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PHARMACY AND THERAPEUTICS COMMITTEE

DATE: February 14, 2019 CALLED TO ORDER: 7:00 A.M.
LOCATION: Private Dining Room ADJOURNED: 8:00 A.M.

Members Present:		**Members Absent**:	**Guests**:
Nathan Schatzman, M.D David Dodson, M.D. Mark Anderson, MD Richard Yap, M.D. Nathan Chamberlain, M.D Matthew Kodsi, MD F. Hamilton, M.D	Rachel Kile, PharmD Patrick Ellis, PharmD Lila Heet, PharmD Karen Babb, PharmD Melissa Roden, RN Nick Lockhart PharmD Rhonda Hatfield, CNO Susan Fuchs, RD Allen Atchley, M.D.	Nan Payne, RN Shannon Harris, RN Michael Stipanov, M.D. Scott Harbaugh, Finance Jeffrey Mullins, M.D Jamie Barrie, PharmD	Courtney Pearson, Resident Alanna Rufe, Resident Megan Nesbitt, Resident

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 November 2018 minutes were approved as submitted.	Approved	Complete
CHI P&T Committee	**CHI P&T Committee November Decision Brief** – The medications that were reviewed at the November national P&T committee 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. The class reviews outlined below are national P&T reviews completed for the intent of national formulary standardization opportunities across the entire CHI system. *Anesthesia Gas Review*– Desflurane: Dr. Schatzman confirmed the removal of desflurane from formulary. *Giapreza® (angiotensin II)* –Patrick reviewed the recommended updates to the existing titration parameters for Giapreza (angiotensin II).	Information Approved Approved	Complete Complete Complete
Therapeutic Interchanges and Formulary Decisions	**A. Drug Class Reviews** – The below medications and classes represent formulary variances from the current CHI Memorial formulary. Rachel reviewed the below proposed formulary modifications as noted below. 1. **Ambulatory Care/Chronic Disease**- The following medications are recommended for non-formulary status per the national review. Each of the medications are very low use (< 30 doses per year), unless noted otherwise, and it was recommended to designate each "non-formulary"	Approved	Complete

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	and allow use of patient home meds if patients are admitted on these as a maintenance therapy: • Metformin XR- formulary substitution to metformin immediate release • Repaglinide- formulary substitution to nateglinide • Lidocaine 5% patch- formulary substitution interchange to 4% OTC patch • Claritin D- formulary substitution to Claritin • Librax- formulary substitution to Librium • Levsin injectable- formulary substitution to sublingual formulation (100% bioavailability) • Alfuzosin- formulary substitution to tamsulosin • Carisoprodol- formulary substitution to cyclobenzaprine • Chlorzoxazone- formulary substitution to cyclobenzaprine • Metaxalone- formulary substitution to cyclobenzaprine • Zafirlukast- formulary substitution to montelukast • Acarbose • Diazoxide • Cromolyn 4% ophthalmic • Daliresp • Azelastine nasal spray • Ganciclovir 0.15% ophthalmic gel • Trifluridine 1% ophthalmic • Fluorometholone 0.1% ophthalmic • Tretinoin topical formulations • Sulfacetamide sodium/sulfur topical agent • Acitretinin • Calcipotriene topical formulations		
	2. **Opioid Dependence Agents**- The following medications were recommended for addition to formulary for continuation of home medication regimens only. Not for initiation during hospitalization: • Suboxone (buprenorphine/naloxone) oral • Subutex (buprenorphine sublingual) oral	Approved	Complete
	3. **Otic Preparations**- The following medications are recommended for non-formulary status per the national review, with formulary substitutions as listed: • Cipro HC Otic- formulary substitution to ciprofloxacin 0.3% ophthalmic solution (for OTIC use) + dexamethasone 0.1% ophthalmic solution (for OTIC use)	Approved	Complete

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	• Neomycin/Polymixin B/Hydrocortisone Otic- formulary substitution to neomycin/polymyxin/dexamethasone 3.5 mg/ml-10,000 unit/ml-0.1% ophthalmic solution (for OTIC use).		
	B. Biktarvy® (bictegravir, emticitabine, and tenofovir alafenamide)- Complete oral regimen for the treatment of HIV-1. Trial results showed Biktarvy to be non-inferior to Triumeq and dolutegravir in combination with Descovy for the initial treatment of ARV-naïve patients and Biktarvy was non-inferior to Triumeq and boosted PI regimens in virologically suppressed individuals on a stable ARV regimen. It was recommended to approve to formulary for continuation of home medication regimens.	Approved	Complete
	C. Cinvanti® (aprepitant)/Emend® (fosaprepitant) Formulary Interchange –Substance P/neurokinin 1 receptor antagonist antiemetic for chemotherapy-induced nausea and vomiting associated with highly and moderately emetogenic chemotherapy. Emend (fosaprepitant) is the prodrug of aprepitant. Safety and efficacy have been established based on studies of Emend. It was recommended to interchange Cinvanti IV for all Emend orders.	Approved	Complete
	D. Extended Release Opioid Formulary Interchange- Morphabond (extended release morphine sulfate) and Xtampza (extended release oxycodone) were recommended for interchange to MS Contin for all MorphaBond orders and to OxyContin for all Xtampza orders. Home medication orders for each agent would automatically be substituted to a therapeutically equivalent dose of corresponding MS Contin or OxyContin.	Approved	Complete
	E. IVIG – Inpatient use- Dr. Kodsi explained that he has identified an opportunity to optimize inpatient utilization of IVIG for neurology-specific indications with a potential cost savings of over $200,000 annually. He proposed that he as the chief of neurology is to perform an independent physician review of all inpatient orders for IVIG from neurology.	Approved	Complete
	F. Andexxa®- First FDA approved agent for reversal of anticoagulation due to life-threatening or uncontrolled bleeding due to rivaroxaban or apixaban. The committee had a robust discussion regarding the utilization of this agent at our institution and previous conversations with non-P&T physician members were also relayed to the committee by Patrick. Andexxa remains non-formulary per CHI National P&T committee and is slated for review at the March 2019 meeting. Dr. Schatzman and Ramjee suggested service-line restrictions; however, the committee agreed to await results from the CHI National P&T committee decision and this would be further discussed at the April meeting. It was recommended to continue using Kcentra (PCC) at 50 units/kg for DOAC-associated major bleeding at this time. The recommendation to the national committee would be to allow use for patients with life-threatening bleeding refractory to PCC treatment (1 dose stocked at each campus).	Information –CHI National P&T committee decision to be discussed at the next meeting. PCC dose increase approved.	Complete
Medication Use/MUE	**<u>Albumin– Epic Use Criteria</u>** Rachel reviewed the recommended albumin use criteria to be incorporated into the Epic build for albumin orders. Dr. Nathan Chamberlain reviewed these criteria and was supportive of the following	Approved	Complete

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	recommendations. Treatment duration of 24 or 48 hours must be selected in addition to selecting one of the following indications: hepatorenal syndrome, hypotension despite adequate crystalloid resuscitation, paracentesis (large volume, >5 liters), plasmapheresis, spontaneous bacterial peritonitis, or other. **Alternatives to Opioids (ALTO) Update** Patrick briefly reviewed the ALTO emergency department data through December 2018 which demonstrated a 20.8% reduction in opioid usage since baseline. Further discussion on possible expansion and use for inpatients is warranted at the following meeting and Dr. Schatzman agreed to add this to the next meeting agenda.	Information-Inpatient expansion to be discussed at the next meeting	Complete
Medication Safety & Policy	**ISMP 2018-2019 Best Practices – Injectable promethazine**	Tabled for next meeting	Pending
Protocols & Orders	**IV Lidocaine (continuous infusion for pain)** Rachel presented a proposed protocol the use of IV lidocaine continuous infusion for pain. The committee discussed at length the required monitoring, appropriate usage patient criteria, and nursing monitoring requirements with a focus on identifying early toxicities. A bolus dose of 1.5 mg/kg (maximum dose 200 mg) with weight based maintenance infusion for 24-48 hours was presented. Dr. Schatzman will share a review of multimodal pain management options at the next meeting to assist in the final development of this protocol, which will not be implemented until it is built within the Epic system. It was recommended by Dr. Schatzman to allow him an opportunity to review this draft protocol with his partners and this will be further discussed at a future meeting for final approval of protocol.	Follow-up discussion at future meeting	Pending
Policy & Procedure	**Look Alike, Sound Alike Medication List Update**	Tabled for next meeting	Pending

There being no further business, the meeting was adjourned at 8:00 A.M. The next P&T meeting is **April 11, 2019 at 7:00 a.m.**

Respectfully submitted,
Patrick Ellis, PharmD, Director of Pharmacy
Rachel Kile, PharmD, Pharmacy Clinical Manager

Approved by,
Nathan Schatzman,MD, Chairman