**FMOLHS System P&T Committee**

**Consent Agenda Class Review Recommendations Summary**

# 5-ASA Derivatives (56:36)

1. Pentasa (mesalamine), Lialda (mesalamine), Delzicol (mesalamine), and sulfasalazine will be formulary.
2. Canasa (mesalamine) and Rowasa (mesalamine) will be formulary.
3. Apriso (mesalamine), Asacol HD (mesalamine), balsalazide, and olsalazine will be non-formulary.

# Alpha-1 Proteinase Inhibitors (48:92)

1. Prolastin C (Alpha-1 proteinase inhibitor, human) will be formulary preferred restricted to outpatient use.
2. Aralast NP, Glassia, and Zemaira will be formulary restricted to outpatient as alternatives as insurance requires.

# Aminoglycosides (8:12.02)

1. Amikacin, gentamicin, neomycin, and tobramycin will be formulary.

# Amphotericin B (8:14.28)

1. Amphotericin B liposomal (AmBisome) and amphotericin B conventional will be formulary.
2. Amphotericin B lipid complex (Abelcet) will be non-formulary.

# Anesthesia Gases (N/A)

1. Sevoflurane and isoflurane will be formulary.
2. Desflurane will be non-formulary.

# Antibacterials, Misc (8:12:28)

1. Metronidazole will be formulary.

# Anticholinergic Agents (48:12.08)

1. Tiotropium (Spiriva Respimat) and revefenacin (Yupelri) will be formulary.
2. Tiotropium (Spiriva Handihaler), umeclidinium, glycopyrrolate, and aclidinium will be non-formulary.

# Anti-MRSA Antibiotics (8:12.28)

1. Vancomycin, daptomycin, and linezolid will be formulary.
2. Dalbavancin will be formulary restricted to outpatient.
3. Oritavancin, telavancin, tedizolid, and quinupristin/dalfopristin will be non-formulary.

# Asthma Biologics (48:10.20, 48:92)

1. Cinqair, Fasenra, Nucala, Dupixent, Tezspire, and Xolair will be formulary restricted to outpatient use.

# Botulinum Toxins (92:92)

1. Botox (OnabotulinumtoxinA) will be formulary for inpatients and surgery.
2. Botox (OnabotulinumtoxinA) will be formulary preferred for outpatients.
3. Xeomin (IncobotulinumtoxinA), Dysport (AbobotulinumtoxinA), and Myobloc (RimbotulinumtoxinB) will be formulary alternatives for outpatients.

# Central Alpha Agonists (24:08.16)

1. Clonidine IR, patch, and injection will be formulary.
2. Guanfacine IR will be formulary.
3. Guanfacine XR will be formulary restricted to pediatrics.
4. Clonidine XR will be non-formulary.
5. Methyldopa will be formulary.

# CGRP Antagonists

1. Rimegepant (Nurtec ODT) will be formulary.
2. Eptinezumab-jjmr (Vyepti) will be formulary restricted to outpatient use.
3. Galcanezumab-gnlm (Emgality), fremanezumab-vfrm (Ajovy), and erenumab (Aimovig) will be non-formulary.
4. Ubrogepant (Ubrelvy) and zavegepant (Zavzpret) will be non-formulary.

# PDE3 Inhibitors (20:12.14) (20:12.18) (24:04.08 )

1. Cilostazol, milrinone, and anagrelide will be formulary.

# Phosphate Binders (40:18.19)

1. Sevelamer carbonate oral tablets and powder packets will be formulary. Powder packets should be reserved for patients requiring their medications to be crushed and pediatrics.
2. Calcium acetate (PhosLo) will be formulary restricted to patients taking prior to admission and patients post-thyroidectomy.
3. Calcium carbonate tablets will be formulary.
4. Sucroferric oxyhydroxide will be formulary restricted to patients with gastroparesis or GI motility issues.
5. Calcium carbonate oral solution will be formulary restricted to pediatrics.
6. Sevelamer hydrochloride, lanthanum, and ferric citrate will be non-formulary.

# Potassium-removing agents (40:18.18)

1. Sodium-Zirconium Cycloilicate (Lokelma®) will be formulary.
2. Sodium Polysterene Sulfonate will be formulary-restricted to NPO usage & pediatrics.
3. Patiromer will be formulary-restricted to patients with CHF.

# Prostacyclin (48:48)

1. Veletri (epoprostenol) will be formulary.
2. Flolan (epoprostenol sodium) will be non-formulary.

# Selective Serotonin Reuptake Inhibitors (SSRIs)

1. Sertraline, escitalopram, fluoxetine, fluvoxamine, citalopram, and paroxetine will be formulary.
2. Fluoxetine DR, fluvoxamine ER, and paroxetine ER will be non-formulary.

# Selective Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

1. Venlafaxine and duloxetine will be formulary.
2. Desvenlafaxine (Pristiq) will be formulary not stocked.
3. Levomilnacipran (Fetzima) and milnacipran (Savella) will be non-formulary.

# Skin and Mucous Membrane Agents, Misc

1. Santyl (collagenase clostridium histolyticum) is be restricted to only Inpatient Burns and Outpatient Wound Care.

# Sulfonamide (8:12.20)

1. Trimethoprim sulfamethoxazole and trimethoprim will be formulary.

# Vasopressin Receptor Agonist

1. Terlipressin will be formulary with restrictions.