HOUSTON Methodist LEADING MEDICINE

HOUSTON METHODIST
PHARMACY & THERAPEUTICS NEWS
March 2026

FORMULARY UPDATES

Laura M. Blackburn, PharmD

The following medications and classes were reviewed for formulary status

Medication/Class	Formulary Updates
Ublituximab-xiiy (Briumvi®)	**Formulary Action:** Added to formulary with restrictions ⇒ Ublituximab-xiiy (Briumvi®) was added to formulary **Category:** Anti-CD20 Monoclonal Antibody **Indication:** Treatment of relapsing forms of multiple sclerosis including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease in adults **Restrictions:** Restricted to outpatient administration with prior financial approval **Rationale:** Anti-CD20 efficacy with fewer clinic visits

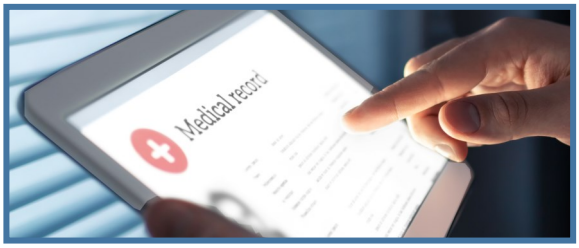
To request a medication for formulary review, click here

Virtual Medication History Support by Pharmacy Staff for ED-Presenting Admitting Patients

Michael Liebl, PharmD & Niha Zafar, PharmD

Starting 3/22/26, Pharmacy will transition to a virtually-based platform to gather detailed medication histories for ED-presenting, admitting patients. Having a complete and accurate prior-to-admission medication list is an essential first step in the medication reconciliation process.

Trained pharmacy technicians and pharmacists are uniquely qualified to interview and document this information so admitting physicians can conduct a thorough admission medication reconciliation – once. Better information reduces adverse events during a patients stay and facilitates a quality discharge reconciliation as well.



Story continues on page 2

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.

Policy Updates

The following therapeutic interchange reviews were assessed and approved.

- RXMEDTI 108 Therapeutic Interchange Non-Sedating Antihistamines
  - ⇒ Levocetirizine is the preferred formulary agent
  - ⇒ Combination non-sedating antihistamines added to this policy and retired RXMEDTI 109
- RXMEDTI 148 Therapeutic Interchange Alpha 1 Blockers
  - ⇒ Tamsulosin and prazosin remain the preferred formulary agents
- **PCPS 169 Pain Management**
  - ⇒ If patient requests less potent pain management, the ordering provider must include instructions to allow patient preference to be integrated into medication administration and documented in MAR when utilized
  - ⇒ Pain re-assessments within 60 minutes of medication administration with documentation in EMR if unable

Virtual Medication History Support (Continued from page 1)

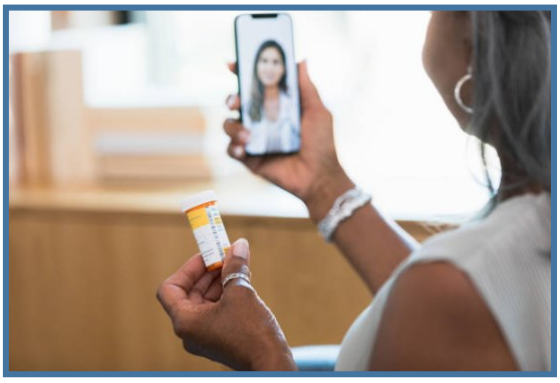
Pharmacy Process for Attaining Medication History Virtually:

- Pharmacy staff will use CareAi to interview ED patients once their status changes to, "To Be Admitted"
- The centralized team of virtual pharmacy staff will provide coverage to all Houston Methodist locations

Nursing Process

For all ED-presenting, admitting patients, the bedside nurse should communicate to the patient or family that a medication history interview will be conducted soon using the following scripting or similar.

"You are being admitted to the hospital for further care. Before your admitting doctor sees you, it is important to collect all the information about your medicines. One of our pharmacy team members will talk with you through this screen and camera to obtain a thorough medication history. Please have any medication lists or bottles ready for the pharmacy team to review with you. If there is another person who can provide additional details about your medications, or how you take your medicines, please have their phone number ready and our pharmacy member can bring them into the conversation"

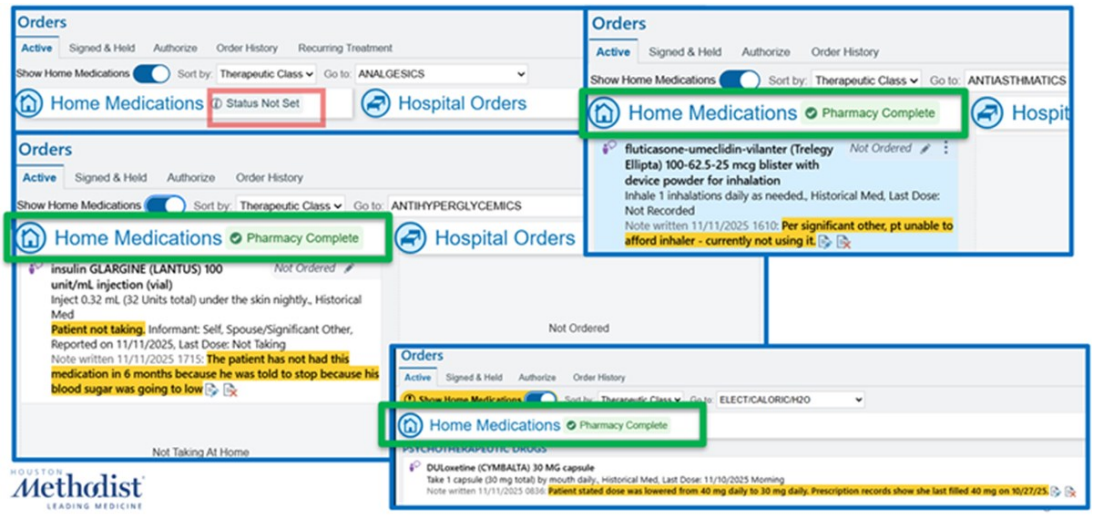


Communications between the bedside nurse and the virtual medication history team will be conducted through Epic chat. For patients located in the hallways, pharmacy staff will utilize the patient's or caregiver's phone and call them to collect the information. Patients admitting from a nursing care facility will need to have their medication record they transport with shared with the virtual pharmacy team.

Admitting Physician Process

The systemwide, virtual pharmacy team aims to collect and document relevant medication-related information in Epic on over 70% of ED-presenting, admitting patients ***before*** the initial medication reconciliation activity is started providing physicians with the best possible medication history data allowing a safe, efficient, and comprehensive admission medication reconciliation. Look for the "Pharmacy Complete" designation on the home med list status.

IMPORTANT NOTE FOR ADMITTING PHYSICIANS: Pharmacy staff will enter orders AS THE PATIENT ACTUALLY TAKES THE MEDICINE if different from the way the prescription reads. The pharmacy staff will denote the differences so the provider can make an informed decision on what medication doses, frequences etc are appropriate. **NOTE: Those comments appear with yellow highlights on the order for the provider to review prior to reconciling/ordering the medicine.**



Pharmacy staff will also enter orders on the Home Med List in a way that facilitates INPATIENT ordering for safe transitions of home prescriptions to inpatient orders (e.g. immunosuppressives, etc)

Click here to read more about steps pharmacy is taking to expand services and efficiencies in care with standardization, systemization and virtualization.

PHARMACOECONOMIC UPDATES

Respiratory Therapy Use Optimization

On February 24, HM Respiratory Therapy led a multidisciplinary collaborative, system-wide nebulization therapy stewardship initiative. Epic order defaults for RT-delivered nebulized therapies were set to a 3-day duration. Default durations on these orders are intended to prompt reassessment of ongoing medical necessity. Providers may modify Epic order durations at the time of ordering or upon renewal at Day 3 but are asked to place a stop date to prompt re-assessment. Note: antibiotics, prostacyclins, and Dry Powder Inhalers (e.g BreoElipta) dispensed by pharmacy will not have a default date set.

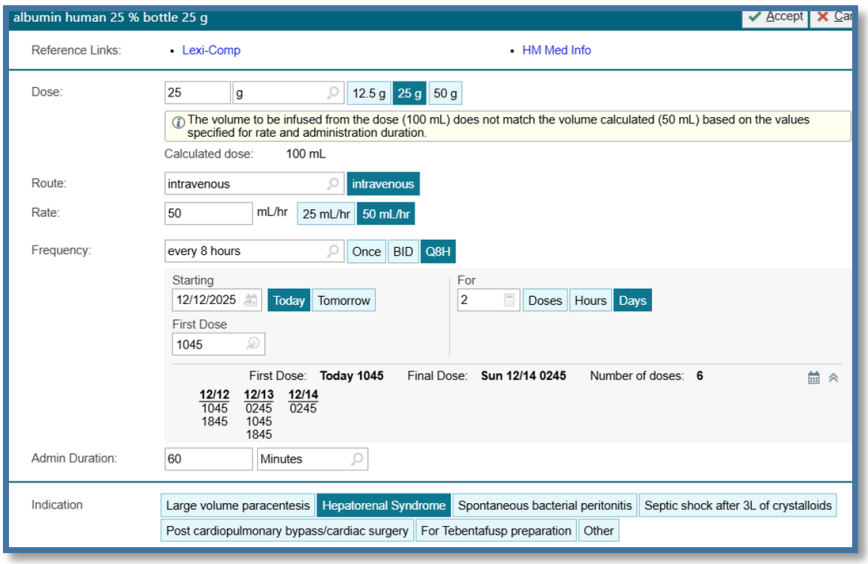
This initiative complements existing medication formulary strategies to reduce waste by aligning medication supply intervals with the inpatient duration of care. Routinely providing patients having a hospital LOS of 4—6 days a new canister or inhaler designed to last weeks to a month is wasteful can costly, with an impact of nearly $1 million annually. Providing patients with nebulized treatments initially upon hospitalization often aligns with care needs delivering medication effectively if patients are in distress. However, as patients improve or in patients where they can effectively self-deliver their inhaler-based treatment, HM policy allows patients to continue their home-supplied once the product is available, identified and appropriate orders are entered. This medication supply approach reduces the number of RT-administered nebulization treatments in subsequent days and allows respiratory therapists the opportunity to instruct patients on optimal techniques that benefit patients transitioning to home. Nebulized medication orders appear under, “Orders Needing Review” starting 24 hours prior to their scheduled discontinuation date.

Early assessments post implementation have shown, a 10—15% reduction in treatments for targeted medications.

As part of the triennial review of therapeutic interchanges, RXMEDTI 150 RXMEDTI 102 Therapeutic Interchange Long-Acting Beta Agonists (LABA) and RXMEDTI 104 Therapeutic Interchange Short-Acting Beta Agonists (SABA) were re-approved. Arformoterol was retained as the preferred formulary LABA agent. Several commercially, discontinued SABA products (ProAir Digihaler®, ProAir HFA®, and Proventil HFA®) were removed from therapeutic interchange table and albuterol *nebulization* solution remains the preferred formulary agent as opposed to individual canisters.

Albumin Ordering on the Inpatient Hepatology and Cirrhosis Order Sets

Albumin is a commonly utilized colloid for intravascular volume expansion across diverse patient populations, but comes at a cost. HM utilizes ~$6 million in albumin annually and has been increasing over the years. Several years ago, HM implemented a required field in Epic for providers to select the indication of use for the albumin order. This information has been helpful in assessing the most prescribed indications for use.



The first indication assessed for appropriateness of albumin use was in patients with cirrhosis and ascites undergoing large-volume paracentesis, cirrhosis with spontaneous bacterial peritonitis, and cirrhosis with hepatorenal syndrome.

At HM, the median duration of therapy for this indication was 3.15 days. Nearly 70% of patients having orders initiated on the hepatology order set received therapy more than 48 hours. Similarly, the cirrhosis admission order set had an average of 3.9 days, with 75% of orders exceeding a recommended 48 hours.

To align ordering with guidelines, HM Epic order sets for Cirrhosis Admission & Hepatology Admission will be revised:

- Rename the hepatorenal section within the order sets to, “AKI—Hepatorenal Syndrome”
- Set default dose to 25 grams, default frequency to every 8 hours, and default duration to 2 days
- To reduce click selection, default indication for this order set to Hepatorenal Syndrome

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

MEDSAFETY UPDATES

Mary Soliman, PharmD

Sedation Assessment Scale Instructions Added to Dexmedetomidine Order

Patients receiving dexmedetomidine (Precedex) are at risk of experiencing bradycardia and hypotension within one hour of infusion initiation. An internal quality improvement assessment found that the Richmond Agitation Sedation Scale (RASS) assessment scores were not documented within 30 minutes of initiating either propofol or dexmedetomidine infusions. To better align with the ED and ICU sedation order panel, instructions for attaining RASS scores were added to the nursing sedation assessment instructions on the standalone dexmedetomidine orders in Epic.

Update OUTPATIENT Epic Prescribing Frequencies for Safe Prescribing of Transplant Medications

Several transplant medication frequencies do not align with commonly used prescribing patterns, which may introduce safety concerns. To improve safety, updates have been made to align the frequency options for OUTPATIENT Prescription generation for the following medications and commonly employed dosing schedules. Selected examples below:

- Warfarin (all doses): M/W/F, Tu/Th/Sa—need a daily option without a pre-selected time selection, Tu/Th/Sa/Sun, and weekly every day of the week
- Bactrim SS (400-80 mg) and Bactrim DS (800-160 mg): three times weekly, M/W/F, Tu/Th/Sa, M/F, Tu/Th
- Prograf (0.5 mg, 1 mg, 5 mg): M/W/F, M/W/F/Su, Tu/Th/Sa, Tu/Th/Sa/Su once daily and twice daily, M/F, Tu/Th
- Astegraf (0.5 mg, 1 mg, 5 mg): M/W/F, M/W/F/Su, Tu/Th/Sa, Tu/Th/Sa/Su, M/F, Tu/Th once daily

Remove Duplicate Therapy Alerts for a) Phase of Care and b) Alpha-Beta Blockers

The Phase of Care allows providers to indicate when an order is intended for use during surgical or multi-stage procedures. Following implementation of the PACU Phase II, an increase in unnecessary duplicate therapy alerts was observed. Additionally, there are two duplicate therapy groups for beta blockers, including systemic beta blockers and alpha beta blockers, with carvedilol and labetalol included in both groups. It was approved to suppress duplicate alerts between PACU and PACU Phase II and to turn off the alpha-beta blocker duplicate group so that only one duplicate alert triggers for beta-blockers, not two.

Donanemab & Lecanemab Therapy Plan Update: Include Alert for Anticoagulation

Donanemab and lecanemab are humanized monoclonal antibodies that target beta amyloid, a key pathway in the pathogenesis of Alzheimer's disease. Both agents have regulatory approval for use in mild Alzheimer's disease. The FDA has highlighted an increased risk of severe intracerebral hemorrhage when these agents are used in combination with anticoagulants.

To support safe patient care, therapy plans for these medications have been updated to include a nursing communication that prompts for the completion of a screening question assessing for concurrent anticoagulant use prior to scheduling each infusion.

Regulatory Alert: Commonly Used Medication Indication Defaults Added to Epic for Clarity of Use

To support DNV compliance and safe communications about medication use, commonly used medications in Epic will default the usual indication of use for the medication to ensure clarity of use. Providers should be contacted if a one-time or PRN order is placed without an indication, or if two orders are entered for the same PRN indication or pain score without clear administration instructions specifying which medication to give first, including both IV and PO options.

The medications will pre populate as follows: sodium chloride and lactated Ringer's, "for fluid repletion"; magnesium and potassium, "for electrolyte replacement", lidocaine 1% (10 mg per mL) PF, " for local anesthesia"; and furosemide, "for diuresis".

Medications with multiple indications will include selectable options, and a group of medications indicated for chemical restraints will also be added. Any clarification on a provider's order by a nurse should be documented using a nursing note in the patient's medical record.

NEWSLETTER STAFF

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