

PHARMACY AND THERAPEUTICS COMMITTEE

DATE: February 11, 2021

LOCATION: Private Dining Room + Zoom conference call

CALLED TO ORDER: 7:02 a.m.
ADJOURNED: 8:00 a.m.

Members Present:			Members Absent:	Guests:
Nathan Chamberlain, MD	Karen Frank, RN-Quality	Daniel Marsh, PharmD	Vimal Ramjee, MD	Kristen Liveris, PharmD
F. Lee Hamilton MD	Patrick Ellis, PharmD	Lori Hammon, RN-Quality	Mark Anderson, MD	La'Travia Howard, PharmD
Chad Paxson, MD	Rachel Kile, PharmD	Shannon Harris, RN	Rhonda Hatfield, RN-CNO	Andrea Wilkinson, PharmD
Matthew Kodsi, MD	Karen Babb, PharmD		Rodney Elliott	
Richard Yap, MD	Carey Smith, RPh			
Allen Atchley, MD	Susan Fuchs, RD			
David Dodson, MD	Kevin Hopkins, RT			

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 December 2020 minutes were approved as submitted.	Approved	Complete
Formulary Decisions &	1. CommonSpirit Health Formulary Alignment: The February 2021 System P&T committee	Approved	Complete
Therapeutic Interchanges	reviewed additional medications for formulary alignment opportunities across the entire system. The below medications represent formulary variances from the current CHI Memorial formulary:		
	a. Cardiology-The following medications were recommended for non-formulary status and the recommendations were previously approved by Cardiology:		
	i. Benazepril: Add to our current ACE-I therapeutic interchange table substituted to the clinically appropriate lisinopril dose. Benazepril will be replaced on cardiology order sets with alternative ACE inhibitor formulary options. ii. Simvastatin: Add to the current statin therapeutic interchange table substituted to the clinically appropriate atorvastatin or pravastatin dose. iii. Gemfibrozil: Use is ~100 doses per month, driven by home medication		
	continuation. Compared to gemfibrozil, fenofibrate has shown significantly greater clinically efficacy and has less drug interactions. A therapeutic interchange to fenofibrate 67 mg daily was approved.	Annessed	Commission
	2. Empagliflozin (Jardiance®) use criteria: The February 2021 CommonSpirit Health System P&T committee meeting voted to remove all existing ordering restrictions for empagliflozin. Our P&T committee had a robust discussion on how to ensure new medication orders are safely initiated and subsequently monitored. The committee approved modifying the current restriction criteria to allow for new inpatient starts, with clinical criteria requirements. The clinical criteria will be built into the EHR.	Approved	Complete



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Medication Use	1. Pharmacist-driven 4T score calculation for streamlining HIT lab tests: Andrea Wilkinson, pharmacy resident, presented her MUE results which demonstrated that by calculating a 4T score for all orders, pharmacists played a role in decreasing heparin antibody tests being performed in patients unlikely to have HIT (low 4T scores). Additional pharmacist education on the 4T score calculation will be provided, as there is opportunity to improve calculation accuracy because 78% of the orders sent to lab still resulted in negative heparin antibody tests. The committee discussed upcoming plans to send all HIT Ab and SRA tests to Erlanger (instead of Quest) for faster result turnaround time.	Informational	Complete
	2. Collagenase (Santyl®) ointment: Rachel shared MUE results on inpatient collagenase ointment utilization. From May through December 2020, Santyl dispensed from the inpatient pharmacy had a total drug cost of ~\$43,000. Based on the MUE results, it was recommended to adopt the CHI approved restriction criteria for use, which will be built into the EHR. This recommendation was previously reviewed and supported by Dr. John Gwin.	Approved	Complete
	3. Tocilizumab (Actemra®) for Inpatient Treatment of COVID-19: A P&T subcommittee convened earlier in the week to review available clinical data on tocilizumab (Actemra®) in COVID-19 and determine criteria for appropriate use. Rachel reviewed the locally designated restriction criteria finalized by the subcommittee, which will be updated as needed based on available data.	Approved	Complete
Protocols & Orders	 Respiratory Distress Orders Policy (Protocol): Kevin Hopkins presented changes to the policy which will allow oxygen, bronchodilators, and arterial blood gas orders to be placed by respiratory therapists, per protocol, with physician co-signature required in the EHR. This policy will be added to the list of protocols reviewed annually per TJC requirements. 	Approved	Complete
Policies	 Titrating Medications: This policy was updated to include dosing (titrating) instructions for nitroglycerin infusions on cardiac telemetry floors. No other changes to this policy. Look-Alike Sound-Alike Medications: This policy was reviewed and no changes were needed. 	Approved Approved	Complete Complete
Nutrition	 Nutrition Care Manual: Susan Fuchs reviewed the changes made for the November 2020 update. The manual can be found on the Mnet under "Clinical Tools". Enteral Policy: Susan reviewed policy changes which included verbiage update to reflect the EHR transition, in addition to RD managed enteral nutrition ordering workflow(s). 	Approved Approved	Complete Complete

There being no further business, the meeting was adjourned at 8:00 a.m. The next P&T meeting is April 15, 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