



**PHARMACY AND THERAPEUTICS COMMITTEE**

DATE: June 15, 2023  
 LOCATION: SCN Boardroom

CALLED TO ORDER: 7:00 a.m.  
 ADJOURNED: 7:39 a.m.

Voting Member Attendance:		Non-Voting Member Attendance:		Guests:
<b>X Nathan Chamberlain, MD- Chairman</b> <b>X Mark Anderson, MD- Infectious Disease</b> <b>X Justin Blinn, MD- Anesthesiology</b> <b>X David Dodson, MD- Hospitalist</b> <b>X Karen Frank, RN- Quality</b> Sherry Fusco, RN- CNO F. Lee Hamilton, MD- Hospitalist William Haren, MD- Psychiatry	<b>X Matthew Kodsi, MD- Quality</b> <b>X Aditya Mandawat, MD- Cardiology</b> <b>X Daniel Marsh, PharmD- Director of Pharmacy</b> Chad Paxson, MD- Intensivist James Wahl, MD- Hospitalist, GA Richard Yap, MD- Hospitalist	<b>X Karen Babb, PharmD- Manager</b> Jamie Barrie, PharmD- Manager, HX <b>X Kenneth Dyer, PharmD- Operations Manager</b> <b>X Rodney Elliott- Purchasing</b> Lori Hammon, RN- Quality <b>X Shannon Harris, RN- Infection Prevention</b> <b>X Kevin Hopkins, RT- Director of Resp Therapy</b> Rachel Kile, PharmD- Clinical Manager <b>X Carey Smith, RPh- Manager, GA</b> Ingrid Wright, Clinical Dietician	<b>Joseph Oh, Pharmacy Resident</b> <b>Jordan Tynes, Pharmacy Resident</b> <b>Chris D'Amico, Pharmacy Resident</b> <b>Hallie Butler, Pharmacy Resident</b>	

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 March minutes were approved as submitted.	Approved	Complete
<b>Old Business</b>	<p><b>A. CommonSpirit Health P&amp;T Committee Decision Brief:</b> teclistamab-cqyv (Tecvalyi) is a monoclonal antibody used for patients with multiple myeloma. It was moved from non-formulary status to restricted formulary in May 2023 to the outpatient setting for FDA-approved indications or payer-approved off-label indications subsequent to insurance approval or prior authorization. Tecvalyi still lacks a specific reimbursement J-code (anticipated summer 2023). The EHR design/build for Tecvalyi is being coordinated to assist sites that may need to use this therapy for appropriate individuals. This is an ongoing process at our facility. The current local process has Tennessee Oncology administer Tecvalyi in their office followed by admission to CHI Memorial Hospital for monitoring of possible neurologic and cytokine release syndrome toxicities.</p> <p><b>B.</b> System P&amp;T also approved levetiracetam doses up to 1.5 gm should be administered as IV push. Currently Memorial gives doses up to 1 gm IV push. Will work to allow doses of up to 1.5 gm to be given as IV push. Approved by the local committee.</p> <p><b>C.</b> System P&amp;T shared new Controlled Substance Management policies. These will be reviewed and adopted by the local diversion committee.</p>	<p>Informational</p> <p>Informational</p> <p>Informational</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>



	<p>level of 2.9 or less would read as:</p> <ul style="list-style-type: none"> <li>● Patients with no IV access: 80 mEq oral potassium</li> <li>● Patients with IV access and able to take PO: 40 mEq oral potassium, followed by 40 mEq IV potassium</li> <li>● Patients unable to take PO: 80 mEq IV potassium</li> </ul> <p>P&amp;T committee approves the above recommendation. There was discussion on addressing other areas of improvement on the electrolyte protocol, specifically on how the orders are worded to have the most direct pathway for nurses to use when conducting electrolyte protocol order. The phosphate order pieces related to potassium have not been altered as part of this recommendation.</p>		
Pharmacy Resident Research	<p><b>A. Evaluation of weight-based vs fixed dosing of Kcentra in management of DOAC associated bleeding:</b> This retrospective study demonstrated no statistically significant difference in achieving hemostasis between the two dosing strategies while allowing for a decreased average dose per patient by nearly 1500 units. Utilizing the fix-dosing of Kcentra is a more cost effective alternative, allowing for a cost savings of over \$60,000 when comparing study periods. There are currently no modifications to the CHI Memorial Antithrombotic Reversal and Surgical Management Guidelines recommended.</p> <p><b>B. Impact of pharmacy-led beta-lactam allergy clarification and delabeling:</b> The antimicrobial stewardship team approved of a beta-lactam allergy guideline to assist clinicians in prescribing antibiotics for inpatients with reported allergic reactions to penicillin or cephalosporin antibiotics. Resources available include a patient allergy assessment tool questionnaire, allergic reaction risk category chart, cross-reactivity matrix, and test dosing procedures (PO and IV). This retrospective study resulted in 167 pharmacy interventions in January 2023 and showed there are substantial opportunities for delabeling with approximately 40% of patients' allergies being categorized as either minimal or low-risk reactions. 72% of patients had their reaction occur &gt;10 years ago. Lastly, 43% of patients had a previous beta-lactam prescription in the last year, further reinforcing the ability for these patients to be capable of utilizing a beta-lactam or penicillin in their therapy to optimize care.</p> <p><b>C. Impact of pharmacist intervention on discharge antibiotic therapy for community acquired pneumonia (CAP):</b> It has been shown increasing total antibiotic duration beyond 5 days in clinically stable patients with CAP has no benefit. A pharmacist driven initiative was implemented to target patients with a diagnosis of CAP. Ultimately, implementation of this initiative, particularly at the point of discharge, decreased both total duration of antibiotics and discharge duration of antibiotics by one day. All interventions related to duration of therapy and 100% of those interventions were accepted.</p>	Informational  Informational  Informational	Complete  Complete  Complete

There being no further business, the meeting was adjourned at 7:39 a.m. The next P&T meeting is **August/September with a specific date TBD.**

Respectfully submitted,  
Daniel Marsh, Director of Pharmacy; Rachel Kile, PharmD, Pharmacy Clinical Manager

Approved by,  
Nathan Chamberlain, MD, Chairman