HOUSTON Methodist LEADING MEDICINE

HOUSTON METHODIST
PHARMACY & THERAPEUTICS NEWS
November 2022

FORMULARY UPDATES

Laura M. Blackburn, PharmD

The following medications were evaluated for Houston Methodist formulary

Medication	Pharmacologic Class and	Comments and Considerations
Ibrexafungerp (Brexafemme®)	• Triterpenoid antifungal • Treatment of adult and post-menarchal pediatric females with vulvovaginal candidiasis (VVC)	• Not added to Formulary • While ibrexafungerp has shown efficacy, HM has agents for inpatient use with similar efficacy at 10-fold lower acquisition cost. • If providers choose to prescribe therapy for *outpatients*, consider the following for safety: • Use is contraindicated during pregnancy and may cause fetal harm • Verify pregnancy status in females of reproductive potential and advise use of effective contraception during treatment • Review drug interactions among CYP3A inhibitors and inducers when prescribing

To request a medication for formulary review, **click here**

MEDSAFETY MATTERS!

Amaris Fuentes, PharmD

ISMP Medication Safety Newsletters are available. Link here:

- *Acute Care*
- *NurseERR*

ISMP
Institute for Safe Medication Practices
An ECRI Affiliate

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 SAFETY WHEN ORDERING

Amaris Fuentes, PharmD

Prescribing Sucralfate Suspension to Patients at Discharge

The transition from hospital to home is inherently problem-prone. From a medication management perspective, providers must reconcile previous home medications, therapies started or changed during the hospital stay, as well as the planned medications for patients to resume, continue, or initiate at discharge.

In addition, there remains another important consideration: *Can the patient gain access to the therapy from an outside pharmacy?*

Based on experience from our HM Physician Alliance for Quality (PAQ) pharmacist team, third party payers typically do not cover sucralfate *suspension* products. Patients discharged with sucralfate *suspension* regularly report difficulty picking up medications due to lack of insurance coverage.

To support providers and patients, an Epic LMA alerts to these potential issues and presents sucralfate *tablets* as an equivalent, alternative prescription.

Read about additional efforts to improve a patients' transitions from hospital to home in our the Med Safety Matters Section on Page 2.

MEDSAFETY MATTERS — Continued

Electronic Medical Record Interventions to Support Discharge Prescription Access

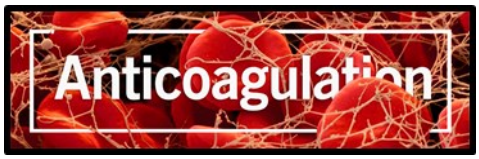
A recent publication by Houston Methodist staff describes the impact of interventions implemented to support post-discharge prescription medication access. The interventions included:

- electronic prior authorization
- alternative discharge prescription medication suggestions
- discharge order sets to support the ordering of associated supplies and monitoring
- alerts to prevent incorrect mail order pharmacy routing, and
- medication interchange instructions to allow for conversion based on prescription coverage at outpatient pharmacies.

Overall, results noted a decrease in patient-reported issues from 1.68 to 1.07 out of 1000 discharges with prescriptions ($P < .001$). By intervention, alerts regarding incorrect use of mail order pharmacy and electronic prior authorization demonstrated some of the largest decreases in reported problems.

Poor coordination at discharge places patients at increased risk for adverse events including medication errors, worsening of clinical conditions, and readmissions for complications. Ensuring appropriate access to discharge prescriptions is a necessary step in ensuring a safe transition to home. In addition to the interventions noted above, various tools exist in Epic to allow review of prescription coverage and provide patients with potential cost-savings coupons prior to discharge. Communication with patients and caregivers is also necessary to understand that may barriers to exist to prescription access.

ANTICOAGULATION USE SAFETY



Patti Romeril, PharmD

Anticoagulation Therapy Transitions—Safety Concerns

An opportunity to optimize the transition of anticoagulant therapy from warfarin to other anticoagulants has been identified. A report of antithrombotic-associated adverse medication events at Houston Methodist from February through June 2022 revealed a series of cases where anticoagulants were inadvertently administered in the presence of elevated INRs resulting in excessive anticoagulation effects.

To support safe transitions among warfarin and other anticoagulants, an Epic best practice advisory (BPA) alert that would trigger when a non—warfarin anticoagulant order is placed for a patient who has previous warfarin administrations documented or recent history of warfarin use.

The criteria for the BPA being tested are below.

The BPA would trigger upon the ordering of a non-warfarin anticoagulant: apixaban, dabigatran, rivaroxaban, enoxaparin, heparin, fondaparinux when:

- Patient has a history of warfarin exposure defined as record of warfarin as a home medication or administration of warfarin in the last 7 days
- Patient has an INR above a threshold appropriate for the anticoagulant based on product labeling and HM expert consensus
    - INR Greater than or equal to 2 (apixaban, dabigatran, enoxaparin, heparin, fondaparinux)
    - INR Greater than or equal to 3 (rivaroxaban)

The alert will be tested and assessed for specificity in providing actionable information before being moved to Epic's production environment to avoid unnecessary alerting.

NEWSLETTER STAFF
Editor-in-Chief: Michael G. Liebl, PharmD
Managing Editor: Laura M. Blackburn, PharmD
System P&T Committee Roster is available to view here.

ANTIMICROBIAL STEWARDSHIP

Shivani Patel, PharmD

Drug Allergy Review Process Improvements

While the completeness of allergy information documentation has improved as a result of changed implemented over the past few years, a recent CQI review at HM once again found high rates of reported penicillin allergies by our patients. Consistent with published literature, approximately 40% of reported drug allergies are to penicillin. As detailed in our July 2022 News, patient reported penicillin allergies may not preclude use of these agents if additional information about the allergy can be attained. Utilizing penicillin based treatments are often the most effective and least toxic antibiotics to use.

To that end, System RXCLIN 166—Pharmacy Procedure for Drug Allergy Review has been updated to reflect the steps pharmacists will take for assessing and documenting allergy information and subsequently how to delete an allergy from the active allergy profile in collaboration with the providers and patient.

As it relates to penicillin allergies, after the pharmacist assesses the allergy risk using the PEN-FAST tool, the pharmacist may contact the provider to attain authorization to delete the allergy. Details about the allergy removal will be included on the Epic entry. Patient counseling will be provided ensuring patients are aware of their tolerance for future healthcare encounters.

PEN-FAST Penicillin Allergy Risk Tool				Patient Response
PEN	The penicillin allergy is being reported by:			□ Patient □ Family
	Was the penicillin allergy ever reported to have acute interstitial nephritis, drug induced liver injury, serum sickness, or isolated drug fever?			□ No □ Yes (+4 Points)
F	Has it been five years or less since the reaction occurred?			□ No □ Yes (+2 Points)
AS	Did you develop anaphylaxis, angioedema OR a severe skin adverse reaction? This would be a reaction such as difficulty breathing, lip swelling, skin blistering/peeling, the development of pustules, or involvement with mucosal areas such as your mouth or lips.			□ No □ Yes (+2 Points)
T	Was treatment required for the reaction you developed?			□ No □ Yes (+1 Points)
Final Score	□ 0 Points	□ 1-2 Points	□ 3 Points	□ 4+ Points
PCN Allergy Risk	Very Low Risk: 0.6% Recommend Cephalosporin Use	Low Risk: 5% Recommend Cephalosporin Use	Moderate Risk: 20% Consider Cephalosporin Use	High Risk: >50% Avoid Cephalosporin Use

COVID Treatment Updates—Monoclonal Antibody Therapy

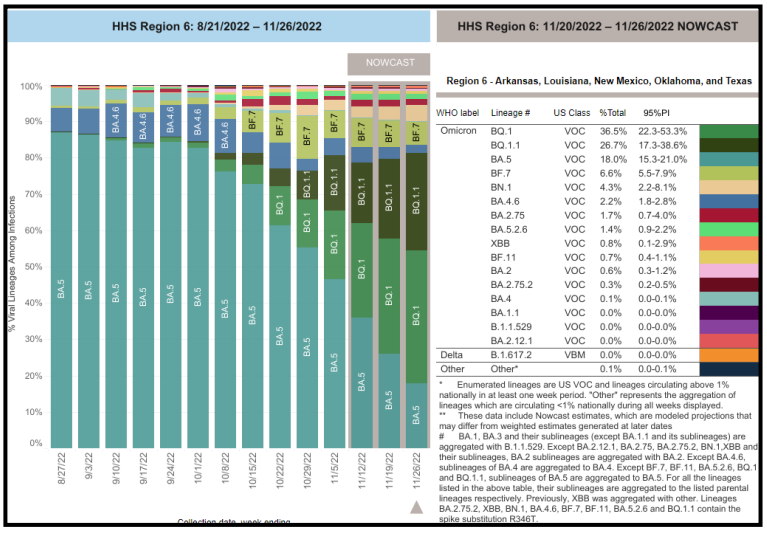
The FDA has withdrawn the Emergency Use Authorization for bebtelovimab for the treatment of Covid-19 patients. The move comes after an increased prevalence of COVID-19 Variants resistant to bebtelovimab, The CDC as stated previously that when resistant Omicron subvariants (e.g., BQ.1, BQ.1.1) represent the majority of infections in the region clinicians cannot rely on bebtelovimab to be effective for the treatment of COVID-19.

CDC's current projections showed that up to 80% of isolates would be resistant to bebtelovimab.

As of 11/30, the State of Texas home infusion program has likewise been closed for new submissions.

Paxlovid for outpatients and remdesivir for inpatients may continue to be used as efficacy is not impacted by the variant.

Pre-exposure prophylaxis with Evusheld will continue for EUA-qualified patients as ordered by providers. However, patients must be informed that the Evusheld's effectiveness is also reduced with the current circulating variants and additional precautions should be implemented.



NEWSLETTER STAFF
Editor-in-Chief: Michael G. Liebl, PharmD
Managing Editor: Laura M. Blackburn, PharmD
System P&T Committee Roster is available to view here.