HOUSTON Methodist LEADING MEDICINE

HOUSTON METHODIST
PHARMACY & THERAPEUTICS NEWS
November 2025

# ISMP UPDATES

Mary Soliman, PharmD

ISMP reports trends amongst healthcare systems they visit and the following are noted in this ISMP Medication Safety Alert Acute Care August issue. We continue our series highlighting themes from this issue and sharing the work Houston Methodist does to address the practice gaps.

**Theme #3: Medication Reconciliation**

Transitions of care continues to be an important yet complex process nationwide. According to ISMP reporting, medication *reconciliation* is inconsistently performed, particularly during transitions of care and at discharge. They find that organizations do not always allocate resources for completing accurate medication *histories* as close to the time of admission as possible. Lastly, the site a lack of clarity in the role of the prescriber, nurse, pharmacist, and pharmacy technician during the medication reconciliation process where some organizations do not designate or have a clear expectation as to which practitioner is responsible for removing outdated medications from the patient's home medication list.

Houston Methodist has been focusing on improving this process with a series of entity-based, multidisciplinary medication reconciliation Kaizan quality improvement projects. The findings from separate entity sessions yielded common ideas for process improvements.

The System Medication Safety Subcommittee of P&T led efforts to review and revise HM's existing medication History and Reconciliation Policy (PCPS 135) The updates include clear delegation of responsibilities for respective staff in completion of the steps of the mediation reconciliation process.

Importantly, a complementary pharmacy procedure (RXCLIN 170) was revised to expand the role of qualified pharmacy technicians who are able to independently collect and document prior to admission medication lists with support of pharmacists who oversee the work of these technicians.

Through use of virtual technology at Houston Methodist, the division of pharmacy has been taking steps to expand the scope of service and improve timeliness. Ideally, the medication list will be available to providers before admission orders are written so that they can compare the planned medications to those on the medication history list to ensure they are appropriate and then resolve any discrepancies.

*Article Continues on Page 3*

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

# Formulary Updates

The following therapeutic interchange triennial reviews were reviewed and approved.

- RXMEDTI 144 Echinocandins
  - Triennial review, no changes
  - Formulary agent: micafungin
- RXMEDTI 151 Penicillins
  - Triennial review, no changes
  - Formulary agents: amoxicillin tablets, amoxicillin suspension, ampicillin inj, ampicillin capsules, nafcillin inj, penicillin G inj, penicillin G benzathine inj, penicillin VK tablets

# CHEMOTHERAPY STEWARDSHIP COMMITTEE

Erika Brown, PharmD

## Oncology Treatment Plan Updates

The oncology treatment plan committee met in October to review 20 treatment plans in Epic-Beacon. The committee authorized the update of 19 treatment plans and the deactivation of one treatment plan. Approval was also provided for ado-trastuzumab emtansine with diluent change to 0.45% NaCl which eliminate the need for an in-line filter.

# HM Policy on Guidelines for Pharmaceutical Representatives

Laura Blackburn, PharmD


The pharmaceutical industry continues to introduce new medications at a rapid rate with 39 such new drug approvals by the FDA in 2025 on top of 50 and 55 new drug approvals in 2024 and 2023, respectively.

As a leading patient care provider that treats patients across a diverse spectrum of disease states, Houston Methodist attracts industry representatives seeking to detail our staff on information about their company's products. Industry representatives serve a role in connecting care providers and the manufacturer with information related to the product's labeled uses, internal data related to a special population's pharmacokinetics as an example, and patient financial support programs available for certain products. However, Houston Methodist providers should not be subject to an industry staff's interruptions during patient care activities or when moving through common spaces in the hospital.

Houston Methodist policy (SYSTEM_RXP&T 101 Guidelines for Pharmaceutical Representatives) is in place to support all Houston Methodist practitioners from unsolicited pharmaceutical vendor representative visits while performing services on HM premises. This policy outlines how and where pharmaceutical vendor representatives are permitted in addition to the vendor registration process. It is policy that all visits by pharmaceutical vendor representatives on hospital premises are by appointment only.

Furthermore, pharmaceutical vendor representative activities are confined to non-patient care areas at all times. Restricted areas include patient care areas in outpatient clinics. Visits to restricted areas may be allowed, only upon **prior approval from the department of pharmacy** AND **the department or individual being visited**. Pharmacy staff are responsible for verifying approval from the department or individual being visited. Unsolicited visits within Houston Methodist are not permitted.

If approval is granted from the department of pharmacy and the department or individual being visited, the representative must meet required credentialing registration requirements per hospital vendor management system.

Regarding the content discussed during the approved visit, vendor representatives may not promote non-formulary agents within the hospital without prior review and authorization by pharmacy management. This includes the promotion of formulary products beyond the scope of Houston Methodist-approved restriction criteria. Our Houston Methodist medical staff approved use criteria for a particular medication may be more restrictive than the package labeling or FDA approval. In these cases, our assessment is that a product is best used in a more narrowly defined situation or condition in order to optimize the product's efficacy, safety, or economics relative to other options.

If you have specific questions about our pharmaceutical representative policy, you may reach out to your entity director of pharmacy or system pharmacy representatives.

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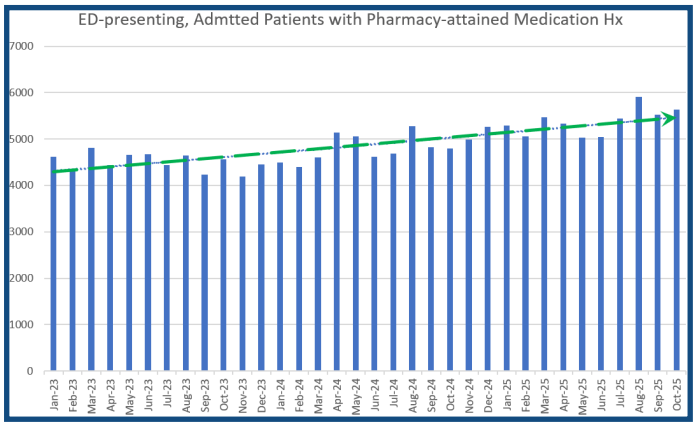
# MEDSAFETY UPDATES

Mary Soliman, PharmD




## Medication Reconciliation Continued from Page 1.

Monitoring the comprehensive reach and accuracy of the medication history and reconciliation process is essential to internal benchmarking and quality but also an element of our Leapfrog Group Patient safety Quality reporting.

To impact the largest number of patients and realize the highest impact from the information gathered, patients admitting through the ED are the focus for pharmacy's medication history attainment program. As of October 2025, approximately 38% of ED-presenting, admitting HM patients have a history attained by pharmacy staff. Providers will see that percentage increase as pharmacy medication history services are centralized with the assistance of virtual care platforms and as services are provided around-the-clock to achieve timely recording of quality information.

Houston Methodist's actions address the gaps identified by ISMP and continually raise the standards of patient safety.

## Medication Safety Enhancements

### Review of Time-Critical Transplant Medications:

To assist compliance of time-critical transplant medication administration, updates in administration times (with the exception of sirolimus) from 6AM and 6PM were made to 05:30AM and 17:30PM. For sirolimus, timing is adjusted from 10AM to 09:30AM.

### Bupropion IR: Do Not Crush

"Do Not Crush" instructions were added to the bupropion IR tablet formulation in Epic.

### Anesthesia Post-Op Order Set: Post-Op Shivering

Meperidine is on extended manufacturer backorder and now has a hard stop across the system for its utilization. To allow an option in the Post-op shivering order set, morphine was voted to be added. Morphine is clinically supported as an alternative for post-op shivering.

## Alcohol Withdrawal Management Updates

### ED Acute Alcohol Withdrawal Syndrome (AWS) Order Set

Updates of AWS in the ED spaces include more frequent nursing reassessment, optimizations in front loading benzodiazepines, as well as phenobarbital embedded in the order panel for CIWA-Ar > 18 OR patients at high risk for progression to severe AWS

### Phenobarbital for Severe or Refractory Alcohol Withdrawal Syndrome (AWS)

To ensure the appropriate and safe use of phenobarbital regarding AWS, an order panel was approved for severe or refractory alcohol withdrawal (Delirium Tremens) in the ED, ICU, and IMUs. Panel includes labs, monitoring, load and maintenance dosing guidance.

NEWSLETTER STAFF

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