



PHARMACY AND THERAPEUTICS COMMITTEE

DATE: October 8, 2020

LOCATION: Private Dining Room + Zoom conference call

CALLED TO ORDER: 7:02 a.m.

ADJOURNED: 7:28 a.m.

Members Present:			Members Absent:	Guests:
Nathan Chamberlain, MD David Dodson, MD F. Lee Hamilton MD William Haren, MD Matthew Kodosi, MD Richard Yap, MD Chad Paxson, MD	Rhonda Hatfield, RN-CNO Karen Frank, RN-Quality Patrick Ellis, PharmD Rachel Kile, PharmD Daniel Marsh, PharmD Karen Babb, PharmD Carey Smith, RPh Susan Fuchs, RD	Manuela Bresee, RN Lori Hammon, RN-Quality	Allen Atchley, MD Vimal Ramjee, MD Mark Anderson, MD Shannon Harris, RN Rodney Elliott Chris Chastain	Andrea Wilkinson, PharmD Kristen Liveris, PharmD La'Travia Howard, PharmD Sierra Detwiler, PharmD Pharmacy 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 August 2020 minutes were approved as submitted.	Approved	Complete
CSH System P&T Committee	September 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 meeting.	Information	Complete
Old Business	<ol style="list-style-type: none"> Workgroup: Care for patients experiencing opioid withdrawal: 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 & recently participated in an engaging panel discussion with CHI Franciscan employees who worked together to establish their own program. We obtained their order set and will present our locally modified version for committee approval, once complete. ProcalAmine Medication Use Update/Evidence-based guidelines for enteral nutrition: Since the last meeting, we learned that Procalamine has been discontinued by the manufacturer and will no longer be produced. Once current supply is exhausted, ProcalAmine will be removed from formulary. 	Information Approved	Pending Complete
Formulary Decisions & Therapeutic Interchanges	<ol style="list-style-type: none"> Sodium zirconium cyclosilicate (Lokelma): Sodium zirconium cyclosilicate was approved to our local formulary in 2019, with restrictions for use. Recent contract negotiations for CSH have decreased the gap in cost of care between sodium zirconium cyclosilicate and SPS (Kayexalate). It was recommended to remove all existing utilization restrictions. The restriction criteria for use will 	Approved	Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	<p>be removed from the medication record of the EHR.</p> <p>2. Oritavancin (Orbactiv): Oritavancin was reviewed by our local P&T committee in 2015 and designated as non-formulary. Non-formulary utilization has remained very low since that decision, on a case-by-case basis, with need as determined by infectious disease and primarily for off-label indications. Based on historical utilization, it was recommended to adopt a more restrictive approach to oritavancin use than the CSH P&T committee-approved criteria and locally designate oritavancin as a formulary product, with inpatient use restricted to infectious disease physicians only. Only 1 dose will be stocked. Oritavancin will not be used in the emergency department setting.</p> <p>3. Biosimilar formulary additions: Per the Biosimilar policy approved at the last P&T committee meeting, new biosimilars that have been FDA approved for the same indications as the reference product (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: Zarxio (filgrastim-sndz).</p>	<p>Approved</p> <p>Approved</p>	<p>Complete</p> <p>Complete</p>
Medication Safety	<p>1. Opioid Stewardship: The P&T committee approved ordering of naloxone 0.4 mg IV/IM PRN by the opioid stewardship pharmacist (OSP). If during review of the patient’s chart the OSP finds it clinically appropriate based on the current opioid regimen and risk of opioid-induced respiratory depression, the pharmacist may use their discretion to place the order if the patient does not already have an existing order for naloxone PRN on the eMAR.</p>	<p>Approved</p>	<p>Complete</p>

There being no further business, the meeting was adjourned at 7:28 A.M. The next P&T meeting is **December 10, 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