CHI Memorial
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PHARMACY AND THERAPEUTICS COMMITTEE

DATE: August 10, 2017 CALLED TO ORDER: 7:00 A.M.
LOCATION: Private Dining Room ADJOURNED: 8:00 A.M.

Members Present:		**Members Absent**:	**Guests**:
Richard Pesce, M.D. David Dodson, M.D. Mark Anderson, MD Richard Yap, M.D. Helen Kuroki, MD Nathan Chamberlain, M.D Nathan Schatzman, M.D	Sandy Vredeveld, DPh Patrick Ellis, PharmD Lila Heet, PharmD Susan Fuchs, RD Karen Babb, PharmD Melissa Roden, RN Patty Hicks, RN Rhonda Polson, CNO	Nan Payne, RN Shannon Harris, RN Michael Stipanov, M.D. Rodney Elliott Scott Harbaugh, Finance Jeffrey Mullins, M.D Jamie Barrie, PharmD Allen Atchley, M.D. Avni Kapadia, M.D	Avery Hart, PharmD Prisca Taylor, PharmD Rima Patel, PharmD Mandy Hill, Student Lee Holland, Student Sidney Lopez, Student

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 2017 minutes were approved as submitted.	Approved	Complete
CHI MUE Committee	**CHI MUE Committee May & July Decision Briefs**: The medications that were reviewed at the March national MUE committee meeting were reviewed with the committee. All new formulary agents or formulary changes were discussed in detail with the group and described in the "Therapeutic Interchanges and Formulary Changes" section of the minutes below. The below items will either be deferred to a future meeting or are consistent with the current Memorial medication formulary. **A.** **Chemotherapy Induced Nausea & Vomiting Treatment Review:** Comprehensive national review of CINV therapies. A full review will be done for this class of medications and discussed in detail at the October meeting. **B.** **Gram positive organism treatment review:** Recommendations consistent with preexisting antimicrobial stewardship policies/procedures. **C.** **Outpatient only medications:** The following agents were discussed and already on Memorial formulary with restrictions to outpatient infusion use only: Orencia, long-acting somatostatin analogs, Benlysta. **D.** **Medication dose rounding guideline:** Consistent with existing Memorial policy outlining rounding practices for biologic and cytotoxic infusion therapies. **E.** **PDE5 Inhibitors:** Consistent with existing Memorial medication formulary for this class of medications.	Information only	Complete

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	F. **Anesthesia Gases:** CHI passed restriction criteria for the use of desflurane at all CHI facilities. Local anesthesia and supply chain leadership are actively in the process of obtaining additional isoflurane vaporizers in order to remove desflurane from local formulary. The committee will be updated on the progress of this initiative at the next P&T meeting.		
Therapeutic Interchanges and Formulary Decisions	**A.** **Ocrevus® (ocrelizumab)** – New monoclonal antibody therapy approved for the treatment of relapsing and primary progressive multiple sclerosis (MS). Recently restricted by national MUE committee for outpatient infusion use only. The committee agreed with this restriction and voted to approve this to inpatient formulary. Pharmacy will ensure that required pre-meds (methylprednisolone + diphenhydramine) must be ordered prior to all Ocrevus infusions.	Approved to outpatient formulary	Complete
	B. **Zinplava® (bezlotoxumab)** – New monoclonal antibody therapy approved to decrease recurrence of *C.difficile* infection (CDI) for patients at high risk of recurrence. The Antimicrobial Stewardship Sub-committee felt that the data was not adequate to justify addition to inpatient or outpatient formulary. Dr. Anderson recommended that this not be added to formulary.	Not approved to formulary	Complete
	C. **Mivacron® (mivacurium)** – Non-depolarizing neuromuscular blocker which possesses the shortest onset of action and offset of action among the non-depolarizing agents. This was recently designated as a non-formulary medication by the national MUE committee. After review of the clinical data, Dr. Schatzman felt that this agent may be useful for a small subset of patients undergoing shorter surgical procedures and the shorter duration of effect may minimize the need for reversal or the need for more expensive reversal agents such as sugammadex. Based on Dr. Schatzman's recommendation, Patrick will prepare a formal appeal of this national decision and he will bring this forward for additional national discussion.	Patrick & Dr. Schatzman to prepare potential appeal to national MUE decision	Pending
	D. **Gazyva® (obinutuzumab)** – New monoclonal antibody therapy approved for treatment of CLL and refractory follicular lymphoma. Recently restricted by national MUE committee for outpatient infusion use only. Dr. Stipanov agreed that this therapy would be useful for some patients and he recommended that this be added to Memorial's outpatient infusion formulary. Pharmacy will ensure that required pre-meds (APAP + glucocorticoid + diphenhydramine) must be ordered prior to all Gazyva infusions.	Approved to outpatient formulary	Complete
	E. **Glycoprotein IIb/IIIa Inhibitors** – Recent contracting changes necessitated the national review for this class of medications. Patrick explained that he has discussed this issue with the interventional cardiologists and they are agreeable to the national recommendation of converting all Integrilin (eptifibatide) use to Aggrastat (tirofiban). It was recommended by Dr. Pesce to recommend approval of this formulary change as recommended by the Invasive Cardiology committee.	Formulary changes approved – *Aggrastat added to formulary & Integrilin removed from formulary*	Complete
	F. **HIV Antiretroviral Formulary Review** – A full review of HIV medications was performed and reviewed by the Antimicrobial Stewardship Sub-committee of P&T. The addition of Genvoya to formulary was recommended by Dr. Anderson as well as the removal of the following drugs from inpatient formulary: Truvada*, Atripla*, Stribild, Combivir*, Descovy, Epzicom*, Triumeq*, Viramune,	Formulary changes approved	Complete

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	Reyataz, Crixivan, Lexiva, Retrovir, Prezcobix, Videx EC, Viracept, and Zerit. ** indicates that individual drug components will be utilized for these combination products.*		
Medication Safety & Policy	**A. Insulin Pump Orders (mandatory use discussion) –** A recent patient safety event highlighted the need for a routine process to be in place to ensure that the insulin pump continuation orders are available and utilized for any patient continuing on their home insulin pump therapy. The orders were recently updated to provide clear guidance to nursing for hypo/hyperglycemic management, patient assessment, and routine monitoring to ensure patient safety for patients on insulin pumps while hospitalized. Patrick recommended that the use of this set become mandatory for any patient with orders to continue a home insulin pump. **B. ADR Review –** Karen reviewed with the committee the ADRs from September 2016 – February 2017. Three category 3 ADR's were noted and these will be reported to the FDA's MedWatch program. No other significant trends were noted for inpatient ADRs. **C. Fleets enema (sodium phosphate enema) –** A recent concern was brought forward by a nephrology specialist regarding the risk of acute phosphate nephropathy for patients receiving sodium phosphate enemas (SPE). Patrick explained that the risk for acute nephropathy has been well documented with the use of oral sodium phosphate (not on inpatient formulary) although this risk has only been documented via case reports for the enema formulation. Dr. Chamberlain agreed that this should likely be avoided in dialysis patients and repeat dosing avoided for any patient with serum creatinine $\geq$ 1.5. A small audit of inpatient orders did reveal that adopting this practice would likely prevent administration of this therapy to this potentially at risk group. Dr. Pesce recommended that Dr. Chamberlain's suggestion be accepted and implemented and pharmacy to screen all orders and automatically discontinue any ongoing PRN orders if serum creatinine $\geq$ 1.5.	Mandatory use of order set approved Information only Restrictions and auto-stop approved	Complete Complete Complete
Medication Use Evaluation	**Ketamine sub-anesthetic dosing for pain –** Utilization of sub-anesthetic dosing of ketamine was discussed by the committee. Patrick explained that currently no policies specifically address where and by whom sub-anesthetic doses of ketamine can be utilized within the hospital. Dr. Schatzman explained that the data is not definitive on which patient populations can most benefit from this therapy but he agreed that a clear policy should be developed to outline appropriate dosing and patient care locations for patients receiving sub-anesthetic doses of ketamine. He will work with Patrick on the development of this policy and he suggested limiting this to ED, ICU, and phase I recovery areas.	Patrick & Dr. Schatzman to develop policy	Pending
Policy & Procedure	**A. TPN Policy – Hyperglycemic management clarifications:** Patrick reviewed some policy modifications for management of hyperglycemia associated with TPN therapy. The policy edits clearly outline the conditions in which insulin therapies can be initiated by pharmacists (sliding scale insulin & long-acting insulin) and the parameters in which this can be increased in the presence of persistent hyperglycemia. **B. Titrating Medications Policy –** Patrick reviewed some changes to this policy that are required due to some new JCAHO requirements related to additional required elements that must be included	Policy edits approved Policy edits approved	Complete Complete

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	with all titratable infusions (maximum dose, initial rate, titration frequency, etc.). This policy will provide titration instructions (to be defined on eMAR) for any order that doesn't contain all of the required JCAHO elements. Dr. Pesce reviewed this policy and did not have any further recommendations.		

There being no further business, the meeting was adjourned at 7:58 A.M. The next P&T meeting is **October 12, 2017 at 7:00 a.m.**

Respectfully submitted,
Sandy Vredeveld, D.Ph. Director of Pharmacy
Patrick Ellis, Pharm.D Pharmacy Clinical Coordinator

Approved by,
Richard Pesce, M.D. Chairman