CHI Memorial
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PHARMACY AND THERAPEUTICS COMMITTEE

DATE: October 13, 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	Linda Johnson PharmD	Meredith Tate, PharmD
David Dodson, M.D.	Patrick Ellis, PharmD	Shannon Harris, RN	Rhonda Poulson, RN	Justin Reinert, PharmD
Samuel Currin, M.D.	Lila Heet, PharmD	Michael Stipanov, M.D.	Richard Yap, M.D	Jenny Gibson, PharmD
Mark Anderson, MD	Melissa Roden, RN	Nathan Chamberlain, M.D.	Jeff Mullins, M.D.	Shane Church, PharmD
Avni Kapadia, M.D.	Patty Hicks, RN	Allen Atchley, M.D		Lindsay Allen, Student
Nathan Schatzman, M.D.	Michelle Denham, RN	Karen Babb, PharmD		Cody Peller, Student
Helen Kuroki, MD		Scott Harbaugh, Finance		
		Susan Fuchs, RD		
		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 August 11, 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 September national MUE committee meeting were reviewed with the committee. The following drugs are medications that need to be reviewed based on the recent national decisions regarding these agents. A. **Entresto® restriction criteria**: Approved nationally with a restriction on new starts to cardiology only. To comply with this national decision it was recommended to also add this restriction locally to new starts (currently not restricted). This was supported by Dr. Atchley. B. **Clevidipine®:** Removed from national formulary. This is currently on Memorial's formulary although use has been minimal and anesthesia no longer feels this is a necessary therapy to have on formulary. Recommended to support non-formulary status. C. **Nitroprusside:** Removed from national formulary. Minimal use of this agent at Memorial and Dr. Schatzman felt that this was not a necessary agent for perioperative use and nicardipine can be used as an effective alternative. Recommended to support non-formulary use and a small supply will be maintained by pharmacy for niche non-formulary uses.	Restrictions approved Formualry removal approved Formulary removal approved – limited supply to be maintained	Complete Complete Complete

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	D. **Bladder anti-muscarinics:** Recommended to add oxybutynin IR and ER to Memorial formulary to match the recently approved national formulary interchange for this class of drugs.	Approved	Complete
	E. **IV Acetaminophen:** Designated nationally as a "formulary restricted" agent for 24 hour post-operative use only. Patrick explained that this drug was currently non-formulary at Memorial and local markets do not have to add this to formulary and may maintain more restrictive formulary policies for this medication. Patrick also explained that one surgeon did request Memorial's non-formulary status be reconsidered for formulary inclusion at Memorial. The data was reviewed and it was recommended by the physicians in attendance to maintain the non-formulary status for this medication.	Non-formulary status affirmed	Complete
	F. **Lexiscan®:** Patrick explained that the national CV service line has completed a review of Lexiscan utilization to encourage markets to evaluate practices to reduce Lexican utilization where appropriate and encourage the use of exercise stress testing when feasible. Patrick explained that Dr. Atchley is leading a local group that is evaluating protocol changes to encourage exercise testing and exploring a role for adenosine in select patient populations.	Information only	Complete
	2. **Rexulti®**.(brexpiprazole) – A new partial dopamine agonist indicated for the treatment schizophrenia and major depression. This medication utilizes the same mechanism of action and indications as a similar more cost-effective formulary agent – Abilify®. Due to similar efficacy it was recommended to implement an automatic interchange by substituting a therapeutically equivalent dose of Abilify® for any Rexulti® orders.	Therapeutic Interchange approved	Complete
	3. **Phenazopyridine Products –** A national recommendation has been made to utilize a more cost effective formulation of phenazopyridine (95 mg tablets) in place of the current formulary strengths of this product (100 & 200 mg tablets). The following automatic conversion was recommended: 95 mg → 100 mg; 190 mg → 200 mg.	Therapeutic Interchange approved	Complete
	4. **DPP-4 Inhibitors Formulary Interchange** – Patrick reviewed a new therapeutic interchange for the available medications within this class due to a more cost effective generic medication now being available – alogliptin. The available data suggests that these drugs are all comparable from an efficacy and safety standpoint and Memorial has been utilizing an auto-conversion to sitagliptin since 2012. It was recommended to modify the existing formulary interchange to utilize alogliptin with all other orders to be substituted to a therapeutically equivalent dose of alogliptin.	Therapeutic Interchange approved	Complete
	5. **Entyvio® (vedolizumab) –** Monoclonal antibody indicated for treatment of Crohn's disease and ulcerative colitis refractory to TNF antagonists and/or corticosteroids. Patrick reviewed the clinical data, reimbursement information, and medical necessity information required by the major insurance providers in our area for outpatient	Approved for outpatient use only with restrictions as indicated	Complete

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	reimbursement. It was recommended to add this agent to formulary with restriction to outpatient use only and only for the FDA indicated indications (failure to TNF antagonists or corticosteroids). 6. **Biosimilar Medications –** Patrick reviewed a summary of the biosimilar drug approval process and the clinical implications of this newer approval pathway for patent expired biologic therapies. 7. **Inflectra®(infliximab – dyyb) –** Biosimilar version of Remicade® approved for the same clinical indications. Patrick reviewed the clinical data for this new competitive biologic and the data does suggest that this it is as safe and effective as Remicade® for patients treatment naïve to Remicade®. However, it is not designated as an interchangeable biosimilar and thus patients cannot be switched to this product without physician orders consenting to this switch. The issue of interchangeability is still being vetted although early data does suggest that switching between therapies doesn't result in loss of efficacy or increased safety risk. It was recommended to add Inflectra® to formulary and it will be later determined where to position this once cost and reimbursement information is available in November. If this is more cost effective this therapy may be best utilized for new starts (treatment naïve patients) and providers will be educated on the available data regarding interchangeability to encourage switching current patients to this new therapy if cost effective depending on cost/reimbursement.	Information only Approved, outpatient use only.	Complete Pending
Medication Safety	**Naloxone** – Patrick reviewed data from the past 10 months regarding naloxone administrations for opioid over-sedation events. The data demonstrated a significant improvement in naloxone administrations since March 2016 which corresponds to the same time in which the work to remove therapeutic duplications from physician standing orders occurred. This demonstrates that this was one of the biggest impediments to improving opioid sedation and the order set changes have made a positive improvement to patient safety. Michelle Denham explained that some current challenges involve some nursing issues regarding inadequate documentation of pain/sedation assessments and ensuring that the appropriate pain med is administered for the documented level of pain. Some IT solutions are being explored to assist with this remaining issue.	Information only	Complete
Protocols	**Diltiazem Protocol –** Patrick reviewed some proposed changes to the diltiazem infusion orders to update the dosing to reflect current guideline recommendations as well as provide downward titration instructions for HR < 90 which was previously lacking in the existing protocol. These changes were already approved by the Medical Cardiology Committee and it was recommended to approve the changes as suggested by Drs. Atchley and Warren.	Amended protocol approved	Complete
Antimicrobial Stewardship	**Clindamycin dose optimization –** An automatic dose optimization strategy for IV clindamycin was discussed. The dose and dosing frequency of IV clindamycin can often be	Approved	Complete

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	confused with the oral dosing regimen that can result in both unintended under or over-dosing of the IV formulation. The suggested dosing conversion would allow pharmacy to automatically adjust IV clindamycin doses to the appropriate dose depending on clinical indication (standard dosing or nectrotizing fasciitis).		
Policy & Procedure	**The below policies were reviewed as part of the ongoing policy review process:** 1. **IV to Oral conversions –** Dr. Pesce recommended that the ICU exclusion be removed from the policy to allow IV to Oral conversions for patients in the ICU when the other inclusion/exclusion criteria are met. Additionally, it was recommended to remove febrile neutropenia from the exclusion criteria to allow neutropenic patients who are afebrile to have appropriate meds converted to oral therapy when applicable. 2. **Anticoagulation Management –** Patrick recommended that the policy be edited to allow pharmacy to automatically adjust ANY prophylactic dose of enoxaparin regardless of indication. Current policy wording only allows conversion of 40 mg Daily doses and this policy edit would also allow the renal adjustment of orthopedic prophylactic doses (30 mg BID) without the need for physician authorization when clinically indicated. 3. **Formulary Policy –** A modification to the policy was recommended by Patrick to not allow medications previously designated as non-formulary by P&T to be used during hospitalization unless no other alternatives exist due to allergies or other patient specific scenarios as deemed appropriate by Director of Pharmacy or Pharmacy Clinical Coordinator. This is to prevent the use of medications that may have safety or other related concerns from being used during hospitalization. 4. **Renal Dosing Adjustments –** No edits recommended/needed. 5. **24 Hour Stop – routine peri-operative antibiotics –** No edits recommended/needed.	Changes approved Changes approved Changes approved Approved (no changes necessary) Approved (no changes necessary)	Complete Complete Complete Complete Complete

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