HOUSTON Methodist LEADING MEDICINE

HOUSTON METHODIST
PHARMACY & THERAPEUTICS NEWS
May 2026

FORMULARY UPDATES

Laura M. Blackburn, PharmD

The following medications and classes were reviewed for formulary status

Medication/Class	Formulary Updates
Avacopan (Tavneos®)	**Formulary Action:** Remain non-formulary **Category:** Complement C5a Receptor Inhibitor **Indication:** Antineutrophil cytoplasmic autoantibody-associated vasculitis **Restrictions:** May use patient's own medication supply as appropriate **Rationale:** Several therapeutic options currently available on formulary with lower acquisition costs
Eculizumab-aagh (Epysqli®) Eculizumab (Soliris®)	**Formulary Action:** ADD Eculizumab-aagh (Epysqli®) to formulary and REMOVE eculizumab (Soliris®) from formulary **Category:** Complement C5a Receptor Inhibitor **Rationale:** Eculizumab-aagh (Epysqli®) and eculizumab (Soliris®) are FDA approved biosimilars. Eculizumab-aagh (Epysqli®) is the most cost-effective agent for Houston Methodist Patients
Elranatamab (Elrexfio®)	**Formulary Action:** Add to formulary with restrictions **Category:** BCMA-CD3 Bispecific Antibody **Restrictions:** Restricted to hematology/oncology with REMS certification **Rationale:** Clinical trials demonstrated high rate of durable remission and demonstrated activity comparable to other bispecific T-cell antibodies with logistical advantages such as a step-up dosing schedule that compares against other agents

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

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.

Policy Updates

The following therapeutic interchange triennial reviews were reviewed and approved.

RXMEDTI 128 Therapeutic Interchange Intravenous Neurokinin (NK1) Inhibitors

⇒ Maintain fosaprepitant as formulary agent as it is the most cost-effective NK1 inhibitor available

⇒ All other oral NK1 inhibitors were designated as non-formulary agents due to similar efficacy and higher acquisition costs

RXP&T 108 Medication Risk Evaluation and Mitigation Strategy (REMS) Management

⇒ Revised policy to incorporate newly approved REMS medications: Epysqli (eculizumab-aagh), Elrexfio (elranatamab), and Stoboclo (denosumab-bmwo)

⇒ Updated Blenrep (belantamab mafodotin-blmf) to align with current REMS program updates

RXCLIN 165 Policy Review: Pharmacy Consult to Educate Methotrexate Patient

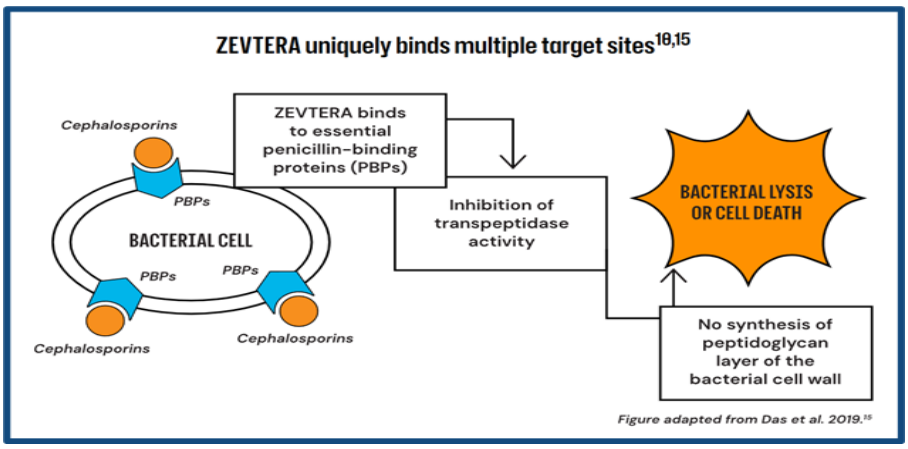
⇒ Updated policy includes non-oncologic methotrexate pharmacy consult guidance and Epic workflows. It also incorporates folic acid co-administration guidance prompts within Epic documentation.

FORMULARY UPDATES Continued

Laura M. Blackburn, PharmD

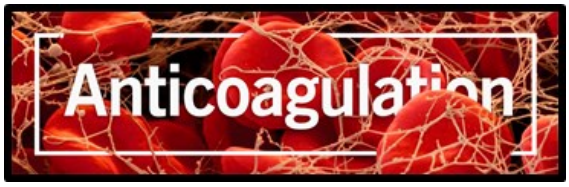
Ceftobiprole (Zevtera®) Formulary Review

Ceftobiprole (Zevtera®) was reviewed for formulary addition following its 2024 FDA approvals for S. aureus bloodstream infections, ABSSSI, and CABP. Clinical trials demonstrated non-inferiority to standard-of-care therapy in complicated S. aureus bacteremia, ABSSSI, CABP, and hospital-acquired pneumonia (excluding VAP), with a safety profile comparable to ceftaroline fosamil (Teflaro®). Ceftobiprole also demonstrated in vitro synergy with daptomycin against MRSA and Enterococcus species and retained activity against some ceftaroline-non-susceptible isolates.



While effective, Houston Methodist did not add ceftobiprole to the inpatient formulary due to limited clinical advantages over ceftaroline. Namely, institutional resistance to ceftaroline is rare and clinical data support ceftaroline combination therapy in MRSA bacteremia. The safety profiles are comparable between ceftobiprole and ceftaroline, but ceftobiprole has significantly higher acquisition costs associated with ceftobiprole.

ANTICOAGULATION COMMITTEE



Michael Sirimaturos, PharmD

Evaluating Factor Product Utilization

A system-wide evaluation of clotting factor product utilization was conducted following a reported medication safety event involving confusion between factor products with similar Epic naming conventions. Factor products are high-cost therapies commonly used for congenital and acquired bleeding disorders, perioperative bleeding, and hemophilia management, where variability in dosing and product selection may increase the risk of medication errors. A retrospective chart review and system-wide utilization survey identified inconsistent ordering practices, uncertainty regarding dosing and product selection, and lack of standardized order sets across Houston Methodist facilities.

Based on these findings, multiple Epic order set updates were approved to improve standardization and reduce medication selection errors. Recommendations included revising factor product nomenclature to clearly identify brand-specific products and adding standardized dosing and frequency radio button options across factor products. Approved updates included adding weight-based dosing options for factor VIIa (“20 mcg/kg, 60 mcg/kg, 90 mcg/kg”) and factor VIII (“20 units/kg, 30 units/kg, 40 units/kg”), adding frequency options for factor VIII (“Q12H, Q24H, Once”), factor IX (“Once”), and von Willebrand factor/Vonvendi® (“Q8H”), while simplifying order names to improve prescribing consistency and workflow efficiency across the health system.

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CHEMOTHERAPY STEWARDSHIP COMMITTEE

Erika Brown, PharmD

Evaluation of Paclitaxel Hypersensitivity Management

A retrospective chart review was conducted at the Houston Methodist Willowbrook Outpatient Infusion Center (January 2023–August 2025) to evaluate management strategies for paclitaxel-related hypersensitivity reactions (HSRs), including pre-medication timing, reaction incidence and severity, rescue medication use, and variability in preventative strategies. Current paclitaxel pre-medication practices include dexamethasone, diphenhydramine, and an H2 antagonist, with newer prospective data supporting dexamethasone discontinuation after cycles 1–2 in patients without prior reactions.

Among 53 patients evaluated, paclitaxel-related HSRs occurred in 13% of patients, with most reactions classified as grade 2 and occurring a median of 23 minutes after infusion initiation. Common symptoms included chest pain and shortness of breath (43% each). All reactions required infusion interruption, with a median pause duration of 21 minutes, and most patients were managed successfully with IV diphenhydramine and normal saline. Rechallenge data demonstrated that the majority of patients tolerated subsequent infusions without recurrent reactions, supporting the effectiveness of current hypersensitivity management strategies.

These findings led to approval of paclitaxel Beacon updates, including implementation of a standardized titration protocol for patients with prior hypersensitivity reactions, addition of nursing administration instructions to gently agitate the infusion bag prior to administration, and pharmacist-driven addition of titration instructions for cycle 2 day 1 (C2D1) when reactions occurred during cycle 1 day 1 (C1D1).

System Policy PCPS 127—Antineoplastic Desensitization Reviewed

A review of PCPS 127 was conducted following identification of a patient with a prior docetaxel hypersensitivity reaction during FLOT therapy that required desensitization. In this case, docetaxel was not documented in the patient's Epic allergy profile representing a patient safety gap.

The comprehensive review was conducted of current practices and assessment against national standards (ASCO/ONS & NCCN). Several gaps in allergy documentation, ambiguity surrounding shared responsibility for allergy entry in the EMAR, reliance on infusion clinic notes, and lack of standardized documentation workflows across care settings were noted.

To address these gaps, updates to Policy PCPS127 and Epic workflows were approved to establish standardized, role-based responsibilities for physicians, nurses, and pharmacists. Key updates included required physician evaluation of infusion reactions, RN documentation of suspected antineoplastic allergies and rescue medications in the Epic allergy section, pharmacist collaboration on allergy confirmation and desensitization planning, and implementation of standardized Epic smart phrases to improve documentation of hypersensitivity reactions, interventions, and future management plans. Additional Epic enhancements included adding "Antineoplastic" as a selectable reaction category to improve consistency and visibility of chemotherapy-related allergies.

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MEDSAFETY UPDATES

Mary Soliman, PharmD

Non-Opioid Orders and Patient Preference Allowance

Updates to the patient preference pain management policy were reviewed to support patient-directed PRN pain medication administration and MAR documentation requirements. Recommendations included expanding patient preference allowances to non-opioid pain medications regardless of route of administration when authorized by the ordering provider.

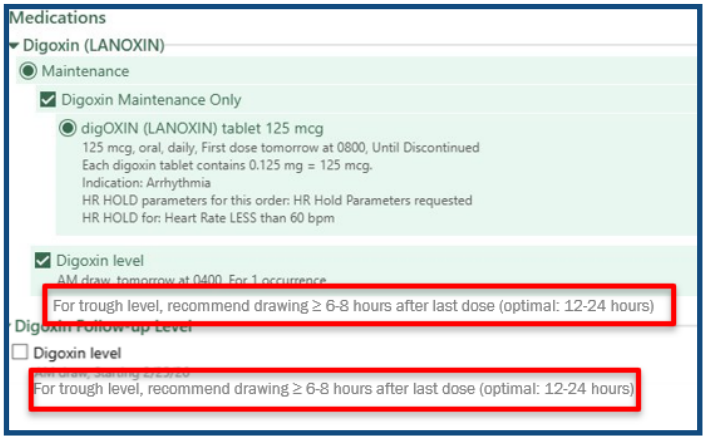
This is important because regulatory agencies closely assess the medication order against the administered doses. Discrepancies may indicate nursing discretion upon administration without a physician's order, which is not allowed. The medical staff approved policy facilitates safe, timely patient care in collaboration with patient-directed treatment where a less potent agent or lower dose may be administered for a given pain level with patient agreement.

Prescription Monitoring Program (PMP) Requirement and Controlled Substance Prescribing

A system-wide review of the Prescription Drug Monitoring Program (PDMP) compliance evaluated adherence to opioid prescribing requirements across Houston Methodist facilities and found that only 23% of opioid prescriptions had documented PDMP review by an authorized provider. To promote review, an OurPractice Advisory message will be added to Epic and will trigger when prescribing a controlled substance at discharge.

Digoxin Therapy—Safety Assessment

A CQI review of digoxin monitoring was conducted to evaluate inappropriate digoxin levels, dosing workflows, and monitoring practices that may contribute to medication safety concerns.



Safety enhancements include:

- Standardize digoxin clinical surveillance alerts system-wide
- Update dose rounding to allow accurate administration of 62.5 mcg doses
- Add guidance for appropriate digoxin level collection timing within Epic orders
- Add 62.5 mcg and every-48-hour dosing options to order sets
- Revise digoxin loading dose default timing to improve scheduling and reduce incidence of supratherapeutic levels

Safety and Outcomes in Patients with Home Insulin Pumps

A quality review of inpatient insulin pump management evaluated adherence to insulin pump policy requirements, glycemic outcomes, and documentation practices. Findings identified frequent hyperglycemic events (>300 mg/dL), duplicate orders, and inconsistencies in documentation and consent form scanning within Epic.

Corrective Actions approved:

- Utilize BPA alerts to identify and review duplicate insulin orders, including short-acting insulin
- Implement standardized documentation workflows for hypo- and hyperglycemic events
- Develop additional provider and nursing education on insulin pump policy adherence
- Continue insulin pump quality review every 3 years

Evaluation of Initial IV Insulin Bolus in Insulin Infusion Order Sets

Approved recommendations included removing insulin boluses from the ICU 140–180 mg/dL order set and adding "PRN for BG <70 mg/dL" to current dextrose administration instructions. These updates were implemented to improve hypoglycemia management and standardize insulin administration workflows within ICU order sets.

MEDSAFETY UPDATES Continued

Clozapine Process Update

Following termination of the Clozapine REMS program, a review was conducted to optimize clozapine prescribing and dispensing workflows while maintaining safeguards for this high-risk medication. Approved recommendations included updating System_RXCLIN 172 procedures, removing outdated REMS-related Epic language, embedding recent MAR administration history and dosing recommendations into orderables, and implementing standardized pharmacist workflows for clozapine verification, dose interruption assessment, and reinitiation. Additional recommendations included incorporating Vigilanz monitoring workflows and alerts, including identification of patients without a recent CBC with differential while receiving clozapine therapy.

ANTIMICROBIAL STEWARDSHIP

Shivani Patel, PharmD

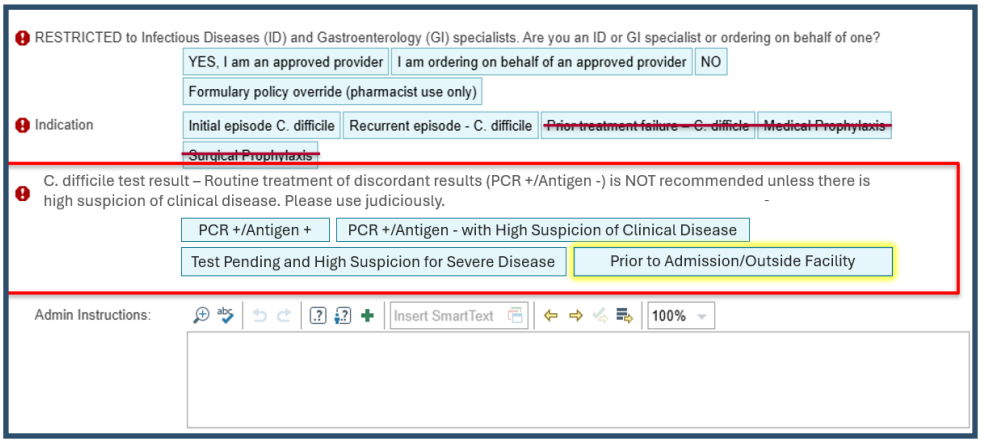
Treatment Patterns & Clinical Outcomes in Hospitalized Adults with Discordant Clostridioides difficile Results

A retrospective review at Houston Methodist evaluated treatment patterns and outcomes in patients with discordant C. difficile test results and found that 70% of patients received C. difficile treatment despite discordant findings. Preliminary analyses demonstrated no significant differences in 30-day readmission, all-cause mortality, or colectomy outcomes between treated and untreated patients. Multivariate analysis identified ICU status at the time of testing as the primary predictor of treatment, while C. difficile treatment itself was not associated with improved clinical outcomes.

Why this data is important: Since initiating 2-step testing at HM over 2 years ago, the reported rates of hospital-acquired rates of C. difficile have decreased dramatically. However, there has not been a commiserate reduction in medications use for treatment for C. difficile. This study bolsters a more conservative use approach for C. difficile treatment initiation.

C. difficile Therapeutic Use Restrictions

A system-wide review of C. difficile testing and treatment practices identified increasing test utilization across several Houston Methodist entities, low antigen positivity rates (<10%). Patients with negative or absent testing were treated 19% of the time. Given this, Houston Methodist is strengthening antimicrobial stewardship and optimizing ordering workflows to reduce unnecessary treatment.



Changes include:

- Restrict C. difficile medication orders to patients with ordered testing, including pending tests
- Limit fidaxomicin use to antigen-positive patients, with prospective pharmacy review for clinically justified exceptions
- Embed clinical guidance directly within the Epic medication orders
- Modify Epic medication order questions to document antigen test results
- Remove excess indication buttons and retire outdated fidaxomicin pharmacy consult policy RXCLIN 158

NEWSLETTER STAFF

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