

FORMULARY UPDATES

Laura M. Blackburn, PharmD

The following medications and classes were reviewed for formulary status

Medication/Class	Formulary Updates
Andexanet alfa (Andexxa®)	<p>Formulary Action: Removed from formulary</p> <p>Rationale: As mentioned in our December Newsletter, Andexanet alfa was withdrawn from the market after the manufacturer was unable to meet a condition of the FDA's accelerated approval. AstraZeneca was to conduct a randomized, post-marketing study to verify and describe the clinical benefit of andexanet alfa. Upon reviewing the study the FDA concluded that the risks of andexanet alfa outweighed the benefits.</p>

To request a medication for formulary review, [click here](#)

Have a medication-related, cost-saving idea? [Submit it here.](#)

We will research the issue and help you implement.

ISMP UPDATES

Mary Soliman, PharmD

ISMP has noted trends amongst healthcare systems that they have visited and the following are noted in [ISMP Medication Safety Alert Acute Care August 2025 issue](#)

We conclude our series highlighting these themes and sharing Houston Methodist's work to address the practice gaps.

Theme #5: Clinical Decision Support

ISMP noted that nationwide, hard stops for essential patient information such as weight, allergies, etc. are not enforced. Critical warnings such as high-dose, anaphylaxis, drug-diagnosis warnings, etc. are easily bypassed. They also noted a lack of formulary restriction warnings with REMs requirements built in.

At Houston Methodist, our Clinical Decision Support systems has performed well above national average with Full Demonstration of National Safety Standard Decision Support as per latest Leapfrog CPOE survey.

However, we can always improve. Discussions are continuously had to address further optimizations to ensure unparalleled care and to facilitated the intended outcome from this layer of safety. The aim is to have meaningful alerting and safeguards but not overly sensitive alerting that becomes noise for providers reducing the impact.

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 Updates

The following therapeutic interchange triennial reviews were reviewed and approved with edits provided below.

- [RXMEDTI 103 Inhaled corticosteroids](#)
 - ⇒ Remove fluticasone manufacturers that were discontinued from policy
 - ⇒ Formulary agent: budesonide nebulization solution (0.25 mg, 0.5 mg, 1 mg)
- [RXMEDTI 107 Inhaled anticholinergics](#)
 - ⇒ Designate tiotropium as non-formulary
 - ⇒ Formulary agent: ipratropium nebulization solution 0.5 mg
- [RXMEDDTI 118 Antimuscarinics for over-active bladders](#)
 - ⇒ Addition of trospium chloride ER to interchange table
 - ⇒ Formulary agents: solifenacin 5 mg daily
- [RXMEDTI 139 Docusate products](#)
 - ⇒ No changes
 - ⇒ Formulary agent: docusate sodium 100 mg, docusate sodium 50 mg/5mL, senna-docusate 8.5-50 mg
- [RXMEDTI 141 Methylcellulose products](#)
 - ⇒ Update packets to caplets
 - ⇒ Formulary agent: psyllium packets



CHEMOTHERAPY STEWARDSHIP COMMITTEE

Erika Brown, PharmD

Inpatient Oral Chemotherapy Policy Update

System Inpatient Oral Chemotherapy Policy (System_PCPS194.1 Inpatient Oral Chemotherapy) was updated to include reference to recently marketed medications. Certain oral agents are not procured or provided by the inpatient pharmacy as patients have home supplies that are intended to be maintained for the course of treatment intended. Additionally, starting some oral chemotherapeutic agents for inpatients before receiving insurance approval and understanding the patient access needs at discharge disrupt care.

Oral oncolytic agents continue to require oncologist review prior to use in the inpatient setting even in the product is available from home. The review by the oncologist and the pharmacy oncology clinical specialist are safeguards to assure appropriateness of use while patients may be admitted for other, non-oncology reasons.

Several of the medications to be added to the policy are listed below.

- * Avutemetinib & defactinib (Avmapki)
- * Dordaviprone (Modeyso)
- * Ensartinib (Ensacove)
- * Imlunestrant (Inluriyo)
- * Inavolisib (Itovebi)
- * Lazertinib (Lazcluze)
- * Mavorixafor (Xolremdi)
- * Mirdametinib (Gomekli)
- * Revumenib (Revuforj)
- * Rilzabrutinib (Wayritz)
- * Sunvozertinib (Zegfrovy)
- * Taletrectinib (Ibtrozi)
- * Vimseltinib (Romvimza)
- * Vorasidenib (Voraniigo)
- * Zongertinib (Hernexeos)

MEDSAFETY UPDATES

Mary Soliman, PharmD

Epic Order Set Updates: Amiodarone

Continuous infusion amiodarone order sets in epic will have the daily ECG 12 Lead order pre-selected and will have an added comment to nurses on the MAR instructing to, "HOLD infusion and call MD if QTc interval = / > 500 ms".



ANTIMICROBIAL STEWARDSHIP

Shivani Patel, PharmD

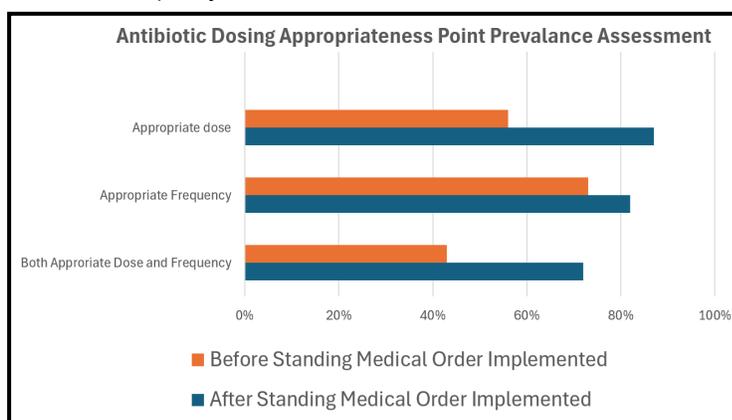
Houston Methodist Standing Medical Order and Pharmacy Consults to Adjust Medication Doses for Renal Function. Renal Dosing Policy Updates

Pharmacists have supported optimal medication dosing by monitoring and adjusting medication dose and frequencies for decades. In 2022, Houston Methodist medical staff expanded the autonomy of pharmacists to efficiently modify doses of medicines upon initial ordering and over the course of the patient's care by approving a standing medical order policy and procedure for renal dose adjustments. Dosing adjustments pursuant to this standing medical order are based on evidence-based guidelines, national standards, and primary literature.

As part of our continuous quality improvement program, the System Antimicrobial Stewardship Committee completed a triennial review of the outcomes seen in dosing appropriateness and reviewed the policy for further refinement.

HM's automated, pharmacist renal dosing policy implementation has resulted in a higher % of patients on a given day receiving optimal antibiotic dosing as shown in the figure.

Additional refinements and allowances to the policy were approved. When appropriate, renal dosing adjustments are made based on patient renal function and provider-specified indications that are included in the order. These patient-specific considerations allow the medication dose to be optimized based not only on pharmacokinetic profiles but also pharmacodynamic properties. Increases or decreases in renal function will result in dose adjustments. As the marker of medication clearance, CrCl calculations, will utilize Total Body Weight in the formula for all medications. This calculation technique will be aligned among the various electronic platforms for consistency.



Pharmacists' renal dosing adjustments for medication not listed within the policy tables, will be based on the validated drug information reference, Lexidrug. This reference is accessible to all HM providers through epic.

If a physician wants to use alternative dosing or be contacted prior to a dose adjustment for a particular patient or medication, a button on the medication order can be selected

Per Med Staff Policy, R.Ph. will automatically renally dose this medication based on current SCr and CrCl values.

Contact provider before making renal dose adjustments

and the pharmacist will check with the provider before dose adjustments are made.

Policy and dosing tables were updated for several narrow therapeutic medications and categories of medications where dose changes will required provider discussions. Examples of medication classes that will have pharmacist-physician discussion before renal-dose changes include chemotherapy agents, and antiepileptics. Renally adjusted anticoagulants may be reduced per policy but required discussion with the physician prior to dose escalation after renal function recovers.

Link here to review the full Policy: [System RX CLIN 134 Standing Medical Orders and Pharmacist Consults to Adjust Medication Doses for Renal Function](#)

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