HOUSTON Methodist LEADING MEDICINE

HOUSTON METHODIST
PHARMACY & THERAPEUTICS NEWS
October 2025

FORMULARY UPDATES

Laura M. Blackburn, PharmD

The following medications and classes were reviewed for formulary status

Medication/Class	Formulary Updates
Travoprost prostaglandin (iDose TR®)	**Formulary Action:** Added to Formulary **Category:** Ophthalmic prostaglandin & antiglaucoma agent **Indication:** Reduction of intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT) **Restrictions:** Restricted to ophthalmology providers for FDA labeled use in the outpatient setting with prior financial approval **Rationale:** iDose TR® has shown a decreased burden of topical IOP-lowering medications and has favorable safety outcomes.

Formulary updates continue on page 2

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

ISMP UPDATES

Mary Soliman, PharmD

ISMP has noted trends amongst healthcare systems they have visited and the following are noted in ISMP Medication Safety Alert Acute Care August issue

We continue our series highlighting each of the themes and sharing Houston Methodist's work to address the practice gaps.

Theme #2: Patient Identification and Utilization of Barcode Medication Administration (BCMA)

Inconsistent techniques of identifying patients, BCMA not commonly being utilized in outpatient, procedural, and diagnostic areas, as well as limitations in scanners and medications like vaccines in outpatient areas are barriers to BCMA have been noted. Best practices include standardizing patient identifiers and ensuring ID bands are worn and scanned BEFORE tests, procedures or medication administrations occur. Furthermore regularly assessing compliance of BCMA and addressing barriers to compliance are vital to ensure best and safest practices. At Houston Methodist BCMA utilization is consistently assessed and found to be in the superior category of compliance. Barriers to using BCMA are continuously discussed and addressed. Pilot projects implementing BCMA in certain outpatient areas are under way to broaden this important safe guard.

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 137 Therapeutic interchange Coreg CR
  - Triennial review, therapeutic interchange table expanded to account for a more comprehensive list of oral beta blockers
    - ⇒Formulary oral beta blockers, selective: metoprolol succinate, metoprolol tartrate, atenolol
    - ⇒Formulary oral beta blockers, non-selective: labetalol, sotalol, nadolol, carvedilol IR, propranolol IR
- RXMEDTI 112 Therapeutic interchange Oral Liquid Sotalol Formulation
  - Triennial review, no changes
  - Compounded, sodium benzoate free, sotalol suspension to remain the preferred formulary oral liquid sotalol formulation

FORMULARY UPDATES *continued…*

Laura M. Blackburn, PharmD

The following medications and classes were reviewed for formulary status

Medication/Class	Formulary Updates
C1 esterase inhibitor (Berinert®)	**Formulary Action:** Added **Category:** C1 esterase inhibitor **Indication:** Treatment of acute attacks of hereditary angioedema **Restrictions:** Restricted for FDA labeled indication **Rationale:** First-line therapy for on-demand treatment of hereditary angioedema attacks endorsed by both U.S. HAEA and international WAO/EAACI guidelines
Immune globulin 10% with recombinant human hyaluronidase (Hyqvia®)	**Formulary Action:** Not added, remains non-formulary **Category:** Immune Globulin, Blood Product Derivative **Indication:** Primary Immunodeficiency & Chronic Inflammatory Demyelinating Polyneuropathy **Restrictions:** N/A **Rationale:** Hyqvia® can be self administered and is not a preferred medication for payers.
Datopotamab Deruxtecan-dlnk (Datroway®)	**Formulary Action:** Added **Category:** Antibody–Drug Conjugate, TROP2-directed, topoisomerase I inhibitor payload **Indication:** 1. Unresectable or metastatic, HR(+), HER2(-) breast cancer 2. Locally advanced or metastatic, EGFR mutated NSCLC **Restrictions:** Restricted to oncology providers for FDA labeled use in the outpatient setting with prior financial approval **Rationale:** Provides important new targeted therapeutic options in heavily pretreated patients with HR+/HER2 metastatic breast cancer and NSCLC, complementing other antibody-drug conjugates such as sacituzumab govitecan and trastuzumab deruxtecan.
Obecabtagene autoleucel (Aucatzyl®)	**Formulary Action:** Added **Category:** Chimeric Antigen Receptor T-Cell Immunotherapy **Indication:** B-cell Acute Lymphoblastic Leukemia, Relapsed or Refractory disease **Restrictions:** Restricted to oncology providers for FDA labeled use in the inpatient setting with prior financial approval **Rationale:** Based on FELIX Phase Ib/II trials, Aucatzyl® provides high rates of CR/CRi with durable responses and a favorable safety profile. Additionally, durable remission rates and toxicity inversely correlated with leukemic burden at lymphodepletion.

FDA: Food & Drug Administration; US HAEA: United States Hereditary Angioedema Association; WAO: World Allergy Organization; EAACI: European Academy of Allergy & Clinical Immunology; HR: Hormone Receptor; HER: Human Epidermal Growth Factor; NSCLC: Non-small cell lung cancer

MEDICATION SAFETY UPDATES

Mary Soliman, PharmD

HM System Medication Safety Specialist

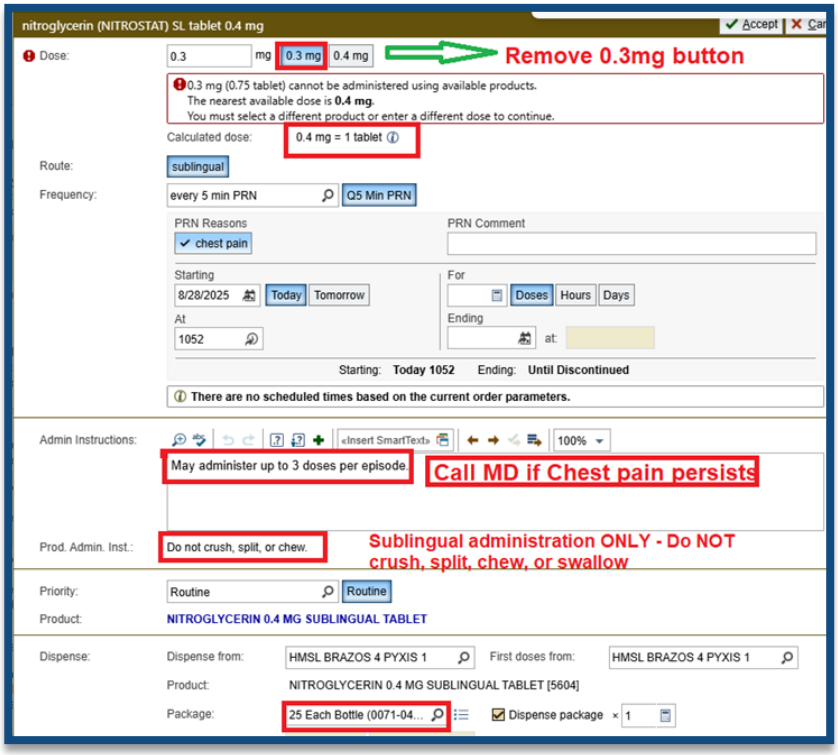
REMS Updates for Pulmonary Arterial Hypertension (PAH) Medications:

With the recent updates to REMs for PAH medication, Houston Methodist has aligned our practices. Safety elements will remain in effect with need for pregnancy testing for females of reproductive protentional and education around the need for contraception and pregnancy testing.

Furthermore, Sotatercept was reviewed and designated as non-formulary. Patient may use own supply for initiation/continuation therapy. Other updates include Ventavis removal from formulary due to discontinuation of device and product, CADD Legacy pump has been discontinued, and removal of Flolan diluent to be replaced by sterile diluent which does not require ice pack with infusion.

Nitroglycerin SL Order Optimization:

For improve safety around Nitroglycerin sublingual tablets it was approved to add Call MD if chest pain persists after 3 doses, add For Sublingual (SL) use only – Do NOT chew, crush, split or swallow, remove 0.3 mg dose button (not available and may cause confusion) and add –Calculated dose – 0.4 mg dose – 1 tablet.

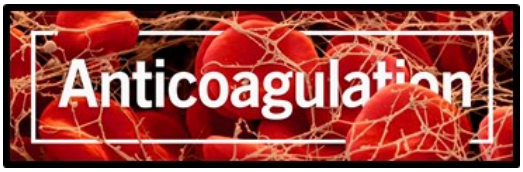


Optimizations of Potassium Critical Results BPA :

To enhance safety for replacement of potassium chloride, the previously approved BPA for potassium levels exceeding Hold parameters indicated in the order and/or a value greater than or equal to 5.0mEq/L it was voted to expand to *intravenous* formulations ensuring parenteral potassium is also administered appropriately.

An epic alert at the time of administration (OPA) will remind the nurse to review updated labs before administration. If potassium level results older than 12 hours, the OPA will remind the nurse to order new labs before administration.

ANTICOAGULATION COMMITTEE



Michael Sirimaturos, PharmD

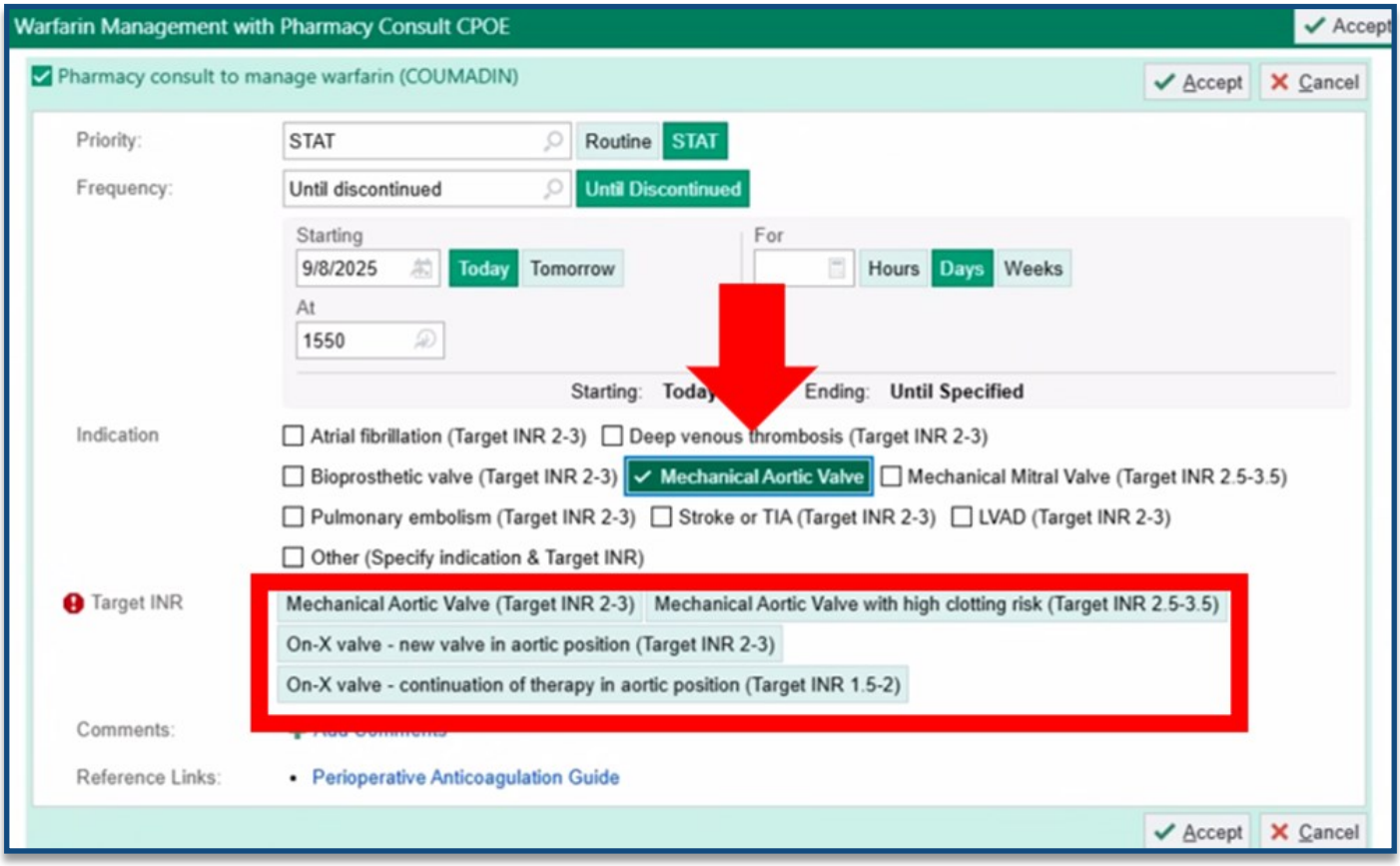
Warfarin Pharmacy Protocol & Order Changes

As part of the Pharmacy Warfarin Consult tri-annual review conducted in 2025, several updates were approved at the August System Pharmacy & Therapeutics (P&T) meeting. These changes aim to optimize workflow efficiency and improve clarity in managing anticoagulation therapy across the system.

Key updates include adjustments to the indication buttons within the warfarin consult and corresponding orders. A new indication button, "Bioprosthetic valve (Target INR 2–3)", has been added. The prior "Mechanical valve" option has been replaced with two more specific indications: "Mechanical aortic valve" and "Mechanical mitral valve". Each option is equipped with tailored drop-down menus listing valve types and corresponding INR goals (see graphic below). Additionally, high clotting risk factor options with a target INR of 2.5–3.5 have been incorporated under the mechanical aortic valve section.

Pharmacists will now have the ability to select more than one indication for warfarin therapy. In cases where INR goals differ between indications, pharmacists will default to the higher INR goal range unless otherwise specified by the ordering provider.

The warfarin policy was also updated to include the clinical consideration of a very low dose of oral vitamin K (e.g., 1 mg) in patients whose INR rises by 1.0 or greater within 24 hours suggesting a rapid rise in level and a predictor of an excessive level. Before initiating vitamin K therapy, pharmacists are will engage in targeted discussions with the cardiology, surgery, or hematology services (if consulted on the patient), especially in patients with recent thrombosis (within the past 2 months), mechanical circulatory devices, fresh valve replacement within the past 7 days, or other perceived highly thrombotic risks.



ANTICOAGULATION COMMITTEE

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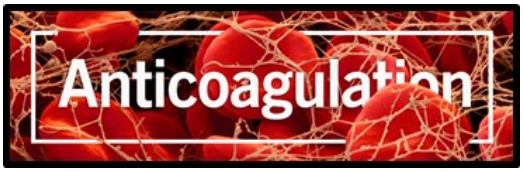


Michael Sirimaturos, PharmD

Vitamin K Administration for Patients on Warfarin

Traditionally, Vitamin K has only been recommended in patients on warfarin for management of INR ≥ 4.5 or patients with major bleeding. However, patient situations exist in which pre-emptive low-dose vitamin K may be indicated to help prevent achievement of supratherapeutic INR levels or prior to major bleeding events.

System policy System_RXCLIN 142 Pharmacy Consult to Manage Warfarin was updated October 1, 2025, to enhance the guidance document for consideration of administration of Vitamin K in alternative scenarios. The guidance document now provides an option to consider a low dose of vitamin K (i.e. 1 mg PO), with provider consultation, when there is an INR rise of 1.0 or greater within 24 hours as a means to avoiding further warfarin-related complications.

Patients should only receive vitamin K after consultation with a provider, and in certain instances where cardiology, surgery, or hematology specialists are on the case, those specialists should also be consulted prior to ordering vitamin K if they have certain high-risk conditions/situations (listed below) to ensure risks and benefits of therapy have been properly evaluated.

Management of INR ≥ 4.5 or Major Bleeding: General guidelines based on Chest Supplement, 2016	
Contact Physician. Management *must* be as directed by physician	
4.5 – 10 with no evidence of bleeding	• Hold dose until INR is within therapeutic range and then resume warfarin at lower dose • Vitamin K administration is NOT recommended • Vitamin K Dose: 1-2.5mg PO, IV
>10 with no evidence of bleeding	• Hold dose until INR is within therapeutic range and then resume warfarin at lower dose • Administer oral vitamin K • Vitamin K Dose: 5mg PO or IV
Major bleeding at any INR	• Hold warfarin therapy. Warfarin may be resumed at discretion of physician • Physician to consider administration of four-factor prothrombin complex concentrate (PCC) – See PCC restrictions. Supplement with vitamin K (5-10 mg slow IV infusion) • Vitamin K Dose: 10mg IV

INR rise 1.0 or greater within 24 hrs	• Consider a low dose of vitamin K (i.e. 1 mg PO) with provider consultation
	• Targeted discussion with cardiology, surgery, or hematology services should occur (if consulted on the patient) for patients with the following high-risk conditions/situations prior to ordering any vitamin K therapy:
	  • recent thrombosis in the past 2 months
	  • any mechanical circulatory support devices
	  • fresh valve replacement in past 7 days
	  • other perceived highly thrombotic risks

ANTIMICROBIAL STEWARDSHIP

Sonya Sial, PharmD

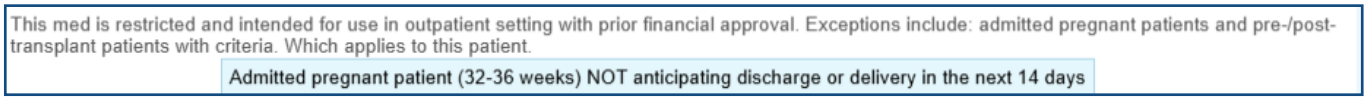
RSV Prophylaxis for the 2025-2026 Season

As the 2025–2026 RSV season officially begins on October 1st, it is essential to remain vigilant in protecting pregnant patients and their newborns. RSV activity typically peaks from early fall through spring, contributing to a significant rise in infant hospitalizations. Infants—particularly those born prematurely or with chronic medical conditions—remain at the highest risk for severe RSV-related illness and complications.

For the upcoming season, Houston Methodist Hospital will continue to align with CDC/ACIP and AAP recommendations by offering two evidence-based RSV prevention options.

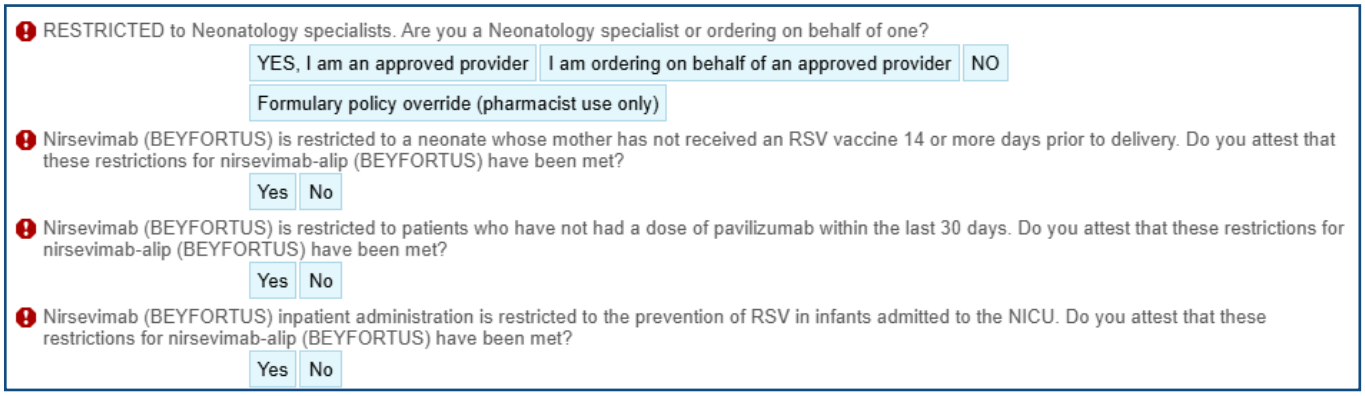
Abrysvo® (recombinant RSV vaccine) - Available September 1 to January 31

This vaccine is administered as a single dose to pregnant patients between 32–36 weeks' gestation and is limited to outpatient settings, with an exception for admitted pregnant patients who are not expected to be discharged prior to delivery.



Nirsevimab (Beyfortus®) - Available October 1 to March 31

This long-acting monoclonal antibody is given as a single dose to infants and young children to provide passive protection throughout the RSV season. For infants born during RSV season, the dose should be administered within one week of birth, either during the birth hospitalization or at discharge. A second-season dose (for children aged 8–19 months) is recommended only for those with chronic lung disease of prematurity, severe immunocompromise, cystic fibrosis with severe lung disease or weight-for-length below the 10th percentile, or for those identified as American Indian or Alaska Native.



Discontinuation Notice

Palivizumab (Synagis®) will no longer be routinely recommended for RSV prophylaxis and will be discontinued at the end of the year. This change reflects updated national guidance prioritizing broader and longer-lasting protection through maternal vaccination and nirsevimab administration.

If you have any questions or concerns, please contact your local stewardship or NICU team for additional information

CHEMOTHERAPY STEWARDSHIP COMMITEE

Erika Brown, PharmD

Oncology Treatment Plan Updates

A review and update to plans for gemcitabine, nab-paclitaxel, ramucirumab, docetaxel, and topotecan-containing regimens were conducted. A total of 19 treatment plans were reviewed and approved.

Notable updates:

- The sequence of FOLFOXIRI/FOLFIRINOX plans was clarified to ensure consistent administration of irinotecan, oxaliplatin, and fluorouracil.
- The durvalumab infusion duration was standardized to 30 minutes starting with cycle 2 and beyond.
- Redundant or duplicate treatment plans with identical agents were consolidated for improved efficiency and clarity.

Forty-five outdated treatment plans were formally deactivated to streamline available selections and maintain compliance with current standards of care.

Iron Hypersensitivity Orders

The outpatient intravenous iron therapy plans' hypersensitivity instructions were updated based on current literature and safety evidence.

Adjusted Hypersensitivity Order Instructions now read:

Mild Reaction: Monitor for early signs such as flushing, headache, metallic taste, mild myalgias, chills, pruritus, urticaria, chest pain, or mild hypotension/hypertension. Stop infusion for at least 15 minutes and observe. Obtain vital signs and notify the supervising physician. Resume infusion cautiously if stable after observation. If symptoms persist, treat as moderate.

Moderate Reaction: Symptoms may include transient cough, tachycardia, hypotension, chest tightness, dyspnea, or nausea/vomiting. Stop infusion and notify physician. Obtain vital signs, administer 500 mL NS and IV Solu-Medrol as ordered, and monitor until resolution. Rechallenge only with physician approval after at least one hour of observation.

Severe Reaction: Monitor for severe dyspnea, wheezing, stridor, angioedema, or marked hypotension. Stop infusion immediately and initiate rapid response or Code Blue protocol. Administer epinephrine as ordered and provide supportive care. Monitor vital signs continuously and notify supervising physician.

Supply Shortage:

To conserve the limited supply of 0.2 µm filters, HM removed in-line filters for etoposide.

Stem Cell Mobilization Therapy Plan Update

The CAGT–Neupogen Stem Cell Mobilization therapy plan was renamed to "GCSF Stem Cell Mobilization" and includes Granix®, Nivestym®, and Zarxio®, allowing providers to select the appropriate biosimilar based on the patient's available supply.

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