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Health | we healthcare.™



Pharmacy + Therapeutics Committee
February 11, 2026 (*canceled due to*
***Joint Comm*)**



Prayer



Approval of Minutes



FMOL System P&T Committee

Formulary Workflow, Forms, Policies, SOPs

System Policy 5029 Automated Dispensing Cabinets (Local PHY.048)

- **FMOL Override List – Addendum to Acadiana Market List**
- **Request by ED Medical Director to add albuterol**
- **HH—override medication request:**
 - Albumin
 - Midazolam,
 - Milrinone
 - Vasopressin
- **Presenting to Acadiana P&T for discussion/approval**
- **April/Automated Dispensing Cabinet Override**



FMOL System P&T Committee

Therapeutic Interchange - NONE



FMOL System P&T Committee

Formulary Appeals: NONE



FMOL System P&T Committee

Formulary Requests

FMOL System P&T Formulary Requests

1. Nelarabine (Arranon) - anti-neoplastic: antimetabolite, purine analog
T-Cell Acute Lymphoblastic Leukemia/Lymphoma, relapsed/refractory
2. Idecabtagene vicleucel (Abecma) – antineoplastic, anti-BCMA, CAR-T immunotherapy
Multiple Myeloma, relapsed/refractory
3. Venetoclax (Venclexta) – antineoplastic, BCL-2 Inhibitor
AML newly diagnosed, CLL/SLL, Mantle Cell Lymphoma relapsed/refractory
Multiple myeloma, relapsed/refractory

All Approved



FMOL System P&T Committee

Class Reviews

FMOL System P&T Class Reviews

Vaccines			
Daptacel	DTaP	FORMULARY	<i>restricted to pediatrics</i>
Infanrix	DTaP	NON-FORMULARY	
Adacel	Tdap	FORMULARY	
Boostrix	DTaP	NON-FORMULARY	
TDVAX	DT	NON-FORMULARY	
Tenivac	DT	FORMULARY	
MMR-II	MMR	FORMULARY	
Varivax	Varicella	FORMULARY	
Shingrix	Zoster	FORMULARY	
Gardasil	HPV	FORMULARY	<i>restricted to outpatients and clinics</i>
Pevnar 20	Pneumococcal	FORMULARY	restricted to adults
Capvaxive 21	Pneumococcal	FORMULARY	restricted to adults
Pneumovax 23	Pneumococcal	FORMULARY	restricted to continuation of previous course
Vaxneuvance 15	Pneumococcal	FORMULARY	restricted to pediatrics

FMOL System P&T Class Reviews

Vaccines		
Vaqta	Hep A	FORMULARY
Havrix	Hep A	NON-FORMULARY
Twinrix	Hep A/B	NON-FORMULARY
Heplisav-B	Hep B	FORMULARY
Engerix-B	Hep B	NON-FORMULARY
MedQuadfi	Meningococcal ACWY	FORMULARY
Menveo	Meningococcal ACWY	FORMULARY <i>restricted to patients <2 years and patients who have already started the series</i>
Menactra	Meningococcal ACWY	NON-FORMULARY
Trumenba	Meningococcal B	FORMULARY
Bexero	Meningococcal B	FORMULARY <i>restricted outpatient non-preferred</i>
Penbraya	Meningococcal ACWY +B	NON-FORMULARY
ActHIB	Haemophilus B	FORMULARY
PedVaxHIB, Hiberix	Haemophilus B	NON-FORMULARY

FMOL System P&T Class Reviews

Vaccines		
TICE BCG	BCG	FORMULARY
Ixiaro	Jap Encephalitis	FORMULARY <i>restricted outpatients and clinics</i>
Imovax	Rabies	FORMULARY
Rabavert	Rabies	NON-FORMULARY
Typhim VI	Typhoid	FORMULARY <i>restricted outpatients and clinics</i>
YF-Vax	Yellow Fever	FORMULARY



FMOL System P&T Committee

*Consent Agenda Class Review
Recommendations Summary*

FMOL System P&T Recommendations/Consent Agenda

RSV Pediatric - Immune Globulin, Monoclonal Antibody

Clesrovimab (Enflonsia)

FORMULARY *not preferred; rebate with other product on market*

Antineoplastic (AntiPD1 Monoclonal Antibody, Immune Checkpoint Inhibitor)

Nivolumab and Hyaluronidase (Opdivo Qvantig)

Outpatient use only

Capsaicin Patch

Capsaicin 0.1% Patch (SalonPas-Hot)

FORMULARY

Antineoplastic (AntiTrop2, Antibody Drug Conjugate, Monoclonal Antibody, Topoisomerase I Inhibitor)

Datopotamab deruxtecan (Datroway)

Outpatient use only

Antineoplastic (Antibody Drug Conjugate, Antimicrotubular, MET Inhibitor, Monoclonal Antibody)

Telisotuzumab vedotin (Emrelis)

Outpatient use only

Antineoplastic (Anti CLDN18.2, Monoclonal Antibody)

Zolbetuximab (Vyloy)

Outpatient use only

FMOL System P&T Recommendations/Consent Agenda

Antineoplastic Agent (AntiPD1, Monoclonal Antibody, Immune Checkpoint Inhibitor)

Retifanlimab (Zynz)

Outpatient use only

Antihepaciviral, Nucleoside

Ribavirin

NON-FORMULARY

RSV Vaccine – Adult, Recombinant

Abrysvo

FORMULARY

Arexvy

NON-FORMULARY

Peripherally Acting Mu-Opioid Receptor Antagonist (PAMORA)

Alvimopan

FORMULARY

Methylnaltrexone

FORMULARY *restricted to palliative care, oncology, failure of NLT 2 other laxatives or for GI surgery for patients who are unable to take tablets*

Naldemedine, Naloxegol (in pilot at SDSD)

NON-FORMULARY

FMOL System P&T Recommendations/Consent Agenda

4-Factor Prothrombin Complex Concentration (PCC) (20:28.16)

Prothrombin complex concentration (human)-lans (Balfaxar)

FORMULARY

Prothrombin complex concentrate (human) (Kcentra)

FORMULARY *restricted to
pediatrics*

5-alpha Reductase Inhibitors (92:08)

Finasteride

FORMULARY

Dutasteride and dutasteride/tamsulosin

NON-FORMULARY

5-ASA Derivatives (56:36)

Pentasa (mesalamine), Lialda (mesalamine), Delzicol (mesalamine), Canasa (mesalamine), Rowasa (mesalamine) and sulfasalazine

FORMULARY

Apriso (mesalamine), Asacol HD (mesalamine), balsalazide, and olsalazine

NON-FORMULARY

FMOL System P&T Recommendations/Consent Agenda

5-HT3 Receptor Antagonists (56:22.20)

Ondansetron

FORMULARY

Palonosetron

FORMULARY *restricted to use in outpatient oncology setting and inpatients on cisplatin therapy, stem cell transplant plans, and induction acute leukemia plans where appropriate*

Granisetron

FORMULARY *restricted to pediatrics that have failed ondansetron therapy*

Netupitant-palonosetron, fosnetupitant-palonosetron, and dolasetron

NON-FORMULARY

ACE-Inhibitors (24:32.04)

Lisinopril, enalapril, and enalaprilat

FORMULARY

Benazepril, quinapril, ramipril, captopril, fosinopril, moexipril, perindopril, andtrandolapril

FORMULARY *restricted to pediatrics*

Acetaminophen Antidotes (91:04.04)

Acetylcysteine

FORMULARY

FMOL System P&T Recommendations/Consent Agenda

Alcohol Use Disorder Medications

Acamprosate

FORMULARY

Baclofen, gabapentin, naltrexone, and topiramate are formulary agents from other class reviews

Disulfiram

NON-FORMULARY

Alpha-1 Proteinase Inhibitors (48:92)

Prolastin C (Alpha-1 proteinase inhibitor, human)

FORMULARY *preferred restricted to outpatient*

Aralast NP, Glassia, and Zemaira

FORMULARY *restricted to outpatients as insurance alternatives*

Alpha-Adrenergic Blocking Agents (24:08.4)

Doxazosin, phentolamine, and tamsulosin

FORMULARY

Prazosin

FORMULARY *restricted to patients with PTSD and nightmares*

Alfuzosin, silodosin, phenoxybenzamine, and terazosin

NON-FORMULARY

FMOL System P&T Recommendations/Consent Agenda

Alpha-glucosidase inhibitors (68:20.02)

Acarbose and miglitol

FORMULARY

Aminoglycosides (8:12.02)

Amikacin, gentamicin, neomycin, and tobramycin

FORMULARY

Amphotericin B (8:14.28)

Amphotericin B liposomal (AmBisome) and amphotericin B conventional

FORMULARY

Amphotericin B lipid complex (Abelcet)

NON-FORMULARY

Analgesics and Antipyretics, Misc (28:08.92)

Aspirin and acetaminophen (tablets and liquid) products

FORMULARY

Acetaminophen IV

FORMULARY

requiring a limited number of doses with duration entered at time of order entry

Belladonna and Opium Suppository products

NON-FORMULARY

FMOL System P&T Recommendations/Consent Agenda

Androgens, Part 1 (68:08)

Danazol and methyltestosterone	NON-FORMULARY
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Androgens, Part 2 (68:08)

Testosterone cypionate single dose vials	FORMULARY
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Testosterone enanthate, testosterone undecanoate, and testosterone (all dosage forms)	NON-FORMULARY
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Anesthesia Gases (N/A)

Sevoflurane and isoflurane	FORMULARY
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Desflurane	NON-FORMULARY
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Angiotensin II

Angiotensin II (Giapreza)	NON-FORMULARY
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Angiotensin Receptor Antagonists (24:32.08)

Losartan, valsartan and valsartan/sacubitril (Entresto)	FORMULARY
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Candesartan, irbesartan, olmesartan, telmisartan, and azilsartan	NON-FORMULARY
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FMOL System P&T Recommendations/Consent Agenda

Antacids and Adsorbents (56:04)

Activated charcoal, aqua formulation

FORMULARY

Activated charcoal, sorbitol formulation

NON-FORMULARY

Antiarrhythmics group 1a (24:04.04.04)

Disopyramide, procainamide, and quinidine

FORMULARY

Antiarrhythmics group 1b (24:04.04.08)

Mexiletine and lidocaine

FORMULARY

Antiarrhythmics group 1c (24:04.04.12)

Flecainide, propafenone

FORMULARY

Propafenone SR

NON-FORMULARY

Antiarrhythmics group 3 (24:04.04.20) (24:24)

Amiodarone, dronedarone, dofetilide, ibutilide, and sotalol

FORMULARY

Antiarrhythmics non-group (24:04.04.24) (24:04.08)

Adenosine and digoxin

FORMULARY

Antibacterials, Misc (8:12:28)

Metronidazole

FORMULARY



Our Lady of Lourdes P&T Committee

Antimicrobial Stewardship-NONE



FMOL
Health

**This is how
we healthcare.™**