HOUSTON Methodist LEADING MEDICINE

HOUSTON METHODIST
PHARMACY & THERAPEUTICS NEWS
July 2026

# FORMULARY UPDATES

Laura M. Blackburn, PharmD

The following medication was reviewed for formulary status

| Medication | Formulary Updates |
|---|---|
| **Brexpiprazole (Rexulti®)** | **Voting action: NOT ADDED** to formulary<br><br>**Rationale:**<br>• Lack of significant efficacy or safety differences compared to other atypical antipsychotics<br>• More cost-effective therapies available on formulary<br>• Patients may continue home regimens through the patient own medication (PTOM) processes |
| **Aztreonam-avibactam (Emblaveo®)** | **Voting action: ADDED** to formulary<br><br>**Restrictions:**<br>• Specialty: Infectious Diseases<br>• Indication: Gram-negative organisms with either confirmed or a history of metallo-βlactamase producers<br>  * *Enterobacterales spp.*<br>  * Multidrug-resistant *S. maltophilia* |

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

# Policy Update

Luma Succar, PharmD

## RXCLIN 169 Pharmacy Consult to Monitor Pulmonary Arterial Hypertension Medications

The policy was reviewed to standardize pulmonary hypertension (PH) medication management across Houston Methodist system. The primary safeguard was the incorporation of a pharmacy consult order when a continuous administration PH medication is entered on the Prior To Admission (PTA) medication list. This review will assure that a targeted assessment is conducted timely where inadvertent interruption in administration can result in life-threatening complications.

Other recommendations relate to optimizing the infusion pump rate entry and expanding the epic order entry safeguards for tadalafil to include indication-specific dosing.

Have a medication-related, cost-saving idea? **Submit your idea here**

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.

# Therapeutic Interchange Update

## RXMEDTI 109 CGRP Receptor Antagonists

- Formulary (with restrictions)
  - ⇒ Ubrogepant (Ubrelvy®)
- Non-formulary
  - ⇒ Atogepant (Qulipta®)
  - ⇒ Rimegepant (Nurtec®)
  - ⇒ Zavegepant (Zavzpret®)

# Implementation Updates

### Estrogen Vaginal Cream

Therapeutic interchange RXMEDTI 110 was implemented to change branded Premarin® vaginal cream to estradiol vaginal cream effective June 23, 2026

### Ublituximab (Briumvi®)

Approved for formulary addition and live in Epic effective July 8, 2026

### Eculizumab-aagh (Epysqli®)

The formulary product for eculizumab and biosimilars was transition from eculizumab (Soliris®) to eculizumab-aagh (Epysqli®) is the formulary product effective July 21, 2026

### IV:PO Phosphorus and Potassium

Order sets and protocols updated effective July 28, 2026

# CHEMOTHERAPY STEWARDSHIP COMMITTEE

Erika Brown, PharmD

## Treatment Plan Updates

16 plans reviewed (2 new plans added, 13 plans modified, 1 plan slated for inactivation)

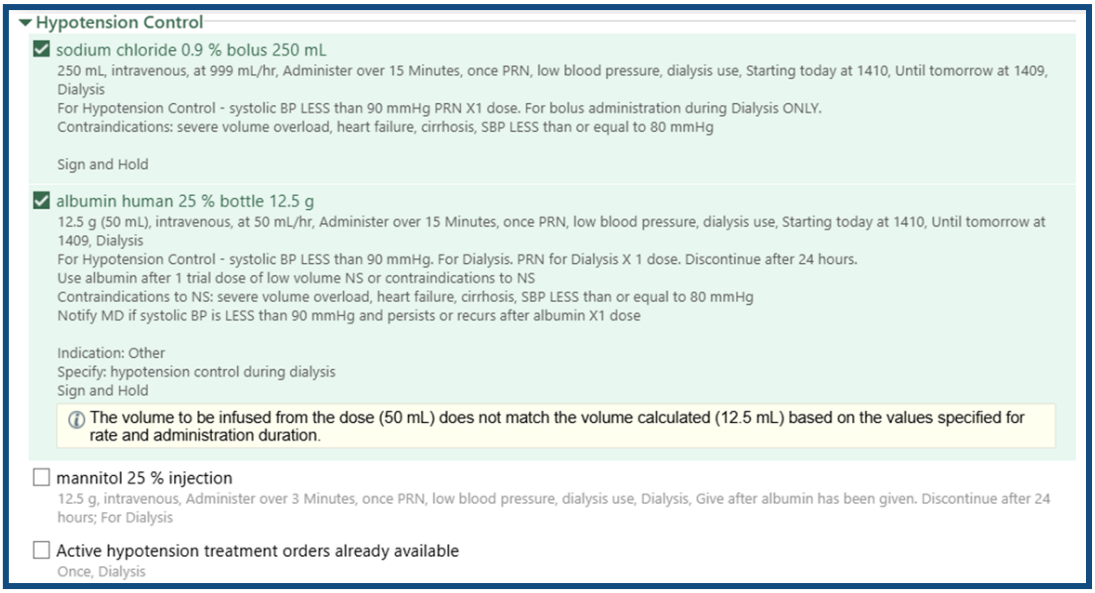
# MEDICATION UTILIZATION STEWARDSHIP INITIATIVES

### Albumin Use Stewardship - Ola Adejuwon, PharmD

The March 2026 P&T News provided background on Houston Methodist's continuing efforts to assure optimal utilization of an effective, yet costly medication, albumin.

Albumin is utilized for a variety of indications including hepatorenal syndrome, septic shock, spontaneous bacterial peritonitis, volume replacement in post-cardiovascular bypass surgery, large volume paracentesis, and intradialytic hypotension (IDH).

After implementing a 2-day default duration in Epic for hepatorenal order sets in March, the next high-use therapeutics area was assessed. Inpatient Hemodialysis order sets have albumin as an option for Intra-Dialytic Hypotension (IDH) management and represents an option for improved product selection. The management of IDH with colloids is recommended only after other interventions fail including Trendelenburg positioning, stopping ultrafiltration, and isotonic saline infusion. Transfusion Medicine Guidelines published in 2024 indicate that albumin therapy is not suggested for prevention or treatment of IDH or for improving ultrafiltration. With consultation among Houston Methodist Nephrology medical staff, P&T approved recommendations for a tiered approach to IDH management that starts with normal saline 250 mL bolus unless contraindicated. The IP Hemodialysis order set will be revised to reflect this step-wise strategy.




### Ubrogepant Medication Use Evaluation - Dahye Kim PharmD

Calcitonin gene-related peptide (CGRP) receptor antagonists were evaluated for formulary, and the Pharmacy & Therapeutics Committee approved the addition of ubrogepant (Ubrelvy®) with restrictions in June 2025 in addition to a follow-up evaluation for restriction adherence. The restriction criteria is based on the FDA-approved indication of the acute treatment of moderate to severe migraines, and the American Headache Society guidelines recommendation that CGRP antagonists be used as an alternative to triptans (defined as contraindication or inadequate response to two or more oral triptans). Documentation to support adherence to restriction criteria was lacking in 39% of encounters reviewed.

### IV Opioid Stewardship - Tatjana Ramos, PharmD

Houston Methodist aims to optimally manage pain in all patients. In policy, the route of administration optimization was not included in the clinical assessment elements or care plan. P&T approved adding language to the policy addressing the preferred route of administration for opioid analgesia being oral. Use of the IV route would be considered appropriate in the following clinical situations: a) Inability to tolerate or absorb oral medications; b) Rapid onset required for severe, uncontrolled pain; c) Oral route of administration is restricted (NPO); d) End-of-life care, hospice care, palliative care or pain management requiring individualized regimen; e) Patients should be evaluated for appropriate for transition to oral therapy if on intravenous opioids (i.e. evaluate level of consciousness, presence of nausea/vomiting, GI function and absorption, and anticipated need for rapid analgesia).

# MEDICATION SAFETY ENHANCEMENTS

Mary Soliman, PharmD

- **Bupivacaine Order Modification** - Meghan Thibeaux, PharmD

  ⇒ Due to a reported safety event, a review of bupivacaine ordering in Epic was conducted. Approved recommendations include mirroring lidocaine orders which will assure safety.

  * Revise bupivacaine orders to remove "injection" as a route, add "infiltration" and "intradermal", and specify a site

- **IV Lidocaine Order Set for Pain Management (Continuous Quality Improvement)** - Ivann Agapito, PharmD

  ⇒ Forty encounters from Houston Methodist were reviewed between June 2022 and June 2025 to evaluate the utilization and safety of the IV lidocaine order set use for pain management. Findings and approved recommendations include:

  * Lidocaine levels were frequently drawn *before* the 10-hour post-initiation/rate change target possibly missing the opportunity to adequately assess drug concentrations. To address this, monitoring instructions will specify lidocaine levels be obtained 10 hours *after* actual infusion start and 10 hours *after* each rate change, then every 12 hours thereafter unless therapy is discontinued earlier

  * Single-dose, maximum limits were inconsistent between weight-based orders and no hard-stops were present for patients less than 100 kg in existing order sets. This presents a safety gap. To address this Lidocaine infusion maximum limits for patients less than 100 kg will be set at 2 mg/min with a hard-stop dose warning

- **Lithium Use (Continuous Quality Improvement)** - Anna Claire Peel, PharmD

  ⇒ Patients receiving lithium between July 2024 and July 2025 at all acute care Houston Methodist entities were evaluated for quality assessment and review of the pharmacy consult service. Findings led to the following changes:

  * Implement an improved, automated alerting to pharmacists when patients have a supratherapeutic level
  * Prioritize patient education efforts to new-start patients
  * Update PCPS 126 High-Alert High-Risk Medications and RXCLIN 121 Pharmacy Consult for Lithium accordingly

- **Acetaminophen Toxicity Management with N-Acetylcysteine** - Caitie Rector, PharmD

  ⇒ Multiple protocols exist for N-acetylcysteine administration to manage acetaminophen toxicity. HM currently utilizes a 3-bag protocol which has been reported nationally to increase the risk for administration errors. A 2-bag protocol is widely used and endorsed by the Poison Control Centers. The 2-bag system uses the same dose over a similar total infusion time and has been associated with no difference in incidence of acute liver injury, hepatotoxicity, peak INR, or mortality. Additionally, fewer anaphylactoid infusion reactions and shorter administration delays have been observed. The 2-bag system for infusing IV N-Acetylcysteine for acetaminophen overdoses will be incorporate in Epic.

- **Cholecalciferol 50,000: Duplicate Therapy Alert Improvement** - Safiya Baker, PharmD

  ⇒ Standard prescribing for cholecalciferol 50,000 units is once weekly. Duplicate ordering and administration risks exists if the Epic Look-back period is not sufficiently set to recognize an administration 7 days prior. A look-back period of 168 hours (1 week) after the last order is inactive was approved to minimize interval-related errors.

- **Glargine Radio Button Frequency Update** - Mary Soliman, PharmD

  ⇒ Insulin glargine orders have a default option of "daily before breakfast" which can lead to delays in care when adjustments are made on rounds after breakfast. The revised default will be "daily at 12PM" to allow clinical assessment before administration and subsequent timely implementation of dose changes.

- **Pulmonary Hypertension Optimization** - Luma Succar, PharmD

  ⇒ To optimize safety and care for pulmonary hypertension patients, updates to the Pharmacy Consult regarding monitoring were approved. Epic orders and calculators for epoprostenol / treprostinil via CADD-Legacy (no decimal points) and a PH specific tadalafil order will be implemented.

# ANTIMICROBIAL STEWARDSHIP

Shivani Patel, PharmD

## Eravacycline Criteria for Use Update

Eravacycline is FDA-approved for complicated intra-abdominal infections (cIAI) with a spectrum of activity including:

- Gram-positive [MRSA, *Enterococcus spp*. (including VRE)]
- Gram-negative [often active against multidrug-resistant (MDR) organisms]
- Mycobacteria [regular use in HM system for non-tuberculous mycobacteria (NTM) infections]
- Anaerobes

Eravacycline is currently on HM formulary with restrictions to Infectious Diseases and patients with known or suspected MDR organisms or *Mycobacterium spp./Nocardia spp*. With the recent formulary status change of minocycline intravenous formulation to non-formulary (oral formulation still available), an increase in utilization of eravacycline is anticipated for *S. maltophilia*. A medication use evaluation of eravacycline was conducted to determine indications for utilization in an effort to optimize stewardship efforts. Findings included 51% of use in patients lacking an identified pathogen. As a result, the indication (microbiologic justification) Epic order question will be updated to the following, and increased prospective audit and feedback will be implemented.

Eravacycline is restricted to use for infections with a confirmed or history of MDR organisms. What is the historical or confirmed pathogen?

a) VRE
b) MRSA
c) MDR *Enterobacterales spp.*
d) MDR *Stenotrophomonas spp.*
e) CRAB/Other Acinetobacter
f) Mycobacterium/Nocardia
g) Other (free text)


## Biofire® FilmArray® Blood Culture Identification (BCID2) Panel

The BioFire® FilmArray® Blood Culture Identification Panel (BCID2) leverages multiplex polymerase chain reaction (PCR) assays to rapidly identify 30 bacteria and yeast and 10 antimicrobial resistance markers directly from positive blood cultures. BCID2 provides actionable information faster than traditional microbiologic methods to guide empiric antimicrobial therapy, enabling earlier adjustments to targeted antimicrobial therapy. The BCID2 panel has an overall sensitivity of 99.2% and specificity of 99.6% for the detection of microorganisms on the panel compared to culture. Empiric recommendations derive from the latest institutional antibiograms. Once final susceptibility results are available, further de-escalation or antimicrobial tailoring may be appropriate depending on the organism.

See the full **Blood Culture Panel Guidance** document on The HUB effective July 13, 2026.

# ANTIMICROBIAL STEWARDSHIP

Shivani Patel, PharmD

**Urological Surgical Prophylaxis** - Joey Webb, PharmD

Surgical prophylaxis guidelines previously did not explicitly address scrotal surgeries. The American Urological Association recommends pre-incision antibiotics for scrotal procedures of increased risk, and recent literature showed an association of a three-fold reduction in scrotal surgical site infection rate for patients receiving pre-incision antibiotics. Scrotal surgical site infections typically include gram-negative enteric pathogens and *S. aureus*. As such, the Houston Methodist surgical prophylaxis guidelines have been updated to explicitly address scrotal surgery.

The full guidelines are available on The HUB.

HOUSTON METHODIST HEALTH SYSTEM

## SURGICAL PROPHYLAXIS GUIDELINES

All regimens are for clean-contaminated and certain clean procedures, in which there are severe consequences of infection (e.g., prosthetic implants).
For peri-operative antibiotic prophylaxis recommendations for other types of procedures or procedures involving multiple sites—consult surgery, infectious diseases, or a clinical pharmacist.

**Surgical Antibiotic Prophylaxis should not be continued after the incision is closed. Exclusions include CV surgery and procedures with implantation of foreign materials, which should be limited to a maximum duration of 24 hours.**

| Type of Surgery | Surgical Group | Recommended Prophylaxis | Alternative Prophylaxis<br>Cephalosporin Allergy[1] |
|---|---|---|---|
| **Cardiac Surgery** | CABG (Chest and Donor Site and Chest Only), Cardiac Surgery, Pacemaker Surgery | Cefazolin +/- Vancomycin if MRSA risk[2] | Vancomycin + Aztreonam |
| **Gastrointestinal Surgery** | Abdominal Surgery (e.g., hernia repair), Bariatric (Roux-en-Y), Gastric Surgery, PEG Placement, Spleen Surgery | Cefazolin | Vancomycin + Aztreonam |
| | Bile Duct/Liver/Pancreatic Surgery, Gallbladder Surgery, Small Bowel Surgery, Appendix Surgery | Cefazolin + Metronidazole **OR** Cefoxitin | Aztreonam + Metronidazole + Vancomycin |
| | Pancreaticoduodenectomy | Piperacillin-tazobactam | Aztreonam + Metronidazole + Vancomycin |
| **Colorectal Surgery**[8] | Colon Surgery, Rectal Surgery | Cefazolin + Metronidazole **OR** Cefoxitin **PLUS** Pre-op Bowel Prep[3] | Aztreonam + Metronidazole + Vancomycin **PLUS** Pre-op Bowel Prep[3] |
| **Genitourinary Surgery**[8] | Kidney Surgery, Kidney Transplant, Prostate Surgery | Cefazolin | Gentamicin |
| | Penile Prosthesis or Implanted Prosthetic Material | Cefazolin + Gentamicin | Gentamicin + Vancomycin |
| | Scrotal Surgery | Cefazolin | Gentamicin + Vancomycin |
| **Gynecologic & Obstetric Surgery** | Abdominal Hysterectomy, Vaginal Hysterectomy, Pubovaginal sling | Cefazolin +/- Metronidazole[4,8] | Gentamicin + Clindamycin[8] |
| | Cesarean Section | Cefazolin +/- Azithromycin[5] | Gentamicin + Clindamycin[6] +/- Azithromycin |
| | Uterine evacuation (Suction D&C/D&E) | Doxycycline | Metronidazole |
| **Oral Head and Neck Surgery** | Clean, contaminated (incision through oral, pharyngeal, nasal mucosa), Skull-based procedures, Neck Surgery, Clean Procedures with Implants | Cefazolin + Metronidazole | Aztreonam + Metronidazole |
| | Procedures needing only skin coverage (no oral/anerobic involvement) | Cefazolin | Vancomycin |
| **Neurosurgery** | Craniotomy, Laminectomy, Refusion of Spine, Spinal Fusion, Ventricular Shunt | Cefazolin +/- Vancomycin if MRSA risk[2] | Vancomycin |
| **Orthopedic** | Hip Prosthesis, Knee Prosthesis, Open Reduction of Fracture | Cefazolin +/- Vancomycin if MRSA risk[2] | Vancomycin |
| **Non-Cardiac Thoracic & Skin and Soft Tissue Procedures** | Thoracic Surgery, Breast Surgery (with implants), Herniorrhaphy (Ventral Hernia repair w/mesh) | Cefazolin +/- Vancomycin if MRSA risk[2] | Vancomycin |
| **Vascular** | Abdominal Aortic Aneurysm Repair, Limb Amputation, Peripheral Vascular Bypass Surgery, Shunt for Dialysis, Carotid Endarterectomy | Cefazolin +/- Vancomycin if MRSA risk[2] | Vancomycin + Gentamicin |
| **Plastic surgery** | Clean with risk factors or clean-contaminated | Cefazolin | Vancomycin |

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System P&T Committee Roster is available to view here.