HOUSTON Methodist LEADING MEDICINE

HOUSTON METHODIST
PHARMACY & THERAPEUTICS NEWS
April 2025

FORMULARY UPDATES

The following medications and classes were reviewed

Finerenone (Kerendia®) NOT ADDED to Formulary

Category: Nonsteroidal mineralocorticoid receptor antagonist

Indication: To reduce the risk of sustained eGFR decline, end stage kidney disease, cardiovascular death, non-fatal myocardial infarction, and hospitalization for heart failure in adult patients with chronic kidney disease (CKD) associated with type 2 diabetes (T2D)

Rationale: Current usage pattern in addition to cost and access does not justify formulary addition at this time

Strategy: May be continued through the Patient Own Medication (PTOM) process as home regimen upon inpatient admission if noted clinically appropriate to continue while admitted

Ferric carboxymaltose (Injectafer®) Formulary Status Unchanged

Category: Iron preparation

Indication: Iron replacement in pregnancy

Rationale: ACOG guidelines lack a formulation preference; acquisition cost is substantially higher than preferred inpatient formulary product [ferric gluconate (Ferrlecit®)] and other IV iron preparations [such as iron sucrose (Venofer®)]

Strategy: May be requested for inpatient use through the non-formulary process

Ferric gluconate (Ferrlecit®) Order Panel Changes

Category: Iron preparation

Indication: Iron replacement therapy

Rationale for Infusion Setting: Streamlining 250 mg orders to one bag for infusion time efficiency

Strategy: Epic default ferric gluconate ERX 250 mg with a 200 mL volume size and infusion time over 2 hours; Add rate buttons of 60 and 90 minutes will be added to improve infusion efficiency based on patient tolerance

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

Policy Updates

RXMEDTI 119 IV Iron Preparations

- Triennial review
- Formulary IV iron preparations:

⇒ Inpatient:

∗Ferric gluconate (Ferrlecit®)

∗For cardiac MRI: ferumoxytol (Feraheme®)

⇒ Outpatient: ferric carboxymaltose (Injectafer®), ferumoxytol (Feraheme®), iron sucrose (Venofer®), ferric derisomaltose (Monoferric®)

Epic Build Updates

- New formulary additions now visible: Naltrexone (Revia)
- IVIG dosing protocol is now reflect the dose weight as the default in Epic

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 SAFETY UPDATES

Mary Soliman, PharmD
HM System Medication Safety Specialist

High Dose Insulin Infusions for Hypertriglyceridemia and Hyperinsulinemia (HIET) Protocols

A review of the protocols found opportunities to optimize utilization with education of nursing regarding the importance of dextrose correction and glucose monitoring during treatment. Additionally, phosphate was added to the electrolyte replacement protocol. The title of the insulin protocol itself will be renamed "Hyperinsulinemia Euglycemia Therapy Electrolyte Replacement Protocol" and specify its use is ONLY allowed alongside HIET insulin infusion. Documentation in Epic will be refined and standardized across HM.

Pulmonary Arterial Hypertension (PAH) REMs Compliance

To comply with the REMs requirements for PAH medications several updates will be implemented in our policies, procedures and Epic configurations. Epic documentation templates will be updated to ensure consistency and proper REMS documentation compliance across the HM system. Epic will also be updated to bring forward the most recent pregnancy test lab result which is needed for review prior to dispensing. Policy language will now state "macitentan-containing products" to cover all macitentan-contining formulation like macitetan/tadalafil. Department wide reeducation will be provided for staff who manage these medications.

For applicable medications, an advisory statement on oral REMS PAH therapy orderables to remind physicians to verify patients age and REMS enrollment documentation for home continuation orders prior to ordering is recommended. Finally within the order the last POC pregnancy test lab results are to be populated into the lab monitoring section of note documentation.

Procainamide Order Set Optimizations:

A procainamide order panel will be created with both a loading and maintenance dose options. Furthermore, a loading dose ERX will be created and Alaris pump dosing option with appropriate guardrails will also be implemented.

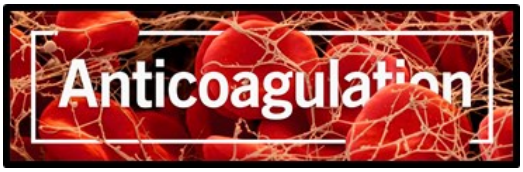
Midazolam/Propofol Continuous Infusion Order Question:

To ensure that both midazolam and propofol continuous infusions are prescribed appropriately for intubated patients, an order requiring the user to attest that patient is/or planned to be intubated. A similar alert will be added to Pyxis as last line warning for nursing.

Efforts to Increase Sleep, Reduce Delerium, and Improve Patient Satisfaction:

Not getting enough sleep in the hospital is not only a patient dissatisfier, but sleep deprivation has been associated to development of delirium. Reducing medication administrations is one piece of a multi-modal effort to reduce patient awakenings at night, An assessment of medication administrations at HM showed a large number of awakenings between the hours of 10PM and 7AM. Several administrations during this "z-time" were deemed unnecessary as they could have been administered before 10PM or after 7AM. Therefore, the following medication administration timing defaults will be modified to promote sleep and restfulness. **Nebulizers/Inhalers** will have the "While Awake" frequency options promoted 1st in the selection order. **Non-time critical medications** will be rebuilt to modify defaults that avoid sleep disruptions. **Time critical medications** will be similarly changed to be timed such that they avoid the 10PM—6AM timeframe where there is no clinical benefit for administration during that period.

ANTICOAGULATION COMMITTEE



Michael Sirimaturos, PharmD

4-Factor PCC to be Stocked at HM Emergency Care Centers

4-Factor PCC (4F-PCC) products (e.g. Kcentra®, Balfaxar®) contain four key vitamin K-dependent clotting factors: II, VII, IX, and X. They represent a class of agents that can reverse all oral anticoagulants. To ensure that Houston Methodist emergency care centers (ECCs) have access to this critical class of medications while balancing storage space and cost limitations, 5000 units total of the formulary approved agent, Kcentra®, will be stored at all Houston Methodist ECCs.

Epic will be updated so that patients in this care setting see the approved dosing regimen to avoid confusion with other dosing options available to providers in the hospital-based emergency departments and those for inpatient use. This is also needed to align prescribing options with the product availability at the respective sites.

CHEMOTHERAPY STEWARSHIP COMMITTEE

Erika Brown, PharmD

System_PCPS 194.1—Inpatient Oral Chemotherapy—Amendments to April 2024 Revision

A review of the current policy has led to several key amendments aimed at streamlining workflow and improving patient care. Notable changes include the removal of the aromatase inhibitor class (anastrozole, letrozole, exemestane) from the medication list, elimination of the requirement for Hematology/Oncology physician consults for home continuations, and removal of the need for onsite order verification to enhance CPOV engagement. Additionally, Oncology Clinical Pharmacist verification is no longer required; instead, two pharmacists will conduct order reviews for all oral antineoplastics.

System_PCPS 192— Extravasation of Cytotoxic Agents

Houston Methodist policies related to safety of intravenous administration cytotoxic agents (System_PCPS192 Extravasation of Cytotoxic Agents) were assessed for triennial review. Recent revisions include the addition of delayed extravasation and infiltration to the definitions section. For infusions lasting less than 4 hours, blood return checks at initiation and completion are now deemed sufficient. Updates to Attachment B include:

- Preparation instructions for 4% sodium thiosulfate as an antidote for alkylating agent extravasation
- Removal of hyaluronidase as an antidote for paclitaxel extravasation
- Clarification on the vesicant properties of cisplatin concentrations above 0.5 mg/mL
- Inclusion of newly approved agents (e.g., enfortumab vedotin)

Additionally, a review of Beacon plans is recommended to ensure vesicant and irritant classifications align with both policy and Epic documentation.

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ANTIMICROBIAL STEWARDSHIP

Shivani Patel, PharmD

Creation of H. Pylori Order set in Epic

Helicobacter pylori treatment has evolved with rising antibiotic resistance, prompting updated guideline recommendations. The 2024 ACG guidelines now favor bismuth-based quadruple therapy as a first-line options over traditional triple therapy, which is less effective in many regions. H. pylori regimens are complex and include multiple agents for quadruple therapy (proton pump inhibitors, bismuth, tetracycline, and metronidazole) or triple (proton pump inhibitor, amoxicillin, and rifabutin) that require optimization for dose and frequency. The SASC committee voted to approve the creation of a new order panel to ease prescribing and improve accuracy of these complex regimens.

ACG Clinical Practice Guideline

Treatment of *H. pylori* Infection in North America

	Treatment Naïve	*Treatment-Experienced (Salvage)*		*Penicillin Allergy*
Regimen		Empiric	Proven antibiotic sensitivity	
Optimized Bismuth Quadruple	☑☑☑	☑☑	☑☑	☑☑☑ *
Rifabutin Triple	☑☑	☑☑	☑☑	
Vonoprazan Dual	☑☑	?	?	
Vonoprazan Triple			☑☑	
Levofloxacin Triple			☑☑	

☑☑☑ Recommended ☑☑ Suggested ? May be considered when other treatments are not options

* When Bismuth Quadruple Therapy not an option, consider referral for formal penicillin allergy testing and/or desensitization

Chorioamnionitis Antibiotic Selection and Treatment Guidance

Chorioamnionitis and endometritis are a common complication of pregnancy associated with significant maternal, perinatal, and long-term adverse outcomes. Intrapartum treatment with antimicrobial therapy decreases neonatal pneumonia or sepsis, mean neonatal hospital stay, and mean maternal postpartum hospital stay, with a non-significant reduction in the risk of neonatal sepsis. A 2024 AJOG Clinical Chorioamnionitis Expert Review recently made the following recommendations: "The use of ampicillin and gentamicin is recommended by the American College of Obstetricians and Gynecologists whenever an intraamniotic infection is suspected or confirmed. However, these antibiotics are not effective against Ureaplasma spp. or M hominis. These bacteria lack a cell wall; therefore, b-lactams (penicillins and cephalosporins) and glycopeptides (vancomycin) are not effective antimicrobial agents. Similarly, gentamicin is also not effective against U parvum and U urealyticum." The new recommendation for treatment includes Azithromycin, Ceftriaxone, and Metronidazole. SASC, in collaboration with the Division of Obstetrics and Gynecology, has approved the new antimicrobial recommendations and are working on updating chorioamnionitis, postpartum endometritis, and perinatal sepsis order sets to reflect new recommendations.

Required Duration for Antimicrobial Orders in Epic

The CDC Core Elements of Hospital Antibiotic Stewardship Programs require hospitals to have a policy that requires documentation of dose, duration and indication for all antibiotic prescriptions. The Houston Methodist system started with phase 1 of this requirement a few years ago by having selected antimicrobials require a duraton when entered in epic. Upon recommendation by the System Antibiotic Stewardship Committee, HM will be adding the requirement to other, remaining antimicrobial options in Epic.

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