Our Lady of Lourdes
Pharmacy and Therapeutics Committee
December 18, 2024

New Business:

- FMOLHS P&T Committee
  - Voting membership
    - ***Proposed Resolution:*** *Recommendation to the local med executive committees to amend the bylaws to increase the ad hoc membership of System P&T to 4 ad hoc members with one of those members being a pharmacist with voting privileges.*
  - Official forms update
- Tenecteplase (TNKase®) for Stroke
  - See TNK for MEC document in packet for details

Formulary Appeal:

- Methylnaltrexone (Relistor) formulary restriction edited (addition underlined):
  - Methylnaltrexone injection will be formulary restricted to palliative care, oncology, failure of NLT 2 other laxatives or <u>for patients undergoing GI surgery that are NPO that are not eligible for a stimulant</u>

Class Reviews:

- **Hemostatics, Antifibrinolytic**

Aminocaproic acid, Tranexamic acid	FORMULARY

- **Co-Enzyme Q (ubiquinone, ubiquinol)**

Coenzyme Q10 liquid and capsules	FORMULARY

- **Antilipemic Agents, miscellaneous**

Omega-3 capsules (Rx grade product)	FORMULARY
Icosapent Ethyl	NON-FORMULARY

- **Blue and Green Contrast Dyes, Intraocular**

Trypan blue (VisionBlue) Brillant blue G (TissueBlue) Indocyanine green (IC-Green)	FORMULARY

- **Indigo Carmine**

Indigotindisulfonate sodium	FORMULARY

- **IV Iron**

Sodium ferric gluconate complex (Ferrlicit®) Iron Sucrose (Venofer®)	FORMULARY
Ferric carboxymaltose (Injectafer®) Ferric derisomaltose (Monoferric®) Ferumoxytol (Feraheme®) Iron dextran (INFeD	FORMULARY – *restricted to outpatient use*

- **Iodinated Contrast Agents, Non-Ionic**

Iohexol (Omnipaque), iodixanol (Visipaque), ioversol (Optiray)	FORMULARY
Iopromide(Ultravist), iopamidol (Isovue)	NON-FORMULARY

- **Iodinated Contrast Agents, Ionic**

Diatrizoate meglumine (Cystografin®) Diatrizoate meglumine + diatrizoate sodium (Gastrografin®)	FORMULARY
Iothalamate meglumine (Conray®)	NON-FORMULARY

- **Antitussives, Part 1**

Codeine/guaifenesin oral solution Hydrocodone/homatropine syrup (Hycodan®)	FORMULARY
Codeine/promethazine, hydrocodone/chlorpheniramine (Tussionex®) hydrocodone/homatropine tablets Codeine/promethazine/phenylephrine (discontinued).	NON-FORMULARY

- **Antitussives, Part 2**

Benzonatate (Tessalon®), Dextromethorphan polistirex (Delsym®)	FORMULARY
Dextromethorphan hydrobromide (Delsym Cough®)	NON-FORMULARY

- **Hypoglycemic Treatment**

Dextrose (IV and PO), Glucagon, Diazoxide (Proglycem®)	FORMULARY
Dasiglucagon	NON-FORMULARY

- **Alcohol Use Disorder Agents**

Acamprosate (Campral)	FORMULARY
Disulfiram (Antabuse)	NON-FORMULARY
Baclofen, gabapentin, naltrexone, topiramate	FORMULARY *(agents from other class reviews)*

- **Urinary Analgesics**

Phenazopyridine Mth/MB/Hyos/Phenyl Salicy/Na Phos Monobasic (Uretron®)	FORMULARY
Pentosan polysulfate	FORMULARY – *restricted for interstitial cystitis*
Mth/MB/Hyos/Na Phos Monobasic (Urogesic Blue®)	FORMULARY – *restricted to pediatrics and G6PD*
Mth/MB/Hyos/ Phenyl Salicy/Benzoic Acid (Uribel®) and Mth/Na Salicylate (Cystex®)	NON-FORMULARY

Automatic Interchanges:

Topical Calcineurin Inhibitors					
Medication Ordered	**Dosage Form**	**Frequency**	**Formulary Medication**	**Dosage Form**	**Frequency**
Pimecrolimus (Elidel®)	Cream	BID	Tacrolimus (Protopic®)	Ointment	BID

Intranasal Anticholinergics			
Medication Ordered	**Dose and Frequency**	**Formulary Medication**	**Dose and Frequency**
Ipratropium bromide 0.03% (Atrovent®) Nasal Solution	2 sprays each nostril as directed	Ipratropium bromide 0.06% (Atrovent®) Nasal Solution	2 sprays each nostril same as ordered
Age Restriction: Age greater than or equal to 2 years old			

Consent Agenda:

ANTILIPEMIC SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENT	
Inclisiran (Leqvio®)	FORMULARY – *restricted to outpatient use*
SLEEP AIDS	
Melatonin Zolpidem immediate release	FORMULARY
Ramelteon, tasimelteon Zolpidem CR, zaleplon, eszopiclone, daridorexant, lemborexant, and suvorexant	NON-FORMULARY
CNS STIMULANTS	
Modafinil	FORMULARY
Armodafanil, pitolisant, solriamfetol, Adzenus XR-ODT, Evekeo ODT, Cotempla XR-ODT, Daytrana, QuilliChew	NON-FORMULARY
All other formulations	FORMULARY, not stocked
ANTIVIRALS	
Acyclovir, valacyclovir, cidofovir, ganciclovir, valganciclovir, foscarnet, doconasol	FORMULARY
Famciclovir, Xerese, Denavir	NON-FORMULARY
Acyclovir ointment	FORMULARY – *restricted for large affected BSA*
AMPHOTERICIN B	
Ambisome, Amphotericin B	FORMULARY
Abelcet	NON-FORMULARY
THYROID AGENTS	
Levothyroxine oral tablets, IV solution, & oral suspension liothyronine oral tablet, desiccated thyroid	FORMULARY
Liothyronine IV	NON-FORMULARY
GLYCOPROTEIN IIb/IIIa RECEPTOR ANTAGONISTS	
Eptifibatide (Integrilin®)	FORMULARY
Tirofiban (Aggrastat®)	NON-FORMULARY
THROMBOLYTIC AGENTS	
Alteplase (Activase®), Tenecteplase (TNKase®)	FORMULARY
Retavase	NON-FORMULARY
ANTIDEPRESSANTS, SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS	
Venlafaxine, venlafaxine XR, duloxetine	FORMULARY
Desvenlafaxine (Pristiq®)	FORMULARY, *not stocked*
levomilnacipran (Fetzima®), and milnacipran (Savella®)	NON-FORMULARY
ANTIDEPRESSANTS, SELECTIVE SEROTONIN REUPTAKE INHIBITORS	
Citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline	FORMULARY
Fluoxetine ER, fluvoxamine ER, paroxetine ER	NON-FORMULARY
ANTIDEPRESSANTS, SEROTONIN REUPTAKE INHIBITOR/ANTAGONIST	
Trazodone	FORMULARY
Nefazodone	NON-FORMULARY

ANTIDEPRESSANT, ALPHA-2 ANTAGONIST	
Mirtazapine	FORMULARY
NEUROMUSCULAR BLOCKERS, NON-DEPOLARIZING	
Cisatracurium, rocuronium, vecuronium, atracurium	FORMULARY
ANTIARRHYTHMICS, CLASS Ia	
Disopyramide, procainamide, quinidine	FORMULARY
ANTIARRHYTHMICS, CLASS Ib	
Mexiletine, lidocaine	FORMULARY
ANTIARRHYTHMICS, CLASS Ic	
Flecainide, propafenone	FORMULARY
Propafenone SR	NON-FORMULARY
ANTIARRHYTHMICS, CLASS III	
Amiodarone, dronedarone, dofetilide, sotalol	FORMULARY
Ibutilide	NON-FORMULARY
ANTIARRYHTHMICS, CLASS IV	
Adenosine	FORMULARY
CARDIOTONIC AGENT	
Digoxin	FORMULARY
HEPATITIS B IMMUNE GLOBULIN	
HyperHEP B S/D, Nabi HB	FORMULARY
HepaGam B	NON-FORMULARY
ANTIPSYCHOTICS, ATYPICAL, INJECTIBLE	
Invega Sustenna, Risperdal Consta, Geodon, Zyprexa IntraMuscular, Abilify Maintena, Aristada	FORMULARY
Zyprexa Relprevv, Aristada Initio, Invega Trinza, Perseris, Invega Hafyera	NON-FORMULARY
ANTIPSYCHOTICS, ATYPICAL, ORAL/TOPICAL	
Clozapine (Clozaril), risperdone (Risperdal, Risperdal M-Tab), ziprasidone (Geodon), aripiprazone (Abilify), lurasidone (Latuda), olanzapine (Zyprexa, Zyprexa Zydis), quetiapine (Seroquel)	FORMULARY
Iloperidone (Fanapt), Abilify DISCMELT, Rexulti, Seroquel XR, Zyprexa Zydis, Versacloz, Fazaclo, Vraylar, Secuado, Nuplazid	NON-FORMULARY
Saphris	FORMULARY – *restricted to the psychiatry specialty and home med continuation*
ANTIPSYCHOTICS, TYPICAL, ORAL	
Chlorpromazine, perphenazine, prochlorperazine, fluphenazine haloperidol, loxapine, thiothixene	FORMULARY
Thioridazine, trifluoperazine molindone, pimozide	NON-FORMULARY
ANTIPSYCHOTICS, TYPICAL, INJECTABLE	
Haldol decanoate, Haloperidol lactate injection, Chlorpromazine injection, prochlorperazine injection	FORMULARY
Fluphenazine decanoate	FORMULARY – *restricted to failed Haldol decanoate therapy*

OPHTHALMIC AGENTS ANTIHISTAMINES	
Ketotifen ophthalmic, all formulations	FORMULARY
Alcaftadine, azelastine, bepotastine, epinastine, olopatidine	NON-FORMULARY
OPTHALMIC STEROIDS	
Prednisolone ophthalmic, all formulations	FORMULARY
Difluprednate (Durezol®)	FORMULARY - *restricted to ocular pain and inflammation with ocular surgery*.
All ophthalmic formulations of dexamethasone, fluorometholone, & loteprednol	NON-FORMULARY
OPHTHALMIC ANTIMICROBIALS	
All ophthalmic formulations of gentamicin, & Tobradex	FORMULARY
Dexamethasone/neomycin/polymyxin B (Maxitrol, Neopolydex)	FORMULARY – *restricted to pediatrics*
All ophthalmic formulations of tobramycin, sulfacetamide, & sulfacetamide/prednisolone	NON-FORMULARY
PHOSPHODIESTERASE INHIBITORS	
All formulations of Revatio®	FORMULARY
All formulations of avanafil, Viagra, tadalafil, and vardenafil	NON-FORMULARY

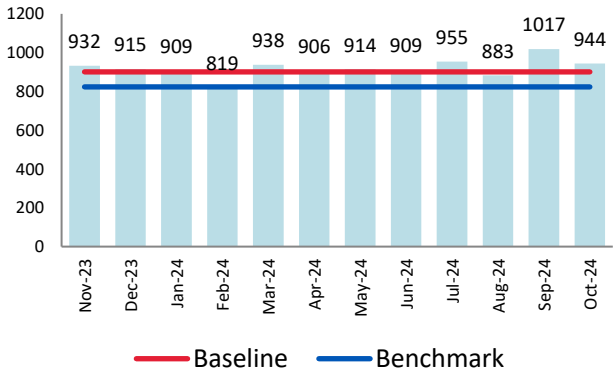
VACCINES	NON-FORMULARY	FORMULARY (*restriction*)
Tetanus & diphtheria toxoids (dtap)	Infanrix	Daptacel (*peds*)
Tetanus toxoid, reduced diphtheria, acellular pertussis (Tdap)	Boostrix	Adacel
Tetanus and diphtheria toxoids (Td)	TDVAX	Tenivac
Measles, mumps, and rubella vaccine (MMR)		MMR II
Varicella vaccine (var)		Varivax
Zoster vaccine (live) (zvl)	Zostavax (DSC)	
Zoster vaccine, recombinant (inactivated) (rzv)		Shingrix
Human papillomavirus vaccine (hpv)		Gardasil (*outpt clinics*)
13-valent pneumococcal conjugated vaccine (PCV13)	Prevnar 13 (DSC)	
15-valent pneumococcal conjugated vaccine (PCV15)		Vaxneuvance (*peds*)
20-valent pneumococcal conjugated vaccine (PCV20)		Prevnar 20
23-valent pneumococcal polysaccharide vaccine (PPSV23)		Pneumovax 23 (*series completion*)
Hepatitis A vaccine (Hep A)	Havrix	Vaqta
Hepatitis A vaccine & Hepatitis B vaccine (Hep A-Hep B)		Twinrix
Hepatitis B vaccine (Hep B)	Engerix-B	Heplisav-B
Serogroups A,C,W, and Y Meningococcal vaccine (MENACWY)	Menactra (DSC)	MenQuadfi Menveo *(<2 YO/already started)*
Serogroup B Meningococcal Vaccine (menb)		Trumemba Bexsero (*not preferred*)
Haemophilos Influenzae Type B Vaccine (Hib)	PedVaxHIB, Hiberix	ActHIB
BCG		TICE BCG
Japanese Enceph Vacc SA14-14-2		Ixiaro (*outpt clinics*)
Rabies vaccine	Rabavert	Imovax
Typhoid vaccine, inactivated		Typhim VI (*outpt clinics*)
Yellow fever vaccine		YF-Vax

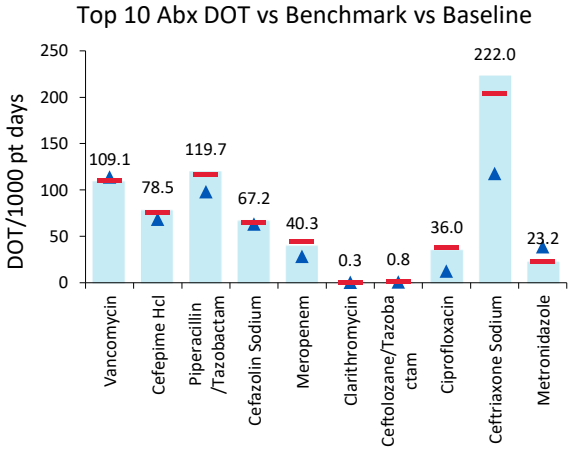
HEME-MALIGNANCY/STEM CELL THERAPY MEDICATIONS

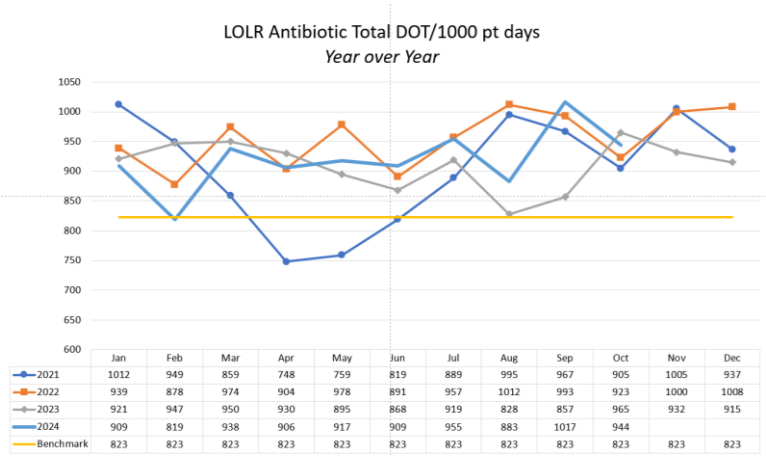
- **Palonosetron (Aloxi):**
  - Current formulary status: Restricted to use in outpatient oncology setting and inpatients on cisplatin therapy
  - Formulary status update: *Restricted to use in outpatient oncology setting and inpatients on cisplatin therapy, stem cell transplant plans, and induction acute leukemia plans where appropriate.*
- **Gemtuzumab ozagamicin (Mylotarg)**
  - Current formulary status: Formulary, restricted to outpatient use only.
  - Formulary status update: *Formulary, no restrictions.*
- **Ioncastuximab tesirine (Zynlonta)**
  - Current formulary status: Formulary, restricted to outpatient use only.
  - Formulary status update*: Formulary, no restrictions.*
- **Daratumumab (Darzalex)**
  - Current formulary status: Formulary, restricted to outpatient use only.
  - Formulary status update: *Formulary, no restrictions.*
- **Daratumumab-Hyaluronidase (Darzalex Faspro)**
  - Current formulary status: Formulary, restricted to outpatient use only.
  - Proposed formulary status update: *Formulary, no restrictions.*
- **Tocilizumab (Actemra)**
  - Current formulary status: Formulary, restricted to use in the outpatient setting. Temporarily approved for use in cytokine storm related to COVID-19.
  - Formulary status update: *Formulary, restricted to use in the outpatient setting. Restricted use in inpatient setting for oncology patients with cytokine release syndrome related to: bi-specific T-cell engaging therapy; Chimeric antigen receptor T-cell therapy (CAR T-cell Therapy); or post allogeneic stem cell transplant. Temporarily approved for inpatient use in cytokine storm related to COVID-19.*

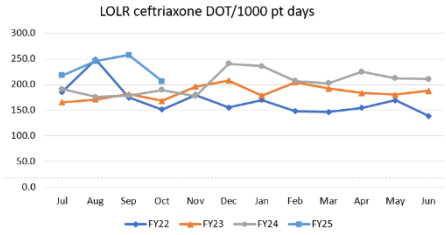
Antimicrobial Stewardship

- **Antimicrobial Usage LOLR (ACC)**

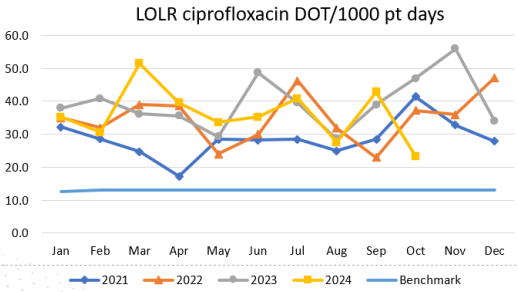


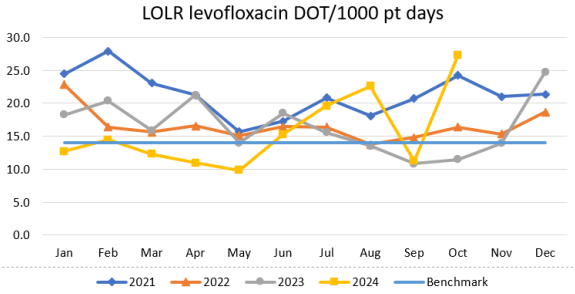


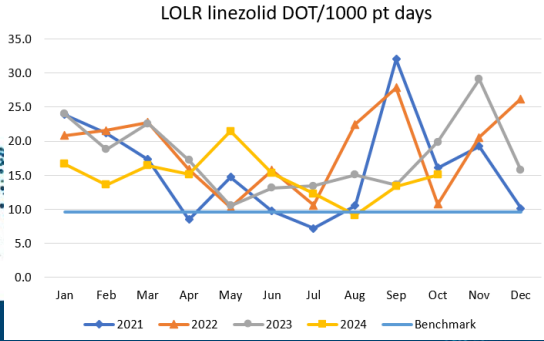


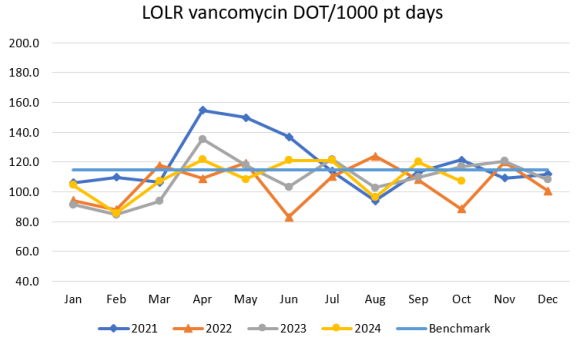


Goal: Reduce ceftriaxone usage for FY2025 by 20% compared to FY2024
- Duration
- Guideline adherence

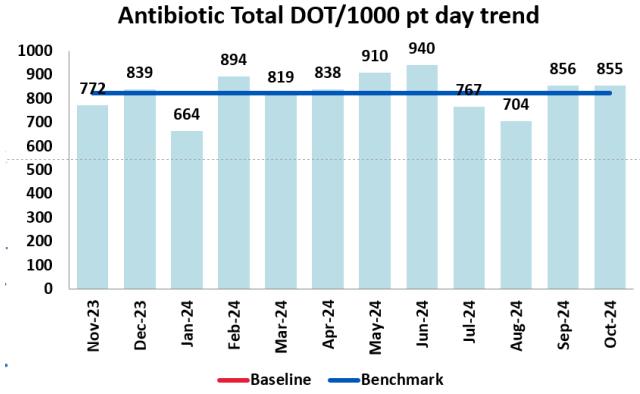


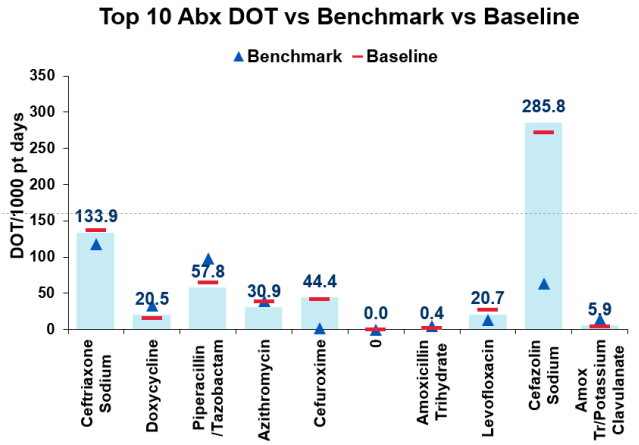




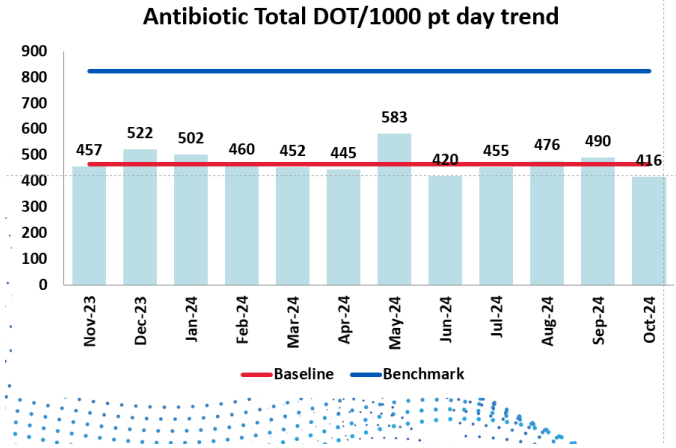


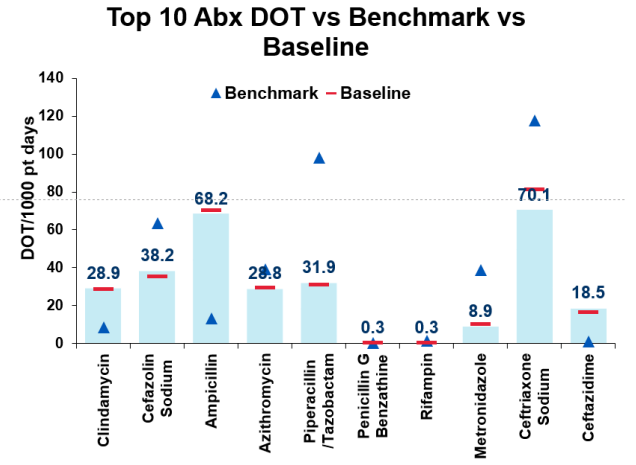
- **Antimicrobial Usage LOHH**

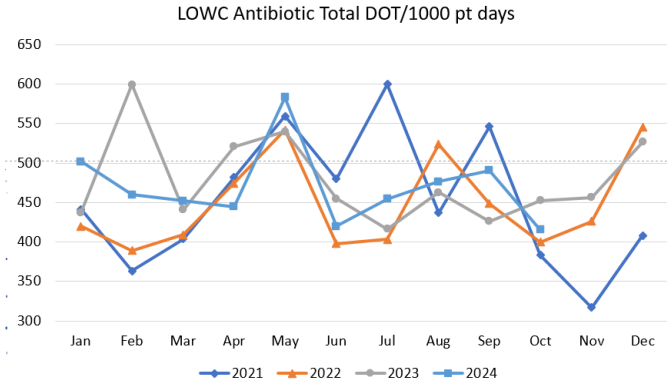


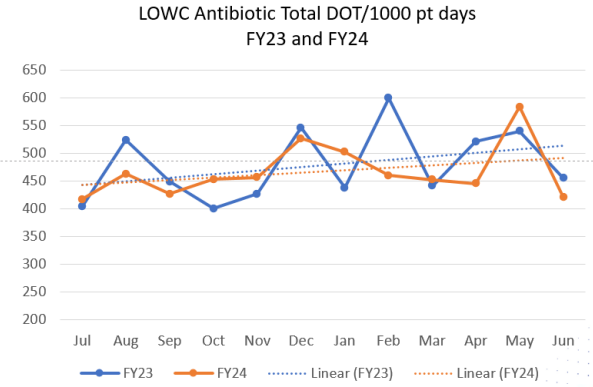


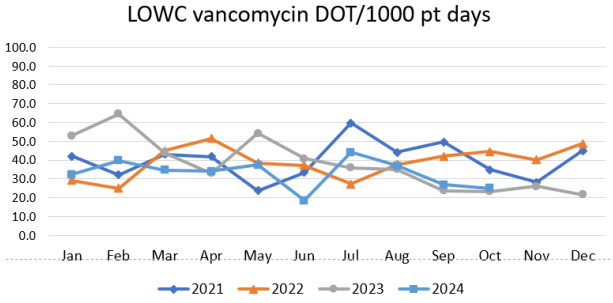
- **Antimicrobial Usage LOWC**

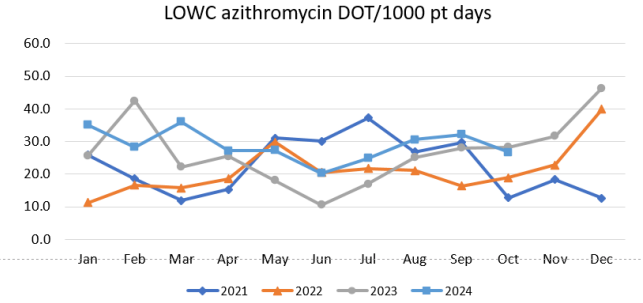


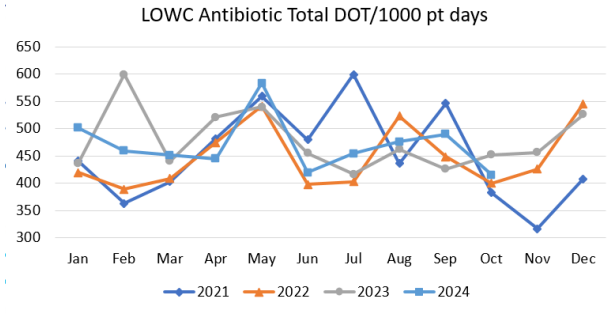


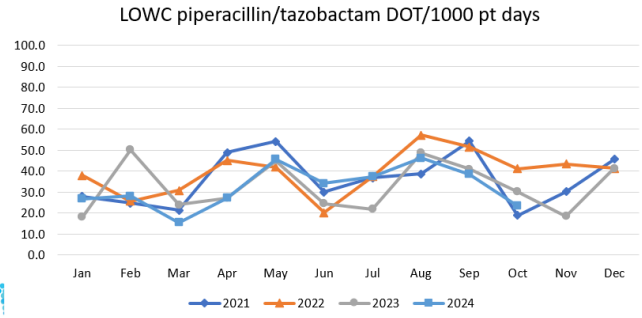





LOWC vancomycin DOT/1000 pt days
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2021 2022 2023 2024


LOWC azithromycin DOT/1000 pt days
60.0
50.0
40.0
30.0
20.0
10.0
0.0
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2021 2022 2023 2024


LOWC Antibiotic Total DOT/1000 pt days
650
600
550
500
450
400
350
300
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2021 2022 2023 2024


LOWC piperacillin/tazobactam DOT/1000 pt days
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2021 2022 2023 2024