

## FORMULARY

Isha Rana, PharmD

Medication	FDA-labeled indication	Comments/Considerations
Zynrelef® (bupivacaine & meloxicam)	Post-surgical analgesia after bunionectomy, open inguinal herniorrhaphy, or total knee arthroplasty	<b>Add to formulary</b> Restricted to surgeons. Restricted to use in the operating room. Use restricted to FDA approved indications, without concurrent use of other extended-release local anesthetics.
Bebtelovimab	Treatment of mild-to-moderate COVID-19 disease for patients who are high risk for progression to severe disease	<b>Add to formulary</b> For use in accordance with EUA criteria. Include as an option consistent with the HM monoclonal antibody tiered use criteria. Use of bebtelovimab will begin when COVID Variant rates determine it is the preferred product
Betrixaban (Bevyxxa®)	Prophylaxis of venous thromboembolism in hospitalized patients	<b>Remove from formulary</b> No longer marketed

Have a medication needing Houston Methodist formulary review? [Click here and complete a request form](#)

## MEDICATION POLICY & ORDERING

### Erythropoiesis Stimulating Agents (ESA)

The ESA therapeutic interchange policy (System\_MEDTI 132) was reviewed for triennial updates and Retacrit® remains the preferred formulary agent. However, Retacrit® is expected to be on shortage between Q2-Q4 of 2022, so substitution of Epogen® will be needed as Retacrit® supplies are depleted.

### Chemotherapy Antibody-Drug Conjugates (ADC)

[System RXP&T 111](#) was updated allowing chemotherapy ADCs to be rounded by 5% to the nearest vial size. Rounding outside of these parameters requires provider notification. This aligns HM practice with recommendations from the Hematology Oncology Pharmacy Association (HOPA) that endorse more conservative rounding due the narrow therapeutic range of these drugs.

### Pharmacist-Physician Collaborative Practice Agreements (CPA)

To expand the impact and efficiency of patient care activities between physicians and pharmacists, System\_RXP&T 002 was approved that describes the process by which HM physicians and pharmacists may enter into mutual collaborative practice agreements as allowed by [Texas law](#). CPAs create a formal practice relationship between a pharmacist and a prescriber. The agreement specifies what functions—in addition to the pharmacist's typical scope of practice—are delegated to the pharmacist by the collaborating prescriber. Individual providers will be approached by pharmacy leaders at their respective entity sites to discuss initial collaborations and outlining the protocols to be used.

## MEDICATION ORDERING

Amaris Fuentes, PharmD

### Ketamine for Sedation

Orders to support use of ketamine for sedation indications will be introduced into the ED/ICU Continuous Sedation order set after build in Epic and Alaris Guardrails. Further details will be made available when orders are complete.

### Opioid Use in Patients with ESRD on Renal Replacement Therapy (RRT)

A continuous quality improvement project on opioid use in ESRD and RRT was conducted. Findings of the project noted 4% patients with ESRD on RRT received naloxone with morphine, hydrocodone, and hydromorphone most associated with naloxone use. 41% received both IV & PO opioids within 24 hours of naloxone use and 11% patients received more than 2 doses of naloxone during a single encounter.

The following actions were recommended for adoption as a result of findings and prior actions:

- Add Pharmacist Verification to trigger naloxone BPA
- Expand current morphine BPA in ESRD/RRT to include codeine
- Add dialysis status to Epic Storyboard
- Implement Vigilanz alert to notify pharmacist of naloxone administration



## MEDSAFETY MATTERS!

Amaris Fuentes, PharmD

ISMP Medication Safety Newsletter Links: [Acute Care Newsletter](#) & [NurseERR Newsletter](#)

### ISMP 2022-2023 Targeted Medication Safety Best Practices for Hospitals

In one of their February [newsletters](#), ISMP noted an update to their Targeted Medication Safety Best Practices for Hospitals for 2022-2023. These best practices are developed to identify and encourage nation-wide adoption of safety practices for ongoing medication safety risks. Safety practices highlighted in prior iteration include items such as the items below. Full review of the practices can be seen [here](#):

- Practice 1: Dispense vinCRIStine and other vinca alkaloids in a minibag of a compatible solution and not in a syringe
- Practice 7: Segregate, sequester, differentiate neuromuscular blocking agents from other medications, wherever they are stored
- Practice 14: Seek out and use information about medication risks and errors that have occurred in external organizations and take action

With the newest iteration 3 new practices have been introduced:

- Practice 17: Safeguard against errors with oxytocin use.
- Practice 18: Maximize the use of barcode verification prior to medication and vaccine administration by expanding use beyond inpatient care areas.
- Practice 19: Layer numerous strategies throughout the medication-use process to improve safety with high-alert medications

Review of opportunities in achieving these best practices were noted as a specific goal by System Medication Safety and will be the focus of further improvement strategies for 2022 and onward.

## ANTICOAGULATION USE SAFETY

Ian Dunne, PharmD

### Removal of Fecal Occult Blood Tests (FOBT) from Heparin Order Sets

While FOBT is validated for colorectal cancer screening and often utilized in practice for a variety of GI conditions, FOBT use with concurrent anticoagulation in the inpatient setting has not been validated. A literature review revealed that inpatient FOBT utilization does not significantly change anticoagulation management and may adversely influence additional procedural testing without strong evidence to support its use.

In response to this review, the FOBT order has been removed from all heparin infusion order sets but remains available for providers as a single orderable outside of the order sets. To enhance patient safety, a pre-selected communication order will be added to the order sets stating that the pharmacist will notify the provider if hemoglobin drops  $\leq 2$  g/L within 24 hours.



### NEWSLETTER STAFF

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## ANTIMICROBIAL STEWARDSHIP

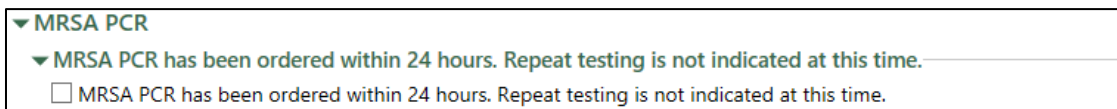
Sage Greenlee, PharmD (Antimicrobial Stewardship Pharmacist Lead – HMH)

### EPIC Enhancements

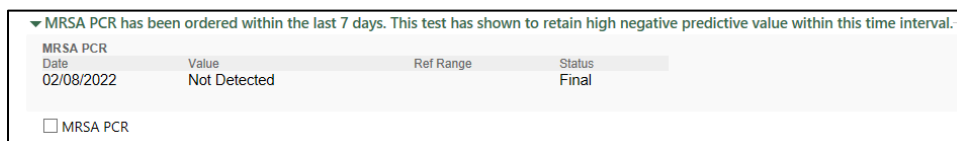
#### MRSA PCR Order Optimization

A system-wide MRSA PCR analysis was conducted including data from June - November 2021. Of the orders placed, 254 MRSA PCRs were ordered within 7 days of a previous PCR. Only 1.5% of repeat PCRs within 7 days had discordance with the previous PCR result. This finding is also reflected in [literature](#), which reports the [high negative predictive value](#) is retained for at least 7 days. In response to this finding, modifications to current MRSA PCR orders have been implemented to reduce waste:

- (1) MRSA PCR orders can no longer be placed within 24 hours of a previous order



- (2) PCRs ordered > 24 hours but within 7 days of previous negative PCR will display a guidance statement along with previous PCR results



- (3) PCRs ordered > 7 days but within 14 days will display the result of previous PCR and will still be able to be ordered

#### Daptomycin Order Panel

Daptomycin will now be ordered by providers through an order panel that will also include a creatine kinase (CPK) lab to monitor for the possible development of rhabdomyolysis which is a known side effect of daptomycin. Providers may schedule this lab as desired or remove it if not clinically appropriate. CPK should be monitored every 7 days while patients are receiving prolonged courses of daptomycin.

#### Aminoglycoside Placeholders for eMAR

Aminoglycoside (amikacin, gentamicin, tobramycin) therapy placeholders in Epci have been implemented for patient safety. These orders will be utilized when irregular or intermittent dosing of these agents is employed and will display on the MAR. Improving provider awareness that the medication is still present in the patient even after the initial order is completed and is removed from the active order list, will help prevent overdosing risk.

#### **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)



**NOTE: The Updated 2022 HM Antibiograms are available on these platforms.**

### NEWSLETTER STAFF

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System P&T Committee Roster is available to view [here](#).