

Pharmacy and Therapeutics Committee

August 21, 2024



Prayer



Approval of Minutes



FMOLHS System P&T Committee

Formulary Appeals



FMOLHS System P&T Recommendations:

- bevacizumab (Avastin®)
 - for intralesional/intralaryngeal injections for recurrent respiratory papillomatosis
 - studies showing safety and effectiveness only used the branded product

BEVACIZUMAB, BIOSIMILARS	
Mvasi	FORMULARY (preferred)
Zirabev, Alymsys, Vegzelma	FORMULARY (non-preferred) – restricted to outpatient
Avastin*	FORMULARY (non-preferred) – restricted to outpatient or for intralesion/intralaryngeal injections for recurrent respiratory papillomatosis

**Avastin is the only product with off-label approval for intravitreal administration in ophthalmic indications*

FMOLHS System P&T Committee

Class Reviews



FMOLHS System P&T Recommendations:

ANTIGOUT AGENTS	
Allopurinol, colchicine tablets , probenecid, and febuxostat	FORMULARY
Colchicine capsules	NON-FORMULARY
Pegloticase	FORMULARY – <i>restricted to outpatient</i>

RIFAMYCINS	
Rifaximin, rifampin, and rifabutin	FORMULARY
Rifamycin and rifapentine	NON-FORMULARY



FMOLHS System P&T Recommendations:

PHOSPHODIESTERASE-4 ENZYME INHIBITORS

Roflumilast (Daliresp [®]) tablets	FORMULARY
Crisaborole (Eucrisa [®])	FORMULARY – <i>restricted to outpatient</i>
Apremilast (Otezla [®]), rolumilast (Zoryve [®]) topical	NON-FORMULARY

ANTIPARATHYROID AGENTS

Cinacalcet (Sensipar [®])	FORMULARY
Etelcalcetide (Parsabiv [®])	NON-FORMULARY



FMOLHS System P&T Recommendations:

ANTIHELMINTICS

Albendazole, praziquantel, and ivermectin (oral formulations)	FORMULARY
Mebendazole, triclabendazole, and pyrantel	NON-FORMULARY

LEUKOTRIENE MODIFIERS

Montelukast (Singulair®)	FORMULARY
Zafirlukast (Accolate®) and zileuton (Zyflo®)	NON-FORMULARY



FMOLHS System P&T Recommendations:

ANTILIPEMIC AGENTS

Ezetimibe (Zetia®)

FORMULARY

Bempedoic acid (Nexletol®), bempedoic acid + ezetimibe (Nexlizet®)

NON-FORMULARY

ANTITHYROID AGENTS

Methimazole, potassium iodide, iodine/potassium iodide, propylthiouracil, and sodium iodide I 131

FORMULARY

HEPATITIS C VIRUS (HCV) INHIBITORS

Elbasvir and grazoprevir, glecaprevir and pibrentasvir, ledipasvir and sofosbuvir, velpatasvir and sofosbuvir, and sofosbuvir, velpatasvir, voxilaprevir

NON-FORMULARY



FMOLHS System P&T Recommendations:

PLASMA VOLUME EXPANDERS	
Albumin	FORMULARY
Hetastarch	FORMULARY – <i>restricted to L&D</i>
Dextran	NON-FORMULARY

CARDIAC DRUGS, MISC	
Ivabradine tablets (Corlanor®), ranolazine tablets (Ranexa®)	FORMULARY
Ivabradine oral solution and ranolazine sprinkle capsules	NON-FORMULARY

VASOPRESSIN ANTAGONISTS	
Tolvaptan	FORMULARY
vaprisol	NON-FORMULARY



FMOLHS System P&T Committee

Automatic Interchange proposals



FMOLHS System P&T

Automatic Interchange Proposals

Phosphorous Binder Formulations (as of 7/23)						
Medication Ordered	Brand Name	Dosage form	Dose and Frequency	Formulary Medication	Dosage Form	Dose and Frequency
Sucroferric Oxyhydroxide	Velphoro	Tablet (Chewable)	500 - 1000 mg TID w/ meals	Renvela	800 mg	TID w/meals
			1500 – 2000 mg TID w/ meals		1600mg	
			2500 – 3000 mg TID w/ meals		2400mg	



FMOLHS System P&T Committee

Consent Agenda Class Review
Recommendations Summary



FMOLHS System P&T

Consent Agenda Class Review Recommendations Summary

RABIES IMMUNE GLOBULIN	
HyperRab	FORMULARY
Imogam and Kedrab	NON-FORMULARY

RhoD IMMUNE GLOBULIN	
Rhophylac	FORMULARY
WinRho SDF	FORMULARY- <i>restricted to indications other than isoimmunization in Rh-incompatible pregnancy.</i>
HyperRHO S/D, RhoGAM/MICRhoGAM	NON-FORMULARY



FMOLHS System P&T Consent Agenda Class Review Recommendations Summary

VITAMIN D ANALOGS	
Calcitriol oral capsules Paricalcitol capsules and injection Ergocalciferol capsules Cholecalciferol	FORMULARY
Calcitriol and ergocalciferol oral solutions and drops	FORMULARY – <i>restricted to pediatrics</i>
Calcifediol, doxercalciferol, Calcitriol intravenous solution (no longer manufactured)	NON-FORMULARY



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Consent Agenda Class Review Recommendations Summary

POTASSIUM REPLACEMENTS, ORAL

Potassium chloride, extended-release (microencapsulated) tablets, Potassium chloride packets, Potassium bicarbonate effervescent tablets, potassium citrate, potassium citrate/citric acid (Bicitra®), potassium citrate/citric acid/sodium citrate (Polycitra®)	FORMULARY
Potassium acid phosphate tablets and packets	FORMULARY
Potassium chloride oral solution	FORMULARY – <i>restricted to pediatrics</i>
Potassium chloride wax matrix tablets, potassium gluconate	NON-FORMULARY

Update

POTASSIUM REPLACEMENTS, PARENTERAL

Potassium chloride, Potassium acetate, Potassium phosphate	FORMULARY
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Consent Agenda Class Review Recommendations Summary

ANTI-HISTAMINES, FIRST GENERATION	
Diphenhydramine, cyproheptadine, promethazine Meclizine, prochlorperazine	FORMULARY
Dimenhydrinate injection	FORMULARY – <i>restricted to obstetrics</i>
Brompheniramine, chlorpheniramine Trimethobenzamide, dimenhydrinate oral	NON-FORMULARY

ANTI-HISTAMINES, SECOND GENERATION	
Loratadine Loratadine/pseudoephedrine 12 hour	FORMULARY
Cetirizine	FORMULARY - <i>restricted to pediatrics</i>
Fexofenadine, desloratadine, levocetirizine, loratadine ODT Fexofenadine/pseudoephedrine, loratadine/pseudoephedrine 24h	NON-FORMULARY



FMOLHS System P&T

Consent Agenda Class Review Recommendations Summary

INSULINS	
Insulin lispro Insulin lispro protamine + insulin lispro (Humalog 75/25 mix) Human regular (Humulin R [®] , Humulin R U-500 [®] , Myxredlin [®]) Isophane insulin, human (NPH) Insulin glargine (Lantus [®])	FORMULARY
Insulin aspart, insulin degludec, insulin detemir, insulin glulisine, insulin human inhaled, and all other insulin formulations	NON-FORMULARY



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Consent Agenda Class Review Recommendations Summary

PROBIOTICS	
Culturelle	FORMULARY
All other products, including <i>Saccharomyces boulardii</i> (Florastor), <i>Lactobacillus acidophilus/bulgaricus</i> (Lactinex), <i>Lactobacillus acidophilus/bulgaricus</i> (Floranex) (see <i>Therapeutic Interchanges, slide to follow</i>)	NON-FORMULARY



FMOLHS System P&T Recommendations:

PROGESTINS	
Medroxyprogesterone tablet (Provera®)	FORMULARY
Medroxyprogesterone suspension for injection (Depo-Provera®)	
Norethindrone	
Megestrol tablet and suspension (Megace®)	
Progesterone capsule and solution (Prometrium®, etc.)	
Hydroxyprogesterone (Makena®)	NON-FORMULARY
Megace ES suspension	
Progesterone vaginal gel, vaginal insert	



FMOLHS System P&T Recommendations:

ESTROGENS	
Conjugates estrogens injection, tablet, cream (Premarin®) Estradiol cypionate (Depo-Estradiol®) Estradiol oral tablet (Estrace®), TD patch (Climara®, Vivelle Dot®, etc) Estradiol vaginal cream (Estrace®)	FORMULARY
Esterified estrogens (Menest®) Esterified estrogens + methyltestosterone (Covarxy®) Estradiol valerate (Delestrogen®) Estradiol TD gel (Estragel®, etc.), TD spray (Evamist®) Estradiol vaginal ring (Estring®), vaginal insert (Imvexxy®), vaginal tablet (Vagifem®)	NON-FORMULARY



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Consent Agenda Class Review Recommendations Summary

OPIATE AGONISTS	
Morphine, hydromorphone, oxycodone (all formulations) Tramadol and methadone (conventional-release) Fentanyl, sufentanil, remifentanil (all dosage forms)	FORMULARY
Meperidine (all dosage forms)	FORMULARY - <i>restricted to post-operative shivering and drug-induced rigors</i>
Tramadol and methadone (all other formulations)	NON-FORMULARY

OPIATE PARTIAL AGONISTS	
Buprenorphine sublingual tables, butorphanol, nalbuphine	FORMULARY
All other buprenorphine formulations	NON-FORMULARY



FMOLHS System P&T Committee

Antimicrobial Stewardship



Azithromycin 3-day duration (pharmacy-driven)

- Azithromycin
 - Guideline-recommended for CAP (atypical coverage)
 - Prolonged half-life, up to 72 hours in adults
 - Post-antibiotic effect
- Atypical pneumonia: 500 mg daily x 3 days equally as effective as 500 mg on day 1 then 250 mg on days 2-5 (cumulative dose of 1500 mg for both regimens)¹

1. Schönwald S et al. Comparison of three-day and five-day courses of azithromycin in the treatment of atypical pneumonia. Eur J Clin Microbiol Infect Dis. 1991 Oct;10(10):877-80. doi: 10.1007/BF01975847



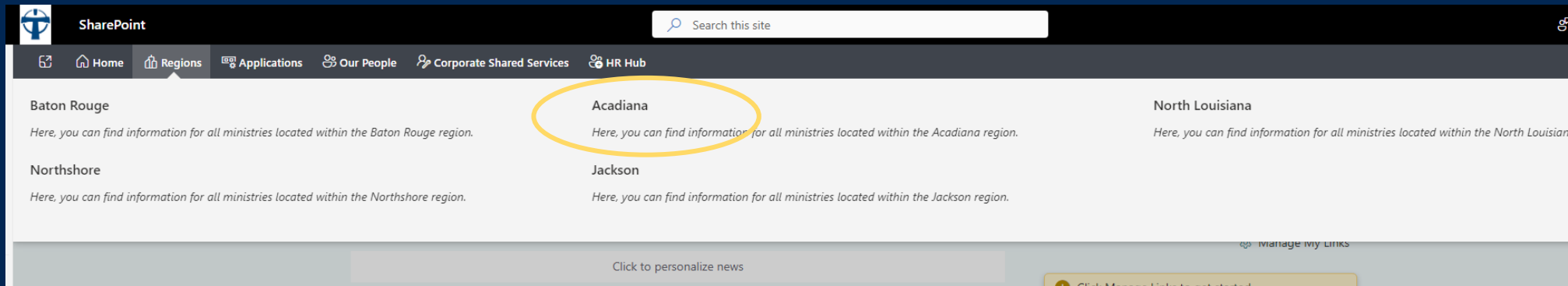
Azithromycin 3-day duration (pharmacy-driven)

Procedure:

1. Identify patient receiving azithromycin for presumed or confirmed respiratory tract infection.
2. Confirm no exclusion criteria:
 - a. Patient with confirmed atypical pneumonia (i.e., Legionella urinary antigen positive or growth of *Legionella pneumophila*, *Mycoplasma pneumoniae*, or *Chlamydophila pneumoniae* on culture)
 - b. Patient being treated for Mycobacterial infection
 - c. Patient receiving azithromycin for chronic prophylaxis against opportunistic infections.
 - d. Patient receiving chronic azithromycin for prevention of COPD exacerbation or for anti-inflammatory effects for cystic fibrosis
3. Enter stop date to complete 3 doses of 500 mg regimen or switch an already ordered 250 mg daily regimen to a 500 mg daily regimen to complete a total cumulative dose of 1500 mg. If 1500 mg have already been administered when order is identified, discontinue order.



Antibiograms



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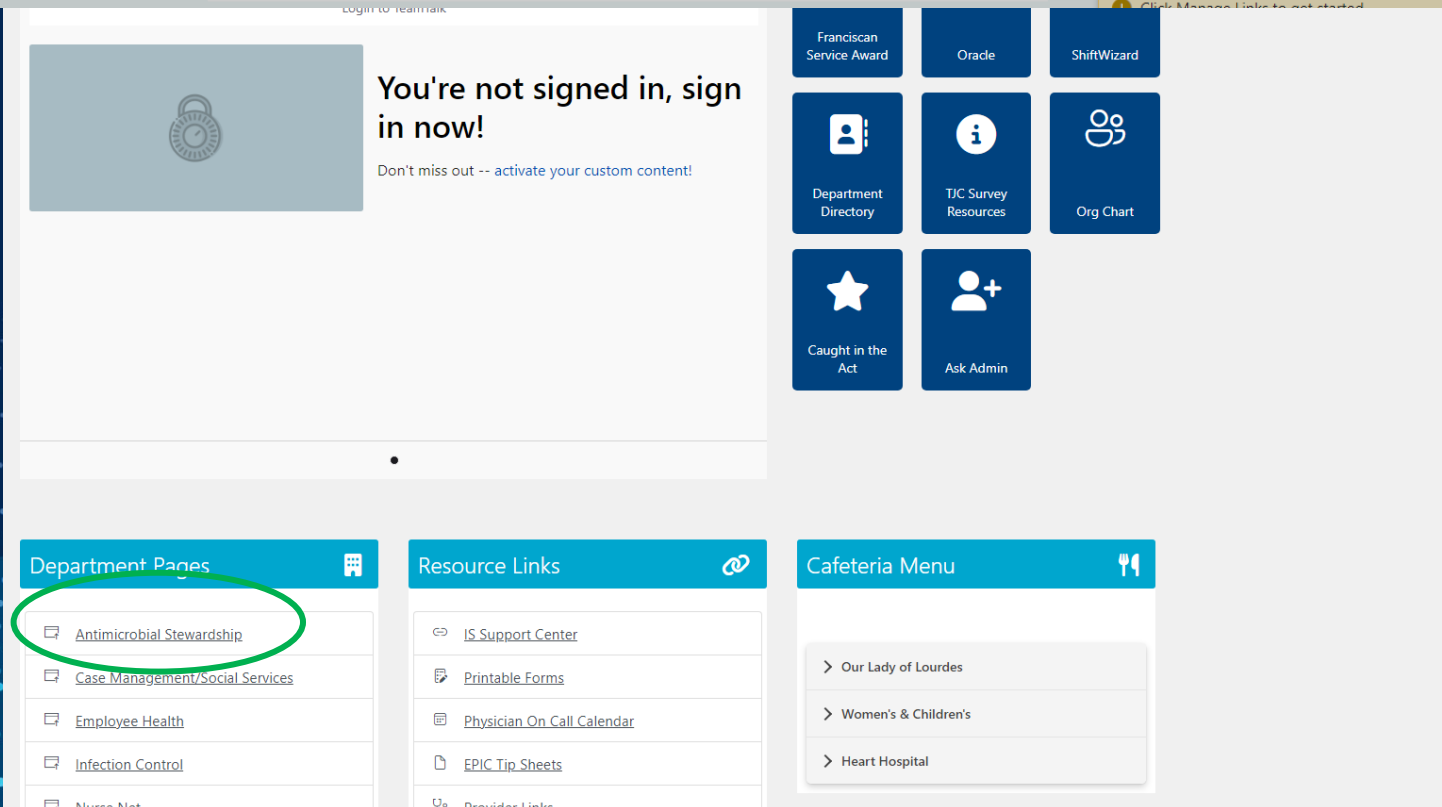
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- IS Support Center
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Cafeteria Menu

- > Our Lady of Lourdes
- > Women's & Children's
- > Heart Hospital



Antibiograms

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Published 11/28/2023 Share Edit



Antimicrobial Stewardship Program - Our Lady of Lourdes

Antimicrobial stewardship is a coordinated effort to measure and optimize antimicrobial prescribing in order to improve patient outcomes while slowing the development of antimicrobial resistance. Inappropriate and excessive use of antibiotics often leads to increased healthcare costs, adverse drug reactions, and secondary infections (i.e., Clostridioides difficile), which all negatively impact our patients. These unintended consequences highlight the importance of an effective and engaged antimicrobial stewardship program (AMS).

Our Lady of Lourdes AMS committee is a collaboration of physician, pharmacy, infection control, microbiology, information technology, nursing, and quality improvement personnel dedicated to tracking, reporting, and refining antibiotic use through routine chart reviews, medication use evaluations, and implementation of initiatives targeting antimicrobials with high risk of adverse effects, while striving to uphold the mission and values of FMOLHS. See the resources below.

Antimicrobial Stewardship Program

[See all](#)

Name	Modified	Modified By
Antibiograms	November 16, 2023	Marse, Natalie S
Dosing Protocols	December 5, 2023	Petitjean, Kayla S
Treatment Guidelines	November 16, 2023	Marse, Natalie S







Antibiograms

See the resources below.

Antimicrobial Stewardship Program > **Antibiograms**

[See all](#)

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 Name ▾	Modified ▾	Modified By ▾
 Anaerobic Antibiogram CLSI.pdf	April 22	Petitjean, Kayla S
 Lourdes 2021-2022 Adult ICU Antibiogram.pdf	November 16, 2023	Marse, Natalie S
 Lourdes 2023 Adult NON-URINE Antibiograms.pdf	4 days ago	Petitjean, Kayla S
 Lourdes 2023 Adult URINE Antibiograms.pdf	4 days ago	Petitjean, Kayla S
 LOWC 2022-2023 Pediatric Antibiogram.pdf	5 days ago	Petitjean, Kayla S



2023 Our Lady of Lourdes Health ADULT Inpatient Antibigram: NON-URINE Sources (Percent Susceptibilities of Common Pathogens)

Questions? Microbiology Lab: 337-470-4630 Antimicrobial Stewardship Pharmacist: 337-470-2995, M-F 0800-1600		# Isolates	Antibiotics																	
			PENICILLIN (NON-CSF)	PENICILLIN (CSF)	OXACILLIN	AMPICILLIN	AMP/SULB	PIP/TAZO *	CEFTRIAZONE	CEFTRIAZONE (CSF)	CEFEPIME	MEROPENEM	CIPROFLOXACIN	LEVOFLOXACIN	GENTAMICIN	TOBRAMYCIN	CLINDAMYCIN	TMP/SMX	TETRACYCLINE	VANCOMYCIN
Gram Negative Organisms	<i>Acinetobacter baumannii</i>	24*				75	38			58	58	58	58	79	83					
	<i>Citrobacter freundii</i>	12*					•	•		100	100	75	75	100	83					
	<i>Citrobacter koseri</i>	13*					85	92		100	85	85	85	100	100					
	<i>Enterobacter cloacae</i>	67					•	•		100	96	93	93	97	97		93			
	<i>Escherichia coli</i> (ESBL, 18%)	57									100	19	9	68	46		26			
	<i>Escherichia coli</i> (non-ESBL)	250			56	62	96	96		100	100	79	72	95	95		76			
	<i>Klebsiella aerogenes</i>	17*					•	•		94	88	94	88	100	100		94			
	<i>Klebsiella oxytoca</i> (Includes ESBL, 6%)	16*				81	94	94		100	100	100	100	94	94		88			
	<i>Klebsiella pneumoniae</i> (ESBL, 14%)	18*									94	11	11	50	44		44			
	<i>Klebsiella pneumoniae</i> (non-ESBL)	115				77	84	91		96	97	86	82	94	92		90			
	<i>Morganella morganii</i>	22*					100	91		100	94	59	59	77	95		63			
	<i>Proteus mirabilis</i> (ESBL, 0%)	105			82	89	100	97		100	96	75	75	96	95		81			
	<i>Pseudomonas aeruginosa</i>	157					76			87	93	84	79	†	94					
	<i>Serratia marcescens</i>	41						80		100	95	76	78	93	78		100			
	<i>Stenotrophomonas maltophilia</i>	15*											93				100			
Gram Positive Organisms	<i>Enterococcus faecalis</i>	115	100		100									81 [†]					98	
	<i>Enterococcus faecium</i>	16*	31		38									81 [†]					44	
	<i>Staphylococcus aureus</i> (Methicillin Resistant 56%)	305														69	96	92	99	
	<i>Staphylococcus aureus</i> (Methicillin Sensitive)	240			100											74	96	92	100	
	<i>Staphylococcus epidermidis</i>	76			28											43	59	78	100	
	<i>Streptococcus agalactiae</i> (Group B)	38	100					100								18			100	
	<i>Streptococcus viridans</i> group	30	70 [^]																	
	<i>Streptococcus pneumoniae</i>	15*	100	53				93	60				100			60	60	67		
	<i>Streptococcus pyogenes</i> (Group A)	34	100					100								88			100	

ESBL = Extended-spectrum beta lactamase, CSF = cerebrospinal fluid, PIP/TAZO = piperacillin/tazobactam, TMP/SMX = trimethoprim/sulfamethoxazole

* Please exercise discretion when interpreting the susceptibility of organisms with < 30 bacterial isolates

• Because of the presence of inducible beta-lactamase, these organisms should be considered resistant to the antimicrobial indicated

† Gentamicin synergy

‡ CLSI gentamicin breakpoints for *Pseudomonas aeruginosa* were removed in 2023 (no longer recommended).

^ For the 30% nonsusceptible, 89% were intermediate to penicillin (MIC 0.25-2 µg/mL)

Disclaimer: This antibiogram represents percent susceptibilities of common pathogens isolated from adult inpatients at Our Lady of Lourdes Health in 2023. It includes the first culture of each species isolated from a patient.

Color legend: ≥90% 75-89% ≤74%



Antibiograms – Adult Non-Urine

- Percent ESBLs (total # isolates)

	2021	2022	2023
<i>E.coli</i>	14% (235)	18% (311)	18% (307)
<i>K.oxytoca</i>	11% (18)	7% (16)	6% (16)
<i>K.pneumoniae</i>	9% (102)	14% (134)	14% (133)

- Percent MRSA

	2021	2022	2023
<i>S.aureus</i>	60%	56%	56%

- *Pseudomonas aeruginosa* susceptibility

	2021	2022	2023
Pip/tazo	91%	85%	76%
Cefepime	90%	91%	87%



2023 Our Lady of Lourdes Health ADULT Inpatient Antibiogram: URINE Sources (Percent Susceptibilities of Common Pathogens)

Questions? Microbiology Lab: 337-470-4630 Antimicrobial Stewardship Pharmacist: 337-470-2995, M-F 0800-1600		# Isolates	NITROFURANTOIN	BENZYLPENICILLIN	AMPICILLIN	AMP/SULB	PIP/TAZO	CEFTRIAZONE	CEFEPIME	MEROPENEM	CIPROFLOXACIN	LEVOFLOXACIN	GENTAMICIN	TOBRAMYCIN	TMP/SMX	VANCOMYCIN
Gram negative organisms	<i>Citrobacter freundii</i>	24*	92			•	•	100	100	79	75	96	96	92		
	<i>Citrobacter koseri</i>	57	95			96	100	100	98	96	96	100	100	98		
	<i>Enterobacter cloacae</i>	62	52			•	•	97	97	81	79	97	94	82		
	<i>Escherichia coli</i> (Non-ESBL)	1666	97	54	63	96	95	100	100	76	72	93	92	73		
	<i>Escherichia coli</i> (ESBL, 10%)	153	87						100	16	9	65	52	39		
	<i>Klebsiella aerogenes</i>	57	26			•	•	100	98	93	88	96	96	95		
	<i>Klebsiella oxytoca</i> (Includes ESBL, 11%)	36	92		72	92	94	97	100	94	97	94	89	94		
	<i>Klebsiella pneumoniae</i> (Non-ESBL)	402	31		90	91	98	99	100	94	91	99	99	94		
	<i>Klebsiella pneumoniae</i> (ESBL, 15%)	71	15						93	14	11	46	39	35		
	<i>Morganella morganii</i>	31				97	84	100	94	65	65	94	90	68		
	<i>Proteus mirabilis</i> (Includes ESBL, 7%)	256		81	89	99	97	99	95	79	79	94	93	78		
	<i>Pseudomonas aeruginosa</i>	168				77		92	94	79	71	‡	99			
<i>Serratia marcescens</i>	28*				•	100	100	100	85	93	89	89	100			
Gm +	<i>Enterococcus faecalis</i>	454	98	98	99											99
	<i>Enterococcus faecium</i>	48	42	21	21											38

ESBL = Extended-spectrum beta lactamase, CSF = cerebrospinal fluid, PIP/TAZO = piperacillin/tazobactam, TMP/SMX = trimethoprim/sulfamethoxazole, Gm+ = Gram positive organisms

* Please exercise discretion when interpreting the susceptibility of organisms with < 30 bacterial isolates

• Because of the presence of inducible beta-lactamase, these organisms should be considered resistant to the antimicrobial indicated

‡ CLSI gentamicin breakpoints for *Pseudomonas aeruginosa* were removed in 2023 (no longer recommended).

Disclaimer: This antibiogram represents percent susceptibilities of common pathogens isolated from adult inpatients at Our Lady of Lourdes Health in 2023. It includes the first culture of each species isolated from a patient.

Color legend:

≥90%

75-89 %

≤74%



Antibiograms – Adult Urine

- Percent ESBLs (total # isolates)

	2021	2022	2023
<i>E.coli</i>	12% (1405)	10% (1734)	10% (1819)
<i>K.oxytoca</i>	10% (26)	5% (40)	11% (36)
<i>K.pneumoniae</i>	10% (296)	10% (378)	15% (473)
<i>P.mirabilis</i>	1% (183)	0% (240)	7% (256)

- *Pseudomonas aeruginosa* susceptibility

	2021	2022	2023
Pip/tazo	91%	76%	77%
Cefepime	90%	86%	92%



2022-2023 LOWC PEDIATRIC Inpatient Antibiogram (Percent Susceptibilities of Common Pathogens)

Questions? Microbiology Lab: 337-470-4630		# Isolates	<div style="display: flex; justify-content: space-around; font-size: small;"> NITROFURANTOIM** PENICILLIN PENICILLIN (CSF) OXACILLIN AMPICILLIN AMP/SULB PIP/TAZO # CEFTRIAXONE CEFTAZIDIME (CSF) CEFEPIME MEROPENEM GENTAMICIN TOBRAMYCIN ERYTHROMYCIN TMP/SMX CLINDAMYCIN VANCOMYCIN </div>																	
Pharmacist: 337-470-5070, M-F 0800-1600																				
Gram-Negative Organisms	<i>Enterobacter cloacae</i>	26*							•	•			100	100	96	96		88		
	<i>Escherichia coli</i> (urine)	422	99			48	56	95	95				99	100	91	91		69		
	<i>Escherichia coli</i> (non-urine)	55				58	58	100	95				100	100	89	91		62		
	<i>Klebsiella oxytoca</i>	16*	81				56	81	88				100	100	94	94		100		
	<i>Klebsiella pneumoniae</i> (urine)	39				74	89	97					100	100	97	95		87		
	<i>Klebsiella pneumoniae</i> (non-urine)	19*				74	89	100					100	100	100	100		100		
	<i>Proteus mirabilis</i> (urine)	34				97	97	100	100				100	100	97	97		97		
	<i>Proteus mirabilis</i> (non-urine)	15*				93	100	100	100				100	93	100	100		100		
	<i>Pseudomonas aeruginosa</i>	61						85				92	93	100	‡	98				
<i>Serratia marcescens</i>	20*							100				100	95	100	95					
Gram-Positive	<i>Enterococcus faecalis</i>	92	100			100									88 [†]					100
	<i>Staphylococcus aureus</i> MSSA	144			100												56	97	96	100
	<i>Staphylococcus aureus</i> MRSA	250															26	97	82	99
	<i>Staphylococcus epidermidis</i>	72			22													74	39	100
	<i>Streptococcus agalactiae</i> (Group B)	10*	100						100										70	100
	<i>Streptococcus pyogenes</i> (Group A)	18*	100						100							83			94	100
	<i>Streptococcus pneumoniae</i>	22*	95	50					100	77								64	77	100

ESBL = Extended-spectrum beta lactamase, CSF = cerebrospinal fluid, PIP/TAZO = piperacillin/tazobactam, TMP/SMX = trimethoprim/sulfamethoxazole

* Please exercise discretion when interpreting the susceptibility of organisms with < 30 bacterial isolates

** Oral agent used exclusively in UTI

• Because of the presence of inducible beta-lactamase, these organisms should be considered resistant to the antimicrobial indicated

† Gentamicin synergy

‡ CLSI breakpoints for gentamicin were removed from *Pseudomonas aeruginosa* in 2023. It is no longer recommended for this organism.

Disclaimer: This antibiogram represents percent susceptibilities of the most common pathogens isolated from pediatric inpatients at Our Lady of Lourdes Women's and Children's Hospital 2022 & 2023. It includes the first culture of each species isolated from a patient in each calendar year.

Color legend:

≥90%

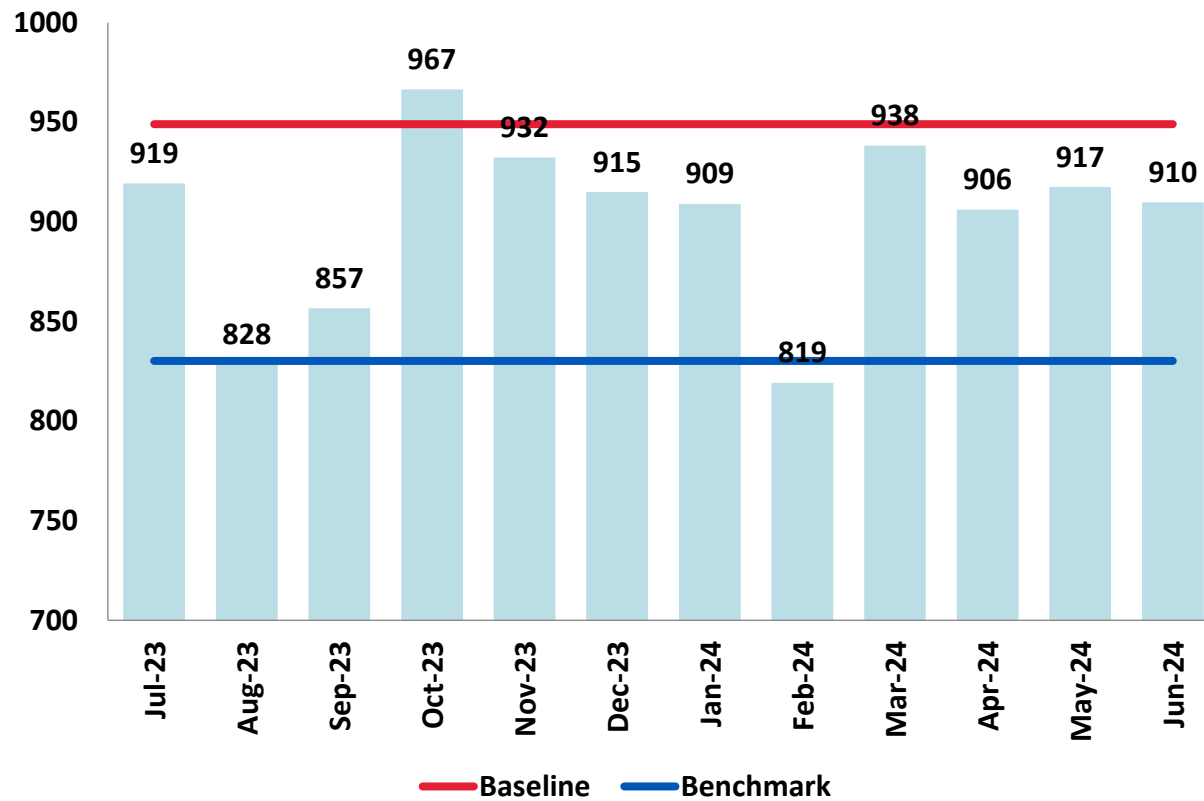
75-89 %

≤74%

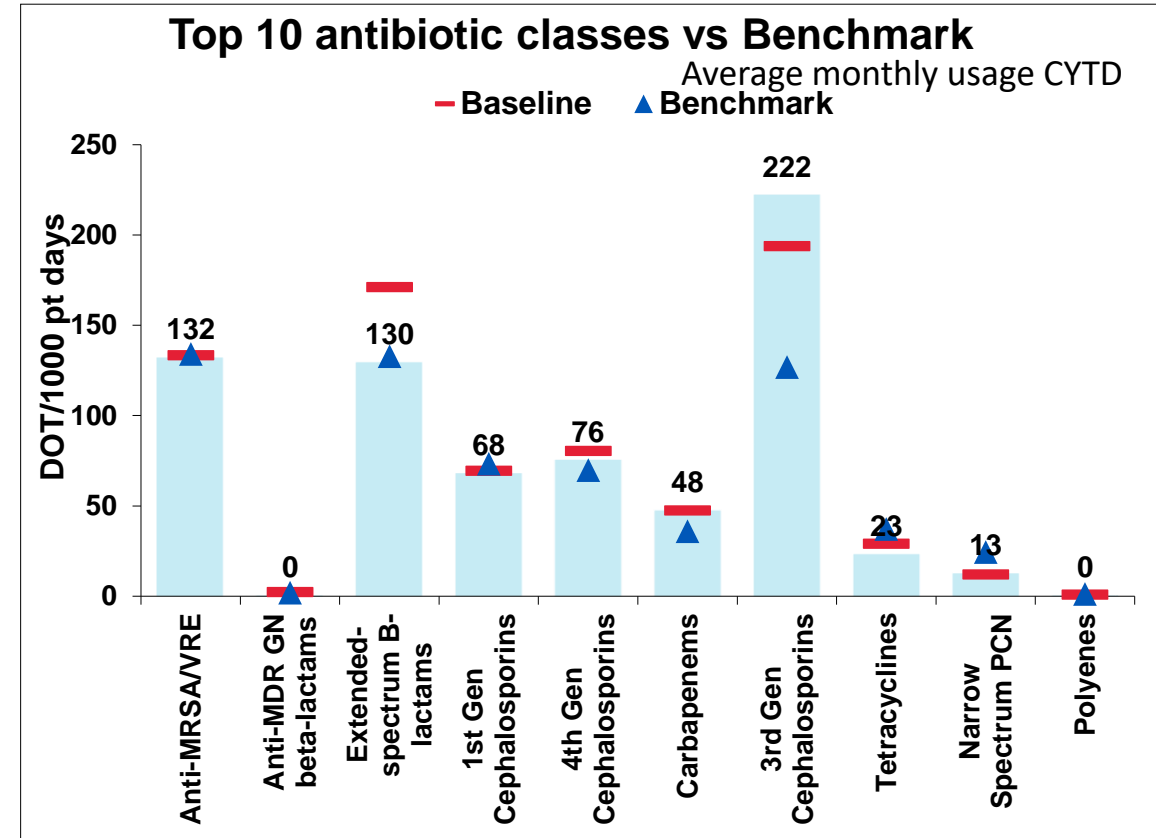


Antimicrobial Usage – LOLR Cardinal DCOA

Antibiotic Total DOT/1000 pt day trend

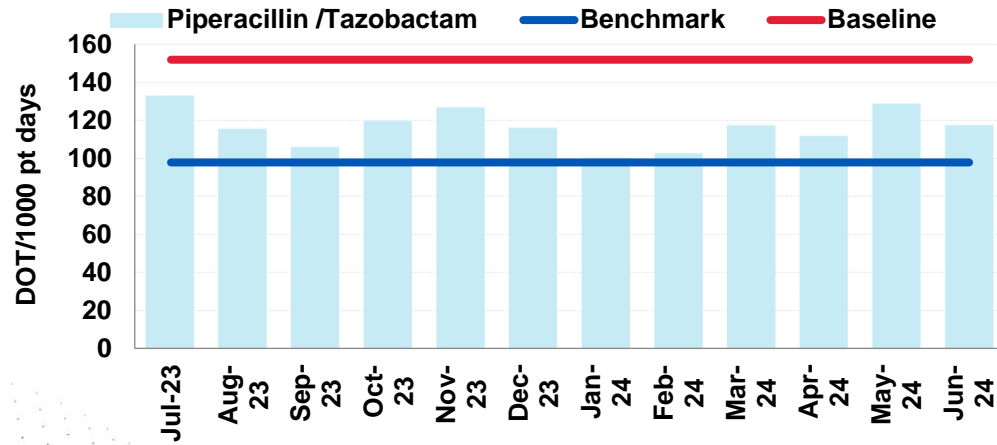


Top 10 antibiotic classes vs Benchmark

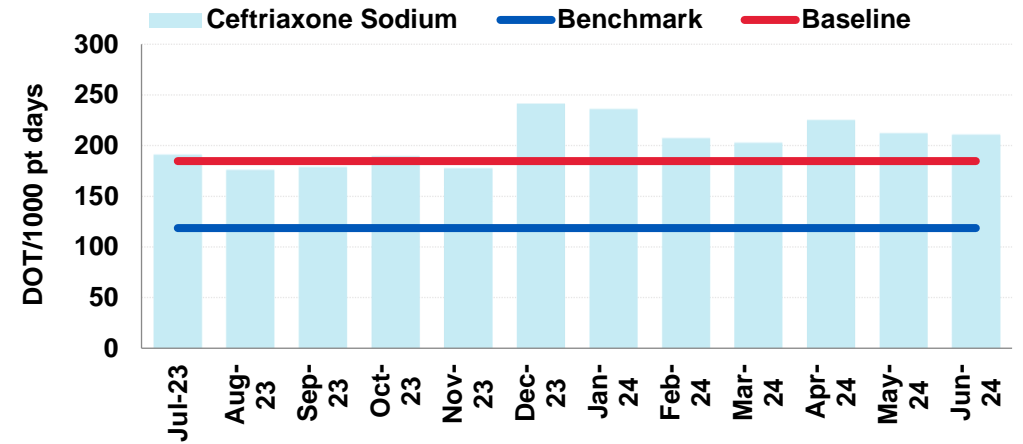


Antimicrobial Usage – LOLR Cardinal DCOA

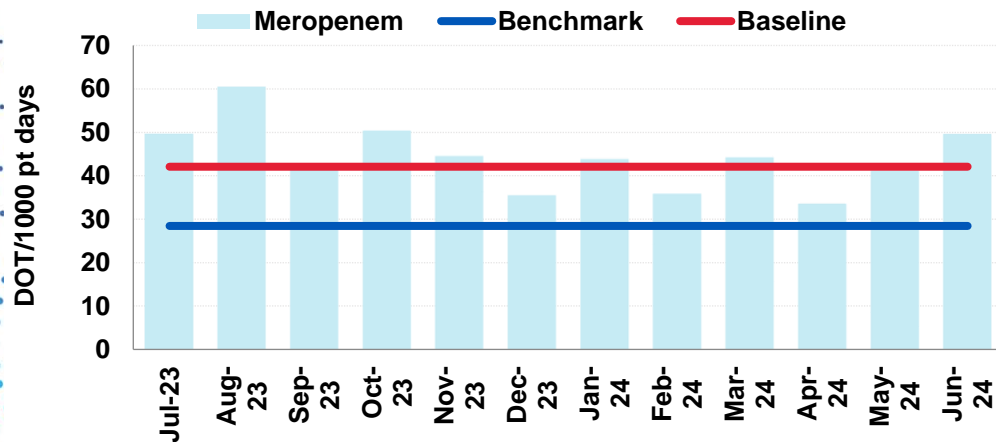
Piperacillin /Tazobactam



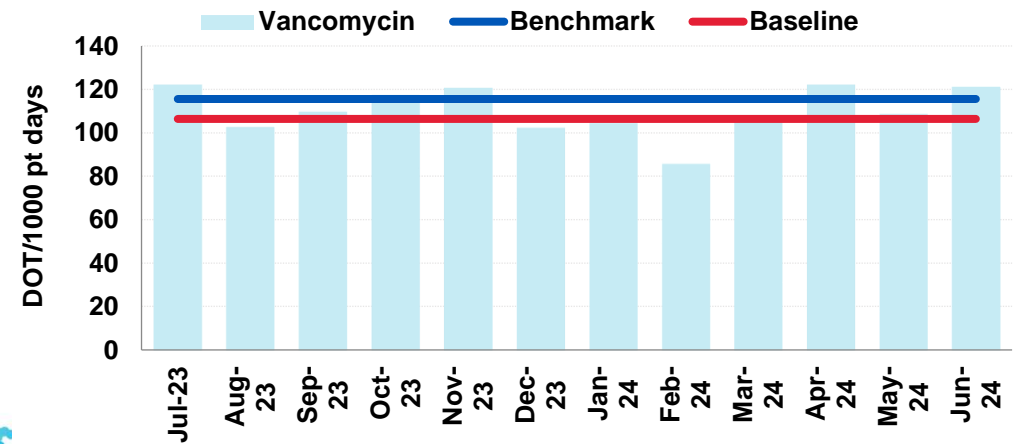
Ceftriaxone Sodium



Meropenem

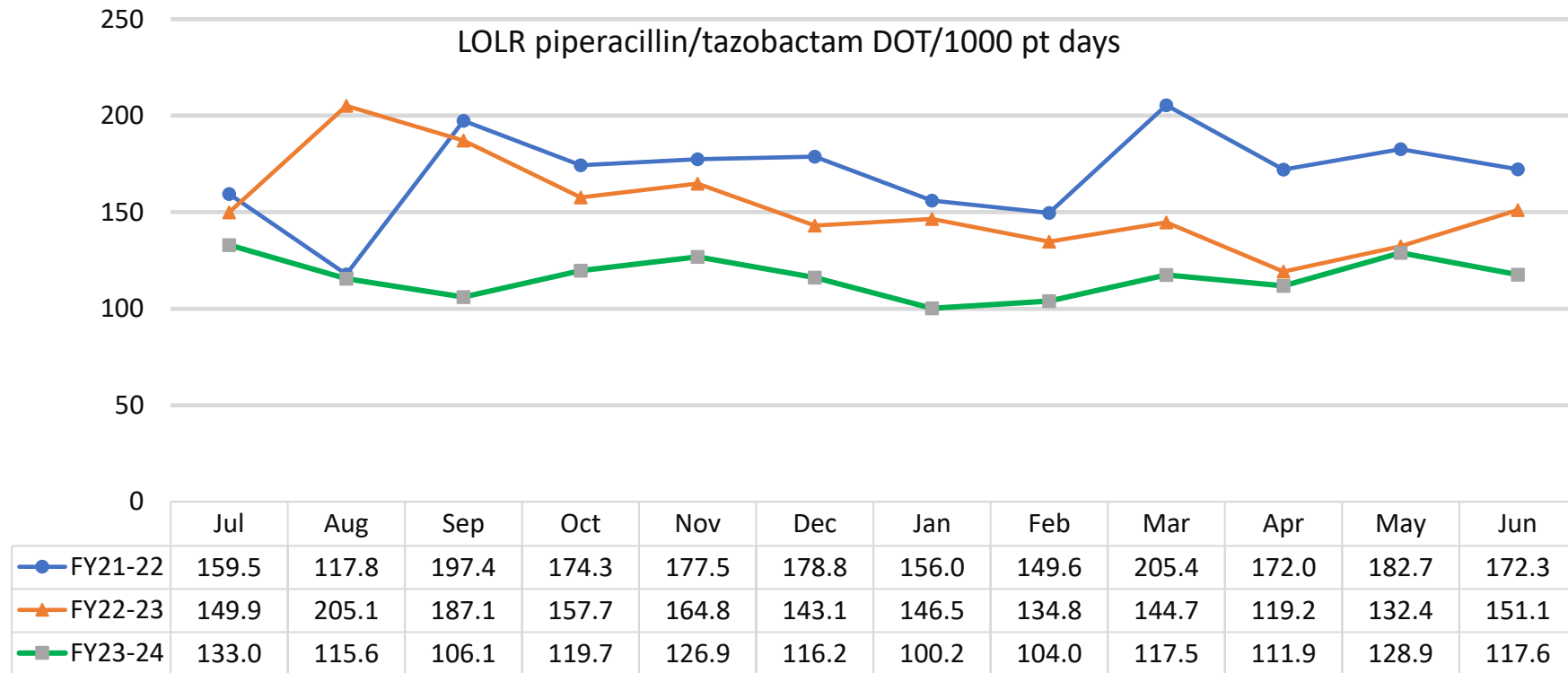


Vancomycin



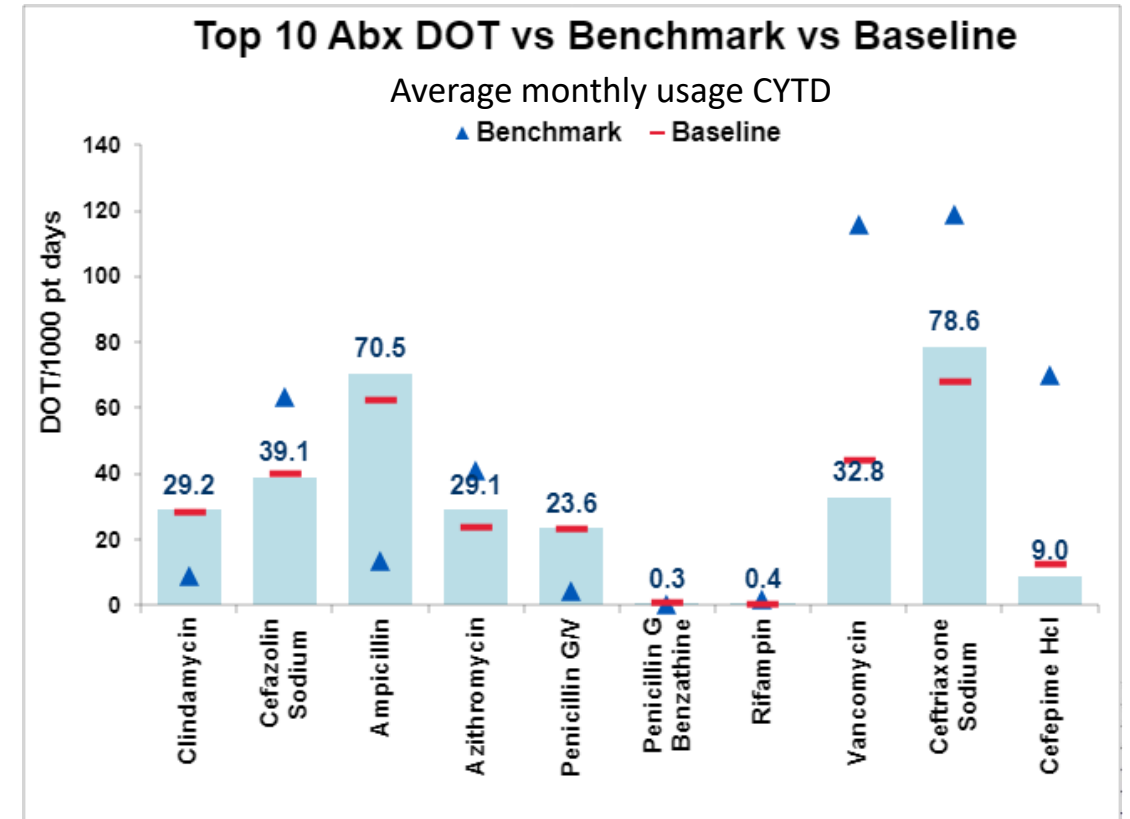
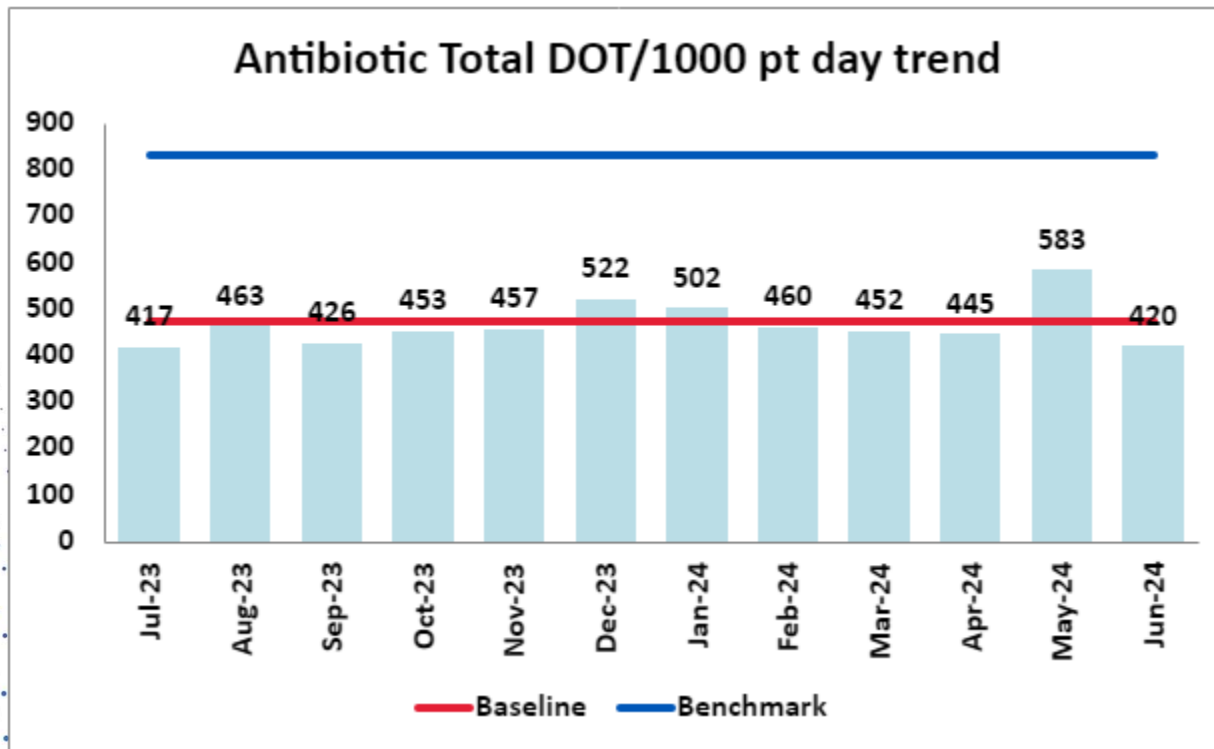
Antimicrobial Usage – LOLR

Cardinal DCOA



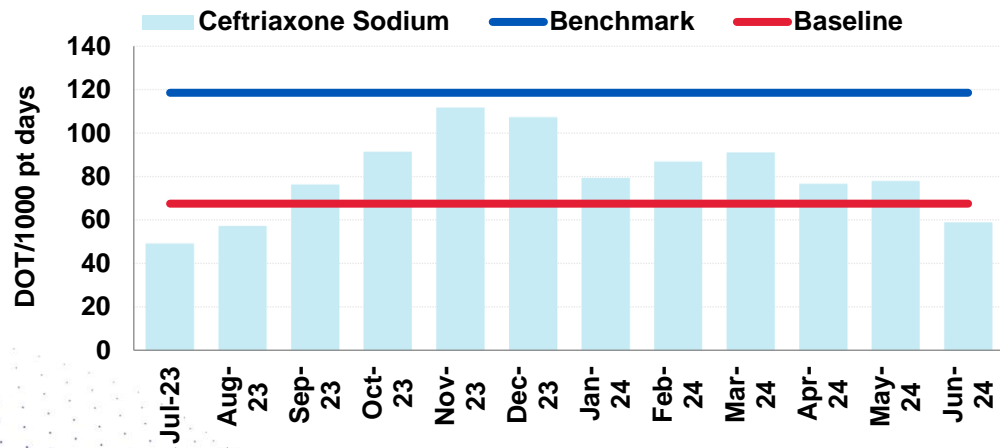
FY 21-22	FY 22-23	FYTD 23-24
170 DOT/1000 pt days	151 DOT/1000 pt days (-11%)	116 DOT/1000 pt days (-23%)
Goal: 25% reduction for FY 23-24		

Antimicrobial Usage – LOWC Cardinal DCOA

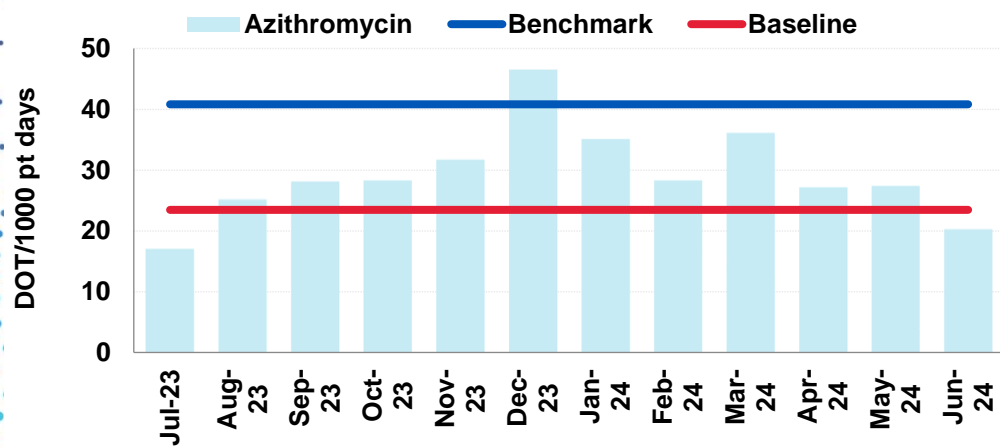


Antimicrobial Usage – LOWC Cardinal DCOA

Ceftriaxone Sodium

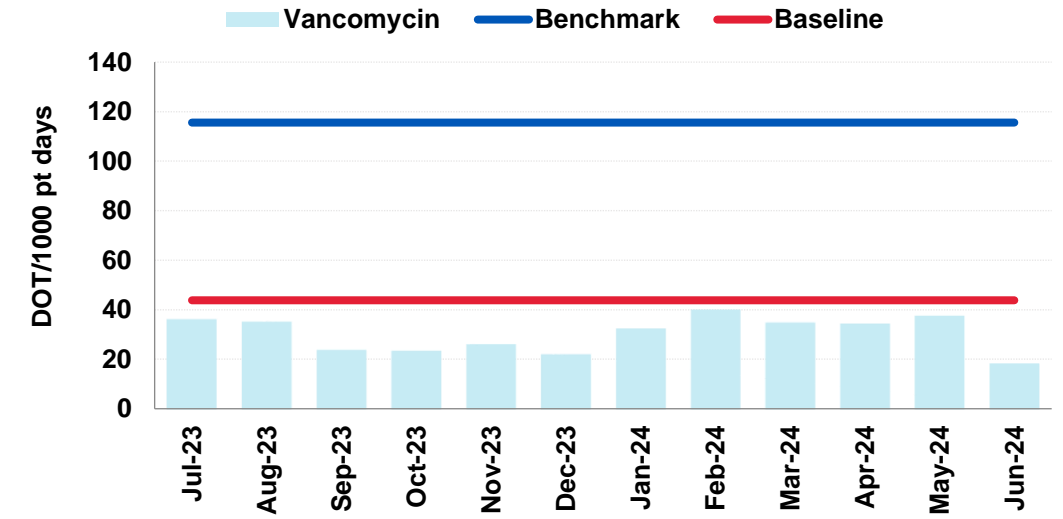


Azithromycin



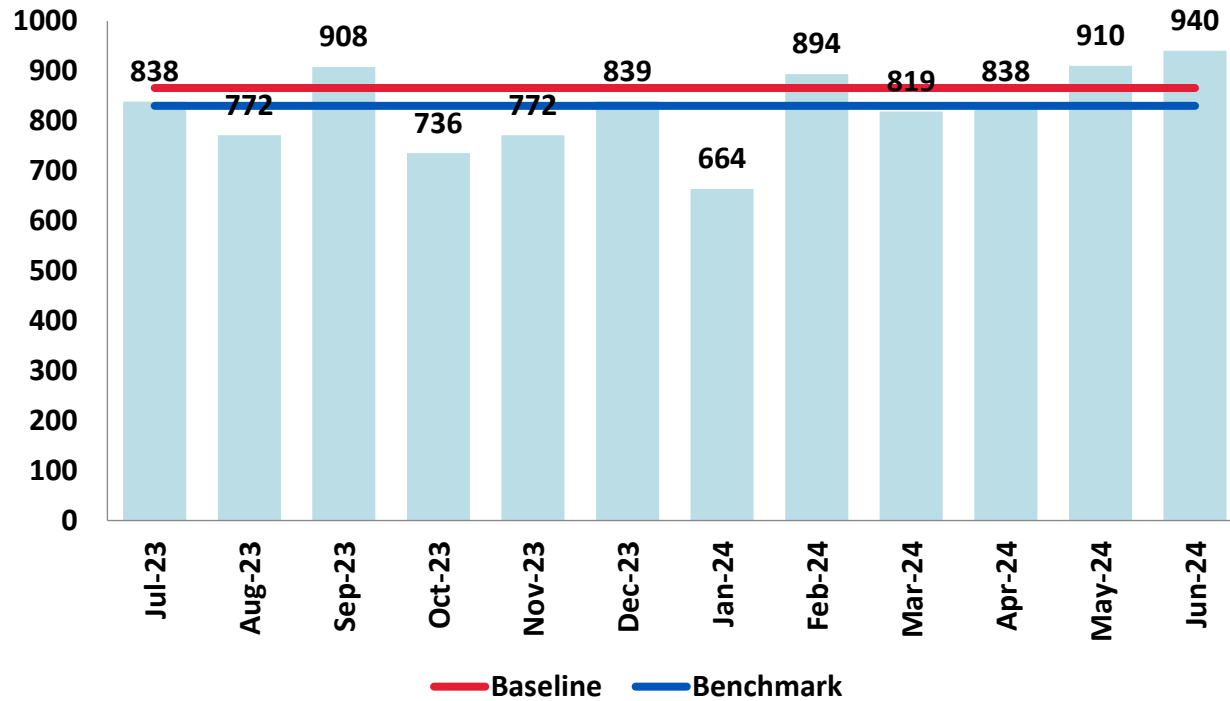
DOT/1000 days

Vancomycin

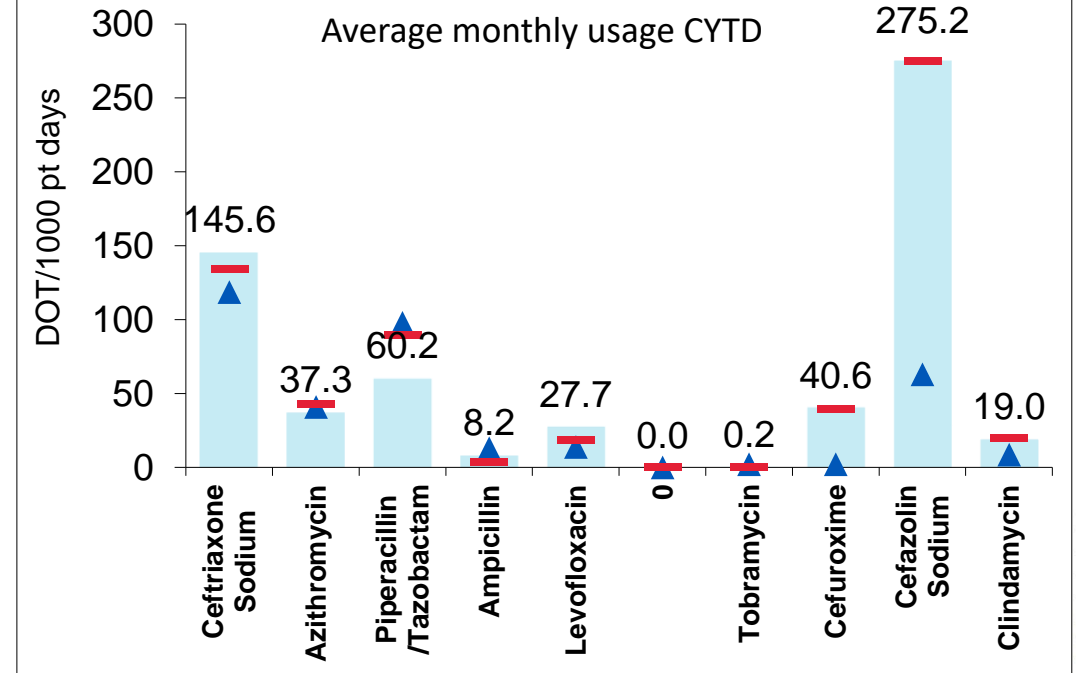


Antimicrobial Usage – LOHH Cardinal DCOA

Antibiotic Total DOT/1000 pt day trend



Top 10 Abx DOT vs Benchmark vs Baseline



Policy approval---
Oxytocin Induction and Augmentation Policy (revised)

[LDU-012 - Misoprostol.pdf](#)



Act 246 of the 2024 Louisiana Legislature—effective October 1, 2024

- Bulletin No. 24-01

[Act 246 \(SB 276\) of the 2024 Louisiana Legislature – effective October 1, 2024](#)

This [Act](#) creates the crime of coerced criminal abortion by means of fraud when a person knowingly and intentionally engages in the use of an abortion-inducing drug on a pregnant woman, without her knowledge or consent, with the intent to cause an abortion. The Act also adds the drugs mifepristone and misoprostol to Schedule IV of the State's Uniform Controlled Dangerous Substances Law. The legislature directed the Board of Pharmacy to notify all pharmacists in Louisiana about the provisions of the law and to ensure pharmacists are aware that lawful prescriptions for mifepristone and misoprostol *may be filled* in accordance with [R.S. 14:87.9\(C\)\(6\)](#).

According to [R.S. 14:87.9\(C\)\(6\)](#), which became effective August 1, 2022, a diagnosis or a diagnosis code shall be written on the prescription by the prescriber indicating that the drug is intended for a purpose other than to cause an abortion in violation of this Section of law. It also states that filling a prescription for a drug prescribed for a bona fide medical reason shall not subject the pharmacist or the pharmacy to the criminal consequences of this Section of law.

As mentioned, this state law places all mifepristone and misoprostol containing products in Schedule IV of the state list of controlled substances and will supersede the federal status of a non-controlled substance. All of our licensees are obligated to adhere to the recordkeeping, physical security, and all other requirements applicable to controlled substances listed in Schedule IV.

- Effective October 1, the procurement, possession, distribution, prescribing, and/or dispensing of mifepristone and misoprostol products shall require a current Louisiana CDS license with the Schedule IV privilege.
- For those distributors, practitioners, and pharmacies in possession of mifepristone and misoprostol products on October 1, a complete inventory of such products shall be conducted to establish an opening inventory level. The inventory record shall be stored with other controlled substance inventory records.
- Prescriptions for mifepristone and misoprostol products *issued prior to October 1* shall expire six months after the date of issue. Originally authorized refills remaining on such prescriptions shall comply with the limitations applicable to Schedule IV products: the first five refills may be dispensed within the six months following the date of issue. In the event more than five refills were originally authorized, or in the event there are any refills remaining six months after the date of issue, all such refills shall be automatically voided.



