HOUSTON Methodist LEADING MEDICINE

HOUSTON METHODIST
PHARMACY & THERAPEUTICS NEWS
May 2024

FORMULARY UPDATES

Laura M. Blackburn, PharmD

The following medications were reviewed for Formulary status changes

Alvimopan (Entereg®)

Category: Peripherally acting μ-opioid receptor antagonist

FDA-label: Accelerate time to upper and lower gastrointestinal recovery following partial large or small bowel resection surgery with primary anastomosis.

FDA REMS Program Requirements: Hospital use only & limited to 15 doses or 7 days maximum duration

HM Formulary Restrictions: Revised restrictions add Urology as a qualified prescribing specialty in addition to Gastroenterology

Epic Enhancements: Epic will show indication-related order questions: bowel resection, radical cystectomy to improve medication review efficiency.

Medication Use Optimization: Once a return to bowel function is restored, the use of alvimopan should be stopped, nursing instructions to hold and pharmacist authorization discontinue the order after the first bowel movement were approved.

Pimavanserin (Nuplazid®)

Category: Second-generation, atypical antipsychotic

FDA-label: Parkinson's disease psychosis

Formulary decision: Retain NON-FORMULARY status

Rationale: Due to the delayed onset of action and specialty medication designation the utility of initiating hospitalized patients was not common. HM will continue to address inpatient treatment needs and product procurement through the Patient's own supply process or through the non-formulary request exception process.

Medication Policy

Long-Acting Beta Agonists/Long-Acting Muscarinic Antagonist Therapeutic Interchange Update

A triennial review of the long-acting beta agonists and long-acting muscarinic antagonists therapeutic interchanges was conducted. Changes approved as a result of the review include a transition from umeclidinium/vilanterol inhaler (Anoro Ellipta®) as the preferred formulary item to ipratropium bromide/albuterol (Duoneb®) nebulized therapy. The change reduces medication waste by aligning dispensing quantity with typical patient length of stay.

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.

HM System Formulary Synchronization

As we focus on the "One Houston Methodist" theme, the medication formulary is no exception.

Over 300 classes of medications and 3,500 line items in Epic were identified with only ~20% of those consistent across all entities.

A task force with representation from each entity is reviewing the list at determining formulary status.

The task force has started the evaluations with medications that are rarely used for inpatients across the system.

After ~60 classes and ~200 medications were assessed, the first 32 items have been submitted for synchronized non-formulary designation in Epic.

The process will continue until there is alignment among all HM entities. This means the provider's experience ordering medications in Epic will be uniform across HM.

EPIC UPDATES FROM PREVIOUS P&T ACTIONS

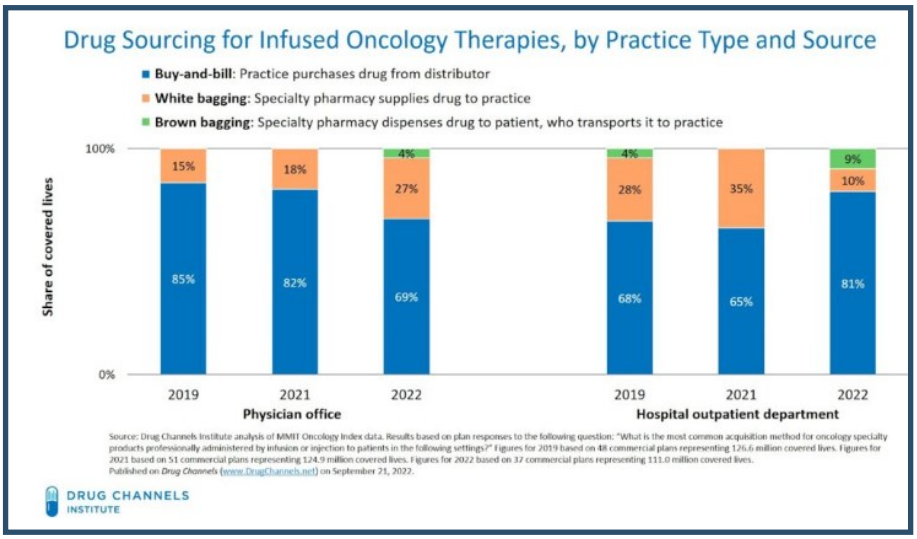
- The short-acting beta-agonists interchange of levalbuterol to albuterol was fully implemented
- New formulary additions are now live:
  - ⇒ rozanolixizumab (Rystiggo®)
  - ⇒ efgartigimod alfa /hyaluronidase (Vyvgart Hytrulo®)
- Hypercalcemia order set is available in Epic
- Sotatol inj for rapid loading protocol is now implemented for HMH cath lab and emergency department for discharges within 24 hours

SYSTEM CHEMOTHERAPY STEWARDSHIP COMMITTEE

Adam Smith, PharmD

System POLICY Regarding Medication Brown, White, and Clear Bagging Renewed

Per policy, Houston Methodist requires that all medications intended for outpatient administration to patients in a hospital-based outpatient department or clinic be supplied by the Hospital's Pharmacy Department. HM believes this is the most safe and efficient way to deliver care.



However, a patient's insurance may mandate the use of the patient's pharmacy benefit plan and have the product provided by an external specialty pharmacy for clinician-administered medications. This trend for mandating a patient's prescription plan be used and as such a retail or specialty pharmacy be used for the procurement has been a growing trend nationally and is commonly referred to as "Brown Bagging" or "White Bagging" depending on where the product is sent to from the pharmacy.

This approach is not ideal for product management efficiency. Therefore, all efforts will be made to utilize the *medical benefit* process prior to utilizing the *pharmacy benefit* for hospital- or clinic-based outpatient medication use.

If the patient's insurance denies coverage and continues to mandate use of the pharmacy benefit, HM Specialty Pharmacy will be utilized to adjudicate and dispense the medication. Having a process where by our own Houston Methodist Specialty Pharmacy provides the product is the safest and most efficient solution when a patients insurance coverage mandates a non-hospital pharmacy provide the product. When an institution manages the process this way, the term "Clear Bagging" is used.

MEDSAFETY MATTERS!

Amaris Fuentes, PharmD

ISMP Medication Safety Newsletter Links: Acute Care & NurseERR & Community/Ambulatory

ISMP's 2024 Persistent Medication Errors & Hazards

Based on reported events to ISMP in 2023, the following were identified as persistent medication errors & hazards with recommended system and practice changes:

Lack of Proper Escalation Process for BCMA Scanning Failures: Barcode scanning technology provide a valuable medication error prevention strategy when used appropriately. BCMA workarounds and proper escalation of BCMA issues is paramount to ensure the system offers safety benefits. A summary of BCMA workarounds, their error potential, and appropriate steps are outlined here. Bedside issues with BCMA should be escalated to pharmacy departments and IT teams for further review and support.

Misuse of Parenteral Syringes to Administer Oral Liquid Medications: Parenteral syringes with Luer connectors that can be incorrectly attached to needless IV systems may result in unintentional oral liquids via route. Use of EnFIT devices for administration of oral liquids can eliminate this risk along with pharmacy preparation of medications not available in unit dose packages. Appropriate oral syringes should be maintained on patient care units to avoid inappropriate use of IV Luer connector syringes.

Drug, Supply, and Equipment Shortages Continue to Compromise Patient Care: Shortages can disrupt the ability to meet patient care needs. Drug shortages in particular continue to significantly impact healthcare and require adequate monitoring and management of available drug supply. Communication from pharmacy departments and in Epic should be used to guide care as shortages persist.

MEDICATION POLICY UPDATES

Amaris Fuentes, PharmD

Automated Dispensing Cabinet Overrides

A system-level automated dispensing cabinet overrides policy (System_PCPS 152) is available in PolicyTech and outlines the medications by care areas that may be placed on override from HM Pyxis Stations. This policy provides necessary safeguards for allowing access to emergency drugs in urgent scenarios, but ensure appropriate orders, pharmacist verification, and safety checks on administration are completed consistently. Review the policy in the link above for further details and process for requesting updates to the medications available on override.

Scan on Removal for PCA Syringes—Mitigating Look-Alike, Sound-Alike Risk

Updates to System_PCPS 152 High Alert/High Risk Medications & System_PCPS 136 Look-Alike, Sound-Alike Medications have been completed to require scan on removal from automated dispensing cabinets to mitigate look-alike sound-alike risks with PCA syringes. This will help ensure the appropriate product is removed prior to administration.

MEDICATION SAFETY ENHANCEMENTS

Amaris Fuentes, PharmD

Eculizumab (Soliris)/Ravulizumab (Ultomiris) REMS

Compliance with REMS program requirements for eculizumab and ravulizumab were reviewed with consistent use of ordering pathways, provider and manufacturer registration, patient education and vaccination requirements. Opportunities were noted to improve pharmacy documentation of REMS program review and will be implemented in note documentation templates and procedures.

Digoxin Order Set Updates

Based on safety event review, opportunities were noted with current digoxin load dose defaults as they may provide doses above recommended weight-based loads for low-weight patients. A greater number of supratherapeutic levels with concurrent amiodarone use were also identified.

To improve digoxin ordering, the following will be updated: introduce weight-based dosing rounded to 62.5mcg for load doses as well as "load only" pathway through the current order set with pathways for ordering digoxin with concurrent amiodarone use providing the recommended 50% dose reduction.

Sodium Bicarbonate IV Bolus & Epic to Alaris Interoperability

Given the ability to order IV push doses using the sodium bicarbonate IV bolus order, the therapy will be added to the blocklisted drugs for Epic to Alaris Interoperability. Safety practice expectation remains to use appropriate Alaris Guardrail when infusing sodium bicarbonate IV bolus using manual programming in non-urgent, non-IV push scenarios.

N-Acetylcysteine Acetaminophen Toxicity

To align with poison control recommendations to employ a 1-bag strategy for infusing bolus & infusion doses for management of acetaminophen toxicity, HM will transition to a 1-bag methodology with appropriate baseline and follow-up labs and associated medication orders. Further education and information will be shared with relevant departments once associated IT build to completed.

ANTICOAGULATION USE SAFETY

Michael Sirimaturos, PharmD

Alteplase for Midline Catheter Occlusion Clearance Review

A review after three years of experience at Houston Methodist using this approach for midline catheter clearance showed positive findings with over 86% of lines having function returned. There were no adverse safety bleeding events observed.

To further improve the process, the Epic order item will be further clarified with TALLMAN lettering to call attention to the *2mg* alteplase for QUINTON and DIALYSIS indication order item distinguishing it from the *1mg* alteplase for MIDLINE clearance indication. Nursing instructions for clarifying the dwell time will also be implemented.

The program will be reviewed again in three years.