CHI Memorial
Imagine better health.℠

PHARMACY AND THERAPEUTICS COMMITTEE

DATE: December 12, 2019 CALLED TO ORDER: 7:02 A.M.
LOCATION: Private Dining Room ADJOURNED: 7:55 A.M.

Members Present:		**Members Absent**:	**Guests**:
Nathan Schatzman, MD Nathan Chamberlain, MD Matthew Kodsi, MD Richard Yap, M.D. Chad Paxson, MD	Rhonda Hatfield, CNO Jessica Stanley, FNP-BC Susan Fuchs, RD Shannon Harris, RN Carey Smith, PharmD Rachel Kile, PharmD	David Dodson, MD Mark Anderson, MD F. Lee Hamilton MD Allen Atchley, MD Patrick Ellis, PharmD Karen Babb, PharmD Jamie Barrie, PharmD Rodney Elliott	None

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 October 2019 minutes were approved as submitted.	Approved	Complete
CHI System P&T Committee	**November 2019 Decision Brief-** The medications that were reviewed at the November 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	**Phenobarbital for Alcohol Withdrawal Syndrome-** During the October meeting, it was suggested that input from our critical care colleagues is necessary in order to move forward with protocol development. Drs. Paxson, Hamilton, and Tyler, along with Rachel and two critical care/emergency pharmacists met in November to review the available literature and determine if phenobarbital has a role for our patients with alcohol withdrawal syndrome. The group concluded that because the literature has primarily non-inferiority results or were retrospective evaluations, there is currently not a role for use in our patient population compared to standard of care. Therefore, a protocol for phenobarbital use in alcohol withdrawal will not be developed at this time. If a need arises in the future based on patient outcomes, another evaluation of the available literature will be performed.	Information only	Complete
Therapeutic Interchanges and Formulary Decisions	1. **Revefenacin (Yupelri) to glycopyrrolate (Seebri) interchange-** Revefenacin (Yupelri) is the first once daily long-acting muscarinic antagonist (LAMA) via nebulized route. Studies demonstrated improved trough FEV1 scores compared to placebo, but there have been no published head-to-head studies against other LAMA medications. Glycopyrrolate (Seebri) Neohaler is a twice daily	Approved	Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	inhaler LAMA and is the current formulary agent at CHI Memorial. Yupelri is more than double the daily cost of Seebri. Given the limited data comparing revefenacin to other long-acting bronchodilators, along with cost comparison, it was recommended to adopt the CHI System formulary decision to interchange orders for revefenacin to glycopyrrolate (Seebri Neohaler) 15.6 mcg (1 cap) via oral inhalation twice daily.		
	2. **Aprepitant (Cinvanti) to fosaprepitant interchange -** Substance P/neurokinin 1 receptor antagonist antiemetic for chemotherapy-induced nausea and vomiting associated with highly and moderately emetogenic chemotherapy. Emend (fosaprepitant) is the prodrug of aprepitant. Fosaprepitant is now available as a generic product, therefore for cost-effectiveness it was recommended to interchange fosaprepitant IV for all Cinvanti (aprepitant) orders and to utilize fosaprepitant as the formulary product. Beacon treatment plans will be updated to reflect the change.	Approved	Complete
	3. **Hexaminolevulinate Hydrochloride (Cysview) -** Cysview® is approved for use in cystoscopic detection of non-muscle invasive papillary cancer of the bladder among patients suspected or known to have lesions based on prior cystoscopy, also used with Karl Storz D-Light C Photodynamic Diagnostic system to perform cystoscopy with blue light setting as an adjunct to white light setting. Dr. Mullin's requested that Cysview be added to formulary for outpatient diagnostic surgeries performed at Memorial. It was recommended to add Cysview® to formulary, with the following restrictions for use: 1. Urology and/or oncology patients with suspected bladder lesions, and 2. Outpatient surgery setting for FDA-approved indications or payer-approved off-label indications subsequent to insurance approval or prior authorization.	Approved	Complete
	4. **Caplacizumab –yhdp (Cablivi) -** Caplacizumab is currently the first and only FDA-approved therapy for adult patients with acquired thrombotic thrombocytopenic purpura (aTTP). Therapy must be initiated in the hospital along with plasma exchange and immunosuppressive therapy. The caplacizumab cost per dose is $7,300, dosed daily up to 30 days beyond the last plasma exchange, with a cost per course of therapy estimated to be $207,400 per 28 days. After much discussion by the committee, it was recommended that caplacizumab should be added to formulary with the following restrictions for use, which were previously clinically reviewed by TN Oncology providers: a. Ordering restricted to hematology/oncology physicians b. Patients with confirmed, high-risk acquired thrombotic thrombocytopenic purpura (neurologic or cardiac involvements) c. Patient must receive one treatment of plasma exchange, in addition to immunosuppressive therapy, prior to initiation of caplacizumab. d. Must be given in conjunction with plasma exchange and immunosuppression therapy. e. Prior to ordering the first dose of caplacizumab, a case management consult to begin the prior authorization approval process and to determine cost to the patient for outpatient	Approved	Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	therapy is required. f. Caplacizumab will not be routinely stocked unless available via consignment. g. Discharge of patient should occur as soon as medically stable, with therapy to continue on an outpatient basis		
Medication Use Evaluation	**Sugammadex (Bridion) –** The CHI Memorial expense report from FY2019, paired with early FY20 expenses, revealed that sugammadex is on track to be the 4th highest inpatient drug expenditure, with a FY19 total drug spend of $235,135. Rachel presented a medication use evaluation of sugammadex detailing drug expenditure and quantity per year beginning 2016, and per month beginning 2018, which showed a substantial rise in use. Per P&T committee approval in 2016, CHI Memorial utilization of sugammadex is restricted to the following indications: 1. Immediate reversal of neuromuscular blockade in a "cannot intubate/cannot ventilate" or other emergency situation, or 2. For intubation doses of rocuronium/vecuronium to shorten anesthesia time for shorter than expected, abandoned or cancelled procedures in which neostigmine/glycopyrrolate would be ineffective (deep block). The MUE revealed that ~40% of more recent sugammadex use is in alignment with approved restriction criteria for use. Common uses that do not align with current criteria are for patients with existing pulmonary disease (~18%) and those with morbid obesity (~11%). Dr. Schatzman will work with Dr. Headrick to gather data to support use for pulmonary indications in order to provide recommendations for use restrictions to the CHI System P&T committee in advance of the January CHI System P&T committee meeting. At that meeting, the system level restriction criteria for sugammadex will be reviewed, as the increase in sugammadex utilization is system-wide. The approved restriction criteria will set the budget for drug spend, based on use alignment with the criteria.	Information-update to be shared at next meeting	Pending
Medication Safety & Policy	**ADR Summary (January-April 2019) –** Rachel reviewed the adverse drug reaction (ADR) summary and no new trends were observed. Steroid induced hyperglycemia and leukocytosis remain the most common inpatient ADRs reported. There were zero category 3 ADRs.	Information	Complete

There being no further business, the meeting was adjourned at 7:55 A.M. The next P&T meeting is **February 13, 2019 at 7:00 a.m.**

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

Approved by,
Nathan Schatzman, MD, Chairman