Consent Agenda:
The following consent agenda items were approved:

- ID Order Sets
- Post PCI Order Set
- Drug-Drug Interaction Alerts to Prescribers
- Drug Shortage Plans
  - IV metoclopramide
    - Automatic interchange from **IV to PO metoclopramide** in patients meeting the following criteria:
      - Receiving oral medications by mouth or has enteral access
      - Not receiving nasogastric suction.
      - Has not vomited in the last 24 hours
    - Exclusions: Do not convert IV to PO metoclopramide if:
      - The patient is an oncology patient with chemotherapy induced nausea and vomiting or receiving highly emetogenic chemotherapy regimens per NCCN guidelines (available at [www.nccn.org](http://www.nccn.org)). The pharmacist should contact the oncology clinical pharmacist/specialist as needed for assistance in making this determination.
      - Metoclopramide IV is being used for severe/refractory gastroparesis (defined as refractory vomiting, pronounced dehydration with electrolyte imbalance)
  - IV diuretic plan
    - Implement an order alert to physicians on the critical shortage for all IV loop diuretics. Alert will include medication alternatives and bioavailability information.
    - When patient can tolerate oral administration, recommend use of oral loop diuretics instead of IV.
      - Furosemide IV to PO conversion is 1:2 (i.e., 20 mg IV = 40 mg PO)
      - Torsemide and Bumetanide IV to PO conversion is 1:1 (i.e., 20 mg IV = 20 mg PO)

<table>
<thead>
<tr>
<th>Furosemide dose (IV or PO)</th>
<th>Equivalent dose (IV or PO)</th>
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</thead>
<tbody>
<tr>
<td>Furosemide 40mg</td>
<td>Torsemide 20mg</td>
</tr>
<tr>
<td>Furosemide 40mg</td>
<td>Bumetanide 1mg*</td>
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</tbody>
</table>

- If IV dosing is clinically necessary, a 48-hour stop will be applied to all scheduled IV loop diuretic orders. An equivalent PO dose of the same agent will be initiated at the time of the IV loop diuretic discontinuation. (Pharmacist will put in order for PO loop diuretic to begin 48 hours after the start of the IV loop diuretic)

Committee Reports:
- MLH Pediatric P&T Committee: Clobazam was added to the pediatric formulary.
• Medication Safety Committee: University hospital case presented regarding patient taking duplicate medications after discharge due to the medications being listed twice on the discharge paperwork and that there will be ongoing efforts to assess the depart process at Methodist, annual Look Alike Sound Alike Drug Review, and a discussion for a need for a list of allowed Omnicell medication overrides for step down units.

• Antimicrobial Stewardship Committee: Ongoing audit for antibiotics after dialysis, 24-hour emergency supply for restricted antimicrobials and carbapenem formulary review.

**Annual Look Alike Sound Alike Review:**

• No recommended changes to current list.

**Formulary Reviews:**

• Annual Formulary Review
  o Remove discontinued drugs from formulary:
    APAP/dichloralphenazone/isometheptene; Mebendazole 100 mg tablets; Piperacillin sodium powder for injection 2gm, 3gm, 4gm; Levothyroxine 200mcg injection.
  o No additions to formulary
  o (Re)-approve Current Therapeutic Interchanges

• Enteral Product Formulary Review: Impact Advanced Therapy
  o A recommendation was made to add Impact Advanced Recovery to the Enteral Product Formulary.

• Carbapenem Class Review
  o A carbapenem class review was presented. Based on financial and clinical data, the following recommendations were made:
    • Remove doripenem from the adult formulary and add meropenem as the IV anti-pseudomonal carbapenem on the MLH adult formulary
    • Maintain imipenem-cilastatin on the adult formulary for IM administration only
    • Build an order alert for doripenem and imipenem/cilastatin IV to drive physicians to utilize the formulary agent, meropenem

**Medication Use Policy:**

• 24-hour emergency supply of restricted antimicrobials (University pilot)
  o A recommendation was made to approve a pilot at Methodist University (duration ≤ 6 months) for restricted antimicrobial emergency supply (not to exceed 24hrs) using the process described in the P&T packet. Data will be collected including but not limited to: agent requested, alternative available options, criteria met, source of infection, cultures/susceptibilities, and appropriateness of use on each intervention and presented to the Antimicrobial Stewardship Committee as well as P&T.

• Medication Use Evaluations
  o IV Acetaminophen MUE-Based on data showing that some patients continued to receive IV acetaminophen while receiving PO acetaminophen and also data showing irregular PCA usage documentation, the following recommendations were presented:
    • Retain IV acetaminophen on the MLH adult formulary with the current P&T approved restrictions
    • Build a conditional alert to fire to when PO acetaminophen is ordered and IV acetaminophen is on the profile
    • Standardize documentation policies and times for PCAs
Naloxone Use Evaluation MUE-based on data showing inconsistencies with naloxone dosing and administration:

- Develop an order set for appropriate dosing within specific areas of the hospital
- Assess and evaluate existing order sets containing naloxone
- Educate hospital staff on the signs and symptoms associated with respiratory depression versus other potential causes for overt sedation and when naloxone use is indicated.
- Standardize documentation for adverse drug reactions within the patients chart
- Conduct a sub-analyses of opioid use requiring reversal with naloxone

Information Only

- A drug shortage report was provided in the P&T packet for review. Critical shortages include: lorazepam injection, vitamin K injection, and fentanyl injection.
- An FDA alert report was provided in the P&T packet for review.