



## PHARMACY AND THERAPEUTICS COMMITTEE

DATE: August 9, 2018  
 LOCATION: Private Dining Room

CALLED TO ORDER: 7:00 A.M.  
 ADJOURNED: 8:00 A.M.

Members Present:		Members Absent:	Guests:
Richard Pesce, M.D. David Dodson, M.D. Mark Anderson, MD Richard Yap, M.D. Sam Currin, MD Nathan Chamberlain, M.D Davis Rice, MD	Sandy Vredevelde, DPh Patrick Ellis, PharmD Lila Heet, PharmD Karen Babb, PharmD Melissa Roden, RN (Phone) Patty Hicks, RN Shannon Harris, RN Rhonda Hatfield, CNO (Phone) Susan Fuchs, RD Jaeik Lee, PharmD	Nan Payne, RN Petra Green, RN Michael Stipanov, M.D. Rodney Elliott Scott Harbaugh, Finance Jeffrey Mullins, M.D Jamie Barrie, PharmD Allen Atchley, M.D. Avni Kapadia, M.D Nathan Schatzman, M.D Elvira Smith, RN	Alanna Rufe, PharmD Megan Nesbitt,, PharmD Courtney Pearson PharmD Nisha Patel – PharmD Anna Lee - 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
<b>Minutes</b>	The April 2018 minutes were approved as submitted.	Approved	Complete
<b>CHI MUE Committee</b>	<b>CHI MUE Committee November &amp; January Decision Briefs:</b> The medications that were reviewed at the March national MUE committee meeting were reviewed with the committee. All new national formulary medications or formulary changes were either consistent with existing Memorial formulary decisions or are described in the “Therapeutic Interchanges and Formulary Changes” section of the minutes below. Drugs not yet requested in our market (Vyxeos, Besponsa, etc.) will be deferred until a clinical need necessitates local P&T review. The class reviews outlined below are national MUE/P&T reviews completed for the intent of national formulary standardization opportunities across the entire CHI system.	Information	Complete
<b>Therapeutic Interchanges and Formulary Decisions</b>	<b>A. Drug Class Reviews</b> – the below medications and classes represent formulary variances from the current CHI Memorial formulary. Patrick reviewed the below proposed formulary modifications as noted below. The cardiology substitutions outlined below were recommended by Dr. Atchley and supported by the committee’s cardiology representatives.		
	<ol style="list-style-type: none"> <li>1. <b>Oncology</b> – the below drugs are recommended for non-formulary status per the national review           <ul style="list-style-type: none"> <li>• Interferon alfa-2b, peginterferon alfa-2a</li> <li>• Fluorouracil topical</li> </ul> </li> <li>2. <b>Miscellaneous</b> – the below drugs are recommended for non-formulary status per the national review           <ul style="list-style-type: none"> <li>• Butorphanol tartrate</li> </ul> </li> </ol>	Approved  Approved	Complete  Complete

AGENDA ITEM	FINDINGS OR CONCLUSION	ACTION, RESPONSIBILITY	STATUS
	<ul style="list-style-type: none"> <li>• Pentazocine/naloxone*</li> <li>• Felbamate*</li> <li>• Tiagabine*</li> <li>• Oxazepam*</li> <li>• Triazolam*</li> <li>• Hetastarch (Hespan, Hextend)</li> </ul> <p>* Patient home supply may be used for continuation of home regimens</p> <p>3. <b>Cardiology</b></p> <ul style="list-style-type: none"> <li>• <b>ACE Inhibitors</b> – Fosinopril, Moexipril, Quinapril, Trandolapril → non-formulary with substitution to therapeutically equivalent dose of Lisinopril</li> <li>• <b>ARBs</b> – Telmisartan, Azilsartan, Candesartan, Eprosartan, Irbesartan → non-formulary with substitution to therapeutically equivalent dose of Valsartan*</li> </ul> <p>* Due to Valsartan shortage Olmesartan will be the agent of choice until Valsartan available</p> <ul style="list-style-type: none"> <li>• <b>Niacin</b> – All formulations non-formulary; patients may resume upon discharge</li> <li>• <b>Pindolol</b> – non-formulary</li> <li>• <b>Colesevelam</b> – non-formulary with substitution to therapeutically equivalent dose of cholestyramine suspension</li> <li>• <b>Calcium channel blockers</b> – Felodipine, Isradipine, Nisoldipine → non-formulary with substitution to therapeutically equivalent dose of Amlodipine</li> <li>• <b>Edoxaban</b> – non-formulary; patient may use home supply or provider may consider apixaban or rivaroxaban form temporary substitution</li> <li>• <b>Statins</b> – Fluvastatin, Lovastatin, Pitavastatin → non-formulary with substitution to therapeutically equivalent agent (Fluvastatin, Pitavastatin → Atorvastatin; Lovastatin → Pravastatin)</li> <li>• <b>Rosuvastatin</b> – Recommended to add back to Memorial formulary due to generic availability</li> <li>• <b>Ethacrynic acid</b> – Restricted to patients with true allergy to any loop diuretic or intolerance to all other loop diuretics</li> <li>• <b>Sildenafil 25 mg (Viagra for PAH)</b> – non-formulary with substitution to sildenafil 20 mg</li> <li>• <b>Aliskiren</b> – non-formulary; patient may use home supply</li> <li>• <b>Indapamide</b> – non-formulary; patient may use home supply</li> <li>• <b>Conivaptan</b> – non-formulary; tolvaptan may be utilized as oral alternative</li> </ul> <p>4. <b>Infectious Disease</b> – the below drugs are recommended for non-formulary status or restricted status as outlined below</p> <ul style="list-style-type: none"> <li>• <b>Non-formulary:</b> Vabomere, Malarone, Mefloquine, Primaquine</li> </ul>	<p>Approved</p> <p>Approved</p>	<p>Complete</p> <p>Complete</p>



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	<p>until nursing education completed and the committee agreed. Dr. Pesce also recommended that anesthesia be allowed to utilize angiotensin II for post-op vasoplegia.</p> <p><b>C. Extended Release Morphine Formulary Interchange</b> – Patrick outlined a proposal to include Embeda, a new ER morphine formulation, to the hospital’s existing formulary interchange for extended release morphine preparations. Home medication orders for Embeda would automatically be substituted to a therapeutically equivalent dose of MS Contin.</p>	Approved	Complete
<b>Medication Use/MUE</b>	<p><b>Alternatives to Opioids (ALTO) Preliminary Data Summary</b> Patrick shared data from the first two months of the ED project utilizing alternative pain treatment pathways. The Glenwood ED has demonstrated a 28% reduction in opioid utilization, the Hixson ED a 15.3% reduction and the Glenwood START unit a 60% reduction in opioids. Patrick also explained that an analysis of ketamine and IV lidocaine utilization is planned for this fall to further evaluate these therapies and to ensure safe and appropriate use of these novel therapies for pain. The committee was also interested in further exploring opportunities to evaluate inpatient opportunities to also decrease opioid use as well. Patrick will provide additional updates on this project at the October meeting.</p>	Information	Complete
<b>Medication Safety</b>	<p><b>ADR Summary (January 2018 – May 2018)</b> – Karen briefly presented ADR summary data. No noticeable trends were observed, however five category-3 ADRs will be submitted to the FDA’s Medwatch program.</p>	Information	Complete
<b>Protocols &amp; Policies</b>	<p><b><u>Vancomycin – automatic pharmacy consults</u></b> The pharmacy department currently manages approximately 300 vancomycin consults on a monthly basis which represents that vast majority of all inpatients receiving IV vancomycin therapy. However, the pharmacy has encountered sporadic situations in recent months in which providers assumed that pharmacy managed ALL vancomycin patients and the initial consult orders were not written to formally notify pharmacy to assist with dosing. These were later discovered by pharmacy staff when it was noticed that patients were on vancomycin without corresponding levels or were noted to be on inappropriately high or low doses based on individual patient pharmacokinetics. Patrick asked if the committee would grant medical staff approval for pharmacy to automatically manage/dose any ongoing orders (non-perioperative dosing) for IV vancomycin. Dr. Anderson and the committee supported this recommendation.</p> <p><b><u>Look-Alike, Sound-Alike Medications Policy</u></b> Annual review required for this policy. Patrick reviewed the only proposed addition (Remicade – Rituxan) due to recent near misses associated with these medications.</p> <p><b><u>Titration Medications Policy</u></b> Patrick reviewed this policy with the committee and highlighted the changes that were made to remove titration ranges to make this titration policy clearer and to be consistent with regulatory requirements. The policy was previously reviewed with the intensivists and the content was approved by their group. Dr. Pesce recommended that this policy be approved as presented.</p>	<p>Approved</p> <p>Approved</p> <p>Approved</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>
<b>Miscellaneous</b>	<p><b><u>Andexanet alfa (xa reversal drug) product availability</u></b> – Patrick updated the committee on the expected availability of this medication. Although it is FDA approved it is currently only available to level I trauma centers</p>	Information	

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	<p>and primary stroke centers until early 2019. The cost per dose is \$22,000-44,000 per dose and appropriate use and formulary status will be discussed later this year when expected availability is known.</p> <p><b><u>Dr. Pesce's Retirement</u></b> The committee thanked Dr. Pesce for his 16 years of service as the P&amp;T Chair. Dr. Nathan Schatzman will be assuming the role of P&amp;T Chair beginning this October.</p>		
<b>Nutrition Support Team</b>	<b>Diet Orders Policy</b> – Susan requested annual approval of the diet manual – no changes necessary at this time.	Approved	

There being no further business, the meeting was adjourned at 8:00 A.M. The next P&T meeting is **October 11, 2018 at 7:00 a.m.**

Respectfully submitted,  
Sandy Vredevelde, D.Ph. Director of Pharmacy  
Patrick Ellis, Pharm.D Pharmacy Clinical Coordinator

Approved by,  
Richard Pesce, M.D. Chairman