HOUSTON Methodist LEADING MEDICINE

HOUSTON METHODIST
PHARMACY & THERAPEUTICS NEWS
September 2024

FORMULARY UPDATES

Laura M. Blackburn, PharmD

The following medications and classes were reviewed

Lifileucel (Amtagvi®) ADDED to Formulary

Category: Cellular immunotherapy
FDA-label: Adult patients with unresectable or metastatic melanoma previously treated with a PD-1 blocking antibody, and if BRAF V600 mutation positive, a BRAF inhibitor with or without a MEK inhibitor
Formulary Restrictions: Approved for FDA-labeled indications with prescribing restricted to Hematology/oncology physicians. Patients must have prior financial approval for inpatient administration.
Rationale: High unmet need for patients with advanced disease and limited treatment options

Donanemab (Kisunla™) ADDED to Formulary

Category: Amyloid beta-directed monoclonal antibody
FDA-label: Treatment of Alzheimer's Disease in patients with mild cognitive impairment or mild dementia
Formulary Restrictions: Approved for use according to FDA label as prescribed by Neurology physicians. Patients must be in the outpatient treatment setting and have prior financial approval.
Rationale: Donanemab requires less frequent infusions than another product in the class, lecanemab. Lecanemab (Leqembi) will remain on formulary for now.

Bevazisumab (Avastin) Biosimilar Therapeutic Interchange Revised

A triennial review of the available bevacizumab biosimilar products and financial assessment resulted in a therapeutic interchange policy revision. The HM preferred product will change *from* Zirabev® *to* Alymsys®. As Epic is updated and product supplies are attained, new treatment plans will be entered using the preferred product.

Albendazole Therapeutic Interchange Retired

Reintroduction to the market of a reliable commercial source of albendazole tablets allowed the retirement of the therapeutic interchange to HM-compounded product.

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.

CHEMOTHERAPY STEWARDSHIP COMMITTEE

Adam Smith, PharmD

Oncology Hypersensitivity Panel Updates

Fexofenadine is included on the HM standard hypersensitivity Epic panel and was creating issues for physicians who were unable to efficiently sign chemotherapy orders for patients with renal dysfunction as fexofenadine requires adjustment.

Exchanging cetirizine for fexofenadine allows for more efficient prescribing and aligns the order panel with the preferred product for patients with renal insufficiency thus easing the prescribing process for physicians.

Oncology Treatment Plan Reviews

There are approximately 1,000 active Oncology Treatment Plans and nearly 1/3rd have not been used in over 3 years.

The Chemotherapy Stewardship Committee led by the oncology pharmacists are reviewing these plans for continued use and recommended ~90 for deactivation. The perpetual reviews will continue to ensure the treatment plans are contemporary, safe & efficient for use.

ANTIMICROBIAL STEWARDSHIP

Shivani Patel, PharmD

Penicillin/Cephalosporin Cross Reactivity Updates in Epic

Patients with a reported allergy to penicillin are often flagged as "at-risk" for allergic reactions to cephalosporins due to perceived cross-reactivity. Greater than 95% of reported PCN allergies are not true allergies and the most common reaction is a delayed-type rash that does not prevent subsequent administration of PCN or other antibiotics in the PCN class. Approximately 50% of people will outgrow a PCN allergy within five years and 80% will outgrow it within 10 years. In 2021, a trial assessing the impact of removal of a cephalosporin warning in patients with PCN allergies was reported. In this cohort study of 4,398,792 patients who had received antibiotic treatment, after an alert in the electronic health record system to avoid prescribing of cephalosporins to patients with a penicillin allergy was removed at 1 of 2 health system sites, cephalosporin dispensing or administration increased significantly among patients with a PCN allergy compared with patients at the comparison site that retained the warning. No significant differences in anaphylaxis, new allergies, or treatment failures were noted.

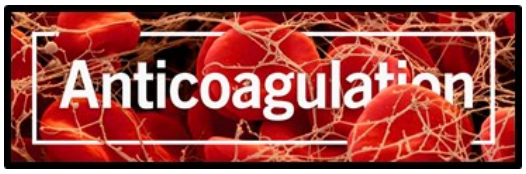
Houston Methodist recently implanted the PEN-FAST scoring tool where all patients at Houston Methodist with PCN allergy are asked detailed questions regarding their PCN allergy history. Low PEN-FAST scores of 0-3 indicate a low risk of allergic response to a PCN challenge and these patients can safely be treated with a cephalosporin. PEN-FAST scores of 4+ can still be treated with a cephalosporin based regimen following a provider risk assessment.

Beginning on October 8, 2024, Penicillin/Cephalosporin cross reactivity alerts will be turned off for LOW RISK reactions. High-risk reactions, such as anaphylaxis, drug induced lupus, shortness of breath, swelling, thrombocytopenia, PEN-FAST score 4+, and other will continue to prompt an Epic alert. In order to capture improved allergy documentation, Epic will have several severe allergy reaction types add such as Steven-Johnson's Syndrome (SJS), Toxic Epidermal Necrolysis (TEN), organ damage, and joint pain.

References:

1. JAMA Netw Open. 2021;4(4):e218367. doi:10.1001/jamanetworkopen.2021.8367
2. Khan DA, et al. J Allergy Clin Immunol. 2022
3. Lee P, et al. J Antimicrobe Chemother. 2007

ANTICOAGULATION USE SAFETY



Michael Sirimaturos, PharmD

Duplicate VTE Prophylaxis Alerting

To further reduce the chance for an unintended duplication of antithrombosis prophylaxis, a Best Practice Alert (BPA) will be developed to alert if an aspirin ordered from the VTE risk tool is selected when an additional anticoagulant is also ordered from the VTE prophylaxis set.

Warfarin Anticoagulation Targets in LVAD Patients Revised

The Anticoagulation Subcommittee continues to critically review and refine the anticoagulation protocols available at Houston Methodist. Efforts to reduce unnecessary variability in the protocols continues as an efficacy and process safety measure. The assessment of warfarin use in the LVAD population supported that all LVAD patients be dosed to target an INR goal of 2 to 3 and the alternative INR targets be removed from warfarin consult policies and procedures as well as the orders in Epic.