HOUSTON Methodist LEADING MEDICINE

HOUSTON METHODIST
PHARMACY & THERAPEUTICS NEWS

August - October 2021

FORMULARY

Isha Rana, PharmD

Formulary Actions:

- A class review was conducted for combination antibiotic and corticosteroid eyedrops, designating Tobramycin-Dexamethasone (Tobradex®) and Neomycin-Polymyxin B-Dexamethasone (Maxitrol®) as formulary preferred products.
- Upon review of zoledronic acid and pamidronate formulary status, both products are available on formulary for inpatient use.
- Corticorelin Ovine Triflutate (Acthrel) and fentanyl sublingual spray (Subsys) were removed from formulary subsequent to changes in market availability.
- Kimrysa™, an oritavancin formulation that allows more rapid infusion, was added to formulary with restrictions to outpatient use and infectious disease only.
- The meningococcal and Tdap vaccine therapeutic interchange categories were each reviewed and updated. Preferred products will be Menveo, Bexsero, and Boostrix for the MenACWY, MenB, and Tdap vaccines respectively.

FDA Approves First Interchangeable Biosimilar in the U.S.

Semglee (insulin glargine-yfgn) is approved as a biosimilar to, and interchangeable with, reference product Lantus (insulin glargine). This marks the first U.S. approval of an interchangeable product, despite the availability of biosimilars for several years.

Biosimilars are highly similar to, and have no clinically meaningful differences from, a reference biological product, and confer the same safety and efficacy profile. ***Interchangeable*** products are biosimilars that may be substituted for the reference product at the point of dispensing without intervention of the prescriber, also known as “pharmacy-level substitution”.

In Texas, an interchangeable product may be substituted for the reference product unless otherwise explicitly noted on the prescription. Substitution with an interchangeable product requires notification to the provider within three days, as well as notification to the patient.

Biosimilars and interchangeable products hold promise for lowering drug costs, including patient out-of-pocket costs, as they are typically priced ~30% lower than reference products.

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

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

IV Iron Therapeutic Interchange Policy Updates

System RXMEDTI_119 IV Iron Product Therapeutic Interchange has been updated to remove duration of therapy requirements, while Ferrlecit (sodium ferric gluconate) remains the inpatient preferred product for use. Monoferric (ferric derisomaltose) has been added to the therapeutic interchange as a non-preferred product, and INFeD (iron dextran) has been removed from formulary unless required due to payer mandate for outpatient use. In addition, the Epic inpatient order will be updated to require a duration of therapy (doses or days) to be entered at the time of ordering.

New Inpatient Chemotherapy Policy

A new policy has been approved outlining appropriate criteria for inpatient use of chemotherapy, as well as procedure for outpatient administration of EPOCH/R-EPOCH therapy. Inpatient chemotherapy criteria include certain oncology treatments, certain predisposing clinical factors, and social and financial factors that would delay outpatient therapy by greater than one week.

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MEDSAFETY MATTERS!

Amaris Fuentes, PharmD

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

FDA Safety Communications:

- FDA Labeling Update Statin Contraindication in Pregnancy
- FDA Labeling Update Janus Kinase (JAK) inhibitors: Drug Safety Communication
- FDA In Brief: FDA Announces Public Workshop to Reconsider Mandatory Prescriber Education for Opioids | FDA

Mix-Ups Between Influenza & COVID-19 Vaccines – National Alert Network

ISMP recently highlighted reports of influenza and COVID-19 vaccine mix-ups prompting a National Alert Network (NAN) communication. These reports have originated from outpatient pharmacies due to increased demand and coadministration of vaccines. Houston Methodist incorporates the recommended actions for mitigating this error such as:

- Bringing only intended vaccinations to patient rooms
- Reviewing vaccine orders & vaccine labeling prior to administration
- Ensuring barcode scanning is completed
- Communicating vaccine administrations to the patient before administration

MEDICATION POLICY

Amaris Fuentes, PharmD, Isha Rana, PharmD

System_PCPS 204 Abbreviations, Acronyms, and Symbols

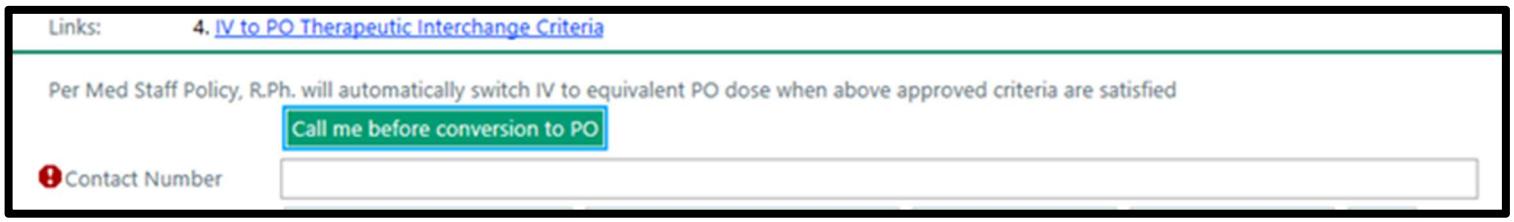
A unified system policy was approved denoting best practices for use of abbreviations, acronyms, and symbols in the medical record. Entity-level policies and procedures were archived. Neil M Davis Abbreviations are adopted as the approved abbreviations reference.

System_PCPS 126 High Alert, High Risk Medications – Hypertonic Saline Solutions

Revisions to the policy reflect that administration of 23.4% (or 14.6%) sodium chloride may be done by registered nurses through a syringe pump adapter for smart pump infusion over 10 minutes with monitoring for adverse effects.

System_RXP&T 115 Pharmacists Conversion of Medications from the Intravenous to Enteral Route per Standing Delegation Order – Implementation 11/2/21

In July, P&T approved a unified system P&P for automatic, pharmacist-driven, intravenous to oral route of administration interchanges of select medications. Implementation will be phased in, starting with azithromycin. The full list of medications included in this epic update, as well as inclusion and exclusion criteria for each interchange, can be found here. In the infrequent situation where providers request to be contacted prior to the automated conversion, they can click the designated button on the order and provide a contact number during the order entry process as pictured below. This field is only required when providers indicate they want a prior notification.



System P&T Committee Roster is available here.

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MEDICATION ORDERING

Amaris Fuentes, PharmD

Extravasation of Non-Cytotoxic Agents

A new order set will be developed for ordering of medications to address extravasations of common, non-cytoxic agents such as amiodarone, electrolytes, TPN, among others.

Line Care Orders

Sodium chloride infusion used for line care and administration of small volume parenteral solutions will be added to select high-use admission order sets for general medicine, ICU, and post-operative scenarios ensuring availability of orders for routine nursing care.

Digoxin Loading Dose Panel

A loading dose panel for digoxin will be made available providing dosing guidance based on age, renal function, and weight. The update is a response to internal quality reviews identifying safety gaps in our current process.

ANTICOAGULATION USE SAFETY

Engie Attia, PharmD

Epidurals and Anticoagulants – Best Practice Advisory Enhancement

Epidural or spinal hematomas may occur when patients who are anticoagulated are receiving neuraxial anesthesia or undergoing a spinal procedure. These hematomas may result in long-term or permanent paralysis. The BPA enhancement allows more specific alerting for the anticoagulant, dose, route and provides guidance to the practitioner on how to manage the interference. The BPA expands alerting when antiplatelet therapy is prescribed concomitantly with an indwelling epidural catheter also.

IV Phytonadione (Vitamin K) Orderable

The intravenous phytonadione (vitamin K) orderable will be limited to a 30-minute infusion time to decrease the likelihood of hypersensitivity reactions associated with rapid IV infusion. Indications available on the phytonadione orderable are expanded to include vitamin k deficiency and bleeding.

Alteplase for Pulmonary Embolism NEW Order Set

A new Epic order set for alteplase for pulmonary embolism guide providers to avoid concurrent anticoagulant administration. The order set includes a review of alteplase contraindications, and nursing monitoring orders to enhance safety.

HOLD Anticoagulant Orders

New “hold” orders will be available in EPIC for practitioners to utilize when intending to temporarily suspend administration of enoxaparin, fondaparinux, bivalirudin or argatroban. Hold orders are visible to providers on the Orders tab and on the MAR for nurses and provide increased transparency about therapy interruptions during a patient’s hospital stay. *NOTE: All orders that are not intended to be resumed, should be discontinued in EPIC.*

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ANTIMICROBIAL STEWARDSHIP

2020-2021 Flu Season Vaccination Program Update

Flu season is underway and vaccination per nursing driving protocol is in effect. Both standard dose (Flucelvax) and high-dose (Fluzone) products are available for HM patients and employees. To-date, this season's vaccine administration for inpatients has lagged previous years so providers are encouraged to continue to assess patients for vaccination. Of note, per CDC guidance, vaccinations for both covid and flu may be provided concurrently if needed. The number of flu cases at Houston Methodist can be viewed in real time here.

Oral Vancomycin Therapy Stewardship

Efforts to bring oral vancomycin doses at HM within recommended guidelines, while reducing waste and increasing dispensing efficiency, have been successful. Starting in December 2020, the Epic order for oral vancomycin was updated to only list the 125mg radio button. Since the change was made, the number of high oral vancomycin doses (e.g. 250mg and 500mg per dose) have declined. Overall, oral vancomycin days of therapy for each of the higher doses of 250mg and 500mg have declined by 76% and 47% respectively. Additionally, Epic order dosing frequency radio buttons have been optimized to remove the Q8 and Q12 frequency as these are not commonly prescribed.

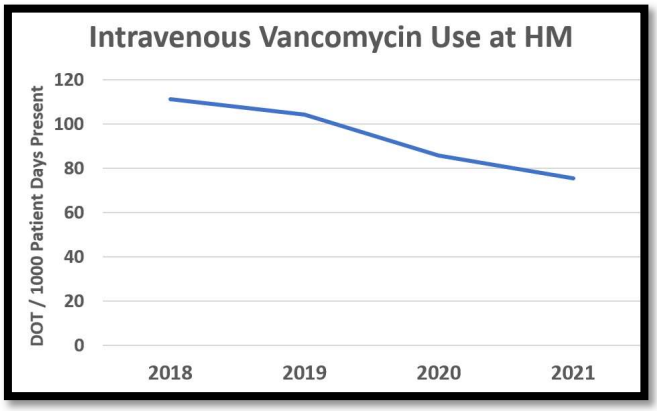
Generic vancomycin capsules were introduced to the market recently at a favorable acquisition cost allowing HM to return to dispensing capsules for oral therapy. Previously HM utilized an equivalent, less costly liquid product. While generic capsules are now our default formulation for oral therapy, liquid formulation will be available for feeding tube administrations if needed.

Nasal MRSA PCR Testing and Clinical Impact Assessment on Intravenous Vancomycin Use

First introduced widely across HM in May 2021, nasal MRSA PCR testing in patients with active orders for anti-MRSA antibiotics has continued with growing evidence of success. While the number of patients tested has increased, so has the number of discontinuations of anti-MRSA treatment courses when the test returns a negative result.

HM entity studies have consistently shown that approximately 35% of the time, anti-MRSA therapy is discontinued upon recognition of the test result by the medical team or commonly through an intervention by the pharmacist.

The nasal MRSA PCR testing intervention coupled with several other local and system-wide initiatives such as removal of vancomycin from preoperative antibiotic prophylaxis sets, adding duration of therapy requirement to epic orders, incorporating antibiotic time outs, have been associated with a steady decline in vancomycin use at HM over time (figure to the right) and improved stewardship of this important antibiotic.



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