



## PHARMACY AND THERAPEUTICS COMMITTEE

DATE: August 27, 2020  
 LOCATION: Private Dining Room

CALLED TO ORDER: 7:05 A.M.  
 ADJOURNED: 7:50 A.M.

Members Present:		Members Absent:	Guests:
Nathan Chamberlain, MD Mark Anderson, MD David Dodson, MD F. Lee Hamilton MD William Haren, MD Matthew Kodsi, MD Richard Yap, MD Allen Atchley, MD	Rhonda Hatfield, RN-CNO Karen Frank, RN-Quality Patrick Ellis, PharmD Rachel Kile, PharmD Daniel Marsh, PharmD Carey Smith, RPh Susan Fuchs, RD Lori Hammon, RN-Quality	Manuela Bresee, RN Chad Paxson, MD Vimal Ramjee, MD Karen Babb, PharmD Shannon Harris, RN Rodney Elliott Chris Chastain	Andrea Wilkinson, PharmD Kristen Liveris, PharmD La'Travia Howard, PharmD Sierra Detwiler, PharmD Courtney Troglin, 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
<b>Minutes</b>	The June 2020 minutes were approved as submitted.	Approved	Complete
<b>CSH System P&amp;T Committee</b>	<b>July 2020 Decision Brief:</b> The medications that were reviewed at the CommonSpirit Health (CSH) 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 or will be reviewed at an upcoming P&T meeting.	Information	Complete
<b>Old Business</b>	1. <b>Workgroup: Guidelines for treatment of the acutely agitated or violent patient:</b> Progress will be shared at the next committee meeting.	Information	Pending
	2. <b>Workgroup: Care for patients experiencing opioid withdrawal:</b> A multidisciplinary group has formed to ensure adequate resources are dedicated to caring for inpatients with or at risk for opioid withdrawal. Representatives from nursing, quality, case management, hospitalists, and pharmacy are engaged. The next action item is a panel discussion with the CHI Franciscan team to learn best practices, as they have an established program.	Information	Complete
	3. <b>ProcalAmine Medication Use Update: Evidence-based guidelines for enteral nutrition:</b> Rachel shared the results of an updated ProcalAmine MUE which confirmed similar results to the previous MUE: failure to provide sufficient protein and kcals. Discussions from a workgroup with pharmacy, nutrition, and nursing, regarding enteral feeding was shared. The committee asked that the results of this MUE as well as education on guideline-directed enteral feeding be provided at the next hospitalist meeting.	Information	Complete
<b>Formulary Decisions &amp;</b>	1. <b>Argatroban formulary removal:</b> The committee approved removal of argatroban from formulary.	Approved	Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
<b>Therapeutic Interchanges</b>	<p>Argatroban is significantly more costly than bivalirudin and is more difficult to titrate to therapeutic aPTT. Prior to this meeting, this was approved by cardiothoracic surgery, hematology/oncology, and cardiology. Bivalirudin will remain the IV direct thrombin inhibitor formulary agent. Argatroban will not be stocked.</p> <p>2. <b>Biosimilar formulary additions:</b> Per the Biosimilar policy approved at the last P&amp;T committee meeting, new biosimilars that have been FDA approved for the same indications as the RP will be automatically added to hospital formulary if the RP is currently approved as a formulary agent. Any formulary restrictions currently in place for the RP will be applied to the biosimilar medication. Biosimilars approved for addition to formulary: Nivestym (filgrastim-aafi), Renflexis (infliximab-abda), and Zirabev (bevacizumab-bvzr).</p> <p>3. <b>Levalbuterol (Xopenex):</b> Levalbuterol utilization was reviewed. The committee approved the addition of levalbuterol 0.63 mg/3 ml nebulized solution to formulary with restrictions as follows: use as a home medication due to albuterol intolerance, or documented tachydysrhythmia with albuterol. The restrictions will be built into the EHR. The 1.25 mg dose will not be stocked.</p> <p>4. <b>Levothyroxine IV:</b> The committee approved updated restriction/utilization criteria. The following will be built into the EHR: One of the following criteria must be met:</p> <ul style="list-style-type: none"> <li>a. IV levothyroxine may be initiated after 5 days without PO therapy (due to long half-life) <ul style="list-style-type: none"> <li>i. Once therapy is started, adjust dosing interval for IV route to 48 hours</li> </ul> </li> <li>b. Presence of clinical hypothyroidism (TSH <math>\geq</math> 10 mIU/mL, decreased T4 or signs and symptoms of hypothyroidism) who are strict NPO</li> <li>c. Myxedema coma</li> <li>d. Patients on hypothermia protocol</li> <li>e. Potential organ donor status</li> </ul> <p>5. <b>Lurasidone (Latuda):</b> Lurasidone was reviewed and added to formulary only for use as continuation of home medication therapy in order to allow for continuity of care for patients who cannot provide their own supply. This restriction will be built into the EHR.</p> <p>6. <b>Vabomere &amp; Avycaz:</b> Updated restriction criteria for meropenem/vaborbactam (Vabomere) and ceftazidime/avibactam (Avycaz) were reviewed and approved, in alignment with updated CSH criteria. This restriction criteria will be updated in the EHR. Vabomere and Avycaz were already reviewed for formulary status at prior P&amp;T committee meetings.</p>	<p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p>
<b>Policies</b>	<p>1. <b>Hypertonic Saline (3% NS) For Adults:</b> This policy was updated to reflect HER workflows, but no clinical updates were necessary per pharmacy and nephrology reviewed. The committee approved the policy updates.</p> <p>2. <b>Vancomycin Dosing:</b> This policy was updated to consolidate vancomycin dosing management by pharmacists in preparation for pharmacy implementation of AUC-based monitoring coming later this year, in alignment with IDSA/ASHP/SIDP vancomycin dosing guidelines. The committee</p>	<p>Approved</p> <p>Approved</p>	<p>Complete</p> <p>Complete</p>

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	recommended education on the new dosing process be shared with providers and nursing.		
<b>Medication Safety</b>	<ol style="list-style-type: none"> <li><b>ADR Summary:</b> Rachel reviewed the adverse drug reaction summaries for May-September 2019 and no new trends were observed. Steroid induced hyperglycemia and leukocytosis remain the most common inpatient ADRs reported. There were zero category 3 ADRs.</li> <li><b>Sodium ferric gluconate:</b> Dr. Dodson reported a recent infusion reaction attributed to sodium ferric gluconate (hypotension, nausea). There were similar reports several months ago from the CHI Franciscan market. Patrick will investigate to understand if this is related to a specific lot of medication.</li> <li><b>Expediting anaphylaxis treatment (medication protocols):</b> Dr. Dodson reported a recent delay in treatment of anaphylaxis to ceftriaxone with epinephrine by nursing staff due to inability to access medication. Patrick reminded the committee of the P&amp;T approved medication protocol (Anaphylaxis &amp; Drug Hypersensitivity Treatment) that can be ordered and initiated by a nurse without an initial order from a physician. It was identified that nursing reeducation is needed on the approved medication protocols. Rachel will work with nursing leadership to ensure education is coordinated.</li> </ol>	<p>Information</p> <p>Information</p> <p>Information</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>
<b>Protocols &amp; Orders</b>	<ol style="list-style-type: none"> <li><b>Medication Protocols &amp; Standing Orders – TJC Annual Review:</b> Per annual protocol and standing order review requirements, Rachel reviewed with the committee the medication related protocols and standing orders. See <b>Attachment A</b> of the minutes for the list of protocols and standing orders with committee-approved actions required. These were reviewed to ensure consistency with the latest standards of practice per evidenced-based guidelines, as well as if there have been any preventable adverse patient events resulting from use. Nursing reeducation is needed on the approved medication protocols. Rachel will work with nursing leadership to ensure education is coordinated.</li> </ol>	Approved	Complete

There being no further business, the meeting was adjourned at 7:50 A.M. The next P&T meeting is **October 8, 2020 at 7:00 a.m.**

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

Approved by,  
Nathan Chamberlain, MD, Chairman

**Attachment A**

**TJC Annual Medication Protocol & Standing Order Review**

**Aug 2020 Review**

<b>Protocol/Standing Order</b>	<b>Key contact(s)</b>	<b>Meets Policy Def'n of Protocol or SO?</b>	<b>Action Required</b>
MCT RIS Contrasts	Jeff Harwood Dr. Rowlett	Not currently but should be.	Protocol tables (anatomical site, contrast, dose) not built in Epic. Correct order mode should be used to sign orders.
Anaphylaxis & Acute Drug Hypersensitivity Protocol (PSO#2039)	RX	Y	None
Hypoglycemia Protocol	RX	Y	Policy recently updated so will enter ticket to update wording on protocol in EHR.
Narcan (Naloxone) opioid Reversal Protocol	RX	Y	None
Cardiac Telemetry Area Emergency Standing Order (PSO#2037)	Diona Brown	N	Remove "standing" from name
Short Stay Standing Orders	Diona Brown	N	Remove "standing" from name
Heparin IV Drip Protocol (PSO#2035)	RX, Cardiology, Hospitalist	N	Remove "protocol" from name
Bronchodilator Protocol (PSO#1882)	RT	N	Remove "protocol" from name
ICU Protocol (PSO#1880)	Amanda Reed	N	Remove "protocol" from name
Quiet time protocol	Brooke Kelly	N	Remove "protocol" from name
Alcohol withdrawal management protocol	RX	N	Remove "protocol" from name
Amiodarone (Cordarone) IV Protocol	RX	N	Remove "protocol" from name
Coronary CTA Pre-Medication	Cardiac imaging	N	Remove "protocol" from name
Diltiazem (Cardizem) Protocol	RX	N	Remove "protocol" from name
Soliris (Eculizumab) Dosing Protocol	RX	N	Remove "protocol" from name
Dialysis Procedure Standing Orders	Nephrology	N	Remove "standing" from name
GI Lab Preprocedure Standing Orders	GI	N	Remove "standing" from name
GI Lab Standing Orders Pre-op	GI	N	Remove "standing" from name

I131 Radiation Therapy Standing Orders	Rad/Onc	N	Remove “standing” from name
Anesthesia Adult Standing Orders Pre-op	Anesthesia	N	Remove “standing” from name
Anesthesia GI Standing Orders Pre-op	Anesthesia	N	Remove “standing” from name
Anesthesia Standing Orders for patients 12 Years of Age and Under pre-op	Anesthesia	N	Remove “standing” from name
Epidural/Patient Controlled Analgesia Standing Orders Post-op	Anesthesia	N	Remove “standing” from name
Interventional Radiology tPA Standing Orders Post-Op	IR	N	Remove “standing” from name
Myelogram Standing Orders Post-Op	IR	N	Remove “standing” from name
Myelogram Standing Orders Pre-Op	IR	N	Remove “standing” from name