

# Pharmacy and Therapeutics Committee

April 17, 2024



# Prayer



# Approval of Minutes



# Our Lady of Lourdes Health P&T Committee

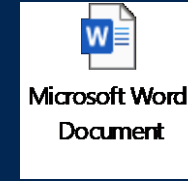
*Protocol Update*





# Protocol Update

## Fluid Resuscitation in Burn Patients



- Calculations changes making it clear to nursing what to do when calculating fluid needs.
- The flowsheet has changed, building in more stops where the nurse will call the physician and overall tightening up fluid changes by nursing (i.e in the previous process allowed for fluid increases with greater amounts before calling MD; the new process will only allow increases up to 100 mls without a physician call).
- The vital signs parameters will now include a higher heart rate and lower BP threshold to reflect the effects burn shock has on the body and allow more flexibility when deciding on titrating fluids vs initiating pressors if urine output is adequate with this lower BP.
- The plan is to have this order set built in Epic.



# FMOLHS System P&T Committee

Class Reviews



# FMOLHS System P&T Recommendations:

<b>ANTIDIARRHEAL AGENTS (56:08)</b>	
Bismuth subsalicylate diphenoxylate/atropine Loperamide	FORMULARY
Crofelemer, difenoxin/atropine, opium tincture, telotristat ethyl	NON-FORMULARY

<b>ALPHA-GLUCOSIDASE INHIBITORS (68:20.02):</b>	
Acarbose, miglitol	NON-FORMULARY



# FMOLHS System P&T Recommendations:

GLP-1 RECEPTOR AGONISTS (68:20.06)	
Liraglutide (Victoza®)	FORMULARY - <i>restricted to continuation of a home medication in pediatrics.</i>
Dulaglutide (Trulicity®), exendatide (Byetta®), lixisenatide (Adlyxin®), semaglutide (Ozempic®, Rybelsus®), Liraglutide (Saxenda®), liraglutide/insulin degludec (Xultophy®), lizisenatide/insulin glargine (Soliqua®)	NON-FORMULARY





# FMOLHS System P&T Recommendations:

## BILE ACID SEQUESTRANTS (24:06.04)

Cholestyramine, colesevelam	FORMULARY
Colestipol	NON-FORMULARY

## SCABICIDES/PEDICULICIDES

Permethrin	FORMULARY
Crotamiton, malathion, ivermectin, pyrethrin/piperonyl/butoxide, Spinosad	NON-FORMULARY



# FMOLHS System P&T Recommendations: **UPDATES**

- Barbiturates (28:24.04)
  - updated to include Pentobarbital
- Nucleoside Reverse Transcriptase Inhibitors (NRTIs) (8:18.08)
  - Vemlidy (tenofovir alafenamide) added to formulary for hepatitis B patients
- Alpha-Adrenergic Blocking Agents (24:08.4)
  - Prazosin added with restriction to use in PTSD and Nightmares
- Protease Inhibitors (PIs) (8:18.08)
  - Keletra (lopinavir/ritonavir) oral solution will be restricted to Pediatrics
- Anticonvulsants Succinimide (28:12.20)
  - Ethosuximide oral suspension will be formulary restricted to pediatrics



# FMOLHS System P&T Recommendations:

## BOTULINUM TOXINS (92:92):

OnabotulinumtoxinA (Botox <sup>®</sup> )	FORMULARY (inpatients)
OnabotulinumtoxinA (Botox <sup>®</sup> )	FORMULARY (outpatients) – <i>preferred</i>
All other products	FORMULARY - <i>alternatives</i>

## ALPHA-1 PROTEINASE INHIBITORS (48:92):

Prolastin C	FORMULARY – <i>preferred, restricted to outpatient use</i>
Aralast NP, Glassia, Zemaira	FORMULARY – <i>restricted to outpatient as alternatives as insurance requires</i>



# FMOLHS System P&T Recommendations:

## ASTHMA BIOLOGICS (48:10.20, 48:92)

Cinqair (reslizumab), Fasenra (benralizumab), Nucala (mepolizumab), and Dupixent (dupilumab), Xolair (omalizumab), Tezpire (tezepelumab)

FORMULARY – *restricted to outpatient*

## NEURAMINIDASE INHIBITORS (8:18.28, 8:18.92)

Oseltamivir

FORMULARY

Peramivir

FORMULARY - *restricted to adult and pediatric infectious disease providers within 48 hours of symptom onset*

Zanamivir, baloxavir

NON-FORMULARY





# FMOLHS System P&T Recommendations:

## COMPLEMENT INHIBITORS, ANGIOEDEMA TREATMENT (92:32)

Berinert and Firazyr	FORMULARY
Ruconest and Kalbitor	NON-FORMULARY
Cinryze, Haegarda, Orladeyo, and Takhzyro	FORMULARY - <i>restricted to outpatient</i>

## COMPLEMENT INHIBITORS, C5 and C3 (92:21.08)

Soliris	FORMULARY - <i>restricted to inpatient use for hemolytic uremic syndrome</i>
Ultomiris	FORMULARY - <i>preferred outpatient</i>
Empaveli and Veopoz	NON-FORMULARY



# FMOLHS System P&T Committee

Automatic Interchange proposals



- Kcentra to Balfaxar conversion proceeded in Epic on April 2, 2024
- Will continue to use Kcentra until stock depleted



# FMOLHS System P&T

## Automatic Interchange Proposals

*\*\*these will only be implemented after validation through testing in the EPIC test environment to avoid disrupting the continuity of the EPIC Beacon treatment plans.*

Medication Ordered (Brand Name)	Formulary Medication	Dose and Frequency
Bevacizumab 25 mg/mL intravenous solution (Avastin)	<b>BEVACIZUMAB-BVZR 25 MG/ML INTRAVENOUS SOLUTION (Zirabev)</b>	Same as Ordered
Bevacizumab-awwb 25 mg/mL intravenous solution (Mvasi)		
Bevacizumab-maly 25 mg/mL intravenous solution (Alymsys)		
bevacizumab-adcd 25 mg/mL intravenous solution (vegzelma)		
Trastuzumab 150 mg intravenous solution (Herceptin®)	<b>TRASTUZUMAB-DKST 150 MG &amp; 420 MG INTRAVENOUS SOLUTION (Ogivri)</b>	Same as ordered
Trastuzumab-anns 150 mg intravenous solution (Kanjinti)		
Trastuzumab-anns 420 mg intravenous solution (Kanjinti )		
Trastuzumab-dttb 150 mg intravenous solution (Ontruzant)		
Trastuzumab-dttb 420 mg intravenous solution (Ontruzant)		
Trastuzumab-pkrb 150 mg intravenous solution (Herzuma)		
Trastuzumab-pkrb 420 mg intravenous solution (Herzuma)		
Trastuzumab-qyyp 150 mg intravenous solution (Trazimera)		
Trastuzumab-qyyp 420 mg intravenous solution (Trazimera)		





# FMOLHS System P&T

## Automatic Interchange Proposals

*\*\*these will only be implemented after validation through testing in the EPIC test environment to avoid disrupting the continuity of the EPIC Beacon treatment plans.*

Medication Ordered	Brand Name	Dosage form	Dose and Frequency	Formulary Medication	Dosage Form	Dose and Frequency
pegfilgrastim 6mg	Neulasta	Injection	As Ordered	<b>pegfilgrastim-jmdb (Fulphila)</b>	Injection	Same as Ordered
pegfilgrastim-cbqv	Udenyca	Injection				
pegfilgrastim-bmez	Ziextenzo	Injection				
pegfilgrastim-apgf	Nyvepria	Injection				
pegfilgrastim-fpgk	Stimufend	Injection				
pegfilgrastim-pbbk	Fylnetra	Injection				
Filgrastim	Neupogen	Injection	300 mcg daily	<b>TBO-Filgrastim (Granix)</b>	Injection	Same Dose and frequency
			480 mcg daily			
Filgrastim-SNDZ	Zarxio	Injection	300 mcg daily		Injection	
			480 mcg daily			



# FMOLHS System P&T

## Automatic Interchange Proposals

*\*\*these will only be implemented after validation through testing in the EPIC test environment to avoid disrupting the continuity of the EPIC Beacon treatment plans.*

Medication Ordered (Brand Name)	Dosage form	Formulary Medication	Dosage Form	Dose and Frequency
INFLIXIMAB 100 MG INTRAVENOUS SOLUTION (Remicade)	Injection	<b>INFLIXIMAB-ABDA 100 MG (Renflexis)</b>	Injection	Same as ordered
INFLIXIMAB-DYYB 100 MG INTRAVENOUS SOLUTION (Inflectra)	Injection			
INFLIXIMAB-AXXQ 100 MG INTRAVENOUS SOLUTION (Avsola)	Injection			
RITUXIMAB-ABBS 10 MG/ML INTRAVENOUS SOLUTION (Truxima)	Injection	<b>RITUXIMAB-PVVR (Ruxience)</b>	Injection	Same as ordered
RITUXIMAB-ARRX 10 MG/ML INTRAVENOUS SOLUTION (Riabni)	Injection			
RITUXIMAB 10 MG/ML CONCENTRATE,INTRAVENOUS (Rituxan)	Injection			



# FMOLHS System P&T Committee

Consent Agenda Class Review  
Recommendations Summary





# FMOLHS System P&T

## Consent Agenda Class Review Recommendations Summary

### Antihemorrhagic Agents

Praxbind	FORMULARY – <i>for reversal of life-threatening dabigatran ICH</i>
Andexanet alfa	NON-FORMULARY

### Loop Diuretics

Furosemide, ethacrynic acid injection, bumetanide	FORMULARY
Torsemide, ethacrynic acid tablets	NON-FORMULARY





# FMOLHS System P&T

## Consent Agenda Class Review Recommendations Summary

Thiazide Diuretics	
Hydrochlorothiazide, Chlorthalidone, Metolazone, chlorothiazide injection	FORMULARY
Chlorothiazide oral solution	FORMULARY - <i>restricted to PICU/NICU</i>
Chlorothiazide tablets, indapamide	NON-FORMULARY

Diuretics, Misc	
Triamterene/HCTZ, spironolactone	FORMULARY
Eplerenone, Triamterene, Amiloride, spironolactone/HCTZ, amiloride/HCTZ	NON-FORMULARY



# FMOLHS System P&T

## Consent Agenda Class Review Recommendations Summary

Calcium Channel Blockers, Non-Dihydropyridine	
Diltiazem XL and IR, Verapamil IR and injection	FORMULARY
Verapamil ER and Diltiazem SR (12-hour)	NON-FORMULARY

Calcium Channel Blockers, Dihydropyridine	
Amlodipine, nifedipine IR, nifedipine XL, clevidipine, nicardipine Injection, nimodipine	FORMULARY
Isradipine	FORMULARY- <i>restricted to pediatrics</i>
Levamlodipine, nicardipine tablets, nifedipine SR (12-hour), felodipine, & nisoldipine	NON-FORMULARY



# FMOLHS System P&T

## Consent Agenda Class Review Recommendations Summary

Benzodiazepines	
Clonazepam, diazepam oral and injection, lorazepam, temazepam, chlordiazepoxide, alprazolam IR, midazolam	FORMULARY
Diazepam rectal gel (Diastat©)	FORMULARY - <i>restricted to pediatrics</i>
Clobazam	<i>FORMULARY - restricted to the adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years of age or older &amp; home medication continuation</i>
Estazolam, flurazepam, quazepam, triazolam, alprazolam XR, oxazepam, clorazepate, midazolam (Nayzilam©) & diazepam (Valtoco©)	NON-FORMULARY



# FMOLHS System P&T

## Consent Agenda Class Review Recommendations Summary

Update  
4/2024

Alpha-Adrenergic Blocking Agents	
Doxazosin, phentolamine, & tamsulosin	FORMULARY
Prazosin	FORMULARY - <i>restricted to use in PTSD and Nightmares</i>
Alfuzosin, silodosin, phenoxybenzamine, terazosin	NON-FORMULARY
5-alpha Reductase Inhibitors	
Finasteride	FORMULARY
Dutasteride & Dutasteride/Tamsulosin	NON-FORMULARY
Antivirals, topical	
Abreva (Doconasol)	FORMULARY
Acyclovir ointment	FORMULARY- <i>restricted as an alternative to doconasol when application to a large surface area is required.</i>
Xerese & Denavir	NON-FORMULARY





# FMOLHS System P&T

## Consent Agenda Class Review Recommendations Summary

Update  
4/2024

Antiretroviral, Nucleoside Reverse Transcriptase Inhibitors (NRTIs)	
Abacavir (Ziagen) tablets Emtricitabine (Emtriva) capsules Lamivudine (EpiVir) tablets and oral solution Tenofovir disoproxil fumarate (Viread) tablet Zidovudine (Retrovir) Tenofovir alafenamide (Vemlidy)	FORMULARY
Emtricitabine (Emtriva) oral solution Tenofovir dioproxil fumarate (Viread) oral powder	FORMULARY – <i>restricted to pediatrics</i>
Abacavir (Ziagen) oral solution Zidovudine (Retrovir) tablet and capsule Stavudine (Zerit) Tenofovir alafenamide (Vemlidy)	NON-FORMULARY



# FMOLHS System P&T Recommendations:

Antiretroviral, Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)	
Efavirenz (Sustiva) Doravirine (Pifeltro) tablet Nevirapine (Viramune) oral solution Rilpivirine (Edurant) tablet	FORMULARY
Efavirenz (Sustiva) capsule Etravirine (Intelence)	NON-FORMULARY

Antiretroviral, Protease Inhibitors (PIs)	
Atazanavir (Reyataz) Darunavir (Prezista) tablet Ritonavir (Norvir) tablet, oral powder	FORMULARY
<b>Lopinavir/ritonavir (Keletra)</b>	<b>FORMULARY – <i>restricted to pediatrics</i></b>
Darunavir (Prezista) oral solution, ritonavir (Norvir) capsule and oral solution, fosamprenavir (Lexiva), indinavir (Crixivan), nelfinavir (Viracept), saquinavir (Invirase), tipranavir (Aptivus)	NON-FORMULARY

Update  
4/2024



# FMOLHS System P&T Recommendations:

## Antiretroviral, Integrase Strand Transfer Inhibitors (INSTIs)

Dolutegravir (Tivicay) tablet

FORMULARY

Raltegravir (Isentress/Isentress HD) tablet

Raltegravir (Isentress/Isentress HD) oral powder

FORMULARY - *restricted to pediatrics*

Dolutegravir (Tivicay) chewable tablet

NON- FORMULARY

Raltegravir (Isentress/Isentress HD) chewable tablet

## Antiretroviral, Entry Inhibitors

Fostemsavir (Rukobia), maraviroc (Selzentry)

NON-FORMULARY



# FMOLHS System P&T Recommendations:

## Antiretroviral Single-Dose Regimens, INSTI + 2 NRTIs

Biktarvy (bictegravir + emtricitabine + tenofovir AF) Genvoya (elvitegravir + cobicistat + emtricitabine + tenofovir AF) Triumeq (dolutegravir + abacavir + lamivudine)	FORMULARY
Stribild (elvitegravir +cobicistat +emtricitabine + tenofovir DF)	NON-FORMULARY

## Antiretroviral Single-Dose Regimens, INSTI + NRTI

Cabotegravir + rilpivirine (Cabenuva)	FORMULARY – <i>restricted to outpatients</i>
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## Antiretroviral Single-Dose Regimens, NNRTI + 2 NRTIs

Atripla (efavirenz + emtricitabine + tenofovir DF) Symfi, Symfi Lo (Efavirenz/tenofovir disoproxil fumarate/ lamivudine) Delstrigo (doravirine + tenofovir disoproxil fumarate + lamivudine) Odefsey (rilpivirine + emtricitabine + tenofovir AF) Complera (rilpivirine + emtricitabine + tenofovir DF)	NON-FORMULARY
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# FMOLHS System P&T Recommendations:

Anticonvulsants, Pyrrolidine	
Levetiracetam (Keppra) injection, IR tablets, oral solution	FORMULARY
Levetiracetam (Keppra) ODT and ER tablets	NON-FORMULARY
Brivaracetam (Briviact) injection, tablets, oral solution	FORMULARY – <i>restricted to failed levetiracetam therapy, continuation of home medication, or neurology</i>

Anticonvulsants, Succinamide	
Ethosuximide oral capsules	FORMULARY
Ethosuximide oral suspension	FORMULARY – <i>restricted to pediatrics</i>
Methsuximide	NON-FORMULARY

Update  
4/2024



# FMOLHS System P&T Recommendations:

## Anticonvulsants, Valproates

Valproate sodium injection	FORMULARY
Valproic acid capsules and oral solution	
Divalproex sodium, all dosage forms	

## Anticonvulsants, miscellaneous 2

Lamotrigine IR tablets	FORMULARY
Lamotrigine dispersible tablets for oral suspension	FORMULARY – <i>restricted to pediatrics</i>
Lamotrigine ODT and XR Cenobamate	NON-FORMULARY



# FMOLHS System P&T Recommendations:

Anticonvulsants, miscellaneous 3	
Lacosamide (Vimpat) tablets and injection Lacosamide (Vimpat) oral suspension Perampanel (Fycompa) tablet Zonisamide (Zonegran, Zonisade) capsule	FORMULARY
Perampanel (Fycompa) oral suspension Zonisamide (Zonegran, Zonisade) oral suspension	FORMULARY – <i>restricted to pediatrics</i>



# FMOLHS System P&T Recommendations:

## Angiotensin II (Giapreza)

Angiotensin II (Giapreza)

NON- FORMULARY

## Rolvedon

Rolvedon

FORMULARY – *restricted to outpatient*





# FMOLHS System P&T Recommendations:

Simethicone Formulations	
Simethicone 80 mg chewable tablets Simethicone 40 mg/0.6mL infant gas relief	FORMULARY
All other simethicone formulations	NON-FORMULARY

Ophthalmic Agents, Nonsteroidal Anti-inflammatory Drugs (NSAIDs)	
Ketorolac 0.5% ophth soln	FORMULARY
Ketorolac/phenylephrine (Omidria), flurbiprofen	FORMULARY- <i>restricted to ocular surgeries</i>
Bromfenac, diclofenac, and nepafenac	NON-FORMULARY

Ophthalmic Agents, Mast Cell Stabilizers	
Ketotifen ophth soln	FORMULARY
Alcaftadine, bepotastine, cromolyn, nedocromil, olopatidine	NON-FORMULARY



# FMOLHS System P&T Recommendations:

Ophthalmic Agents, Antiglaucoma, Beta-Adrenergic Blocking Agents	
Timolol 0.5% ophthalmic solution	FORMULARY
Timolol 0.25% ophth soln	FORMULARY- <i>restricted to pediatrics</i>
Timolol 0.25% ophth gel-forming solution	FORMULARY- <i>restricted to infants with hemangioma that cannot take propranolol</i>
Betaxolol, carteolol, levobunolol	NON-FOMRULARY

Ophthalmic Agents: Prostaglandins	
Latanoprost 0.005% solution	FORMULARY
All other agents	NON-FORMULARY



# FMOLHS System P&T Recommendations:

Ophthalmic Agents, Alpha <sub>2</sub> Agonists	
Brimonidine 0.2% ophth soln	FORMULARY
Brimonidine 0.025%, 0.1%, 0.15%, 0.2% ophth soln Apraclonidine ophth soln	NON-FORMULARY

Ophthalmic Agents, Carbonic Anhydrase Inhibitors	
Dorzolamide ophth soln	FORMULARY
Brinzolamide ophth soln	NON-FORMULARY

Ophthalmic Agents, Glaucoma Combination	
Brimonidine/timolol (Combigan), dorzolamide/timolol (Cosopt), brinzolamide/brimonidine (Simbrinza)	NON-FORMULARY



# FMOLHS System P&T

## Consent Agenda Class Review Recommendations Summary

Hemostatic Agents: Factor VII	
NovoSevenRT (coagulation factor VIIa, recombinant)	FORMULARY
Sevenfact (coagulation factor VIIa, recombinant-incw)	NON-FORMULARY
Hemostatic Agents: Factor VIII	
Humate (antihemophilic Factor/von Willebrand Factor Complex)	FORMULARY
Advate (antihemophilic Factor Recombinant)	FORMULARY- <i>restricted to peds</i>
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), & Obizur (Antihemophilic Factor Recombinant, porcine derived), 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), Alphanate (antihemophilic Factor/von Willebrand Factor Complex)	NON-FORMULARY





# FMOLHS System P&T

## Consent Agenda Class Review Recommendations Summary

Hemostatic Agents: Factor IX	
All agents will be non-formulary	NON-FORMULARY
Hemostatic Agents: von Willebrand Factor	
Humate-P (Antihemophilic factor VIII/von Willebrand factor complex	FORMULARY
Alphanate (Antihemophilic factor VIII/von Willebrand factor complex), Wilate (Antihemophilic factor VIII/von Willebrand factor complex), & Vonvendi (von Willebrand factor recombinant)	NON-FORMULARY



# FMOLHS System P&T

## Consent Agenda Class Review Recommendations Summary

Beta Blockers	
Carvedilol (IR), labetalol, propranolol (IR), sotalol, Atenolol, metoprolol tartrate, metoprolol succinate ER, esmolol	FORMULARY
Carvedilol CR, nadolol, propranolol LA, propranolol ER, timolol acebutolol, betataxolol, nebivolol, metoprolol tartrate/HCTZ, metoprolol succinate/HCTZ, bisoprolol/HCTZ, atenolol/HCTZ, & propranolol/HCTZ	NON-FORMULARY <i>See therapeutic substitutions</i>
Intranasal Steroids	
Fluticasone propionate	FORMULARY
Beclomethasone, ciclesonide, mometasone, flunisolide, fluticasone furoate, triamcinolone acetonide, budesonide, azelastine/fluticasone propionate	NON-FORMULARY <i>See therapeutic substitutions</i>



# FMOLHS System P&T

## Consent Agenda Class Review Recommendations Summary

### Inhaled Corticosteroids

All agents NON-FORMULARY- *See therapeutic substitutions*

### Inhaled Selective Beta-2 Adrenergic Agents

All agents NON-FORMULARY- *See therapeutic substitutions*

### Inhaled Anticholinergic Agents

All agents NON-FORMULARY- *See therapeutic substitutions*



# FMOLHS System P&T Committee

Antimicrobial Stewardship





# Adult CRRT & SLED Antimicrobial Automatic Renal Dosing Protocol

