HOUSTON Methodist LEADING MEDICINE

HOUSTON METHODIST
PHARMACY & THERAPEUTICS NEWS
September 2025

FORMULARY UPDATES

Laura M. Blackburn, PharmD

The following medications and classes were reviewed for formulary status

Medication/Class	Formulary Updates
Nadofaragene firadenovec-vncg (Adstiladrin®)	**Formulary Action:** Added to Formulary **Category:** Gene therapy, non-replicating adenoviral vector-based **Indication:** treatment of adult patients with high-risk Bacillus CalmetteGuérin (BCG)-unresponsive non-Muscle Invasive Bladder Cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors. **Restrictions:** Restricted to urology providers for FDA labeled use in the outpatient setting with prior financial approval **Rationale:** Well-tolerated, non-systemic intravesical therapy for NMIBC with a high probability of durable response without

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

ISMP UPDATES

Mary Soliman, PharmD

ISMP has noted trends amongst healthcare systems they have visited and the following are noted in ISMP Medication Safety Alert Acute Care August issue

In a series of articles over the next several months, the P&T Newsletter will highlight each of the themes discussed and share how Houston Methodist is working to address the practice gap to keep our patients safe.

Theme #1: Patient Weight

Common practices noted have included weighing patients in pounds rather than kilograms or grams, digital scales not defaulting to metric units, and EHRs allowing prescribers to enter or toggle between “lb” and “kg”. These practices may lead to error if weights are not interrupted or recorded correctly. Best practices are to measure/document weight in metric units (Kg, Gm), have scales default or lock to metric units and ensure EHR and/or device screens (pump) prompt for patient weight in metric units only. This may be difficult to implement as most patients only know their weight in pounds rather than metric units. Other safe practices regarding patient weights are being discussed to ensure safest practices.

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

The following therapeutic interchange triennial reviews were reviewed and approved.

RXMEDTI 129: Therapeutic Interchange for CiproDex®

- Triennial review, no changes
- Formulary: ciprofloxacin 0.3% ophthalmic + dexamethasone 0.1% ophthalmic

RXP&T105 Expedited Formulary Review for FDA-approved Medications Administered by a Healthcare Professional in the Outpatient Setting

- Triennial review, minor changes. The policy allows timely addition to formulary for medications that meet safety criteria and are administered in the outpatient setting.

CHEMOTHERAPY STEWARSHIP COMMITTEE

Erika Brown, PharmD

Oncology Treatment Plan Updates

The oncology treatment plan committee met in August to review 29 treatment plans and research plans with epic protocols that are no longer active. The committee authorized the removal of a number of treatment plans that were no longer valid.

MEDSAFETY UPDATES

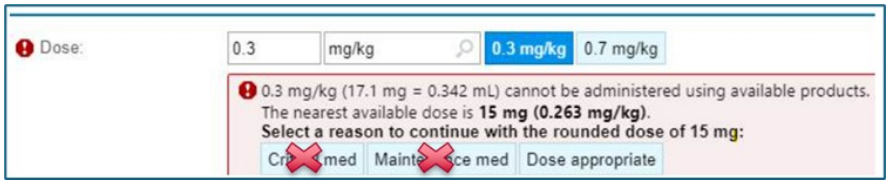
Mary Soliman, PharmD

Antimicrobial Lookback:

To increase visibility of antimicrobial administration for verifying pharmacists, an antimicrobial look back in the sidebar summary with enhanced features will be added. A 72 hour look back and full information for each antimicrobial administered such as Medication name, Dose, as well as Date and Time of administration will be visible while verifying medication.

Dose Rounding Buttons:

Critical Med and Maintenance Med Dose Rounding acknowledgment buttons are not clinically nor operationally relevant to workflow for dose rounding warnings. To streamline the dose rounding acknowledgement buttons, it was voted to remove all dose rounding acknowledgement buttons except Dose Appropriate.



U500 Insulin Optimizations:

To increase the safety regarding utilization of Insulin U-500, several optimizations have been approved. Firstly the utilization of U500 syringes system wide ensures safe administration of this medications. This optimization will also be reflected in PCPS 126 as well as Epic. Furthermore, a pharmacy consult to review the utilization of U500 with dose minimum of 50 units or conversion to glargine/U100 is also implemented. Finally, a nursing double check upon administration has been approved to further increase the safety around dosing and administration.

FDA MedWatch Adverse Drug Reaction Reporting: SYSTEM_PCPS 222

The new policy approved provides guidance to the review and reporting of adverse drug reactions to the FDA. Through the escalation and reporting workflow delineated, System Medication Safety will notify the Food and Drug Administration and/or the manufacturer of any severe or “unusual” adverse reactions using the MedWatch Reporting Program.

Zoledronic Acid and Pamidronate for Hypercalcemia: Epic Optimization

This optimization allows Epic alert system to notify prescribers and pharmacists of Zoledronic acid or Pamidronate administration within the past 7days upon order entry to prevent early re-administration of either medication.

Potassium Hold Parameter and Critical Lab Result BPA

In response to several medication safety events across the system regarding potassium administration despite hold parameters or critical potassium results the following BPA alerts have been approved: A BPA that will ONLY alert nursing when the K+ results have exceeded Hold parameters and or when critical potassium lab values have resulted. This is designed with minimal interruption of workflow, to alert ONLY in pertinent scenarios.

Chorioamnionitis Treatment Process Improvement

To ensure timely administration of the updated Chorioamnionitis regimen Ceftriaxone, Azithromycin, and Metronidazole have been approved for override in Women’s Service areas.

MEDSAFETY UPDATES

Mary Soliman, PharmD

Peripheral vs. Central Access and Medication Administration Orders Mismatch

To ensure safe administration of various parenteral, central-line medications, a minimally interruptive BPA for prescribers and pharmacists will alert if a medication is ordered as central line concentration, but there is no central-line acess documented in Epic's Lines-Drains-Airway (LDA) section for a patient. The following will be cross matched to line access: Potassium Chloride (central conc.), Calcium Chloride (central conc.), Vancomycin (central conc.), Dextrose 20%, and TPN (central conc.).

PAIN MANAGEMENT COMMITTEE

Mary Soliman, PharmD

Controlled Substance Home Medication List Clean-up

To optimize patient's home medication list (PTA) old or expired opioid medication greater than 30 days from the end of the prescribed days supply may be removed per policy. Similarly, benzodiazepines that are expired or are greater than 60 days from the end of the prescribed days supply may be removed.

Home Implanted Intrathecal Pain Pump Updates

To increase transparency and safety with the usage of implanted pain pumps any pain pump orderable on either the Prior to admission (PTA) list or the Inpatient list will trigger the **Best Practice Advisory (BPA)** inbox message for pharmacist review. The following are additional updates for epic order entry.

a. "Pharmacy Consult to complete medication history" will be defaulted allowing pharmacists to be notified of the pump in order to attain complete information and assure accurate order entry and instructions
b. Medication History Risk assessment score will default to "High Risk" further prioritizing the patient for review

System RxClin 157: Optimizing As-Needed Analgesic Orders

Medication orders with overlapping or incomplete instructions resulting in ambiguity for nurses upon administration continue to be addressed. To allow timely resolution of duplicate acetaminophen orders for pain, the following will occur. If a patient has an active order for oral acetaminophen (APAP) for PRN pain scale 1-3 and/or 4-6, and an additional pain medication is ordered the same pain scale the following actions may be taken:

a. Duplicate 1-3 pain scale with other indications: Pharmacist will remove the PRN 1-3 pain scale from the original APAP order but retain the remaining indications (e.g. fever)
b. Duplicate 4-6 pain scale: Pharmacist will remove the PRN 4-6 pain scale from the original APAP order OR modify the original order pain scale to PRN 1-3.

The protocol excludes L&D, and PACU/Post Op phase of care

Duplicate Therapy Alerts Upon Discharge Reconciliation Aim to Improve Safety of Opioid Prescribing

To reduce duplicate opioid prescriptions at discharge as well as comply with eCQM measures duplicate therapy alerts have been optimized. The alert triggers when patient's discharge medication list meets CMS criteria and will only allow one short-acting opioid (around the clock) to be prescribed on discharge/outpatient. It also prevents duplicate PRN indications for immediate release opioids to comply with eCQM Safe Use of Opioids metrics.

ANTIMICROBIAL STEWARDSHIP

Shivani Patel, PharmD

RSV Prophylaxis for the 2025-2026 Season

As we enter the 2025–26 RSV season officially on October 1st, here's what you need to know and how you can help safe-guard our pregnant patients and their newborns:

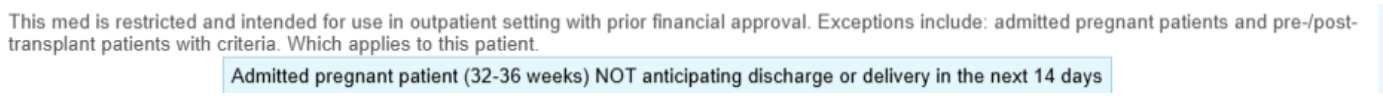
What RSV Season Means

- Peak RSV activity runs from early fall through spring, leading to increased infant hospitalizations.
- Infants—especially those born prematurely or with chronic conditions—are at highest risk.

Houston Methodist offers two RSV prevention options this season in line with CDC/ACIP and AAP guidance:

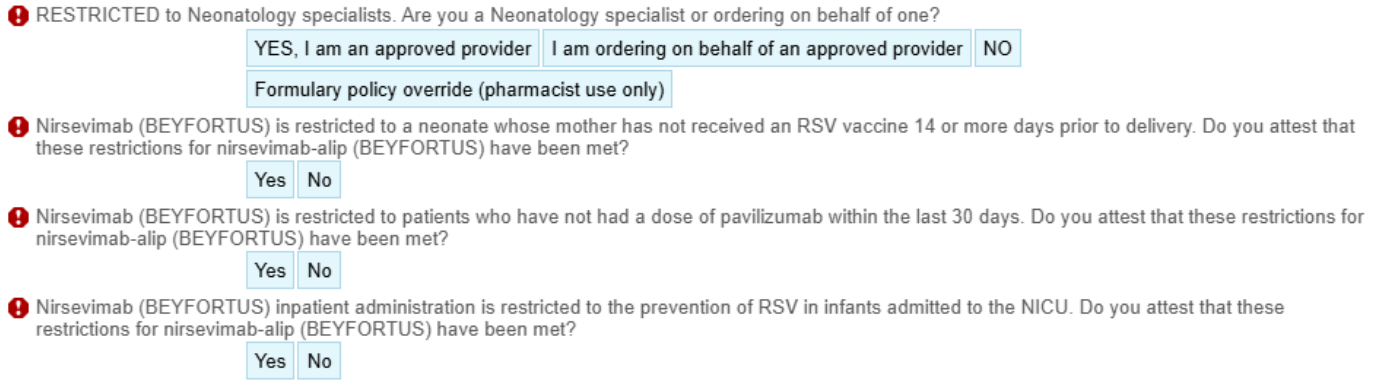
Abrysvo® (recombinant RSV vaccine) - Available September 1 to January 31

- Single dose at 32–36 weeks' gestation
- Restricted to outpatient only
- Exception: Admitted pregnant patients who will not be discharged prior to delivery



Nirsevimab (Beyfortus®) - Available October 1 to March 31

- Single-dose, long-acting monoclonal antibody for infants and young children
- Administer within one week of birth for infants born during RSV season (during birth hospitalization or at discharge)
- Second-season dose (8–19 months) if patient has chronic lung disease of prematurity, severe immunocompromise, cystic fibrosis with severe lung disease or weight-for-length < 10th percentile, or is American Indian/Alaska Native



Palivizumab (Synagis®) is no longer routinely recommended and will be discontinued at the end of the year.

Direct questions to your local antibiotic stewardship team or NICU team for additional information

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