HOUSTON Methodist LEADING MEDICINE

HOUSTON METHODIST
PHARMACY & THERAPEUTICS NEWS
March 2025

FORMULARY UPDATES

The following medications and classes were reviewed

Afamistresgene autoleucel (Tecelra®) ADDED to Formulary

Category: melanoma-associated antigen A4 (MAGE-A4)-directed genetically modified autologous T cell immunotherapy, antineoplastic

Restricted to FDA labeled indications, prior financial approval, and prescribing by hematology/oncology

Place in Therapy: Considered preferred treatment as a 2nd line therapy

Belladonna & opium suppositories ADDED to Formulary

Category: opioid analgesic (Schedule II), antispasmodic

Restricted to urology as a treatment for pain associated with ureteral spasm. The product had not been commercially available until recently. An MUE will be conducted after 6 months to evaluate safety and compliance with use.

Naltrexone (ReVia®) ADDED to Formulary

Category: opioid antagonist used for patients with alcohol use disorder

No formulary restrictions. Order questions are built into the selection in epic to prevent ordering in patient situations where precipitation of opioid withdrawal would result and to reduce Look-alike, sound-alike confusion with naloxone.

Toripalimab (Loqtorzi®) ADDED to Formulary

Category: programmed death receptor-1 (PD-1)-blocking antibody

Restricted to FDA—labeled indications, outpatient care setting with prior financial approval and prescribed by hematology/oncology

Place in Therapy: first-line treatment of adults with metastatic or with recurrent locally advanced nasopharyngeal carcinoma in combination with cisplatin and gemcitabine; single agent for the treatment of adults with recurrent unresectable or metastatic NPC with disease progression on or after a platinum-containing chemotherapy.

Respiratory Syncytial Virus vaccine (Abrysvo®) Restriction Criteria Revised

Formulary restrictions were revised to allow use in adult, immunocompromised patients. Abrysvo was approved in May 2023 and added to formulary in February 2024 with an initial restriction to use for pregnant women between 32 and 26 weeks who were unable to be discharged home.

Patient Care Setting Selection: Outpatient use is still the preferred setting for administration when feasible.

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.

Policy Updates

RXMEDTI 116 Therapeutic Interchange for ACE Inhibitor Combination Products

- Triennial review of the policy that converts to individual products instead of combination formulations
- Further action was to Retire RXMEDTI 116 and consolidate content into RXMEDTI 100 Therapeutic Interchange for ACE Inhibitors
- Formulary ACE inhibitors: lisinopril, enalapril, ramipril, captopril

RXCLIN 118 Pharmacy Consult for Ibutilide

- Triennial review for safety and efficacy resulted in minor changes to policy wording for clarity
- Update Epic build for ibutilide to include:
  - ◊ Order questions to guide review of potassium, magnesium, and QTc
  - ◊ Refreshed ibutilide ordering pathways to ensure updates are incorporated and outdated favorites are removed
  - ◊ Added recent potassium, magnesium, and QTc results view to pharmacist verification

RXP&T 115 Pharmacists Conversion of Medications from the IV to Enteral Route

- Triennial review of the policy allowed for revisions to the inclusion/exclusion criteria that streamline eligibility assessment and better align with contemporary clinical practice.
- Additional, highly bioavailable medications were added to the automatic conversion list. These include clindamycin, rifampin, methocarbamol, diphenhydramine, & sulfamethoxazole / trimethoprim.

HOUSTON METHODIST
PHARMACY & THERAPEUTIC NEWS

MEDICATION SAFETY UPDATES

Mary Soliman, PharmD
HM System Medication Safety Specialist

Plenvu™ Order-Set Updates

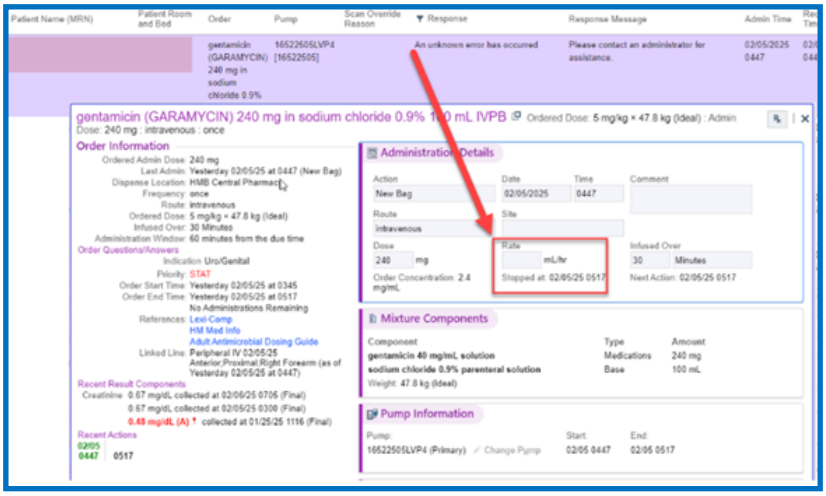
To support prescribers with selecting the most appropriate inpatient Plenvu bowel prep regimen, the two-day dosing option was removed from the order set leaving the one-day option defaulted. The two-day regimen will remain available as a stand-alone order if needed while the one-day regimen will be our HM default.

Ketorolac Administration Instructions for Patients with Advanced Age or Renal Dysfunction:

Ketorolac administration instructions for nurses will now reflect reminders that total doses per day should not exceed: 60 mg for patients with eGFR 30 – 59 mL/min; 120 mg for patients with eGFR GREATER than 60 mL/min; and that use is not recommended for patients with eGFR LESS than 30 mL/min OR acute kidney injury. Patients who are < 50 kg and/or ≥ 65 years should have 1/2 the standard dose. If patients renal function changes dose adjustments or discontinuation is warranted.

In fusion rate to be required on the MAR for NON–Titratable Infusions

To promote accurate administration of non-titrated, infused IV medications as well as improve smart pump compliance by reducing "unknown error" messaging when administering this group of medications, nurses will enter the total infusion time in the MAR as seen in the image.



Promethazine Pediatric Order Set

This order set will be updated to comply with maximum recommended concentration of 1mg/1mL. The orderable for doses of 12.5mg will now be automatically diluted in 20mL of sodium chloride.

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.

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

HOUSTON Methodist LEADING MEDICINE