CHI Memorial
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PHARMACY AND THERAPEUTICS COMMITTEE

DATE: August 11, 2016 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.	Sandy Vredeveld, DPh	Nan Payne, RN	Meredith Tate, PharmD
David Dodson, M.D.	Patrick Ellis, PharmD	Shannon Harris, RN	Justin Reinert, PharmD
Samuel Currin, M.D.	Lila Heet, PharmD	Michael Stipanov, M.D.	Jenny Gibson, PharmD
Mark Anderson, MD	Rhonda Poulson, RN	Nathan Chamberlain, M.D.	Nasar Ansari, student
Allen Atchley, M.D.	Melissa Roden, RN	Nathan Schatzman, M.D.	
Richard Yap, M.D.	Patty Hicks, RN	Karen Babb, PharmD	
Avni Kapadia, M.D.	Susan Fuchs, RD	Scott Harbaugh, Finance	
Jeffrey Mullins, M.D.	Linda Johnson PharmD		
	Jamie Barrie, PharmD		
	Rodney Elliott, CPhT		

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 14, 2016 minutes were approved as submitted.		Complete
Therapeutic Interchanges and Formulary Decisions	The following medications were reviewed: 1. **CHI MUE Committee Decision Brief**: The medications that were reviewed at the April, May, and June national MUE committee meetings were reviewed with the committee. No updates will be required for any of the medications currently on Memorial's formulary based on the MUE committee's formulary decisions. 2. **Respiratory Formulary Interchange** – A few changes were recommended to the existing inhaled respiratory formulary interchange due to the removal of Foradil (formoterol) from the market. Brovana (aformoterol) will be utilized as the sole long acting beta agonist on formulary and all other agents within this class would be automatically substituted to a therapeutically equivalent dose of Brovana. Additionally, it was suggested to remove Atrovent MDI (substitute to ipratropium neb) due to low utilization of this product. 3. **Anti-muscarinic medications (overactive bladder)** – A review of the available medications within this class were reviewed. Due to similar efficacy of the various agents within this class it was recommended by Patrick to modify the formulary for this class (remove oxybutynin, tolterodine) and to utilize Sanctura (trospium) now that it is the most cost-effective agent within this class – auto-sub all other drugs to a therapeutically equivalent dose of trospium. Dr. Jeff Mullins (urology) supported this	Information only Therapeutic Interchange approved Therapeutic Interchange approved	Complete Complete Complete

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	recommendation. 4. **PPI for Tube Administration** – Due to contracting changes (only Protonix granules now on contract) it has been recommended by CHI for all sites to re-evaluate their formularies for alternatives to Nexium suspension (current formulary medication). Due to previous issues with clogged feeding tubes it was recommended to not add Protonix granules back to the formulary. Patrick suggested that as an alternative patients may be maintained on IV therapy when IV access is available or utilize a compounded formulation of omeprazole solution for patients requiring PPI therapy with no IV access.	Approved – Nexium suspension removed from formulary	Complete
	5. **Nucynta ER Formulary Interchange** – Patrick presented a proposed interchange that would allow auto-substitution of immediate release Nucynta (tapentadol) for all home medication orders for Nucynta ER to provide continuity of care for patients admitted on the ER formulation.	Therapeutic Interchange approved	Complete
	6. **Tresiba® (insulin degludec)** – Ultra-long acting insulin formulation. Patrick reviewed the PK/PD differences as compared to other long acting insulins (Levemir, Lantus). Due to the longer duration of effect a recent CHI MUE committee review suggested a conversion of half of the total daily units of Tresiba converted to a twice daily dose of Levemir (example: Tresiba 40 units DAILY → Levemir 20 units BID). This was supported by the Hospitalist members of the committee and it was recommended to auto-substitute all orders for Tresiba to Levemir as indicated above and Patrick will provide education to the Hospitalists at their monthly education meetings.	Therapeutic Interchange approved	Complete
	7. **Briviact® (brivaracetam)** – Recommended by Dr. Kadrie for addition to formulary. Levetiracetam analog indicated for treatment of partial onset seizures. Although similar to Keppra (levetiracetam) no head to head studies exist to accurately compare the efficacy of these two similar agents. However, clinical trials have demonstrated Briviact to be effective as an add-on therapy for seizure control for patients intolerant of Keppra secondary to behavioral side effects. Patrick recommended this agent be added to formulary and new inpatient starts restricted to neurology.	Approved with restrictions (neurology)	Complete
	8. **Darzalex (daratumumab)** – Anti-CD38 monoclonal antibody indicated for treatment of multiple myeloma. This medication was recently requested by TN Oncology for outpatient formulary addition for its labeled indication. Data indicates that this medication is effective for patients with refractory myeloma and it is currently the only monoclonal antibody available for treatment of this oncology diagnosis. Dr. Stipanov recommended that this be added to the outpatient formulary.	Approved – outpatient infusion only	Complete
Medication Safety	**ADR Review**: Patrick reviewed the summary of reported ADR's from February – April 2016. No significant trends have been observed although the incidence of opioid ADR's related to over-sedation appear to be on the decline since the therapeutic duplication policy and order set changes were implemented in April. Patrick did report a significant ADR related to	Approved to no longer permit continuation of SGLT2 inhibitors (dapagliflozin, canagliflozin, etc.)	Complete

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	canagliflozin (DKA requiring hospitalization and ICU management). The FDA has encouraged the reporting of these DKA events with the SGLT2 inhibitors and this ADR will be reported to the FDA's medwatch program. Although the SGLT2 inhibitors are not on formulary the hospital does allow the continuation of these medications using patients' own supply. Dr. Pesce recommended that the hospital no longer allow the continuation of medications within this class due to the risk of DKA, urinary tract infections, and volume depletion. **Surgical Management – NOACs**: The use of the newer novel oral anticoagulants were discussed and the challenges of managing acute surgical needs. An orthopedic surgeon recently expressed frustration/concern over the use of these medications and the delays that can be caused while awaiting return of normal coagulation status. The physician members of the committee discussed the physician's concerns and felt that since every clinical situation is unique (urgency of surgery, renal function, etc.) it would be difficult to expand on the hospital's current "Antithrombotic Reversal & Surgical Management Recommendations" that are distributed to physicians and other relevant clinical staff. Dr. Currin recommended a letter be drafted to the physician to explain that each case would need to be uniquely considered and the existing hospital recommendations should be utilized to guide the decision making process in regard to if reversal should be attempted or an appropriate delay should be observed prior to surgical intervention. Patrick stated that he would work with Sherry Fusco to try to arrange a time for him to educate this group on the available hospital resources.	Information only; Patrick to provide education	Complete
Medication Use Evaluation	**Medications and Inpatient falls:** An evaluation was performed to assess medication impact on inpatient falls over a 6 month time period. The evaluation confirmed that only 1.6% of all inpatient falls were related to the use of a sedative/hypnotic medication which affirms the effectiveness of the existing policy regarding the use of these medications. There was a trend toward higher fall rates in patients receiving drugs such as benzodiazepines with many of these being scheduled doses of home med orders. This information will be shared with the falls team for further discussion.	Information only; data to be shared with falls committee	Complete
Antimicrobial Stewardship	**Pneumonia Admission Orders:** Linda shared a draft of proposed changes to the hospital's pneumonia standing orders as recommended by the Antibiotic Stewardship Committee. All respiratory isolates for calendar year 2015 were analyzed to determine the optimal agents or combination of agents to be utilized as empiric choices on the pneumonia orders. This data has demonstrated that non-ICU patients can achieve desirable susceptibility (>90%) with only one gram negative drug (cefepime or pip/tazo) with the addition of vancomycin due to high rates of MRSA among respiratory isolates. ICU patients who are more critically ill are proposed to use the same strategy with the addition of tobramycin in order to achieve susceptibilities closer to 100%. Fluoroquinolones no longer	Approved pending ASP committee final review; Patrick to discuss with nephrology	Pending

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	appear to be useful as an add-on therapy to cefepime or pip/tazo. Patrick explained that this would result in more ICU patients receiving tobramycin and he would discuss this with Dr. Chamberlain to get nephrology input on this proposed change. **Antibiotic Dose Adjustments** – Linda reviewed some proposed additions (ampicillin, amp/sulb, ceftaroline, ceftazidime/avibactam, ceftolozane/tazobactam) and modifications (cefepime, aztreonam) to the drugs eligible for automatic renal adjustments by pharmacy.	Approved	Complete
Nutrition Support Team	**Malnutrition Platform** – Susan presented a brief overview of the planned implementation of the comprehensive malnutrition platform developed by Sodexo. This new program will help to coordinate the identification, documentation, and intervention of patients that are malnourished to aid with earlier intervention, improved collaboration, decreased LOS, decreased readmissions, and improved financial outcomes. Susan asked the committee for input on a physician champion for this work and Dr. Currin recommended Dr. Bill Fritsch for this role. Susan also recommended that the interpretive information that is reported along with prealbumin results be removed due to data demonstrating that prealbmuin is not a good indicator of a patient's nutritional status. The physicians supported this request and Susan will follow up with the appropriate parties in lab to suggest this change.	Information only	Pending

There being no further business, the meeting was adjourned at 8:00 A.M. The next P&T meeting is **October 13, 2016 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