**FMOLHS System P&T Committee**

**Consent Agenda Class Review Recommendations Summary**

# Carbapenems (08:12.07.08)

1. Meropenem and ertapenem will be formulary.
2. Imipenem/cilastatin, imipenem/cilastatin/relebactam and meropenem/vaborbactam will be non-formulary.

# Cephalosporins (8:12.06)

1. Cefazolin, cephalexin, cefuroxime axetil, cefuroxime sodium, ceftazidime, cefoxitin, ceftriaxone, cefpodoxime, and cefepime will be formulary.
2. Cefdinir will be restricted to patients < 2 months of age.
3. Ceftaroline will be formulary restricted to the ID & critical care specialties.
4. Cefadroxil, cefaclor, cefotaxime, and cefixime will be non-formulary.
5. Cefiderocol will be formulary restricted to use in multidrug resistant organisms with the restriction to ordering by infectious disease providers and critical care providers (if facility does not have ID providers).

# Complement Inhibitors, Angioedema Treatment (92:32)

1. Berinert and Firazyr will be formulary.
2. Ruconest and Kalbitor will be non-formulary.
3. Cinryze, Haegarda, Orladeyo, and Takhzyro will be formulary restricted to outpatient.

# Complement Inhibitors, C5 and C3 (92:21.08)

1. Soliris is formulary restricted to outpatient use (not preferred) and inpatient use for atypical hemolytic uremic syndrome only.
2. Ultomiris is formulary restricted to outpatient use only (preferred).
3. Empaveli and Veopoz will be nonformulary.

# Fibric Acid Derivatives (24:06.06)

1. Fenofibrate (Tricor) & gemfibrozil will be formulary.
2. Fenofibrate (Antara), fenofibrate (Lofibra), & fenofibrate (Trilipix) will be non-formulary.

# Fluoroquinolones (8:12.18)

1. Ciprofloxacin and levofloxacin will be formulary.
2. Moxifloxacin will be formulary restricted to non-tuberculosis mycobacterium indications.

# Opiate Antagonists (28:10)

1. Naloxone injection and tablets will be formulary.
2. Naloxone nasal spray will be restricted to outpatient use.
3. Naltrexone injection will be formulary restricted to outpatient use.
4. Nalmefene will be non-formulary.

# Penicillins (8:12.16)

1. Penicillin GK, penicilinn VK, penicillin G benzathine (Bicillin LA), penicillin benzathine/procaine (Bicillin CR), amoxicillin, amoxicillin/clavulanate, ampicillin, ampicillin/sulbactam, oxacillin, dicloxacillin, and piperacillin/tazobactam will be formulary.
2. Nafcillin & ticarcillin/clavulanate will be non-formulary.

# Peripherally-Acting Mu-Opioid Receptor Antagonists (PAMORA) (56:92)

1. Alvimopan will be formulary.
2. Methylnaltrexone will be formulary-restricted to palliative care, oncology, failure of at least 2 other laxatives, and patients unable to take tablets.
3. Naloxegol will be formulary-restricted to patients that have failed at least 2 other laxatives.
4. Naldemedine will be non-formulary.

# Polymyxins (8.12.28.28)

1. Colistimethate and polymyxin b will be formulary with the IV formulations restricted to infectious disease providers or critical care providers at facilities where infectious disease providers are not available.

# Post-menopausal Osteoporosis Treatments, non-bisphosphonates (92:24, 24:22, 64:24.08, 68:16.12)

1. Denosumab and romosozumab will be formulary restricted to outpatient.
2. Raloxifene will be formulary.
3. Teriparatide, abaloparatide, and bazedoxifene will be non-formulary.

# Protease Inhibitors (PIs) (8:18.08)

1. Reyataz (atazanavir), Prezista (darunavir) tablet, and Norvir (ritonavir) tablet and oral powder will be formulary.
2. Kaletra (lopinavir/ritonavir) oral solution will be formulary restricted to pediatrics.
3. Prezista (darunavir) oral solution and Norvir (ritonavir) capsule and oral solution will be non-formulary.
4. Lexiva (fosamprenavir), Crixivan (indinavir), Kaletra (lopinavir/ritonavir) tablets, Viracept (nelfinavir), Invirase (saquinavir), and Aptivus (tipranavir) will be non-formulary.

# Proton-Pump Inhibitors (56:28.36)

1. Pantoprazole will be formulary.
2. Esomeprazole and omeprazole will be formulary restricted to pediatrics.
3. Lansoprazole Solu-Tab will be formulary restricted for enteral tubes.
4. Dexlansoprazole and rabeprazole will remain non-formulary.

# Rolvedon (eflapegrastim G-CSF) Monograph

1. Eflapegrastim (G-CSF) will be restricted to outpatient use.

# Scabicides/pediculicides (none)

1. Permethrin and ivermectin will be formulary.
2. Crotamiton, malathion, pyrethrin/piperonyl/butoxide, Spinosad will be non-formulary.

# Selective Beta-2-Adrenergic Agonists (48:12.04.12)

1. Aformoterol and salmeterol will be formulary.
2. Formoterol fumurate, indacaterol, and olodaterol, vilanterol/umeclidinium, formoterol fumurate/glycopyrrolate, formoterol fumarate/aclinidium bromide, olodaterol/tiotropium, and indacaterol/glycopyrrolate will be non-formulary.

# Selective Serotonin Agonists (28:32.28)

1. Sumatriptan will be formulary.
2. Almotriptan, eletriptan, naratriptan, rizatriptan, zolmitriptan, and sumatriptan/naproxen will be non-formulary.

# Somatostatin Analogs (68:29.04)

1. Octreotide (regular) will be formulary.
2. Octreotide acetate LAR will be formulary-restricted to outpatient and in conjunction with Lutathera administration in same day admissions only.
3. Lanreotide will be formulary-restricted to outpatient use only.
4. Pasireotide will be non-formulary.

# Surfactant (48:36)

1. Poractant alfa will be formulary.
2. Calfactant (Infasurf) and beractant (Survanta) will be non-formulary.

# Surfactants (simethicone)

1. Simethicone 40 mg/0.6 mL and 80 mg chewable tablets will be formulary.
2. All other formulations will be non-formulary.

# Thiazide Diuretics (24:08.24.20)

1. Hydrochlorothiazide, chlorothiazide injection, chlorthalidone, and metolazone will be formulary.
2. Chlorothiazide oral solution will be formulary restricted to the PICU and NICU settings.
3. Chlorothiazide tablets and indapamide will be non-formulary.