CHI Memorial
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PHARMACY AND THERAPEUTICS COMMITTEE

DATE: December 10, 2020 CALLED TO ORDER: 7:02 a.m.
LOCATION: Private Dining Room + Zoom conference call ADJOURNED: 8:04 a.m.

Members Present:			**Members Absent**:	**Guests**:
Nathan Chamberlain, MD	Rhonda Hatfield, RN-CNO	Karen Frank, RN-Quality	Allen Atchley, MD	Ruchir Shah, MD
F. Lee Hamilton MD	Patrick Ellis, PharmD	Lori Hammon, RN-Quality	David Dodson, MD	Kevin Hopkins, RT
William Haren, MD	Rachel Kile, PharmD	Shannon Harris, RN	Vimal Ramjee, MD	Kristen Liveris, PharmD
Matthew Kodsi, MD	Karen Babb, PharmD		Mark Anderson, MD	La'Travia Howard, PharmD
Richard Yap, MD	Rodney Elliott		Susan Fuchs, RD	Sierra Detwiler, PharmD
			Daniel Marsh, PharmD	Jeremiah Wojtowicz, 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
Minutes	The October 2020 minutes were approved as submitted.	Approved	Complete
CSH System P&T Committee	**November 2020 Decision Brief:** 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 CHI 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 committee meeting.	Information	Complete
Formulary Decisions & Therapeutic Interchanges	1. **Tenecteplase (TNKase®):** Dr. Ruchir Shah spoke on the role of tenecteplase for acute ischemic stroke (AIS) treatment. Tenecteplase offers substantial prep time and cost advantages over alteplase, and multiple clinical trials have demonstrated benefit. The committee voted to replace alteplase with tenecteplase for AIS treatment, following hospital-wide education, in addition to order set and EHR updates. 2. **CSH Formulary Alignment:** The November 2020 CSH System P&T committee reviewed additional medications for formulary alignment opportunities across the entire CSH system. The below medications represent formulary variances from the current CHI Memorial formulary: a. The following medications were recommended for *non-formulary* status. Each of the medications are very low use: i. Quinidine gluconate: Patients may use home supply. ii. Nebivolol: Patients may use home supply. b. The following medications were recommended for *formulary, restricted* status. **i.** Esmolol: CSH formulary restricts ordering to the following service lines: ED, Cardiology, CT Surgeon, Critical Care, and Anesthesia. However, night-time cardiology admission coverage requires that hospitalists be added to local	Approved Approved	Complete Complete

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	restrictions. ii. Nitrofurantoin macrocrystals (Macrodantin): It was recommended that use will be restricted to patients requiring medication administration via feeding tube. Otherwise, interchange orders to Macrobid at the same dose with BID interval. 3. **Romosozumab (Evenity®):** For patients at high or very high risk of fracture due to osteoporosis, zoledronic acid is the current formulary agent at CHI Memorial, which is given the same level of guideline treatment recommendation as romosozumab, but at a substantially lower cost. Due to the non-preferential guideline recommendations, current offering of a guideline recommended agent in the same risk category, and financial assessment results, it was recommended that romosozumab be non-formulary at CHI Memorial. Romosozumab formulary status will be reassessed when guideline recommendations are updated. 4. **Dehydrated Alcohol:** The cost of dehydrated alcohol has increased from $12.50 to $782 per 5 mL vial, in addition to not being readily available for purchase. The committee voted to adopt the November CSH P&T committee-approved restriction criteria and locally designate dehydrated alcohol as a restricted product, with use limited to the following indications: interventional radiology for use in celiac plexus neurolysis; if doxycycline therapy is unsuccessful after use in sclerotherapy for seroma treatment; and dehydrated alcohol shall **not** be utilized for preventing and treating alcohol withdrawal. 5. **Emergency use authorization (EUA) medications for COVID-19:** Rachel reviewed the current EUA therapies for COVID-19. A multidisciplinary EUA committee has been formed and will convene as needed to review new EUA therapies to determine appropriate use, if any, within our institution. The decisions of that group will be reported at the P&T committee meetings. a. Remdesivir (Veklury): Now FDA approved & is approved to formulary with locally designated restriction criteria. b. Bamlanivimab: Criteria for ordering follows the FDA EUA guidelines, and we are following the EUA instructions for preparation and administration. c. Casirivimab plus imdevimab: The CHI Memorial EUA committee approved use following the FDA EUA criteria, which matches the bamlanivimab EUA. The P&T committee voted to approve therapeutic interchangeability between bamlanivimab and casirivimab plus Imdevimab infusions. d. Baricitinib (Olumiant) in combination w/ remdesivir: The EUA committee recommended *against* use due to safety concerns with baricitinib's immunosuppressant effects in combination with dexamethasone use. This combination will **not** be utilized locally.	Approved Approved Approved	Complete Complete Complete
Medication Use	1. **TPN Utilization:** Rachel reviewed the results of a MUE performed on recent TPN utilization, with emphasis on CLABSI incidence and need for PICC lines directly due to TPN initiation. A separate quality review group will meet to review the data in detail.	Informational	Complete

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Protocols & Orders	1. **Opiate Withdrawal Inpatient Order Set:** Rachel presented a draft order set for Opiate Withdrawal that was previously reviewed and approved by the Care for Patients with Addiction workgroup, Drs. Hamilton and Haren, and the opioid stewardship/pain management pharmacist(s). This order set will be submitted for EHR build and education will be planned for providers.	Approved	Complete
	2. **Inhaled epoprostenol (Veletri®):** Rachel presented the "CHI Memorial Standard Operating Procedure for Inhaled Epoprostenol – Adults" document. This was developed by Drs. Mull and Tucker, the Director of RT (Kevin Hopkins), and Rachel Kile. Use will be in the intensive care units and the operating room. The committee approved the document, which will be distributed to approved ordering providers of Veletri. Inhaled epoprostenol will be built for ordering in the EHR.	Approved	Complete
Policies	1. **Titrating Medications:** Discussion and approval of policy updates was tabled to the next meeting.	Information	Complete
	2. **Penicillin Allergy Skin Testing:** The policy was updated to reflect current practice of restricting ordering to infectious disease providers only. No other changes to the policy.	Approved	Complete

There being no further business, the meeting was adjourned at 8:04 A.M. The next P&T meeting is **February 11, 2021 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