved emergency use of bamlanivimab/etesevimab instead of bamlanivimab alone, as a pharmacist-driven therapeutic interchange for orders for bamlanivimab. The committee reviewed this decision.	Approved	Complete
Medication Use	1. **Vancomycin IV: Pharmacist-led MRSA Nasal PCR Protocol MUE Results:** Sierra Detwiler, pharmacy resident, presented the results of her MUE which demonstrated that by pharmacists automatically ordering MRSA nasal PCR tests, there was no difference seen in the primary outcome of median duration of IV vancomycin therapy for patients with pneumonia. Reeducation	Informational	Complete

	was identified as the primary need to ensure future success of this initiative. A plan for pharmacist and hospitalist reeducation was presented. A post-education MUE will be performed to evaluate the ongoing impact of this workflow and associated interventions.		
Protocols & Orders	1. **TPN Ordering Criteria:** It was recommended to modify the existing "Consult to Pharmacy to Dose TPNs" order in the EHR to require an indication for TPN from a selection of indications which are in alignment with American Society of Parenteral and Enteral Nutrition (ASPEN) guidelines for parenteral nutrition support. The committee also recommended establishing a formal process for automatic multidisciplinary clinician review of patients discharging on a new TPN. Rachel will coordinate the development of this committee.	Approved	Complete
Medication Safety	1. **ADR Summary:** Rachel reviewed the adverse drug reaction summaries for May-July 2020 and no new trends were observed. Steroid induced hyperglycemia and leukocytosis remain the most common inpatient ADRs reported. There were zero category 3 ADRs.	Informational	Complete
Policies	1. **Central Venous Access Device- Thrombolytic Declotting for Occlusion:** This policy was updated to reflect current EHR practices. No clinical content modifications were required.	Approved	Complete

There being no further business, the meeting was adjourned at 7:33 a.m. The next P&T meeting is **June 10, 2021 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