CHI Memorial
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CHI Memorial Hospital Georgia

PHARMACY AND THERAPEUTICS COMMITTEE

DATE: September 14, 2023
LOCATION: SCN Boardroom or Zoom

CALLED TO ORDER: 7:02 a.m.
ADJOURNED: 8:01 a.m.

Voting Member Attendance:				Non-Voting Member Attendance:		Guests:
X	**Nathan Chamberlain, MD- Chairman**	X	**Matthew Kodsi, MD- Quality**	X	**Karen Babb, PharmD- Manager**	**Claire Hiott, Pharmacy Resident**
X	**Mark Anderson, MD- Infectious Disease**	X	**Aditya Mandawat, MD- Cardiology**		Jamie Barrie, PharmD- Manager, HX	**Asher Melton, Pharmacy Resident**
	Justin Blinn, MD- Anesthesiology	X	**Daniel Marsh, PharmD- Director of Pharmacy**	X	**Kenneth Dyer, PharmD- Operations Manager**	**Cricket Patterson, Pharmacy Resident**
	David Dodson, MD- Hospitalist	X	**Chad Paxson, MD- Intensivist**	X	**Rodney Elliott- Purchasing**	**Raegan Willoughby, Pharmacy Resident**
	Karen Frank, RN- Quality		James Wahl, MD- Hospitalist, GA		Lori Hammon, RN- Quality	**Deb McKaig, Pharmacy Administrative Coordinator**
	Sherry Fusco, RN- CNO	X	**Richard Yap, MD- Hospitalist**		Shannon Harris, RN- Infection Prevention	**Jarrett Kilgore, Student pharmacist**
	F. Lee Hamilton, MD- Hospitalist				Kevin Hopkins, RT- Director of Resp Therapy	**Hailey Dobson, Student pharmacist**
				X	**Rachel Kile, PharmD- Clinical Manager**	
					Carey Smith, RPh- Manager, GA	
					Ingrid Wright, Clinical Dietician	

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 June 2023 minutes were approved as submitted.	Approved	Complete
CommonSpirit Health System P&T Committee	**July 2023 Decision Brief:** The medication decisions that were approved at the CommonSpirit Health 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 "Formulary Decisions & Therapeutic Interchanges" section of the minutes below, or will be reviewed at an upcoming P&T committee meeting, with the exception of the following: a. Restriction of guaifenesin w/ codeine antitussive liquid: Recent recommendation that antitussive products with codeine be restricted to adult use only per FDA recommendation. Rachel reported that a utilization report for this calendar year found only one order for this medication.	Approved	Complete

Formulary Decisions & Therapeutic Interchanges	**A. Bevacizumab-maly (Alymsys):** Alymsys is a new biosimilar for the reference product, Avastin. It is a vascular endothelial growth factor inhibitor indicated for the treatment of metastatic colorectal cancer in combination with other chemotherapy agents. Per the CHI Memorial Biosimilar policy, 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. **B. Drug shortage update**: Nystatin powder 15 gram bottles is currently a critical shortage item. On September 8, 2023 the P&T Committee chairman, CMO, and Hospitalist Medical Director emergently approved the automatic interchange by pharmacists of nystatin to miconazole powder at the same dosing frequency. The recommendation was made to formally approve the pharmacist emergent automatic interchange for orders of nystatin powder to miconazole powder during times of nystatin powder shortage. **C. Medications for COVID-19:** The FDA fully approved remdesivir (Veklury) for use in patients with severe renal impairment, including those receiving hemodialysis based on a Phase 1 and Phase III RED TIME trials which included hospitalized patients with severe renal impairment and HD patients. These patients received doses with no renal adjustment and no new safety signals were identified. The recommendation to remove the requirement for renal testing prior to initiating remdesivir and removal of eGFR <30 ml/minute precaution was approved.	Approved Approved Approved	Complete Complete Complete
Protocols & Orders	A. **Heparin Drip Order set:** Our nursing staff have been questioning the requirement to wait for lab results before initiating a heparin drip based on the following order on the Heparin Drip Order MCT order set: *"Notify physician before initiating protocol if baseline aPTT is GREATER than 50 or INR is GREATER than 2, or platelets are LESS than 100,000".* Physician leadership recommended the following update to the order: "Notify physician before starting protocol if patient has results within the last 24 hours that show aPTT GREATER than 50, INR GREATER than 2 or platelets LESS than 100,000. Otherwise start protocol and notify physician if baseline labs show any of these values." These changes will clarify that it is appropriate to begin heparin infusion prior to baseline lab results. It also verifies that the provider is aware of significant values already present and provides instruction for nursing on action if significant baseline laboratory values return. The changes have been updated in Epic. B. **Methocarbamol Hard Limit in EHR:** An IRIS report was submitted due to an active order for IV methocarbamol every 8 hours remaining on a patient's chart for over 1 week. It is recommended that max dose is 3 g/day for no more than 3 days with a 48 hour washout period due to accumulation of polyethylene glycol. It was recommended to grant approval for pharmacists to: a. Automatically discontinue active orders for IV methocarbamol once the order is active for more than 3 consecutive days **OR** b. If the original order is for longer than 3 days, pharmacists may limit the order to 3 days. Providers may re-order after a 48 hour washout period.	Informational Approved	Complete Complete

Medication Use	**A. Patient Controlled Analgesia (PCA) orders MUE:** Nurses brought questions regarding PCA orders to the Medication Safety Committee concerning the dose of PCAs for patients who are elderly or may be particularly sensitive to opiates (opiate naïve). The results of an MUE were presented at the Medication Safety Committee and the recommendation from that committee was to get P&T Committee input regarding suggested recommendations. Based on the results of the MUE, the following recommendations/conclusions were made by the Medication Safety Committee: a. Unclear if order selection was intentional, or a "favorite" on post-op order set b. Should the PCA order set specify to discontinue all other PRN opiates at same time as PCA ordered? c. Should order set specify to change the order to the "high risk" dosing panel if the patient meets such criteria and no exclusions are met? Exclusions might include: providers who do not order a PCA directly from order set ("custom" orders) or hospice, palliative care and/or end of life orders from critical care. d. Change the order of the medication panels in the set to place "high risk" order at top rather than the standard dose Discussion followed with the decision to discuss this with heavy users of the order set and surgeons who would be most impacted by changes to the order panels. Recommendations will be shared for review and discussion at Med Exec.	Approved	Incomplete
	B. Sedative/Hypnotic & Patient Falls MUE: At a prior P&T Committee meeting, the Sedative/Hypnotics for Sleep policy was reviewed. A MUE was performed from January to March of 2023 and 56 patients aged 65 or older were identified with documented fall incidents. The medications cross referenced in the MUE with the fall list are listed in the P&T packet. Approximately 9% of patients that fell received a potentially inappropriate medication around bedtime 24 hours before documented fall. Due to the results of the MUE, there was an evaluation of safer alternative sleep medications compared to current formulary medications. It was also postulated to consider hospitalist education, review of the current sedative/hypnotic sleep policy with a focus on sleep safety, or potential guidelines for prioritizing appropriate medication selection for sleep and increased fall monitoring/precautions with addition of medications to the MAR. Physician discussion followed with recommendations for non-pharmacologic options for sleep. Dr. Paxson suggested restricting BZDs for the purpose of sleep, regardless of age, but rather based on presence of fall risks. Dr. Kodsi recommended a step-wise list for nurses to use when administering sleep medications. It was recommended to: a. Add Eszopiclone (Lunesta) 1 and 2 mg tablets to formulary with the same ordering restrictions as other sedative/hypnotic agents per policy. b. Approve a sedative/hypnotic automatic pharmacist therapeutic interchange as follows, in addition to the currently approved interchanges:	Approved	Complete

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<u>Sedative Hypnotic Therapeutic Interchange</u>
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<tr><th>Medication Ordered</th><th>Dose Ordered</th><th>Formulary Medication</th><th>Frequency</th></tr>
<tr><td>Zolpidem CR (Ambien CR)</td><td>6.25 mg or 12.5mg</td><td>Zolpidem (Ambien) 5mg</td><td>As ordered</td></tr>
<tr><td>Ramelteon (Rozerem)</td><td>8mg</td><td>Melatonin 3 mg</td><td></td></tr>
<tr><td rowspan="3">Zaleplon (Sonata)</td><td rowspan="3">5mg</td><td>Eszopiclone (Lunesta) 1 mg</td><td rowspan="7"></td></tr>
<tr><td>OR</td></tr>
<tr><td>Zolpidem (Ambien) 5 mg</td></tr>
<tr><td rowspan="3">10mg</td><td>Eszopiclone (Lunesta) 2 mg</td></tr>
<tr><td>OR</td></tr>
<tr><td>Zolpidem (Ambien) 5 mg</td></tr>
<tr><td rowspan="3">Suvorexant (Belsomra)</td><td rowspan="3">10mg</td><td>Eszopiclone (Lunesta) 1 mg</td></tr>
<tr><td>OR</td></tr>
<tr><td>Zolpidem (Ambien) 5mg</td></tr>
<tr><td rowspan="3">20mg</td><td>Eszopiclone (Lunesta) 2 mg</td></tr>
<tr><td>OR</td></tr>
<tr><td>Zolpidem (Ambien) 5 mg</td></tr>
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Lastly, Dr. Mandawat will reach out to a colleague at UCLA to inquire about their sleep program and a subcommittee will convene to work towards development of an enhanced safe sleep policy that includes non-pharmacologic and pharmacologic guidance.
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<td>Policies</td>
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A. Biosimilar Medications: The Biosimilar Medications-Formulary Management policy was reviewed and approved with no edits required.
B. Look-Alike Sound-Alike Policy: Addition of pentobarbital to LASA drug list due to recent error that reached the patient. No patient harm resulted. Discussed with neurology and decision was made to keep pentobarbital in stock due to expansion of neurology services.
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<td>Subcommittee Meeting Minutes</td>
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A. Antimicrobial Stewardship August 2023:
a. Beta-lactam allergy clarification and delabeling project report: Pharmacy-led beta-lactam allergy clarification protocol led to 167 interventions during 1 month period, with most common intervention being allergy clarification by medication history technicians. The committee is planning to present to outpatient physicians groups to encourage penicillin test dose challenges in patients with low-risk allergies.
b. Pharmacist intervention on discharge antibiotic therapy for CAP: In January 2023, a new CAP pharmacist evaluation document was created and implemented through education and workflow changes with the goal of optimizing antibiotic therapy with a focus on reducing duration of therapy at discharge. A decentralized pharmacist reviewed CAP patients and made recommendations encouraging providers to switch to an appropriate agent, route, dose and duration of therapy.
i. The median duration of total antibiotics & discharge antibiotics decreased by one day in the post-intervention group.
ii. Majority of the discharge antibiotics were deemed appropriate, although most appropriate in post-intervention (91.7% and 97.3%, respectively).
iii. 40.5% of patients in the post-intervention group had pharmacist interventions and 100% of interventions were accepted.
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	c. **UA/urine culture criteria update in EPIC**: CSH will be adding indications to all urine culture orders. All UAs and urine cultures will live in a panel. The committee voted to remove UA with reflex to culture order from the following order sets: MCT ED nursing protocols quick list, MCT IP Cardiology admission, MCR IP Gen Common Labs, MCT IP Neu Stroke Intracranial hemorrhage (intraparenchymal), MCT IP CC ECMO, MCT IP Gen Diabetic ketoacidosis (DKA), MCT IP Neu Stroke non TPA & TIA, MCT IP Pat preoperative testing, MCT IP Ren Peritoneal dialysis) d. **Rebyota**: This is a fecal microbiota rectal instillation approved for use in November 2022. It is indicated for prevention of recurrent C. difficile infection within 72 hours after treatment with oral vancomycin or fidaxomicin. Evidence for this product is based on the PUNCH CD3 study that demonstrated a treatment success at 8 weeks of 71.4% for Rebyota and 62.4% for placebo. The CSH P&T committee has restricted it to outpatient setting subsequent to payer approval due to cost and other factors. There will be discussion with outpatient infusion administrators and GI to formulate a final plan for use of this product. e. **VOWST:** This product is a fecal transplant oral capsule that was approved for use in April 2023, although it is not available for purchase currently. It is indicated for prevention of recurrent C diff infection within 48-96h after treatment with standard drugs such as oral vancomycin or fidaxomicin. Evidence for this product is based on the ECOSPOR III study which demonstrated C.difficile infection recurrence rate at 8 weeks was 12% with VOWST and 40% with placebo. Due to cost and other factors, this product is non-formulary. f. **Other topics**: Discussed focus area for antimicrobial stewardship for cellulitis and aspiration pneumonia. AUC-based vancomycin dosing system implementation was also discussed. g. **Next meeting discussion:** Xacduro and Rezzayo		

There being no further business, the meeting was adjourned at 8:01 a.m. The next P&T meeting is **November 9, 2023.**

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

Approved by,
Nathan Chamberlain, MD, Chairman