

## FORMULARY

Tania Baigi, PharmD

The following therapeutic interchanges were reviewed for triennial updates and changes approved. Click on the category to link to the current interchanges.

Medication Class	Comments / Considerations
<a href="#">Therapeutic Interchange: Erythropoietic Stimulating Agents (ESAs)</a>	Due to the current shortage of Retacrit, Epogen will be the agent of choice until supplies of Retacrit become readily commercially available again
<a href="#">Tramadol Products</a>	Qdolo solution and ConZip ER were added to the interchange
<a href="#">Non-steroidal Anti-inflammatory Drugs (NSAID)</a>	Tolmentin was removed from the policy due to discontinuation from the market
<a href="#">Echinocandins</a>	Micafungin remains the preferred formulary agent
<a href="#">Macrolide Formulations</a>	Updated interchange to include XL formulations that are converted to immediate release products
<a href="#">Albendazole</a>	HM will continue to compound oral suspensions
<a href="#">Nitrofurantoin Formulations</a>	Macrochantin (QID) converted to Macrobid (BID)
<a href="#">Penicillin Class</a>	No changes. Ampicillin oral formulations and Oxacillin are converted to Amoxicillin and Nafcillin respectively
<a href="#">Adult hepatitis B vaccines</a>	HEPLISAB-B remains HM preferred product while Prehevbrio®, a new product introduced to this class, is under consideration based on pharmacoeconomic considerations
<a href="#">Moxifloxacin to Levofloxacin</a>	Moxifloxacin is converted to Levofloxacin unless it is used for patients with tuberculosis, other mycobacterial infections, MDR <i>Streptococcus pneumoniae</i> or with Nocardia infection
<a href="#">Topical metronidazole</a>	Topical products are converted to the standard strength of 0.75%
<a href="#">Ceftazidime to Cefepime</a>	Both products remain formulary through the interchanges is available for times of drug shortage

### Formulary Additions:

Loncastuximab tesirine-lpyl (Zylonta®), utilized for the treatment of large B-cell lymphoma, was added to HM formulary. It is restricted to outpatient use by oncology attendings.

Tebentafusp (Kimmtrak®), utilized for the treatment of uveal melanoma, was added to the HM formulary.

Rifapentine (Priftin®) was added to HM formulary and will be included in revised treatment plan for latent tuberculosis infection.

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

## MEDICATION ORDERING

Amaris Fuentes, PharmD

### Ketamine for Sedation Updates

In response to confusion between ketamine *for sedation* & ketamine *for pain management*, updates have been made in Epic and Alaris infusion pumps to differentiate the products. Nomenclature will be updated from “ketamine for analgesia” to “ketamine for pain management” and include “mg/mL” references such as 10mg/mL & 50mg/mL. Alaris pumps will also reflect the name update and associate a concentration with indication.

### Digoxin Ordering and Monitoring Updates

In response to safety event reviews, digoxin standalone orders will be removed from the Epic Facility list and be transitioned to Digoxin order sets for maintenance dosing with linked digoxin levels. Additionally, geriatric context will be utilized in Epic to remove the 250mcg dose button for patients 65 years of age or older. Pharmacovigilance will also be made available for clinical pharmacy staff to review digoxin monitoring opportunities.

### Dobutamine Titration

Dobutamine orders will be updated to remove default range doses and titration instructions to allow full clinical evaluation for dose changes. A 2mcg/kg/min dose button option will be made available, changes to dose can be made with free-text dose entry.



## MEDSAFETY MATTERS!

Amaris Fuentes, PharmD

### Mitigating Risks with Changes in Drug Concentrations

Error risk is introduced with changes in drug concentrations when updating products or handling drug shortages as outlined in the previous newsletter. A recent [ISMP Acute Care Medication SafetyAlert!](#) has highlighted safe practice strategies to adopt for safe transitions. Recommendations include development of an interdisciplinary conversion team, evaluating feasibility through evaluating ease of procurement and evaluating typical dose utilization, evaluating drug references, information technology systems, and the like to appropriately convert concentrations, establish a communication & implementation plan, identify current patients on therapy that will require conversion, and sustain the change with appropriate feedback and observation mechanisms. When engaging in planned concentration medication changes, these tools can be used to mitigate potential errors and support staff and systems through the conversion.

## MEDICATION POLICY

Amaris Fuentes, PharmD

### Exclusion List of Injectable Medications for Administration by Licensed Vocation Nurses

[System PCPS 184 Preparation and Administration of Injectable Medications](#) has been updated to include an attachment detailing an exclusion list of injectable medication for which administration by licensed vocational nurses (LVNs) is not permitted. Please review [Attachment A](#) of this policy for further details.

## ANTIMICROBIAL STEWARDSHIP

Shivani Patel, PharmD

### Antibiotic Desensitization Protocol Utilization and Outcomes Reviewed

Antibiotic desensitization is needed when a patient with a history of hypersensitivity to an antibiotic requires treatment and alternatives may be considered second or third line options. Antibiotic desensitization is achieved by administering extremely small doses of the medication, then increasingly larger doses until a full therapeutic dose is reached. This process can be done safely at HM in a monitored ICU setting.

Between September 2019 and August 2021, seven (7) patients across HM were treated according to the protocol and all successfully completed the desensitization titration. Allergic reactions encountered during the titrations were minimal. Low dose diphenhydramine was administered in 3 patients and only one patient reported tongue swelling that resolved with diphenhydramine.

Process improvement changes include the development of an EPIC alert prompting the nurse if the time between doses is more than 30 minutes signaling a possible need to re-start titration. Given the protocol's infrequent use, a communication checklist will be provided by pharmacy staff to the nurse with clear instructions with each dispensing.

It is important to note that desensitization has no effect on the incidence of non-IgE mediated reactions such as serum sickness, Stevens-Johnson syndrome, toxic epidermal necrolysis, exfoliative dermatitis hemolytic anemia, maculopapular rash, drug fever, or interstitial nephritis.

#### Antibiotics Included in the HM Desensitization Protocol

- Ampicillin/Sulbactam
- Ceftriaxone
- Daptomycin
- Meropenem
- Penicillin
- Piperacillin/Tazobactam
- Trimethoprim/Sulfamethoxazole

### NEWSLETTER STAFF

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

## ANTIMICROBIAL STEWARDSHIP

Shivani Patel, PharmD,

### Outpatient Covid-19 Therapeutics Ordering Changes

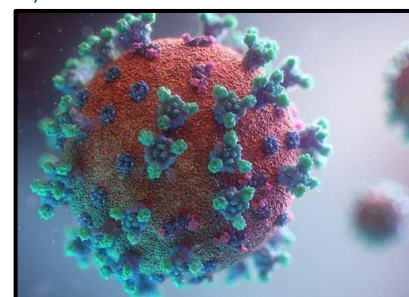
#### Oral Antiviral Therapies for Treatment of Active Infections:

- Paxlovid is currently the preferred therapy for [management for non-hospitalized patients](#).
- Important [drug-drug interactions must be considered but can often be managed](#) and doses must be adjusted for renal function between 30-60mL/min.
- The treatment window for Paxlovid is 5 days from start of symptoms. Because Paxlovid is widely available in community pharmacies at no cost for patients, send prescriptions directly to the retail pharmacy near the patient to ensure rapid treatment. [Click here for a COVID-19 therapeutics locator](#).
- As of 6/27/2022, HM COVID-19 referral center orders no longer include Paxlovid or Molnupiravir. Orders for these agents are available for providers in EPIC to send directly to the patient's routine pharmacy.



#### Monoclonal Antibody Therapy for Treatment of Active Infections:

- The State of Texas' [web-based portal allows DIRECT referral](#) of patients for home injections at no cost to the patients. Patients referred to [STRAC](#) are treated at home within 48-72 hours in most cases. Injection capacity at HM is severely limited relative to referral volumes. Referrals sent to our HM service, who cannot be scheduled timely at HM, are transferred directly to the State program.
- [Bebtelovimab](#) is the current mAb recommended based on the [circulating COVID variants](#). The treatment window for Bebtelovimab is 7 days.



#### Pre-Exposure Prophylaxis Therapy with Monoclonal Antibody Therapy

- [Evusheld](#) is indicated for *pre*-exposure prophylaxis of COVID-19 in patients who are *not* currently infected and are immunocompromised and may not mount an adequate immune response to COVID-19 vaccination.
- HM providers can directly order Evusheld in Epic using the Evusheld Therapy Plan order. A guide to the Epic entry is provided here: [Link to tip sheet](#). Based on the chosen performing department, the referral order will route to the appropriate HM infusion clinic. Patients will be contacted by the infusion clinic scheduler.
- Evusheld's EUA was updated recently by the FDA to allow redosing every 6 months for qualified patients.

#### **Sanford Guide Access Available to all at HM**

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 2022 HM Antibigrams are available to you on these platforms.**

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