

Pharmacy and Therapeutics Committee

February 22, 2024



Prayer



Approval of Minutes



FMOLHS System P&T Committee

Formulary Clarification



FMOLHS System P&T Formulary Clarification

INFLIXIMAB, BIOSIMILARS	
Renflexis	FORMULARY (preferred)
Remicade, Inflectra, Avsola	FORMULARY (non-preferred) – restricted to outpatient

RITUXIMAB, BIOSIMILARS	
Truxima	FORMULARY (preferred)
Rituxan, Ruxience, Riabni	FORMULARY (non-preferred) – restricted to outpatient
Rituxan Hycela	FORMULARY – restricted to outpatient



FMOLHS System P&T Committee

Formulary Appeal



FMOLHS System P&T Formulary Appeal

Trihexyphenidyl Oral Solution

- Added to formulary for pediatric population
 - Pediatric indication: Dystonia in cerebral palsy



FMOLHS System P&T Committee

Formulary Requests



FMOLHS System P&T Formulary Requests

Cefiderocol (Fetroja®)

- Cephalosporin FDA-approved for the treatment of complicated UTI, including pyelonephritis, and hospital-acquired and ventilator-associated bacterial pneumonia (HABP/VABP)
- Activity against carbapenem-resistant *Acinetobacter*, MDR *Stenotrophomonas*, and select resistance genes like NDM, OXA-48, VIM/IMP
- Can be used for bloodstream infections and urinary tract infections unlike tetracyclines



FMOLHS System P&T Committee

Class Reviews



FMOLHS System P&T Recommendations:

FOUR-FACTOR PROTHROMBIN COMPLEX CONCENTRATE	
Balfaxar® (prothrombin complex concentrate, human)	FORMULARY
Kcentra® (prothrombin complex concentrate, human)	NON-FORMULARY



FMOLHS System P&T Recommendations:

AROMATASE INHIBITORS	
Anastrozole (Arimidex) Letrozole (Femara) Exemestane (Aromasin)	FORMULARY
Ribociclib/letrozole (Kisqali Femara Co-Pack®)	NON-FORMULARY

ESTROGEN RECEPTOR ANTAGONISTS/MODIFIERS	
Raloxifine (Evista®) Tamoxifen (Soltamox®)	FORMULARY
Fulvestrant (Faslodex®)	FORMULARY – restricted to outpatient
Toremifene (Fareston®) Elacestrant (Orserdu®)	NON-FORMULARY



FMOLHS System P&T Recommendations:

ANTIGONADOTROPINS

Cetrorelix (Cetrotide®), Ganirelix (Fyremadel®) Degarelix (Firmagon®), Relugolix (Orgovyx®) Elagolix (Orilissa®)	FORMULARY – <i>restricted to outpatient</i>
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GONADOTROPIN RELEASING HORMONE (GnRH) AGONISTS, LEUPROLIDE

Leuprolide acetate (Lupron®)	FORMULARY
Leuprolide acetate (Lupron Depot®*, Lupron Depot-Ped®, Eligard®, Fensolvi®) Leuprolide mesylate (Camcevi®)	FORMULARY – <i>restricted to outpatient</i>

***Lupron Depot** will be restricted and available via the non-formulary process for patients with Prostate Cancer with spinal metastasis that require urgent treatment .



FMOLHS System P&T Recommendations:

GONADOTROPIN RELEASING HORMONE (GnRH) AGONISTS, OTHER

Triptorelin pamoate (Trelstar [®] , Triptodur [®]) Goserelin acetate (Zoladex [®]) Histrelin acetate (Supprelin LA [®]) Naferelin acetate (Synarel [®])	FORMULARY – <i>restricted to outpatient</i>
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CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS

Eptinezumab-jjmr (Vyepti [®])	FORMULARY – <i>restricted to outpatient use pursuant to prior authorization</i>
Galcanezumab-gnlm (Emgality [®]), Fremanezumab-vfrm (Ajovy [®]), Erenumab (Aimovig [®])	NON-FORMULARY
Rimegepant (Nurtec ODT [®])	FORMULARY
Ubrogapant (Ubrelvy [®]), Zavegepant (Zavzpret [®])	NON-FORMULARY



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Automatic Interchange proposals



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Automatic Interchange Proposals

****Note:** Applicable only to Age LESS THAN than 2 years old

Topical Azoles					
Medication Ordered	Dosage Form	Strength	Frequency	Formulary Medication	Frequency
Ciclopirox (Loprox®)	Cream	1%	As directed	Miconazole 2% Topical Cream	Same as Ordered
Oxiconazole (Oxistat®)	Cream, Lotion	1%	As directed		
Clotrimazole (Lotrimin®)	Cream, Lotion	1%	As directed		
Econazole (Spectazol®)	Cream, Foam	1%	As directed		
Nystatin (various)	Cream, Ointment		As directed		
Tolnaftate (various)	Cream	1%	As directed		
Ketoconazole (Nizoral®)	Cream, Foam, Gel	2%	As directed		
Ciclopirox (Loprox®)	Shampoo	1% or 2%	As directed	Ketoconazole 1% Shampoo	Same as Ordered
Butenafine (Lotrimin Ultra®, Mentax®)	Cream	1%	As directed	Terbinafine 1% Topical Cream (Lamisil)	Same as Ordered
Naftifine (Naftin®)	Cream, Gel	1% or 2%	As directed		
Any antifungal powder (various)	Powder		As directed	Miconazole 2% Powder (Zeasorb)	Same as Ordered
Clotrimazole-Betamethasone (Lotrisone®)	Cream, Lotion	1%-0.05%	As directed	Miconazole 2% Cream	Same as Ordered
				Triamcinolone 0.025%	Same as Ordered

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Automatic Interchange Proposals

Medication Ordered	Brand Name	Dosage form	Dose and Frequency	Formulary Medication	Dosage Form	Dose and Frequency
Triamterene/HCTZ (37.5mg/25mg)	Dyazide	Capsules	1 Capsule Daily	Triamterene/HCTZ (37.5mg/25mg)	Tablet	1 Tablet Daily
Triamterene/HCTZ (75mg/50mg)	Maxzide-75	Tablets	1 Tablet Daily	Triamterene/HCTZ (37.5mg/25mg)	Tablets	2 Tablets Daily
Triamterene	Dyrenium	Capsules	50 mg Daily	Triamterene/HCTZ (37.5mg/25mg)	Tablet	1 Tablet Daily
Triamterene	Dyrenium	Capsules	100 mg Daily	Triamterene/HCTZ (37.5mg/25mg)	Tablet	2 Tablets Daily
Amiloride/HCTZ (5mg/50mg)	Moduretic	Tablets	1 Tablet Daily	Triamterene/HCTZ (37.5mg/25mg)	Tablet	2 Tablets Daily



FMOLHS System P&T Committee

Consent Agenda Class Review
Recommendations Summary



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Consent Agenda Class Review Recommendations Summary

Anticonvulsants Hydantoin

Phenytoin, all dosage forms	FORMULARY
Fosphenytoin	FORMULARY

Anticonvulsants Barbiturates

Phenobarbital tablets, elixir, and injection	FORMULARY
Primidone	FORMULARY

Anticonvulsants Dibenzapine

Carbamazepine immediate release tablets Carbamazepine extended release tablets Carbamazepine oral suspension Oxcarbazepine immediate release tablets Oxcarbazepine oral suspension	FORMULARY
Carbamazepine ER capsules, Carbamazepine chewable tablets Oxcarbazepine ER tablets, Eslicarbazepine	NON-FORMULARY

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Consent Agenda Class Review Recommendations Summary

Anticonvulsants GABA	
Gabapentin capsules and oral suspension	FORMULARY
Vigabatrin	FORMULARY – <i>restricted to hospitals registered with the REMS program (Lourdes is not)</i>
Gabapentin ER, Gabapentin tablets, Tiagabine	NON-FORMULARY
Anticonvulsants Misc 1	
Topiramate IR tablets and sprinkle capsules	FORMULARY
Topiramate oral solution, rufinamide	FORMULARY – <i>restricted to pediatrics</i>
Cannabidiol	FORMULARY - <i>restricted to Lennox-Gastaut & Dravet Syndromes</i>
Fenfluramine and Stiripentol	NON-FORMULARY



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Consent Agenda Class Review Recommendations Summary

Anti-parkinsons agents MOAB inhibitors	
Rasagiline tablets, Selegiline tablets	FORMULARY
Selegiline ODT, Selegiline patch Selegiline capsules , Safinamide	NON- FORMULARY

Anti-parkinsons agents Misc	
Trihexyphenidyl tablets	FORMULARY
Trihexyphenidyl oral solution	FORMULARY– <i>restricted to pediatrics</i>
Istradefylline	NON-FORMULARY



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Consent Agenda Class Review Recommendations Summary

Anti-parkinsons agents COMT inhibitors

entacapone	FORMULARY
opicapone, tolcapone	NON-FORMULARY

Anti-parkinsons agents Dopamine agonists

Amantadine immediate release pramipexole immediate release ropinirole immediate release	FORMULARY
apomorphine, rotigotine, Amantadine extended release pramipexole extended release, ropinirole extended release	NON-FORMULARY



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Consent Agenda Class Review Recommendations Summary

Ophthalmic Antimicrobials	
Erythromycin ointment Ofloxacin, all ophthalmic formulations	FORMULARY
Moxifloxacin (Vigamox®)	FORMULARY – <i>restricted to retinopathy of prematurity and surgery settings</i>
All ophthalmic formulations of ciprofloxacin, moxifloxacin (Moxeza®), gatifloxacin, levofloxacin	NON-FORMULARY

Bone Resorption Inhibitors	
Pamidronate Zoledronic acid (Zometa®)	FORMULARY
Zoledronic acid (Reclast®) Ibandronate (Boniva®) Denosumab (Prolia®, Xgeva®)	FORMULARY – <i>restricted to outpatient</i>
Alendronate Risedronate	NON-FORMULARY

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Consent Agenda Class Review Recommendations Summary

P2Y12 Inhibitors	
Clopidogrel	FORMULARY
Ticagrelor	
Prasugrel	FORMULARY – <i>for patients who cannot tolerate ticagrelor and are resistant to clopidogrel</i>
Cangrelor	FORMULARY - restricted to use in patients that have not been preloaded with an oral antiplatelet drug prior to arriving in the Cath Lab, use in patients that are experiencing a cardiac arrest that cannot swallow and oral antiplatelet drug, or as a bridge in patients anticipated to undergo Cardiac Surgery.

Calcitonin	
Calcitonin nasal spray	FORMULARY
Calcitonin IM	FORMULARY – <i>restricted to 2 doses in patients with symptomatic hypercalcemia and uncorrected calcium level of at least 13</i>



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Consent Agenda Class Review Recommendations Summary

ACE Inhibitors	
Lisinopril, enalapril/enalaprilat	FORMULARY
Benazepril, quinapril, ramipril, captopril, fosinopril, moexipril, perindopril, trandolapril	NON-FORMULARY

Angiotensin Receptor Antagonists	
Losartan, valsartan, valsartan/sacubitril (Entresto®)	FORMULARY
Candesartan, irbesartan, olmesartan, telmisartan, azilsartan	NON-FORMULARY



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Consent Agenda Class Review Recommendations Summary

HMG Co-A Reductase Inhibitors	
Atorvastatin	FORMULARY
Simvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin	NON-FORMULARY

Proton Pump Inhibitors	
Pantoprazole	FORMULARY
Esomeprazole and omeprazole	FORMULARY – <i>restricted to pediatrics</i>
Lansoprazole Solu-Tab	FORMULARY – <i>restricted to enteral tubes</i>
Dexlansoprazole and rabeprazole	NON-FORMULARY



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Consent Agenda Class Review Recommendations Summary

5-HT3 Receptor Antagonists	
Ondansetron	FORMULARY
Palonosetron	FORMULARY - <i>restricted to outpatient setting and inpatients on cisplatin therapy.</i>
Granisetron	FORMULARY - <i>restricted to pediatrics who have failed ondansetron therapy.</i>
Netupitant-palonosetron fosnetupitant-palonosetron dolasetron	NON-FORMULARY

Optical Imaging/Diagnostic Agent	
Aminolevulinic Acid (Gleolan)	FORMULARY – <i>restricted to surgeons who have completed appropriate training and have appropriate equipment on site.</i>



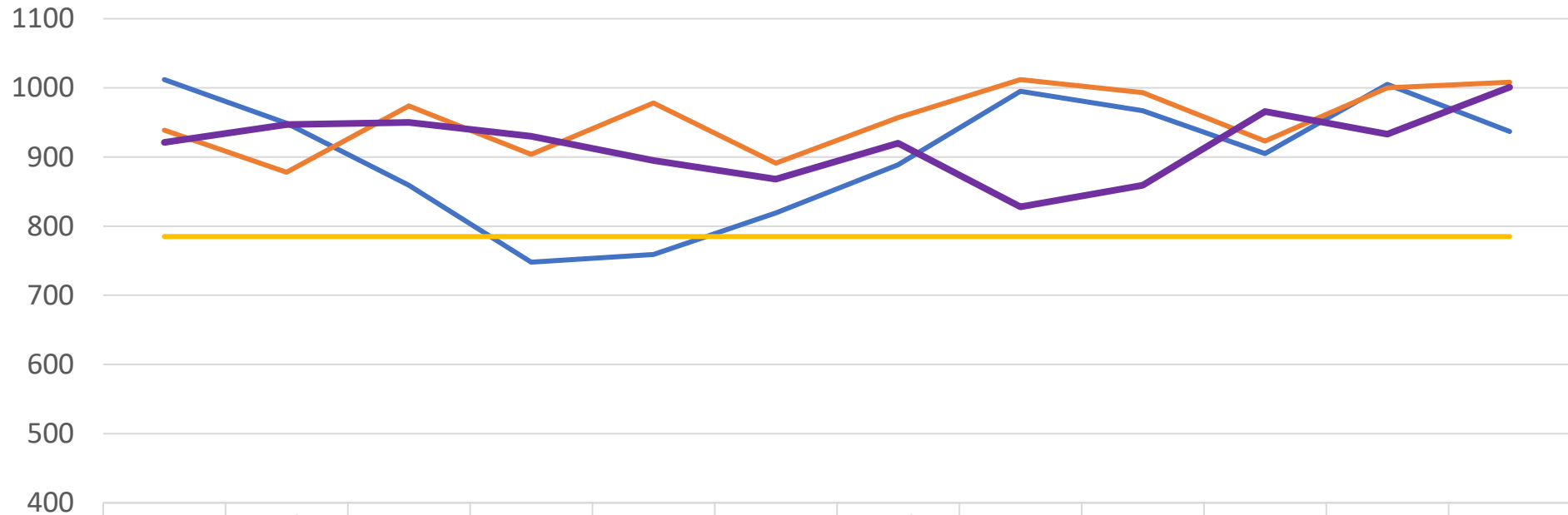
FMOLHS System P&T Committee

Antimicrobial Stewardship



Antimicrobial Usage – LOLR (Cardinal DCOA)

LOLR Antibiotic Total DOT/1000 pt days

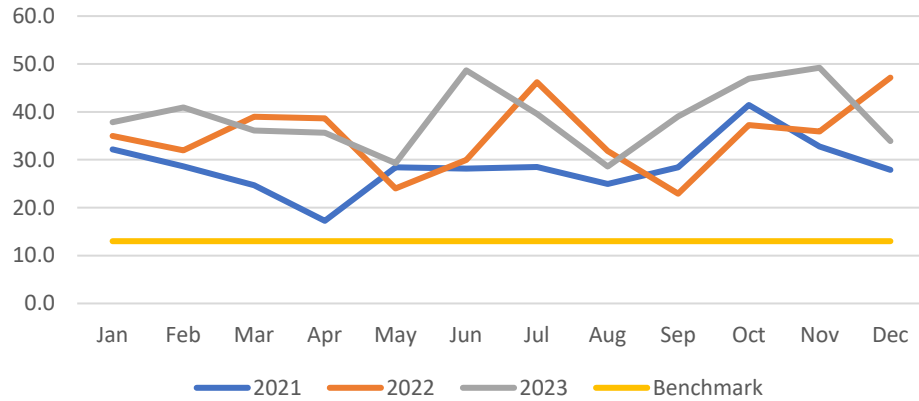


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
— 2021	1012	949	859	748	759	819	889	995	967	905	1005	937
— 2022	939	878	974	904	978	891	957	1012	993	923	1000	1008
— 2023	921	947	950	930	895	868	920	828	859	966	933	1001
— Benchmark	785	785	785	785	785	785	785	785	785	785	785	785

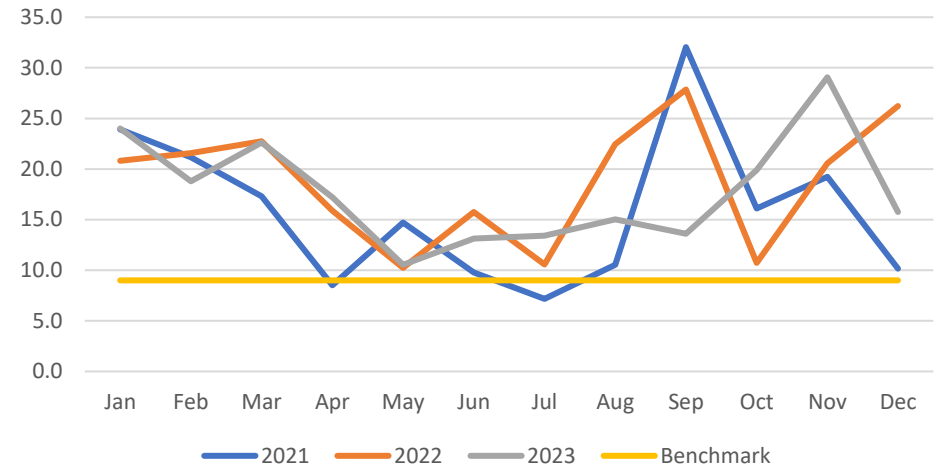


Antimicrobial Usage – LOLR Cardinal DCOA

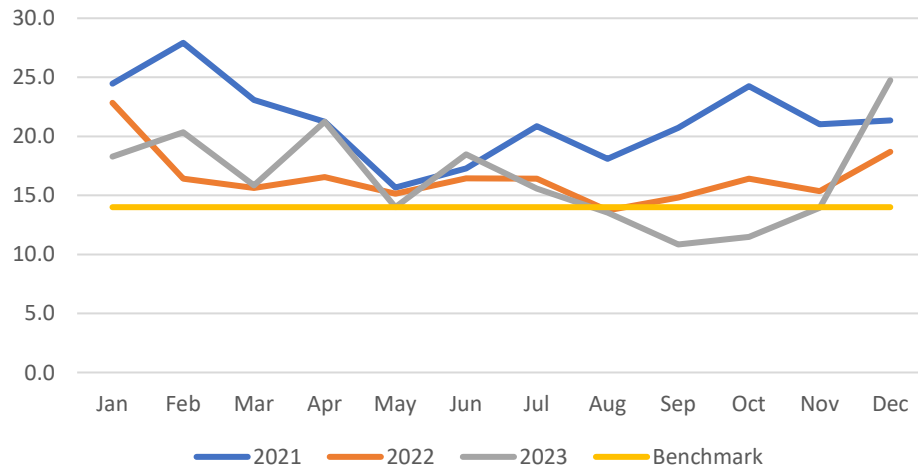
LOLR ciprofloxacin DOT/1000 pt days



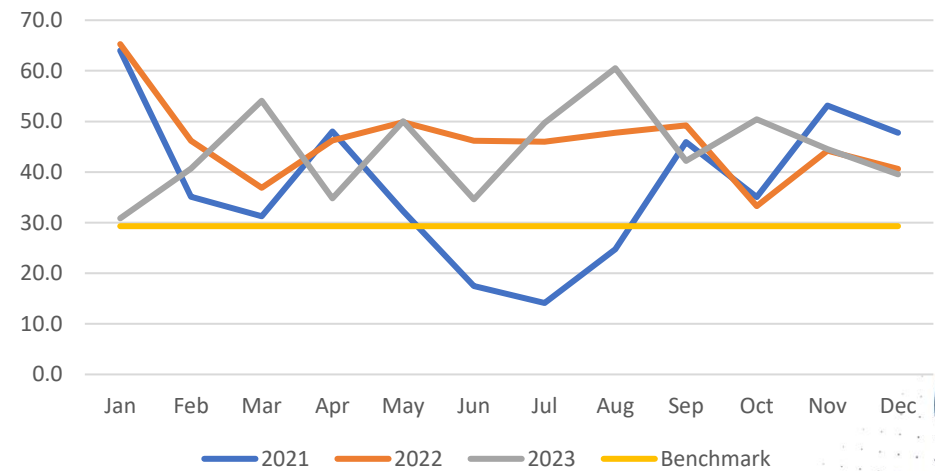
LOLR linezolid DOT/1000 pt days



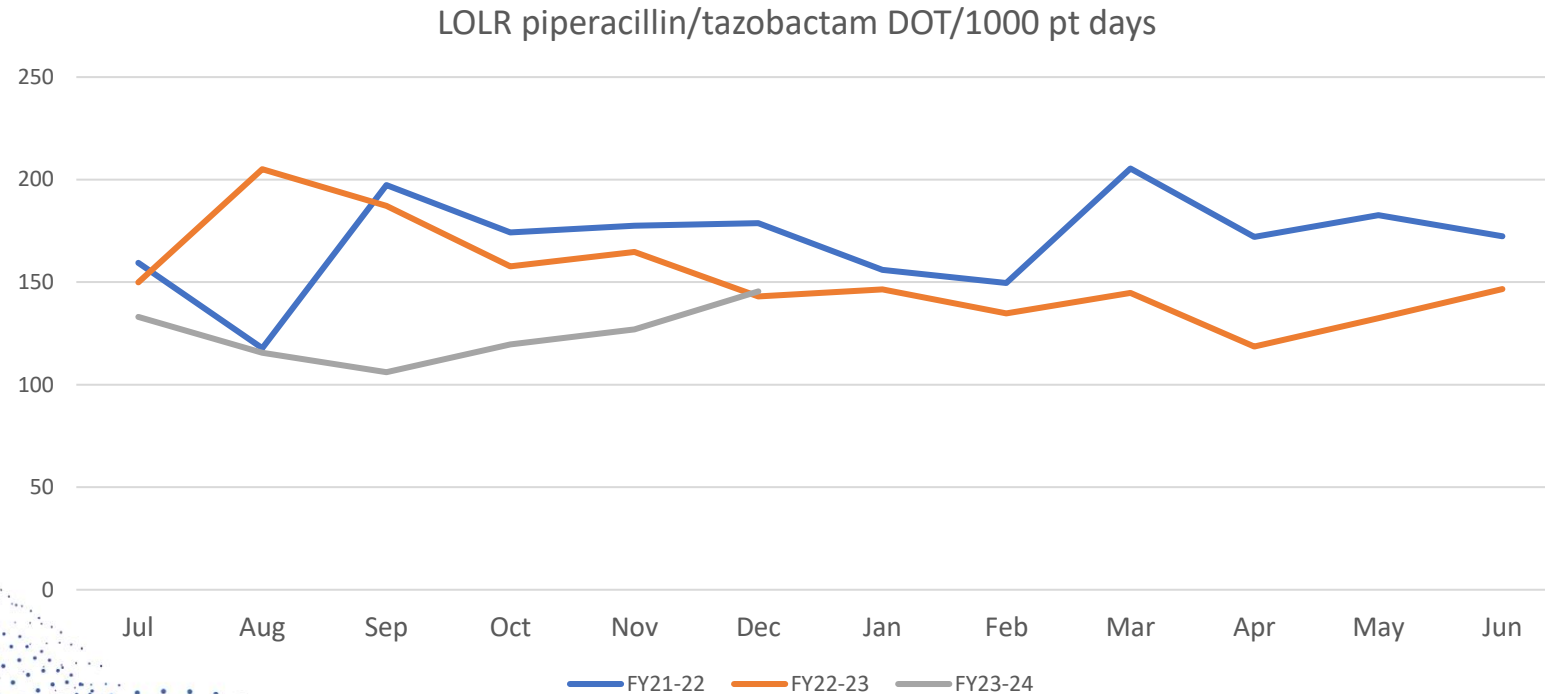
LOLR levofloxacin DOT/1000 pt days



LOLR meropenem DOT/1000 pt days

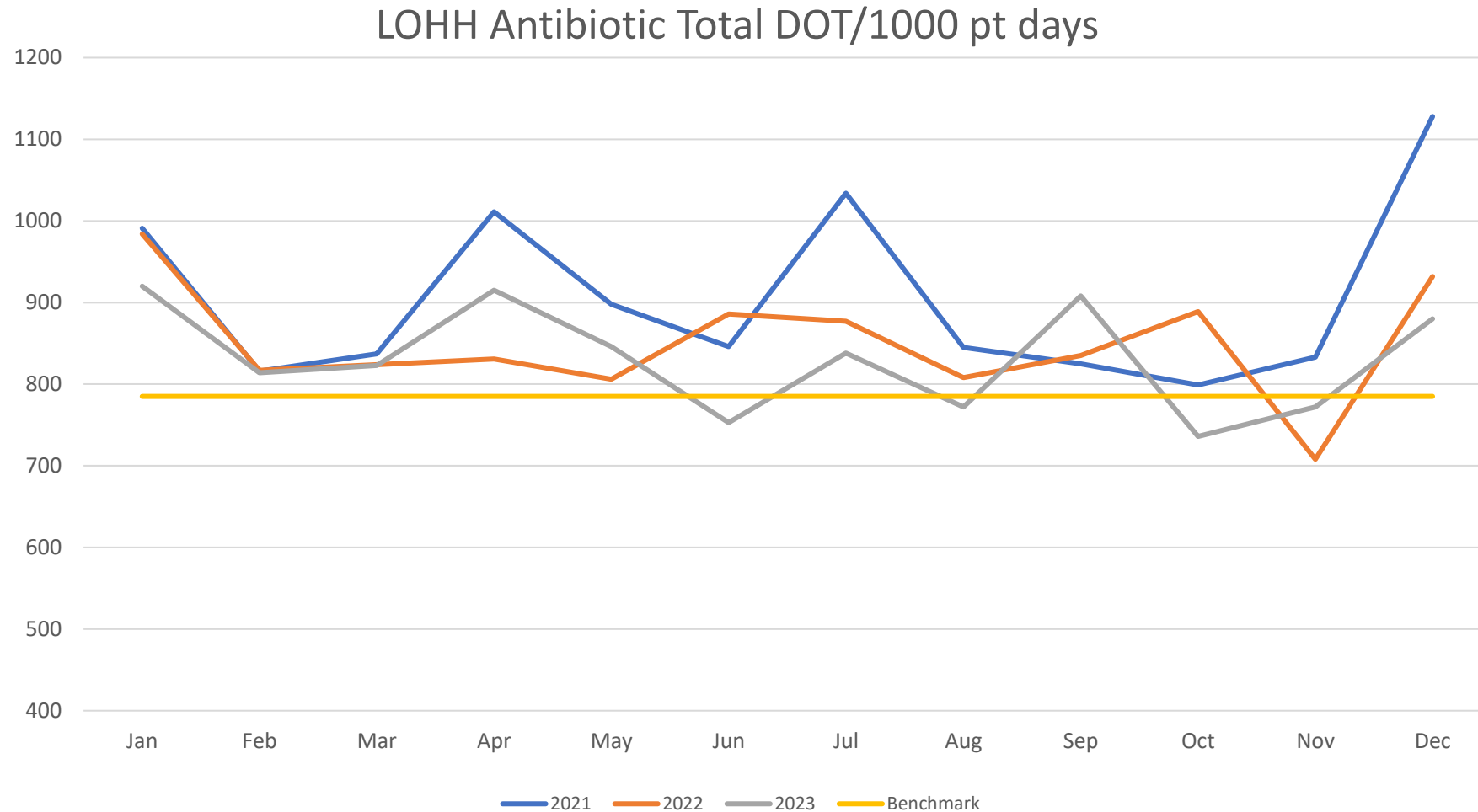


Antimicrobial Usage – ACC Cardinal DCOA



FY 21-22	FY 22-23	FYTD 23-24
170 DOT/1000 pt days	153 DOT/1000 pt days (-10%)	125 DOT/1000 pt days (-18%)
Goal: 25% reduction for FY 23-24 = 114.75 DOT/1000 pt days		

Antimicrobial Usage – LOHH Cardinal DCOA



Antimicrobial Usage – LOWC Cardinal DCOA

LOWC Antibiotic Total DOT/1000 pt days

