HOUSTON Methodist LEADING MEDICINE

HOUSTON METHODIST
PHARMACY & THERAPEUTICS NEWS

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FORMULARY

Isha Rana, PharmD

Medication	FDA-labeled indication	Special considerations
Gleolan (Aminolevulinic acid)	Optical imaging agent indicated in patients with glioma as an adjust for the visualization of malignant tissue during surgery	Restricted to use by neurosurgeons who have completed the Gleolan training course; restricted to use for its FDA approved indication.
IV Sotalol	Maintenance of normal sinus rhythm in patients with atrial fibrillation/flutter who are currently in sinus rhythm	Restricted to use by cardiologists and electrophysiologists; restricted to use in patients with CrCl >60 mL/min being initiated on sotalol for atrial fibrillation with no other concurrent medical conditions that may extend length of stay; restricted to use in the cath lab at entities prepared to operationalize patient flow and unique medication safety considerations.
IV Uptravi (IV selexipag)	Treatment of pulmonary arterial hypertension to delay disease progression and reduce the risk of hospitalization	Restricted to pulmonologists and cardiologists; restricted to patients that have previously been receiving oral selexipag and are unable to tolerate medications by mouth

Have a medication needing Houston Methodist formulary review? Click here and complete a request form

MEDSAFETY MATTERS!

Amaris Fuentes, PharmD

ISMP Medication Safety Newsletter Links: *Acute Care Newsletter* & *NurseERR Newsletter*

Age-related COVID-19 Vaccine Mix-Ups

A National Alert Network (NAN) advisory was released regarding reports of age-related COVID-19 vaccine mix-ups. A high number of errors have been reported to ISMP after the release of vaccines for patients age 5-11 years old which provides a 10mcg/0.2mL dose over a 30mcg/0.3mL adult dose of the Pfizer-BioNTech COVID vaccine. Most of the reports originate from ambulatory settings including community pharmacies and public health clinics.

The details of the report trends are available in the link above. Errors have included mix-ups with vials and syringes and inappropriately providing 10mcg from the adult dose preparation. The alert also describes some vaccine hesitancy among parents reported in the media as a result of these COVID-19 vaccine errors.

Article continues on next page

The *Pharmacy & Therapeutics News* is dedicated to providing the most current information regarding medication-use policy and formulary issues. Each issue details recently approved actions from the system P&T committee as well as relevant patient safety, pharmacotherapy and drug distribution updates. Entity representatives to the system P&T committee structure can be found here.

MEDICATION POLICY

Isha Rana, PharmD

A new system policy outlines procedures for addressing requests for therapies base on Federal and State Right to Try (RTT) Laws, which allow patients access to eligible investigational drugs.

Such requests at HM in the future will require:

- Consultation with Investigational Drug Services (IDS) to determine drug requirements and feasibility of providing the drug
- Consultation with members of the IDS-Exception Review Panel medical staff to validate all criteria are met as defined in the RTT Act.
- Review of billing implications and seek administrative approval as therapies may be allowed for use but providers and / or patients may be required to pay for them.
- Consultation with the patient and/or family to ensure understanding of financial and healthcare considerations and to obtain informed consent

While approved by System P&T, the policy is undergoing final legal review and will be published as a patient care-patient safety policy.

MEDSAFETY MATTERS! (cont.)

Recommendations to prevent COVID-19 vaccine errors include:

- Segregation of storage between the two formulations and use of organized, labeled refrigerators and freezers
- Clear labeling of individual syringes containing vaccines
- Confirm two patient identifiers and validate age of pediatric patients on administration
- Bring only intended and labeled vaccine product to vaccination area at one time. Involved the parent or patient in verifying the vaccine product for administration

MEDICATION ORDERING

Amaris Fuentes, PharmD

Alteplase (Cathflo®) for Midline Catheters

Based on literature review and internal study results, an order for alteplase (Cathflo®) 0.5mg for midline catheter clearance will be made added. Information on proper use and dwell times will also be provided in the order.

PRN Reasons for Pain Management Therapies to be Modified in Epic

To support targeted alerting for duplication of pain management therapies, new PRN reasons will be incorporated into opioid and non-opioid analgesic orders in Epic based on pain score and therapy formulation. The table outlines the changes from current PRN reasons to new PRN reasons.

Associated Best Practices Advisories will trigger if 2 or more agents of the same formulation and PRN reason are entered to prompt for addition of clarifying instructions. This modification will help address pain medications without clear instructions identified on regulatory reviews.

Current PRN reasons	New PRN reasons
Mild pain (score 1-3)	Mild pain (score 1-3) PO tab
	Mild pain (score 1-3) PO sol
	Mild pain (score 1-3) IV
Moderate pain (score 4-6)	Mod. pain (score 4-6) PO tab
	Mod. pain (score 4-6) PO sol
	Mod. pain (score 4-6) IV
Severe pain (score 7-10)	Severe pain (score 7-10) PO tab
	Severe pain (score 7-10) PO sol
	Severe pain (score 7-10) IV

With this enhancement, HM takes a significant step toward efficiently reducing these problem orders which are safety concerns and frequent cited by CMS deeming organizations like DNV. Presence of duplicates were also rated as the 2nd highest priority quality indicator to address in hospital and emergency department settings.

PAIN MANAGEMENT RESOURCE GUIDE AVAILABLE

The HM System Pain Guide has been updated for 2022 and is available for providers. Link here or scan the code to the right for access. The guide has resources for PCA dosing, opioid analgesic equivalencies, opioid reversal for discharge / outpatient prescribing and information on use of non-opioid therapies for pain management.

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ANTIMICROBIAL STEWARDSHIP

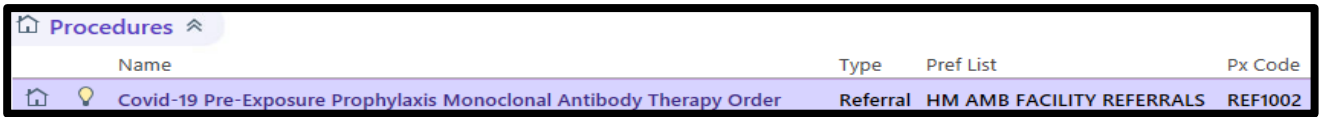
Daptomycin Order Configuration Update

Default daptomycin doses in Epic were changed to 8 mg/kg supporting proper dosing for high inoculum, deep-seeded infections. Pharmacists may intervene when 6 mg/kg is appropriate. A CPK laboratory order has been bundled with daptomycin initiation orders to support safety monitoring practices.

COVID Treatment Algorithm

The most current HM COVID Treatment Algorithm was reviewed and approved as posted on our HM website for providers. The algorithm is reviewed regularly by the COVID Algorithm task force and as new information and treatments become available, the algorithm is updated to reflect HM guidance for best treatment approaches. Link here for the algorithm. Notable updates since our last newsletter are below.

- **Monoclonal antibody therapy for ACTIVE infection:** Sotrovimab was added to HM formulary as a viable treatment option for Omicron infected patients. However, it is also in short supply. As such, HM prioritizes use to our Tier 1 status which includes patients with immunosuppressive conditions or on active immunosuppressive therapies or patients over the age of 65 with high-risk conditions.
- **Monoclonal antibody therapy for PRE-EXPOSURE prophylaxis:** Evusheld, a combination product of two monoclonal antibodies given as an IM injection, is available for patients who cannot be vaccinated or in whom vaccines are not expected to produce an immune response. Houston Methodist is providing injections to patients at our Josie Roberts Building on Fridays. Providers may order for appropriate patients using the following Epic order:



- **Oral antiviral therapies for mildly symptomatic outpatients:** Paxlovid and molnupiravir are becoming available for providers though supplies are limited. The NIH prioritizes paxlovid over molnupiravir owing to improved efficacy. Paxlovid does have significant drug-drug interaction potential and providers should review the patient's medication list for the presence of contraindications. A useful site for assessing the impact of the interactions can be found here.
- **Remdesivir 3-day course available for inpatients:** Remdesivir may be used as an alternative for monoclonal antibody therapy for *mildly symptomatic inpatients*. These patients may qualify for MAB therapy, but with the shortage are not able to receive treatment. In an outpatient study of mildly symptomatic patients, remdesivir given within 5 days of symptom onset was ~87% effective. While the 3-day course is abbreviated compared to treatment for moderate or severe infection indications (5 or 10 days respectively), patient discharges should not be delayed if a patient is clinical stable for discharge before day 3 of treatment. ***Note: HM is NOT providing the 3-day regimen to OUTpatients at this time though it has been recently FDA approved.***

Sanford Guide Access Available to all HM Employees

The HM Antimicrobial Stewardship Blue Book content, is paired with the Sanford Guide content and available free of charge to all employees. Access the resource:

- On mobile app: Register at https://register.sanfordguide.com/ from any computer *on our network*
- On the web: Visit https://webedition.sanfordguide.com/ from any computer *on the network*

A tutorial may be found at https://www.youtube.com/watch?v=xy4bvgZhotQ
For technical assistance, contact Sanford Guide directly: 540.987.9480 (M-F, 9-5 Eastern)