HOUSTON Methodist LEADING MEDICINE

HOUSTON METHODIST
PHARMACY & THERAPEUTICS NEWS
April 2024

FORMULARY UPDATES

Laura M. Blackburn, PharmD

The following medications were reviewed for Formulary status changes

Rozanollixizumab-noli (Rystiggo®) - ADDED to Formulary

Category: Recombinant, humanized IgG4P monoclonal antibody; neonatal Fc receptor blocker

FDA label: Treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive

Use Restrictions: Neurology for FDA labeled use in outpatients with prior financial approval

Tocilizumab (Actemra®) - Formulary Restrictions Reviewed

Category: Interleukin-6 receptor antagonist

FDA label: Treatment of rheumatoid arthritis (RA), cytokine release syndrome (CRS), giant cell arteritis (GCA), polyarticular juvenile idiopathic arthritis (PJIA).

Use Restrictions: Tocilizumab's HM formulary restrictions were revised to allow neurology providers as authorized prescribers in the outpatient setting and changed the indication to "prior financial approval". This change comes as there is use of tocilizumab for Myelin oligodendrocyte glycoprotein—IgG associated diseases (MOGAD).

Policy Updates

Laura M. Blackburn, PharmD

Insulin Analogs Therapeutic Interchange Reviewed — RXMEDTI 134

- Actions: Consolidated insulin therapeutic interchanges to include concentrated glargine interchange. Interchange was organized based on category and revised to account for all commercially available subcutaneous insulin products.
- Current Formulary items by category are:
  - ◊ Rapid acting: insulin lispro (Admelog®)
  - ◊ Short-acting: insulin regular (Humulin R®)
  - ◊ Intermediate-acting: insulin neutral protamine hagedorn (Humulin N®)
  - ◊ Long-acting: insulin glargine (Lantus®)
  - ◊ Mixed: insulin lispro protamine / insulin lispro (Humalog Mix 75/25®
  - ◊ Insulin NPH / insulin regular (Humulin 70/30®)

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.

Medication Updates

Testosterone Injection Formulary Designation Review

Increased anecdotal observations of testosterone prescribing for inpatients and women triggered a medication use evaluation and were assessed.

A literature review found narrow use cases overall but limited rationale for inpatient use. Testosterone is on the Beers List to avoid in patients over 65years old due to possible cardiac problems and to avoid unless hypogonadism and symptoms are confirmed.

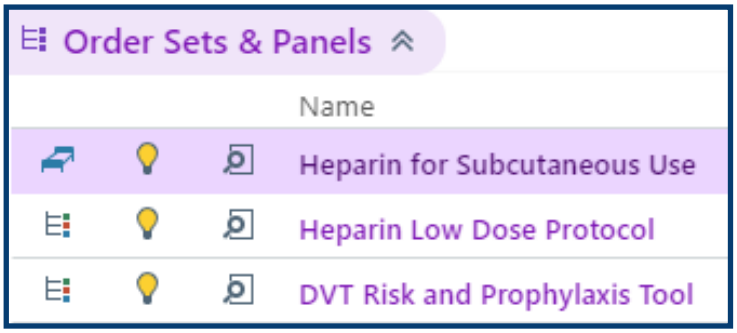
The medication use evaluation assessed 38 Houston methodist patients in 2023 (10 who were newly initiated on treatment while inpatient). The assessment revealed that patients had inconsistent diagnostic laboratory testing and home continuation use had prescribing errors related to dose timing.

Given the limited use and lack of realized benefit for most inpatient situations, testosterone was retained as non-formulary. As a safety measure, if the product is needed as a non-formulary exception, order questions will be built to ensure adequate baseline diagnostic testing and assessment of risk-factors for side effects.

ANTICOAGULATION USE SAFETY

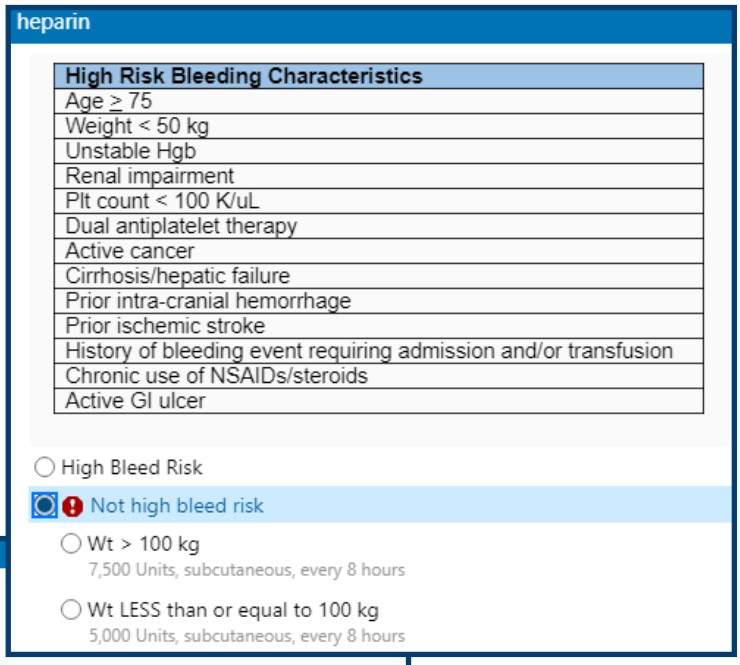
Michael Sirimaturos, PharmD

As first highlighted in our June 2023 News, subcutaneous heparin for VTE prophylaxis had several different pathways for ordering in Epic. This led to patients receiving variable, and often times, sub-optimal doses of unfractionated heparin 5000 units every 12 hours when every 8 hours frequency was indicated. In order to improve consistency in appropriate dose selection, P&T approved adjustments to the subcutaneous heparin orders in Epic.



Effective April 17, 2024, all subcutaneous heparin orders must be ordered through the 'Heparin for Subcutaneous Use' Order Panel. All standalone subcutaneous heparin orders were removed.

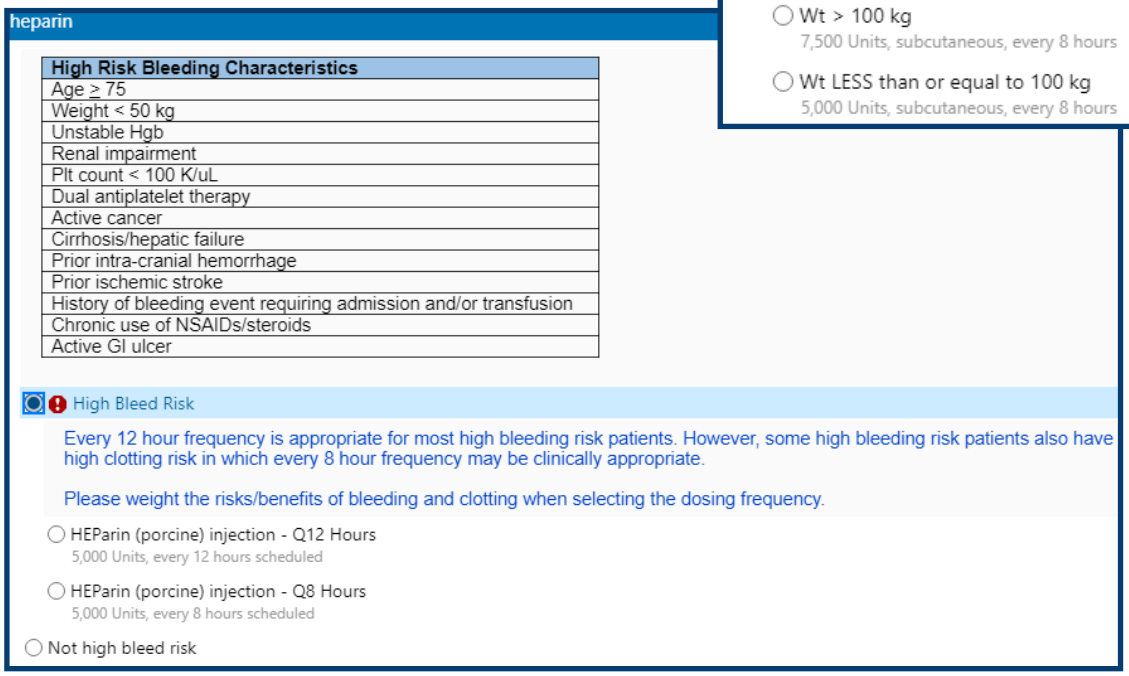
Upon selection, the order panel guides to the appropriate dosing based on patient's bleeding risk and weight.



Patients deemed as 'High Bleed Risk' based on the prescriber's assessment and guided by the High Risk Bleeding Characteristics table provided, have the option for an every 12 hour or every 8 hour dosing frequency.

The every 12 hour frequency is recommended in most high bleed risk patients; however, the every 8 hour option may be selected for patients with concomitant high risk for thrombosis.

Providers should be mindful that use of UFH for VTE prophylaxis is a secondary choice compared to LMWHs owning to a relatively lower efficacy and higher risk of adverse events seen with UFH.



MEDICATION SAFETY ENHANCEMENTS

Amaris Fuentes, PharmD

Promethazine IV 12.5mg Dose Cap

Recent FDA labeling updates provided standards for IV promethazine dilution and administration to prevent significant extravasation events. HM updated promethazine IV orders to align with this updated guidance. Given these new standards and to facilitate timely dose preparation at the bedside for acute nausea and vomiting needs, promethazine injection orders will be limited to 6.25mg and 12.5mg doses. If 25mg is required, repeat 12.5mg doses may be entered using FOLLOWED BY linking in Epic.

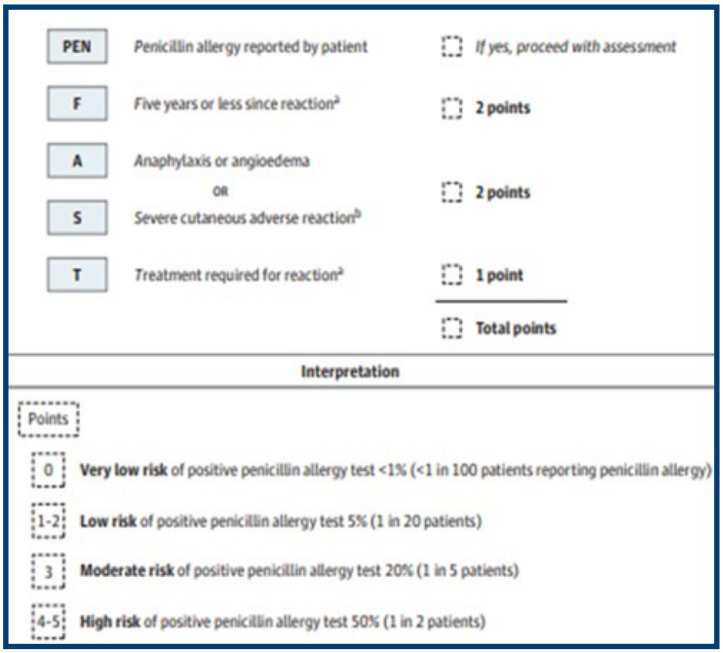
Epinephrine IV/IM/SQ & IV Vasopressor Bolus Ordering and Administration

Medication safety event review noted opportunity for preventing inappropriate IV administration of epinephrine intended for IM or SQ use for management of anaphylaxis as well as preventing wrong dose administration errors with IV bolus vasopressor administration. Indication based ordering pathways will be implemented by streamlining anaphylaxis management order sets and providing quick list anaphylaxis management panels in the emergency department Epic workflow. Anaphylaxis medication kits will be provided in emergency department automated dispensing cabinets to prevent removal of incorrect medications in urgent scenarios. Additionally, IV vasopressor boluses will be made available through an order panel that provides dosing and administration guidance.

ANTIMICROBIAL STEWARDSHIP

Shivani Patel, PharmD

The Antibiotic stewardship committee continually assesses ways to ensure patients have accurate allergy profiles entered that reflect their true allergy status. A number of P&T news articles have focused on this issue where outdated or inaccurate information contributes to inferior treatment decisions (1, 2). The American Academy of Allergy, Asthma & Immunology recommend proactive de-labeling of patients with reported penicillin allergy (Strong recommendation, Moderate Quality of evidence) Khan DA, et al. J Allergy Clin Immunol.



Recent Epic updates approved by HM P&T will include the PEN-FAST assessment in the nursing admission navigator. The resulting information will be presented to prescribers and pharmacists in Epic through a BPA if a penicillin moiety is ordered and upon verification if criteria met.

P&T also approved the creation of an antibiotic challenge order set that may be used for patients with PEN-FAST scores of 1 – 2 in an effort to de-label patients' penicillin allergies. The order set will include the antibiotic with test-dose and subsequent doses along with monitoring and rescue treatments.

The Epic build and testing for these changes are underway. Staff education and a follow-up communication will follow before the implementation.

NEWSLETTER STAFF

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System P&T Committee Roster is available to view here.