**FMOLHS System P&T Committee**

**Consent Agenda Class Review Recommendations Summary**

# Beta Blockers (24:24)

1. Carvedilol immediate release, labetalol, propranolol immediate release, sotalol, atenolol, metoprolol tartrate, metoprolol succinate, and esmolol will be formulary.
2. Carvedilol CR, nadolol, propranolol LA, propranolol ER, timolol, Acebutolol, betataxolol, and nebivolol will be non-formulary.
3. Metoprolol tartrate/hydrochlorothiazide, metoprolol succinate/hydrochlorothiazide, bisoprolol/hydrochlorothiazide, atenolol/hydrochlorothiazide, and propranolol/hydrochlorothiazide will be non-formulary.

# Hemostatic: Factor IX (20:28.16)

1. Benefix will be formulary.
2. Ixinity will be non-formulary.

# Hemostatic: Factor VII (20:28.16)

1. NovoSevenRT (coagulation factor VIIa, recombinant) will be formulary.
2. Sevenfact (coagulation factor VIIa, recombinant-incw) will be non-formulary.

# Hemostatic: Factor VIII (20:28.16)

1. Humate (antihemophilic Factor/von Willebrand Factor Complex) will be formulary.
2. Advate (antihemophilic Factor Recombinant) will be formulary-restricted to the pediatric population.
3. Kogenate FS (antihemophilic Factor Recombinant), Helixate FS (antihemophilic Factor Recombinant), Kovaltry (Antihemophilic Factor Recombinant), Nuwiq (antihemophilic Factor Recombinant), NovoEight (antihemophilic Factor Recombinant), Recombinate (antihemophilic Factor Recombinant), Xyntha (antihemophilic Factor Recombinant), and Obizur (Antihemophilic Factor Recombinant, porcine derived) will be non-formulary.
4. Koate (Antihemophilic Factor (Human)), Hemotil (antihemophilic Factor (Recombinant)), Jivi (PEGylated-aucl, antihemophilic Factor (Recombinant)), Adynovate (PEGylated, antihemophilic Factor (Recombinant)), Afstyla (single chain, antihemophilic Factor (Recombinant)), Eloctate (antihemophilic Factor (Recombinant), Fc Fusion Protein), & Esperoct (antihemophilic Factor (Recombinant), glycopegylated-exe) will be non-formulary.
5. Alphanate (antihemophilic Factor/von Willebrand Factor Complex) will be non-formulary.

# Hemostatic: von Willebrand Factor (20:28.16)

1. Humate-P (Antihemophilic factor VIII/von Willebrand factor complex) will be formulary.
2. Alphanate (Antihemophilic factor VIII/von Willebrand factor complex), Wilate (Antihemophilic factor VIII/von Willebrand factor complex), and Vonvendi (von Willebrand factor recombinant) will be non-formulary.

# HMG Co-A Reductase Inhibitors (24:06.06)

1. Atorvastatin will be formulary.
2. Simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, and rosuvastatin will remain nonformulary.

# Inhaled Corticosteroids (68:04)

1. Fluticasone furoate, budesonide flexhaler, and Fluticasone/vilanterol will be formulary.
2. Fluticasone (Flovent HFA) and Symbicort (budesonide/formoterol) will be formulary restricted to pediatrics.
3. Mometasone DPI, budesonide respules, beclomethasone HFA, and ciclesonide will be nonformulary.
4. Fluticasone/Salmeterol, mometasone/formoterol, fluticasone/umeclidinium/vilanterol, and budesonide/glycopyrrolate/formoterol will be non-formulary.

# Integrase Inhibitors (8:18.08)

1. Tivicay (dolutegravir) tablet and Isentress/Isentress HD (raltegravir) tablet will be formulary.
2. Isentress/Isentress HD (raltegravir) oral powder will be restricted to pediatrics.
3. Tivicay (dolutegravir) chewable tablet and Isentress/Isentress HD (raltegravir) chewable tablet will be non-formulary.

# Intranasal Steroids (52:08.08)

1. Fluticasone propionate will be formulary.
2. Beclomethasone, ciclesonide, mometasone, and flunisolide will be non-formulary.
3. Fluticasone furoate, triamcinolone acetonide, budesonide, and azelastine/fluticasone propionate will be non-formulary.

# Loop Diuretics (24:08.24.08)

1. Furosemide, ethacrynic acid injection, and bumetanide will be formulary.
2. Torsemide and ethacrynic acid tablets will be non-formulary.

# Neuramidase Inhibitors (8:18.28, 8:18.92)

1. Oseltamivir will be formulary.
2. Peramivir will be formulary restricted to infectious disease providers within 48 hours of symptom onset.
3. Zanamivir and baloxavir will be nonformulary.

# Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs) (8:18.08)

1. Sustiva (efavirenz) tablet, Pifeltro (doravirine) tablet, Viramune (nevirapine) oral solution, and Edurant (rilpirvirine) tablet will be formulary.
2. Sustiva (efavirenz) capsule will be non-formulary.
3. Intelence (etravirine) will be non-formulary.

# Nucleoside Reverse Transcriptase Inhibitors (NRTIs) (8:18.08)

1. Ziagen (abacavir) tablets, Emtriva (emtricitabine) capsules, Epivir (lamivudine) tablet and oral solution, Viread (tenofovir disoproxil fumarate) tablet, and Retrovir (zidovudine) oral solution and IV solution will be formulary.
2. Emtriva (emtricitabine) oral solution and Viread (tenofovir disoproxil fumarate) oral powder will be restricted to pediatrics.
3. Ziagen (abacavir) oral solution, Retrovir (zidovudine) tablet and capsule will be non-formulary.
4. Zerit (stavudine) and Vemlidy (tenofovir alafenamide) will be non-formulary.

# Ophthalmic Agents: Alpha2 Agonists

1. Brimonidine 0.2% will be formulary. All other strengths will be non-formulary.
2. Apraclonidine will be non-formulary.

# Ophthalmic Agents: Beta Blockers

1. Timolol 0.5% ophthalmic solution and timolol gel forming solution will be formulary. All other timolol strengths/dose forms will be non-formulary.
2. Timolol 0.25% ophthalmic solution will be formulary restricted to pediatrics.
3. Betaxolol, carteolol and levobunolol are non-formulary.

# Ophthalmic Agents: Mast Cell Stabilizers

1. Ketotifen will be formulary.
2. Alcaftadine, bepotastine, cromolyn, nedocromil, and olopatidine will be non-formulary.

# Ophthalmic Agents: Prostaglandins

1. Latanoprost 0.005% solution will be formulary.
2. All other agents will be non-formulary.

# Ophthalmic Agents: Carbonic Anhydrase Inhibitors

1. Dorzolamide ophthalmic solution will be formulary.
2. Brinzolamide, dorzolamide/timolol, and brinzolamide/brimonidine will be non-formulary.

# Ophthalmic Agents: Combo Products

1. Brimonidine/timolol (Combigan), dorzolamide/timolol (Cosopt), and brinzolamide/brimonidine (Simbrinza) will be non-formulary.

# Ophthalmic Agents: NSAIDS

1. Ketorolac 0.5% will be formulary.
2. Ketorolac/phenylephrine (Omidria) and flurbiprofen will be formulary restricted to ocular surgeries.
3. Bromfenac, diclofenac, and nepafenac will be non-formulary.

# Ophthalmic Antimicrobials, fluoroquinolones (52:04.04)

1. All ophthalmic formulations of erythromycin ointment and ofloxacin will be formulary.
2. Vigamox (moxifloxacin) will be formulary-restricted to retinopathy of prematurity and surgery settings.
3. All ophthalmic formulations of ciprofloxacin, Moxeza (moxifloxacin), gatifloxacin, and levofloxacin will be non-formulary.