



PHARMACY AND THERAPEUTICS COMMITTEE

DATE: August 11, 2022

LOCATION: Private Dining Room

CALLED TO ORDER: 7:00 a.m.

ADJOURNED: 8:00 a.m.

Voting Member Attendance:		Non-Voting Member Attendance:		Guests:
<p>X Nathan Chamberlain, MD- Chairman</p> <p>X Mark Anderson, MD- Infectious Disease</p> <p>X Justin Blinn, MD- Anesthesiology</p> <p>X David Dodson, MD- Hospitalist</p> <p>X Karen Frank, RN- Quality Sherry Fusco, RN- CNO F. Lee Hamilton, MD- Hospitalist William Haren, MD- Psychiatry</p>	<p>X Matthew Kodsi, MD- Quality</p> <p>X Aditya Mandawat, MD- Cardiology</p> <p>X Daniel Marsh, PharmD- Director of Pharmacy Chad Paxson, MD- Intensivist Vimal Ramjee, MD- Cardiology James Wahl, MD- Hospitalist, GA Richard Yap, MD- Hospitalist</p>	<p>Karen Babb, PharmD- Manager Jamie Barrie, PharmD- Manager, HX</p> <p>X Kenneth Dyer, PharmD- Operations Manager Rodney Elliott- Purchasing</p> <p>X Lori Hammon, RN- Quality Shannon Harris, RN- Infection Prevention Kevin Hopkins, RT- Director of Resp Therapy</p> <p>X Rachel Kile, PharmD- Clinical Manager</p> <p>X Carey Smith, RPh- Manager, GA</p>	<p>Hallie Butler, Pharmacy Resident</p> <p>Joseph Oh, Pharmacy Resident</p> <p>Jordan Tynes, Pharmacy Resident</p> <p>Chris D'Amico, Pharmacy Resident</p> <p>Petra McWhorter-Green, RN (CNO Proxy)</p> <p>DeAnn Champion, MD-ED</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 May minutes were approved as submitted.	Approved	Complete
CommonSpirit Health System P&T Committee	May 2022 and July 2022 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 "Formulary Decisions & Therapeutic Interchanges" section of the minutes below, or will be reviewed at an upcoming P&T committee meeting.	Approved	Complete
Old Business	A. Sedatives-Hypnotics for Sleep Policy: Rachel reported that they did meet as a sub committee to further discuss the policy and would like to do a project to assess how agents used for sleep are utilized. We will provide another update at the next meeting.	Informational	Complete
Formulary Decisions & Therapeutic Interchanges	A. Pentobarbital: Pentobarbital is a barbiturate FDA approved for emergency control of seizures and for use as a sedative/hypnotic. At high doses pentobarbital exhibits anti-seizure properties and reduces brain metabolism and cerebral blood flow to decrease intracranial pressure. It was recommended by the neuroscience service line to add pentobarbital to formulary and adopt the following restrictions (all must apply): <ul style="list-style-type: none"> a. Status epilepticus restricted to cases refractory to or with contraindications to all other therapies (third line agent) b. Must be ordered by a Neurologist or Neurosurgeon 	Approved	Complete

	<p>options for a few alternatives, and does not allow the ordering provider to continue with the current order for injectable promethazine</p> <ul style="list-style-type: none"> b. Remove injectable promethazine from all order sets c. Must have tried and failed another agent prior to using injectable promethazine (cannot be used as first line agent) d. Restricted to central line administration only via slow IV infusion over 10-15 minutes <p>D. Drug shortages-lorazepam: Rachel reported that a medication use evaluation was conducted to determine the appropriateness of injectable lorazepam prescribing. The prescribing of injectable lorazepam for the prophylaxis and treatment of alcohol withdrawal syndrome (AWS) utilizes a significant amount of IV lorazepam at our institution (approximately 40% of all parenteral lorazepam use). For patients with mild/moderate alcohol withdrawal, the existing AWS order set was rarely optimized to prevent breakthrough symptoms. This could have led to the prescribing of a lorazepam infusion. The order set was incorrectly initiated for patients experiencing severe AWS, and intoxicated patients at risk for AWS were initiated on the order set and started on lorazepam infusions as well. A panel of physician, nursing, and pharmacy leaders met urgently on July 28th to develop shortage strategies. The decisions were as follows:</p> <ul style="list-style-type: none"> i. Pharmacists may automatically substitute orders for injectable lorazepam to oral lorazepam in a 1:1 ratio if the patient can take oral/NG/FT medications, unless indicated for seizure or alcohol withdrawal (approved emergently on 7/22/22) ii. Benzodiazepine equivalents: Lorazepam 1 mg = Midazolam 1 mg = Diazepam 5 mg iii. IV lorazepam is permanently formulary restricted for the treatment of only acute seizures, alcohol withdrawal, or chemotherapy-induced nausea and/or vomiting iv. Lorazepam infusions are permanently non-formulary (due to availability of safer alternatives for agitation such as propofol, dexmedetomidine, ketamine and risk of propylene glycol toxicity) v. Build a new EHR alert to drive ordering to alternatives (lorazepam PO or midazolam). Alert is suppressed for the alcohol withdrawal order set vi. Update the Midazolam Usage policy to allow administration of midazolam outside of ICU and procedural areas vii. There were six order sets that included IV lorazepam. Lorazepam was either removed from the order set, changed to oral lorazepam, or replaced with IV midazolam. 	Approved	Completed
Protocol & orders	<p>A. Alcohol Withdrawal Order Set-Phenobarbital: Dr. Tucker and Rachel drafted an order set for phenobarbital for alcohol withdrawal syndrome. This would be a second order set in addition to the existing one. The existing order set is only for mild-moderate alcohol withdrawal syndrome (AWS) and the phenobarbital-based order set is for moderate-severe. Phenobarbital is a safe and effective treatment alternative, especially during a lorazepam shortage. The new order set requires providers to use the PAWSS (Prediction of Alcohol Withdrawal Severity Scale) score to determine the risk of complicated alcohol</p>	Approved	Complete

	withdrawal. If the PAWSS score is \geq 4, the phenobarbital set should be used. It is RASS based monitoring, so hospital-wide nursing education will be required. The committee approved the development of the new order set.		
Policies	A. Therapeutic Duplication of PRN Medication Orders: This policy was updated to align with EHR workflows and clinically appropriate pain management principles. Updates to this policy are as follows: <ul style="list-style-type: none"> a. 'Of the medications ordered for a specific given indication, one medication will be considered to be the provider's choice for the patient based on pharmacy defined medication hierarchy based on therapeutic potency (least potent agent will be used)' b. 'If no patient preference is specified and multiple home medications are ordered for the same PRN indication, one medication will be selected for the patient based on pharmacy defined medication hierarchy based on therapeutic potency (least potent agent will be used)' 	Approved	Complete
	B. Mandatory ID Consultations: Rachel reported that this policy was only cleaned up for EPIC. There were no clinical changes.		
	C. Look Alike Sound Alike Medication List: Humalog and Kenalog were added to the list following a near miss event in the Glenwood surgery department. There will be a Pyxis pop-up warning and they will not be stored next to each other.	Approved	Complete
	D. Renal Dose Adjustments: Baricitinib and Paxlovid have been added to the list of pharmacist-automatic renal dose adjusted medications.	Approved	Complete
	E. Midazolam Usage: This policy was updated to include 'During clinical shortages of alternative injectable benzodiazepines, midazolam may be administered in doses less than or equal to 2 mg by an RN WITHOUT procedural sedation training.'	Approved	Completed

There being no further business, the meeting was adjourned at 8:00 a.m. The next P&T meeting is **October 6, 2022**.

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

Approved by,
Nathan Chamberlain, MD, Chairman