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# PHARMACY AND THERAPEUTICS COMMITTEE

DATE: June 18, 2020 CALLED TO ORDER: 7:00 A.M.
LOCATION: Private Dining Room ADJOURNED: 8:01 A.M.

| **Members Present**: | | **Members Absent**: | **Guests**: |
|---|---|---|---|
| Nathan Chamberlain, MD<br>Mark Anderson, MD<br>David Dodson, MD<br>F. Lee Hamilton MD<br>William Haren, MD<br>Rhonda Hatfield, RN-CNO<br>Patrick Ellis, PharmD<br>Karen Frank, RN-Quality | Karen Babb, PharmD<br>Rachel Kile, PharmD<br>Daniel Marsh, PharmD<br>Carey Smith, RPh<br>Susan Fuchs, RD<br>Lori Hammon, RN<br>Shannon Harris, RN | Allen Atchley, MD<br>Matthew Kodsi, MD<br>Chad Paxson, MD<br>Vimal Ramjee, MD<br>Richard Yap, MD<br>Rodney Elliott | Amy Quinn, PharmD<br>Kameron Blair, PharmD<br>Matthew Green, PharmD<br>Bradley Proctor, PharmD<br>Samantha Dotzler, Speech |

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 |
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| **Minutes** | The December 2019 minutes were approved as submitted. | Approved | Complete |
| **CHI/CSH System P&T Committee** | **Jan, Mar, May 2020 Decision Briefs-** The medications that were reviewed at these three CHI/CSH system P&T committee meetings 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. The C. difficile treatment and prevention documents were reviewed and expected plans for implementation within the EHR were shared. | Information | Complete |
| **Old Business** | **Fluconazole IV Dosing Interchange clarification-**The committee approved modifying the existing fluconazole IV dose interchange to include doses <200 mg be interchanged to 200 mg IV daily. | Approved | Complete |
| **Formulary Decisions & Therapeutic Interchanges** | 1. **Vaccine product changes –** Three new vaccines were approved to formulary as replacements for current formulary vaccines in order to align with new CSH GPO contracting: Vaqta to Havrix (hepatitis A), Adacel to Boostrix (Tdap booster), & Acthib to Hiberix (Hib). Usage restriction criteria for Prevnar-13 and Engerix-B were approved.<br>2. **Respiratory medications-** The current formulary medications Utibron NeoHaler and Seebri NeoHaler are no longer being manufactured & the committee approved a therapeutic interchange to Stiolto Respimat (from Utibron) and Spiriva Respimat (from Seebri). An LMA will be built in the EHR to assist with the formulary transition. | Approved<br>Approved | Complete<br>Complete |

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| | 3. **Sugammadex (Bridion): updated restriction criteria –T**he following restriction criteria were reviewed and supported by anesthesia and approved by the committee:<br>• Neostigmine/glycopyrrolate should be used for the routine reversal of neuromuscular blockade<br>• Sugammadex may be considered for use in the following scenarios:<br>o Failed reversal after a neostigmine dose of at least 50 mcg/kg (maximum dose of 5 mg) for rocuronium and vecuronium reversal<br>o Immediate reversal of neuromuscular blockade in a "cannot intubate/cannot ventilate" or another emergency situation<br>o Procedures requiring fast onset-short duration, where succinylcholine is contraindicated<br>o Reversal of intubation doses of rocuronium/vecuronium to shorten anesthesia time for abandoned or cancelled procedures<br>o Patients with pulmonary hypertension, myasthenia gravis and muscular dystrophy<br>o Patients with end stage pulmonary disease ($FEV_1$ <30) or currently on home oxygen therapy<br>o Patients who remain deeply paralyzed at the end of a case (0 twitches)<br>o Contraindications to either neostigmine or glycopyrrolate<br>• Anesthesia providers must participate in the review of the appropriate use of sugammadex (either proactively or retrospectively)<br>The above sugammadex restriction criteria will be submitted as a request for EHR build as a requirement to document indication for use at the time of administration documentation.<br>4. **Urea oral powder (Ure-Na)-** Ure-Na is a palatable oral urea that is classified as a medical food and indicated for the treatment of hyponatremia. It is more cost effective than tolvaptan. The committee approved Ure-Na to formulary with the following modified usage restriction criteria, which will be built into the EHR:<br>-Patients with asymptomatic hyponatremia and a serum sodium level less than 130 mEq/L<br>-Serum sodium levels should be monitored at least every 6 hours<br>5. **Tolvaptan (Samsca):** Updated usage restriction criteria were reviewed for tolvaptan and approved by the committee as follows, which will be built into the EHR:<br>- Serum sodium must be less than 130mEq/L.<br>- May only be prescribed by nephrologists, cardiologists, and intensivists.<br>- Each dose can only be ordered as a 1x "once" order<br>6. **Levonorgestrel (Plan B)-** Levonorgestrel was approved to formulary by the committee with restriction criteria for use. One dose of levonorgestrel will be stocked in the emergency department | Approved | Complete |

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| | Pyxis machines of each campus (Glenwood, Hixson, Georgia). The approved restriction criteria is as follows, and will be built into the EHR :<br>- Use is restricted to victims of sexual assault.<br>- The individual is not pregnant prior to the sexual assault as determined by urinalysis testing.<br>- The health care provider determines the stage of menstrual cycle and whether ovulation has occurred or will probably take place concurrently with the medical treatment.<br>- The physician/health care provider has made a reasonable determination that the effect of the post-coital contraceptive will be contraceptive rather than abortifacient.<br>- The use of contraception is less effective as time after the assault increases. Therefore, the administration of contraception 72 hours or more after the sexual assault is not permitted. | | |
| | 7. **Droperidol -**Droperidol was approved to the CHI national formulary in Sept 2019 with some restrictions for use. Rachel asked the committee if this medication should be reviewed for local formulary addition. The committee concluded that forming a separate workgroup to develop guidelines for the appropriate use of behavior-modifying medications in the acutely agitated or violent patient population is needed. Rachel will work to gather stakeholders for this discussion. | Informational-action requested | Pending |
| | 8. **Title 21 CFR: §1306.07 Administering or dispensing of narcotic drugs-** Rachel reviewed a recent patient example of potential opioid withdrawal with need for preventions and reviewed §1306.07. The committee concluded that provider education is needed on the regulations governing use of medication to prevent/treat opioid withdrawal in the inpatient setting and that a workgroup should be formed to help inform and structure this education. Rachel will share a policy from another CHI division and work to gather stakeholders for this discussion. | Informational-action requested | Pending |
| **Medication Use** | 1. **Procalamine-** Matthew Green, PGY1 pharmacy resident, shared the results of a procalamine MUE from June 2018 to May 2019. 8.5% of patients who received ProcalAmine had protein needs met and 0% of caloric needs were met. The deficit for protein and calories were 47% and 67%, respectively. After much discussion, the committee concluded that a multidisciplinary workgroup should be formed to review existing clinical, ethical, and logistical barriers to and recommendations for providing patients with enteral nutrition in alignment with evidenced-based guidelines. Rachel will work to gather recommended stakeholders for this discussion. | Informational-action requested | Pending |
| | 2. **Expected Practice: Duration of Antibiotic Therapy for Common Infections-** Dr. Anderson reviewed the document which was previously approved by the ASP Subcommittee meeting. Rachel reviewed the anticipated EHR changes awaiting build that will help streamline this practice and Dr. Anderson hopes to use data to report and review for outliers. The committee approved this document as an expected practice for all inpatient clinicians. | Approved | Complete |

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| **Protocols & Orders** | 1. **Post-Operative Atrial Fibrillation Management Order Set-** This order set was developed and approved by medical cardiology, cardiovascular surgery, electrophysiology, invasive cardiology, and pharmacy in order to provide consistent treatment for the post-operative patient who develops atrial fibrillation. The committee approved the development of this order set in the EHR.<br>2. **ACLS Bradycardia Management Protocol-** This protocol was developed by the code blue committee and nursing education department and was previously approved by hospitalists and intensivists. This will allow the ACLS RN to treat non-coding patients without the MD initially present. The committee approved this protocol and it should be built into the EHR. This protocol will be added to the list of approved protocols that is reviewed annual per TJC. | Approved<br>Approved | Complete<br>Complete |
| **Policies** | 1. **Titrating Medications-**Rachel reviewed the changes to the policy which included edits to dosing of several medications in order to ensure compliance with TJC requirements for dosing titrating medications, removing lidocaine, reducing the standard concentration of vasopressin to 0.03 units/min, and decreasing the starting rates of dexmedetomidine. Additionally, the committee reviewed proposed default titration goals to be added to the administration instructions of the mixture records in the EHR for several of the medications to ensure RNs have a goal for titration. This is a temporary solution until a more sophisticated build in the EHR is available.<br>2. **Biosimilar Medications-Formulary Management-** Patrick reviewed this new policy which will streamline formulary approvals and utilization of new and existing biosimilar medications.<br>3. **MRSA Nasal PCR-Pharmacy Ordering-** Rachel reviewed this new policy which allows for pharmacist ordering of MRSA rapid nasal PCR swabs for patients receiving IV vancomycin for pneumonia in order to streamline de-escalation of antibiotics.<br>4. **Medication Orders-Pharmacist Review-**The MRSA rapid nasal PCR was added to the list of approved laboratory tests/drug levels that pharmacists may order in consideration of patient safety and/or improved patient care.<br>5. **Look-Alike Sound-Alike Policy-** The updated policy was reviewed. | Approved<br>Approved<br>Approved<br>Approved | Complete<br>Complete<br>Complete<br>Complete |
| **Nutrition Support** | **1. Diet Manual Approval-**The November 2019 manual updates were reviewed.<br>2. **NDD Diets-** Education was provided on ordering NDD diets in the EHR. The diet policy has been updated to reflect EHR changes. | Approved<br>Informational | Complete<br>Complete |

There being no further business, the meeting was adjourned at 8:01 A.M. The next P&T meeting is **August 27, 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