

## FORMULARY

Isha Rana, PharmD

Medication	FDA-labeled indication	Special considerations
Saphnelo™ (anifrolumab-fnia)	Treatment of moderate to severe systemic lupus erythematosus who are receiving standard therapy	Restricted to use by rheumatology providers, and the outpatient setting with prior financial approval

### Additional Formulary Actions:

#### Long Acting Beta Agonist (LABA) and Long Acting Muscarinic Antagonist (LAMA) Combination Inhaler Therapeutic Interchange Approved

The interchange confers Anoro Ellipta (umeclidinium and vilanterol) as the preferred inhaler on HM formulary within this class. As with other inhaler therapies, patients in possession of their own inhaler supply and deemed capable of self-administration may self-administer their prescribed inhaler as ordered by the physician with the specification of “Patient Supplied” within the order.

#### Banana Bag Update

A review of IV multivitamins, minerals, and electrolytes (e.g. Banana Bag) was completed, resulting in the following recommendations to guide safe, appropriate use:

- Limit “Banana Bag” orderable to one 1L bag patient encounter
- Configure a BPA to alert if a “Banana Bag” has been ordered within the last 14 days
- Configure a BPA to guide appropriate ordering of thiamine replacement

## MEDSAFETY MATTERS!

Amaris Fuentes, PharmD

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

**FDA Safety Communications:** [Potential for Medication Overdose with ENFit Low Dose Tip Syringe: FDA Safety Communication](#)

A FDA advisory was issued regarding the potential for overdose when using ENFit low dose tip (LDT) syringes if the user does not clear the moat area around the tip before administering a medication. The moat area is unique to the design of the ENFit LDT syringes. Link noted above.

Actions to promote the safe use of ENFit LDT syringes including:

- Tap or flick the tip of the syringe before administering the medication.
- Use a filling adapter to prevent fluid and medications from entering the moat area of the syringe tip.
- Be aware that using a medicine cup to fill may cause fluid or medications to enter the moat of the syringe and lead to possible overdose.
- Use a new syringe to flush the medication or fluid after administration

**Most importantly, the FDA continues to recommend the use of enteral devices and syringes that reduce the risk of misconnections, such as ENFit LDT syringes.**

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 ORDERING

Amaris Fuentes, PharmD

### CRRT Electrolyte Replacement Protocol

Updates now include potassium phosphate replacement as an option in the orders. Further details will be released once Epic order sets are updated.

### Restricting of rescheduling of anticoagulants

Updates will be made to Epic settings to remove the ability to rescheduling recurring instances of oral and intravenous anticoagulants as a result of safety reviews for anticoagulants provided too close together. Rescheduling of individual doses will remain active.

### Morphine Use in ESRD Patients BPA

The best practice advisory of morphine use in ESRD patients will be expanded to alert for emergency patients. One-time orders are excluded from alerting.

### PDMP Checks for Opioid Orders

A best practice advisory will display for pharmacists on order verification prompting a review of PDMP information for fentanyl patch orders, methadone orders, and scheduled oral doses above 50 morphine milligram equivalents in 24 hours.



## MEDICATION POLICY

Amaris Fuentes, PharmD; Isha Rana, PharmD

### 3% Sodium Chloride Boluses – System\_PCPS 126 High Alert/High Risk Medications Attachment A

Attachment A of [System\\_PCPS 126](#) will now reflect the ability to provide 3% sodium chloride orders through a peripheral line in urgent situations. Continued use of a peripheral line should align with policy recommendations for duration, rate of infusion, and size of peripheral line. Please refer to policy attachment for further details.

## ANTIMICROBIAL STEWARDSHIP

### 2020-2021 Flu Season Vaccination Program Continues

This season's vaccine administration for inpatients has lagged previous years' rates 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. The number of flu cases at Houston Methodist can be viewed in real time [here](#).

### 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

### Fidaxomicin Use Reviewed

The triennial assessment of the pharmacy procedure for reviewing fidaxomicin orders was approved. It was noted that while fidaxomicin has gained greater status in guidelines, the use of therapy continues to warrant pharmacist review to address not only clinical value of therapy but to assess a patient's ability to continue therapy post-discharge owing to medication's costs and frequent coverage issues. Prescribing remains restricted to GI and ID providers in patients with a verified positive C.Diff diagnosis.

## ANTICOAGULATION QUALITY & SAFETY

Engie Attia, PharmD

### Direct Oral Anticoagulant (DOAC) Pharmacist Education Requirement

Pharmacy procedures will be updated to require pharmacist education only for patients newly initiated on DOAC therapy. Patients continued on DOAC therapy from home will continue to receive education from nursing staff. In addition, the clinician may determine that a patient requires pharmacist education based on clinical judgment for at risk patients, such as patients being changed from one anticoagulant to another, having dose changes or patients non-adherent to therapy.

## PAIN MANAGEMENT RESOURCE GUIDE

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.



## NEWSLETTER STAFF

Editor-in-Chief: Michael G. Liebl, PharmD  
Managing Editor: Isha Rana, PharmD  
Contributors: Amaris Fuentes, PharmD & Engie Attia PharmD