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PHARMACY AND THERAPEUTICS COMMITTEE

DATE: October 10, 2019 CALLED TO ORDER: 7:01 A.M.
LOCATION: Private Dining Room ADJOURNED: 8:00 A.M.

Members Present:		**Members Absent**:		**Guests**:
Nathan Schatzman, MD	Patrick Ellis, PharmD	Nan Payne, RN	Shannon Harris, RN	Casey O'Neal, Resident
David Dodson, MD	Jessica Stanley, FNP-BC	Samuel Currin, MD	Petra Green, RN	Kameron Blair, Resident
Mark Anderson, MD	Susan Fuchs, RD	Michael Stipanov, MD		Bradley Proctor, Resident
Richard Yap, MD	Karen Babb, PharmD	Rodney Elliott		Jessica Tyler, MD
F. Lee Hamilton MD	Rhonda Hatfield, CNO	Jeffrey Mullins, MD		
	Rachel Kile, PharmD	Jamie Barrie, PharmD		
		Allen Atchley, MD		
		Matthew Kodsi, MD		
		Nathan Chamberlain, MD		

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 2019 minutes were approved as submitted.	Approved	Complete
CHI System P&T Committee	**September 2019 Decision Brief-** The medications that were reviewed at the September CHI system P&T committee meeting were reviewed. All new system formulary medications or changes were either consistent with existing Memorial formulary decisions or are described in the "Therapeutic Interchanges and Formulary Changes" section of the minutes below.	Information	Complete
Old Business	1. **Alternatives to Opioids (ALTO) protocol for inpatient expansion-** Rachel shared inpatient data on total opioid doses dispensed per month from August 2016 through July 2019. The data showed a trend toward decreasing opioid doses. The ALTO rollout to inpatient use is expected to further impact this downward trend in opioid doses. Rachel also shared that nursing and hospitalist education has begun for inpatient ALTO expansion.	Information	Complete

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AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
Therapeutic Interchanges and Formulary Decisions	**1. SGLT2 Inhibitor Class Review-** The CHI System P&T committee voted in September to modify the formulary status of the SGLT2 inhibitors by adding only empagliflozin as "formulary, with restrictions"; all other SGLT2 inhibitors are to remain non-formulary. Our local P&T committee concluded that mirroring our formulary status to the system P&T decision will allow for continuation of home regimens, if the provider chooses to order. All home medication orders will be interchanged to empagliflozin as listed below. New orders for SGLT2 inhibitors should not be initiated and empagliflozin will be withheld from the facility preference list. **SGLT2 Inhibitor Ordered** → **SGLT2 Inhibitor Substitution** Canagliflozin 100 mg daily → Empagliflozin 10 mg daily Canagliflozin 300 mg daily → Empagliflozin 25 mg daily Dapagliflozin 5 mg daily → Empagliflozin 10 mg daily Dapagliflozin 10 mg daily → Empagliflozin 25 mg daily Ertugliflozin 5 mg daily → Empagliflozin 10 mg daily Ertugliflozin 15 mg daily → Empagliflozin 25 mg daily	Approved	Complete
	2. Rituximab biosimilars- The committee reviewed the monograph for Truxima (rituximab-abbs), a biosimilar for the reference product, Rituxan. Truxima has demonstrated similar clinical efficacy as Rituxan. Rituximab-abbs is not yet available on the market (anticipated Q4 2019) and the cost is unknown, although a 10% or more price reduction, when compared to the reference product, is anticipated. Truxima and other rituximab biosimilars were approved to formulary for outpatient use for FDA-approved indications or payer-approved off-label indications subsequent to insurance approval or prior authorization. Rituxan will now have the following restrictions: If a rituximab biosimilar is not available or payer-approved, may be used outpatient setting for FDA-approved indications or payer-approved off-label indications subsequent to insurance approval or prior authorization. The Epic ordering panel for Rituxan will have the following order instructions added: "Pharmacy may substitute biosimilar product per P&T committee approved restriction criteria." Rituxan Hycela (rituximab and hyaluronidase) is non-formulary.	Approved	Complete
	3. Cyclosporine ophthalmic emulsion to artificial tear product – Due to upcoming NIOSH hazardous drug regulations, the committee voted to remove cyclosporine 0.05% ophthalmic emulsion (Restasis) from formulary and interchange all new and home medication orders to artificial tears 1.4% ophthalmic drops. Restasis is a NIOSH category 2B medication that will require extensive steps for staff handing and administration.	Approved	Complete
	4. Fluconazole IV Dosing Interchange – Fluconazole IV is also on the NIOSH hazardous drug list. To avoid unnecessary IV compounding, low dose IV fluconazole (doses <= 100 mg) will be interchanged to a higher dose (based on renal function) of a premixed bag, when the oral formulation is not an option.	Approved	Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
Protocols & Orders	1. **Phenobarbital for Alcohol Withdrawal Syndrome –** Dr. Jessica Tyler, Hospitalist, presented data on the use of phenobarbital for alcohol withdrawal syndrome (AWS) as she has prior experience using it for this indication. The committee had a robust discussion on the efficacy, safety, and role of phenobarbital for our patients with AWS. The committee discussed incorporating a protocol for phenobarbital use into the existing BZD-sparing protocol. It was suggested that input from our critical care colleagues is necessary in order to move forward with protocol development. Rachel will coordinate a smaller workgroup of critical care physicians, hospitalists, and pharmacy to work on a protocol and this will be discussed at the next P&T meeting in December.	In progress- update to be shared at next meeting	Pending
	2. **HIT Ab Assay Ordering with 4T score calculation –** Rachel shared with the committee that the proposal for pharmacist calculation of 4T score when a HIT Ab Assay is ordered was passed at the Med Exec meeting. With Epic go-live, all orders for HIT Ab assays will be paired with a consult to pharmacy. The pharmacist will calculate the 4T score and if 3 or less, will contact the ordering provider to discuss canceling the order. If 4 or higher, the test will be performed without contacting the ordering provider.	Information	Complete
Policies	1. **Renal Dose Adjustment Policy –** Rachel reviewed updates to the renal dose adjustment policy which included changes to the ciprofloxacin pharmacy automatic renal dose adjustment.	Approved	Complete
	2. **Timeliness of Scheduled Medications Policy –** Patrick reviewed updates to the timeliness of scheduled medication policy which now includes our new standard dosing times to reflect required changes with the conversion to Epic.	Approved	Complete

There being no further business, the meeting was adjourned at 8:00 A.M. The next P&T meeting is **December 12, 2019 at 7:00 a.m.**

Respectfully submitted,
Patrick Ellis, PharmD, Director of Pharmacy
Rachel Kile, PharmD, Pharmacy Clinical Manager

Approved by,
Nathan Schatzman, M.D. Chairman