

FORMULARY

Isha Rana, PharmD; Katherine Perez, PharmD

Medication	FDA-labeled indication	Special considerations
Luspatercept-aamt (Reblozyl [®])	Treatment of anemia in patients with beta thalassemia; anemia in patients with myelodysplastic syndromes	Restricted to hematology/oncology providers; restricted to use for its FDA approved indication(s); restricted to the outpatient setting with prior financial approval
Idecabtagene Vicleucel (Abecma [®])	Treatment of relapsed or refractory multiple myeloma	Restricted to hematology/oncology providers enrolled in the Abecma or Breyanzi REMS program respectively; restricted to patients with prior financial approval; restricted to certified Abecma or Breyanzi treatment centers, respectively
Lisocabtagene Maraleucel (Breyanzi [®])	Treatment of relapsed or refractory large B-cell lymphoma	

Additional Formulary Actions:

- Sublingual sufentanil (Dsuvia) was reviewed and not added to formulary

Intravenous to Oral Medication Route Conversion Policy

Timely intravenous (IV) to oral (PO) conversion, especially for medications that are highly bioavailable, is an important strategy that can improve patient outcomes. IV to PO conversion can improve clinical outcomes by shortening hospital stay, reducing risk of line-related infections and adverse events, and improve patient satisfaction.

Slightly different policies, criteria and approaches for timely IV to PO conversion by pharmacists were in place across HM entities for years. System P&T approved a uniform, automatic IV to PO conversion protocol for select medications with high bioavailability. Prescribers may direct the pharmacist to call them before converting by opting out of an automatic conversion by responding to an order question upon order entry.

Inclusion and exclusion criteria for both antimicrobial and non-antimicrobial medications, as well as a full list of affected medications is outlined in the policy appendix.

MEDICATION ORDERING

Amaris Fuentes, PharmD

Pulmonary Arterial Hypertension Agents

Continuous quality improvement projects were reviewed for PAH infusions and oral therapies.

Various optimization updates will be made to orders and order instructions for infusion therapies as well as updates to the system PAH therapy policy to reflect best practices such as oral to parenteral conversions for treprostinil and guidance on therapy interruption, among others.

Uniform order questions will be added to oral PAH therapies to ensure compliance with REMS standards for patient registration, pregnancy, and LFT monitoring as applicable.

Digoxin Use Safety Enhancements

Based on medication event review, the following updates will be made to digoxin therapy ordering and administration:

- BPA alert on administration in the presence of a digoxin level > 2ng/mL
- Dose warning modifications based on CrCl
- Addition of hold parameters
- Optimization of digoxin orders in arrhythmias/atrial flutter order set

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](#)

High Alert Medication Education

[High-alert medications \(HAM\)](#) as defined by ISMP, carry an increased risk of significant patient harm when used in error. While errors may not necessarily be more common with these agents, the consequences may have significant implications for the patient. A [recent publication](#) in the Journal of Patient Safety noted the impact of educational activities to enhance staff awareness of HAM. Using a pre- & post-intervention survey, staff confidence in both knowledge of HAM and the associated institution procedures for these medications increased approximately 30%. Interventions employed included discussion of HAM in pharmacy newsletters and use of notifications in workflow with stickers and alerts.

At Houston Methodist, [System PCPS126 High Alert/High Risk Medications](#) is the best reference for institutional HAM. Attachment A of the policy includes detailed procedures on each HAM and medication class. When navigating PolicyTech, be sure to look in the top right corner after selecting the policy to see Attachment A. The table of contents in the attachment contains links to assist with navigation.

Additional HAM educational opportunities also exist through the [Patient Safety Academy](#). A focused session on Medication Safety and various HAM, including anticoagulants, insulin therapy, and opioids, will be offered on Aug.20 from 9 a.m. – 2 p.m. Use the link above to register for the session, which is accredited for CME, CNE, and CPE.

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Isha Rana, PharmD

Domperidone – Restricted Access Program

Domperidone is a dopamine agonist used for gastrointestinal motility disorders and nausea/vomiting associated with use of anti-Parkinson agents. At this time, domperidone is not FDA approved for sale or use in the U.S. The FDA issued a public warning in 2004 that distribution of any domperidone-containing products is illegal. However, there is a compassionate use pathway available for scenarios where benefit may outweigh the risk of use in select patients. These patients may receive domperidone through an expanded access investigational new drug (IND) application, and physicians seeking to prescribe domperidone are required to submit a written IND request to the FDA.

Any inpatient orders for continuation of outpatient domperidone therapy will be reviewed for compliance with the FDA's IND pathway for medication acquisition. Medication procured through international sources may not be approved for inpatient use, as this is outside of the FDA's requirements for domperidone sale and use. For additional resources, please see the links below.

[How to Request Domperidone for Expanded Access Use](#)

[Domperidone IND Packet](#)

[For Physicians: How to Request Single Patient Expanded Access \(“Compassionate Use”\)](#)

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