Pharmacy and Therapeutics Committee

June 18, 2025

Prayer

Approval of Minutes

Acadiana Market P&T Committee

Pharmacy Protocol Reviews

Pharmacy Protocol Review
Automatic IV to PO Conversions

- MEDICATIONS CONVERTED TO ORAL EQUIVALENT
  - Famotidine
  - Pantoprazole (converted to lansoprazole ODT if pt inappropriate for solid dosage form)
  - Metoclopramide
  - Metronidazole
  - Levofloxacin
  - Ciprofloxacin
  - Azithromycin
  - Clindamycin
  - Fluconazole
  - Linezolid
  - Doxycycline
  - Levothyroxine

Pharmacy Protocol Review
Automatic IV to PO Conversions

- MEDICATIONS CONVERTED TO ORAL THERAPEUTIC EQUIVALENT
  - Ampicillin/sulbactam (Unasyn) → amoxicillin/clavulanic acid (Augmentin)
  - Ceftriaxone (Rocephin) → cefuroxime (Ceftin)
  - Cefazolin (Ancef) → cephalexin (Keflex)
- ANTICONVULSANTS ARE NOT TO BE CHANGED AUTOMATICALLY
  - Fosphenytoin
  - Valproic acid
  - Lacosamide
  - levetiracetam

Pharmacy Protocol Review
Automatic IV to PO Conversions

- GUIDELINES FOR ALL MEDICATIONS
  - Patient must be concomitantly receiving scheduled (not prn) oral medications.
  - Patient is receiving a solid diet or tolerating tube feedings. (If the patient is receiving tube feedings, a change will be made to a formulation that may give via this route)
  - No anti-nausea medications will have been given within the prior 24 hours.
  - Use sound clinical judgment
  - Phenytoin suspension should be avoided. Bioavailability is greatly reduced with this product

Pharmacy Protocol Review
Automatic IV to PO Conversions

- ADDITIONAL GUIDELINES FOR ANTI-INFECTIVES
  - 3 day waiting period from start date before conversion.
  - Patients must be afebrile within the past 24 hours.
  - WBC count must be 4000 -- 11,000/mm3
  - On a differential count, the band neutrophil count shall not exceed 5% (“left shift”)
  - If ordered by the physician, erythrocyte sedimentation rate (sed rate) shall not exceed 30 mm/h
  - Exclusions shall be made for the following disease states: endocarditis, osteomyelitis, CNS infections (meningitis, brain abscess), brain tumor, sepsis/SIRS, gangrene, intra-abdominal infections, and current ICU/burn center stay (OK to change once transferred out of the ICU/burn center).
  - Quinolones should not be administered via J-tube. Quinolones are absorbed in the duodenum. J-tubes bypass the duodenum and terminate in the jejunum.
  - Continuous tube feedings might reduce the bioavailability of quinolones. If possible, tube feedings should be held 2 hours before and after quinolone administration.

Pharmacy Protocol Review

Automatic IV to PO Conversion Equivalencies

IV DOSE	ORAL CONVERSION DOSE	
Pepcid 20 mg IV q12h or q24h	Pepcid 20 mg po q12h or q24h	
Pepcid 40 mg IV q12h or q24h	Pepcid 40 mg po q12h or q24h	
Protonix 20 mg IV q12h or q24h	Protonix 20 mg po q12h or q24h	Prevacid Solutab 15 mg PT q12h or q24h
Protonix 40 mg IV q12h or q24h	Protonix 40 mg po q12h or q24h	Prevacid Solutab 30 mg PT q12h or q24h
Reglan 5 mg IV q6h, q8h, or q12h	Reglan 5 mg po q6h, q8h, or q12h	
Reglan 10 mg IV q6h, q8h, or q12h	Reglan 10 mg po q6h, q8h, or q12h	
Reglan 20 mg IV q6h, q8h, or q12h	Reglan 20 mg po q6h, q8h, or q12h	
Flagyl 250 mg IV q12h, q8h, or q6h	Flagyl 250 mg po q12h, q8h, or q6h	
Flagyl 500 mg IV q12h, q8h, or q6h	Flagyl 500 mg po q12h, q8h, or q6h	
Levaquin 250, 500, 750 mg IV q24h or q48h	Levaquin 250, 500,750 mg po q24h or q48h	
Cipro 200 mg IV q12h, q18h, or q24h	Cipro 250 mg po q12h, q18h, or q24h	
Cipro 400 mg IV q12h, q18h, or q24h	Cipro 500 mg po q12h, q18h, or q24h	
Cipro 400 mg IV q8h	Cipro 750 mg po q12h	
Zithromax 250, 500 mg IV q24h	Zithromax 250, 500 mg po q24h	
Diflucan 100 mg IV q12h or q24h	Diflucan 100 mg po q12h or q24h	
Diflucan 200 mg IV q12h or q24h	Diflucan 200 mg po q12h or q24h	
Diflucan 400 mg IV q24h	Diflucan 400 mg po q24h	
Zyvox 600 mg IV q12h	Zyvox 600 mg po q12h	

Pharmacy Protocol Review

Automatic IV to PO Conversion Equivalencies

IV DOSE	ORAL CONVERSION DOSE
Cleocin 300 mg IV q6h or q8h	Cleocin 300 mg po q6h or q8h
Cleocin 600 mg IV q6h or q8h	Cleocin 450 mg po q6h or q8h
Cleocin 900 mg IV q8h	**this dosage will not be switched to po**
Unasyn 1.5 gm IV q6h or q8h	Augmentin 500 mg po q8h
Unasyn 1.5 gm IV q12h	Augmentin 500 mg po q12h
Unasyn 3 gm IV q6h, q8h, or 12h	Augmentin 875 mg po q12h
Ancef 500 mg IV q6h, q8h, or q12h	Keflex 250 mg po q6h, q8h, or q12h
Ancef 1 gm IV q6h, q8h, or q12h	Keflex 500 mg po q6h, q8h, or q12h
Ancef 2 gm IV q6h, q8h, or q12h	**this dosage will not be switched to po**
Rocephin 1 gm IV q24h	Ceftin 250 mg po BID
Rocephin 1 gm IV q12h	**this dosage will not be switched to po**
Rocephin 2 gm IV q12h or q24h	**this dosage will not be switched to po**
Doxycycline 100 mg IV q12h	Doxycycline 100 mg po q12h
Levothyroxine IV	Levothyroxine po q24h
	divide IV dose by 0.75 for oral equivalent to differences in bioavailability

CAUTION: adjust dose in renal impairment

Pharmacy Protocol Review
PPI-H2RA Duplicates

CONCURRENT PROTON PUMP INHIBITOR-H_2 RECEPTOR ANTAGONIST THERAPY

When a patient is receiving concurrent therapy with a PPI and an H2RA, these guidelines would allow the clinical pharmacist to stop one of the agents, provided they are not both ordered by the same prescriber. The reasons for avoiding this duplication are safety-related (the avoidance of adverse events and increased risk of *C. difficile* infection seen from each therapeutic class).

The factors that will be considered in the discontinuation of one of these agents are the following:

- Home medications
- Renal function
- Most recent order
- Possible GI consult
- Disease state
- Ability or inability to tolerate oral medications

Pharmacy Protocol Review
Drug Dosing Protocols

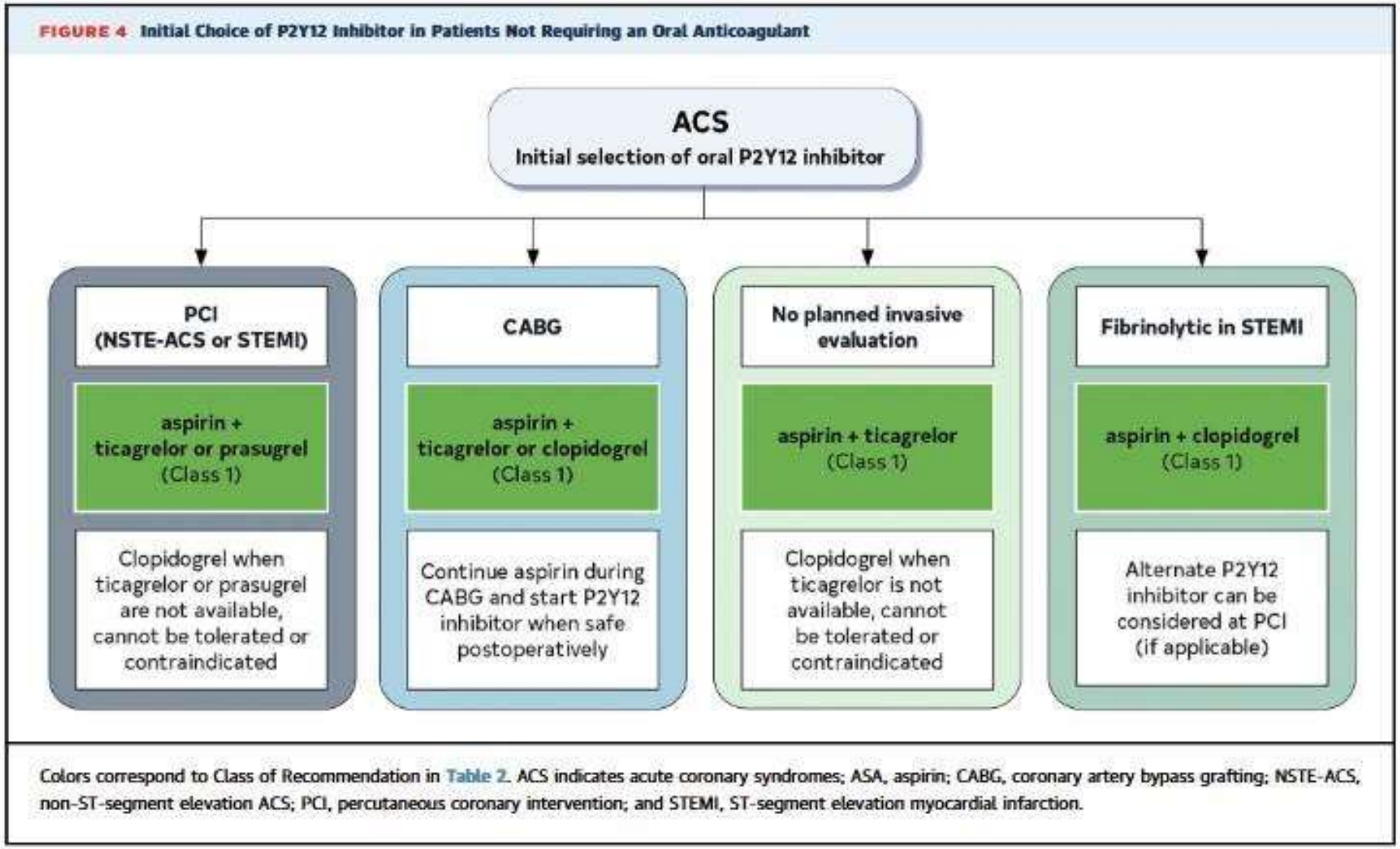
- Renal Dosing Protocol
- Aminoglycoside Dosing Protocol
- Vancomycin Dosing Protocol

FMOLHS System P&T Committee

Formulary Appeals

FMOLHS System P&T Recommendations:

- *Effient (updated guidelines)* - approved



FMOLHS System P&T Recommendations:

Crofab - will be formulary, along with Anavip

- Crofab - copperhead and water moccasin
- Anavip - rattlesnake bites and unknown snakes

FMOLHS System P&T Committee

Formulary Requests

FMOLHS System P&T Recommendations

- IL-6 Inhibitors Class Review | Siltuximab (Sylvant)
  - Siltuximab was approved for the treatment of refractory cytokine release syndrome (CRS)
- Monoclonal Antibody | Axatilimab-csfr (Niktimvo)
  - Axatilimab-csfr was approved for use in Graft versus Host disease

FMOLHS System P&T Committee

Clinical Initiatives

FMOLHS System P&T Recommendations:

Midazolam infusion rates for adults

Suggested to update dosing from weight-based to non-weight based. Reduces benzodiazepine consumption in obesity.

FMOLHS System P&T Committee

Class Reviews

FMOLHS System P&T Recommendations:

Tetracyclines	
Tigecycline and eravacycline	FORMULARY *restricted to ID*
Omadacycline and sarecycline	NON-FORMULARY

Antifungals, Azoles	
Fluconazole, itraconazole, voriconazole	FORMULARY
Posaconazole, isavuconazole	FORMULARY *restricted to ID*
Terconazole, oteseconazole	NON-FORMULARY

Antifungals, Echinocandins	
Micafungin	FORMULARY *restricted to ID, CC, oncology*
Anidulafungin, caspofungin	NON-FORMULARY

Activated Charcoal	
Aqueous formulation	FORMULARY
Sorbitol formulation	NON-FORMULARY

FMOLHS System P&T Recommendations:

Antidote	
Fomepizole	FORMULARY

Antipsychotic agent	
Cobenfy (xanomeleine trospoium)	NON-FORMULARY

Antidotes for Anticholinesterase Agents	
Neostigmine and pyridostigmine	FORMULARY
Physostigmine	FORMULARY *not stocked / import*
Neostigmine/glycopyrrolate	NON-FORMULARY

Antidote	
Calcium trisodium pentetate	NON-FORMULARY

Ophthalmic Local Anesthetics	
Proparacaine	FORMULARY
Tetracaine	FORMULARY *restricted to outpatient*
Chloroprocaine ophthalmic, lidocaine ophthalmic	NON-FORMULARY

FMOLHS System P&T Recommendations:

Antidotes for Anticholinesterase Agents	
Cyanokit	FORMULARY *for cyanide toxicity* FORMULARY *restricted for vasoplegia*
Sodium thiosulfate	FORMULARY
Sodium nitrite/sodium thiosulfate, sodium nitrite	NON-FORMULARY

Heavy Metal Antagonists	
Deferoxamine	FORMULARY
Edetate calcium disodium, penicillamine, and succimer	NON-FORMULARY

Dietary Supplement	
Levocarnitine	FORMULARY

FMOLHS System P&T Committee

Consent Agenda Class Review Recommendations Summary

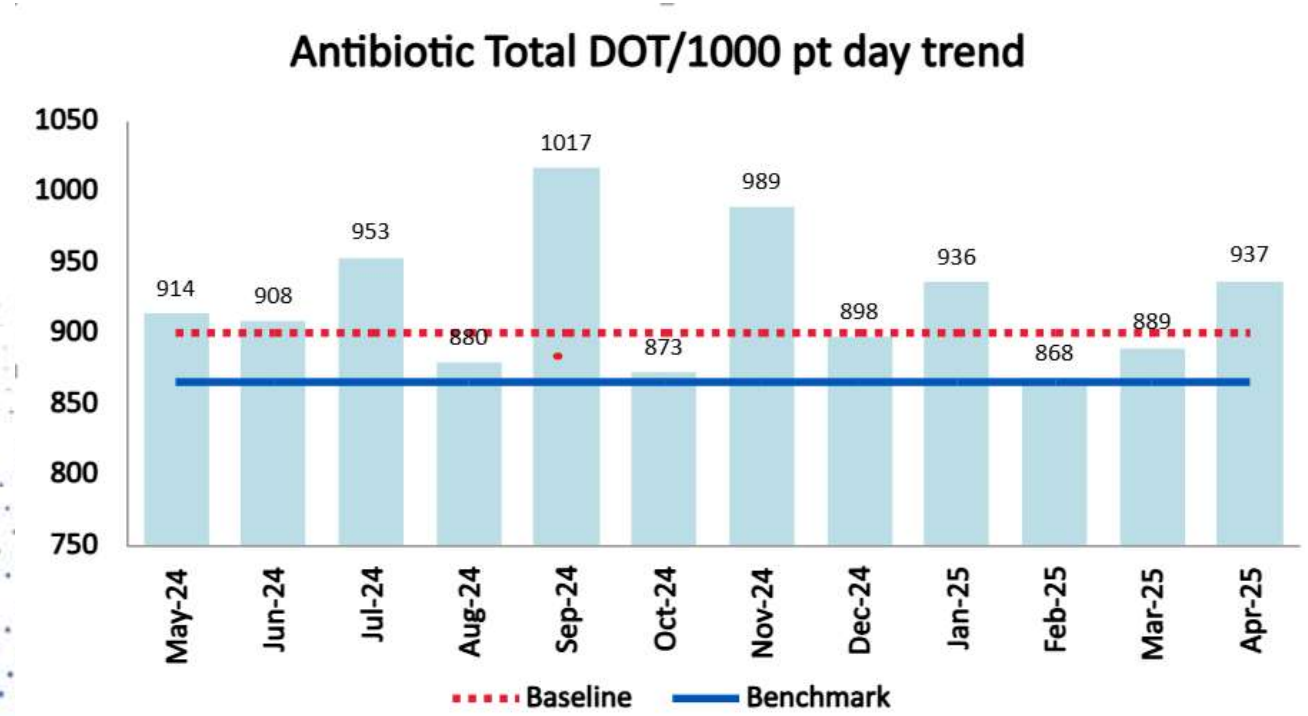
FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary

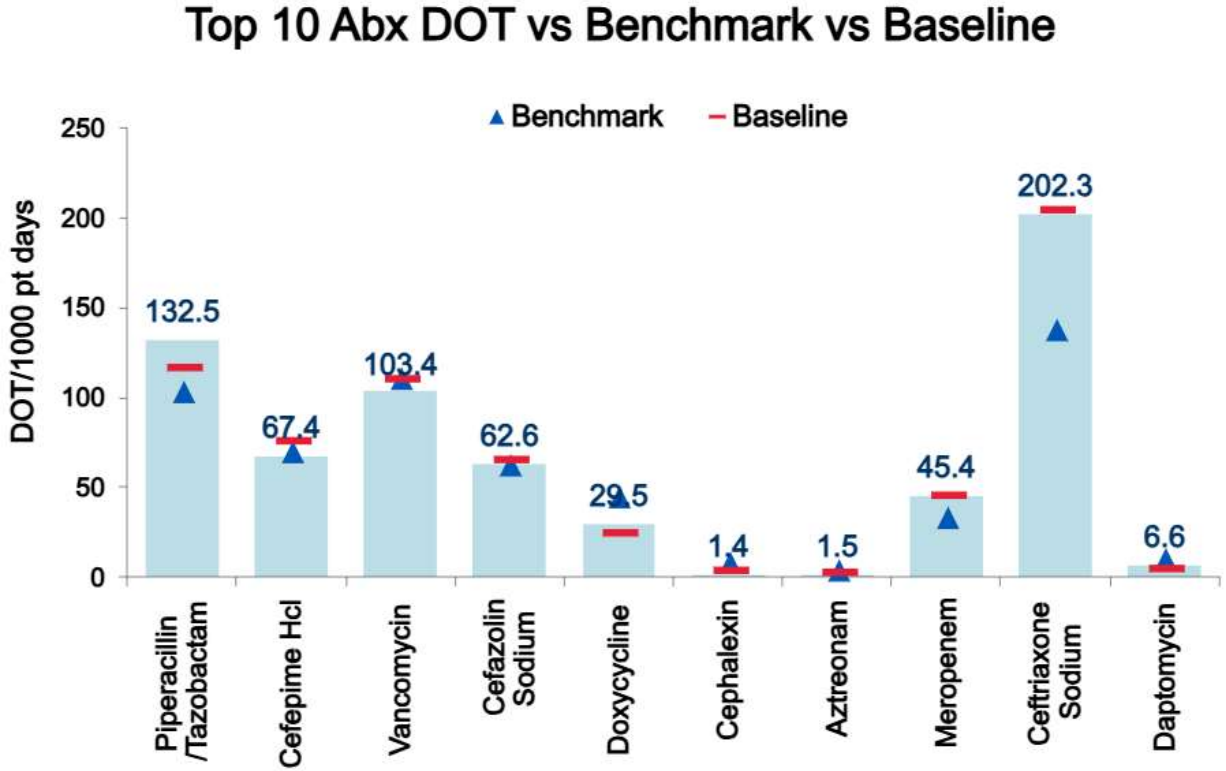
Consent Agenda Part 1
Consent Agenda Part 2
Consent Agenda Part 3

FMOLHS System P&T Committee

Antimicrobial Stewardship

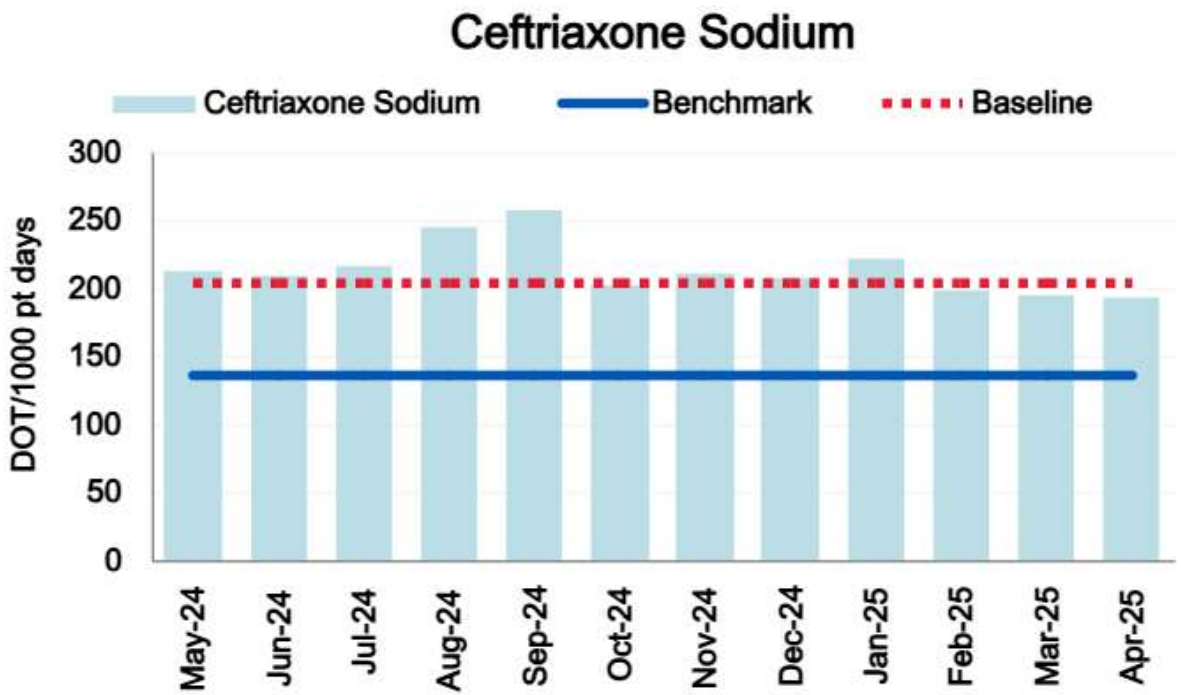
Antimicrobial Usage – LOLR (ACC)
Cardinal DCOA

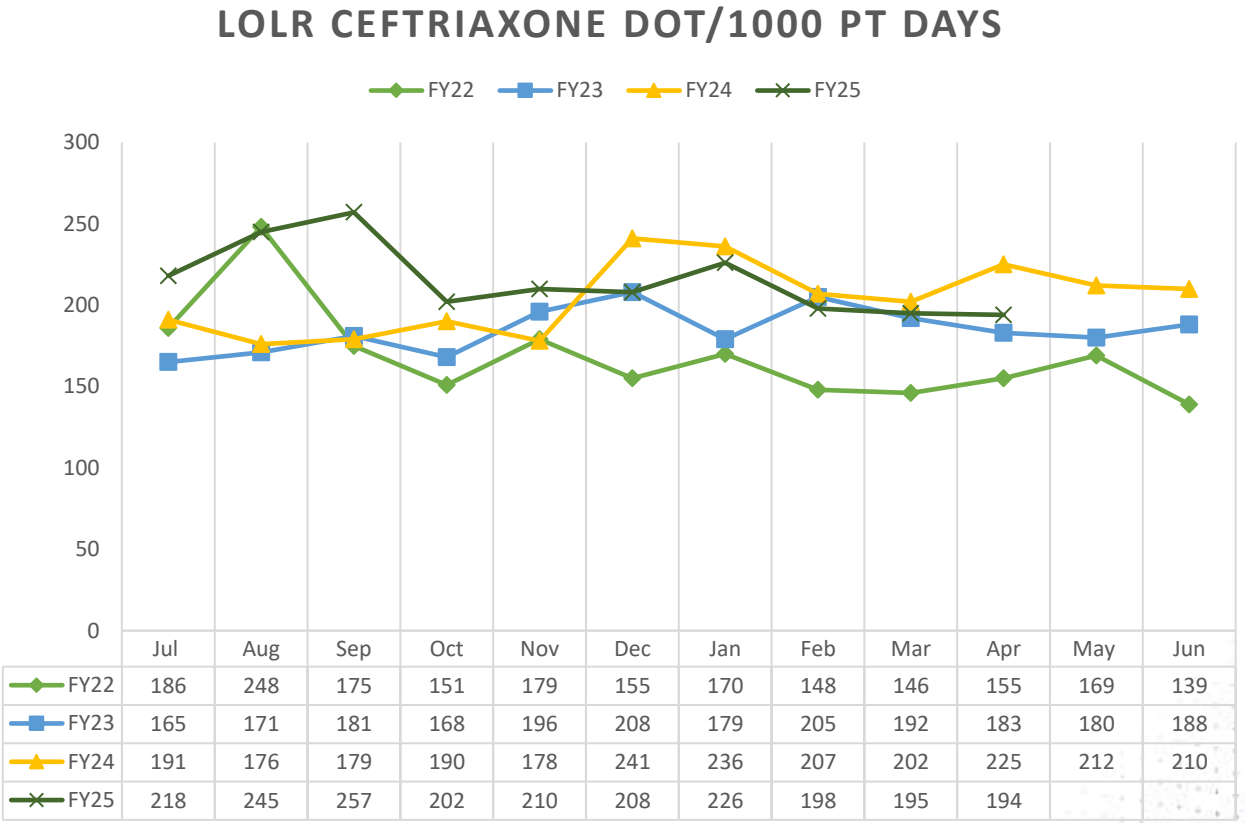




- Days of therapy (DOT) = sum of days for which any amount of a specific antibiotic agent is administered to a patient

Antimicrobial Usage – LOLR (ACC)
Cardinal DCOA



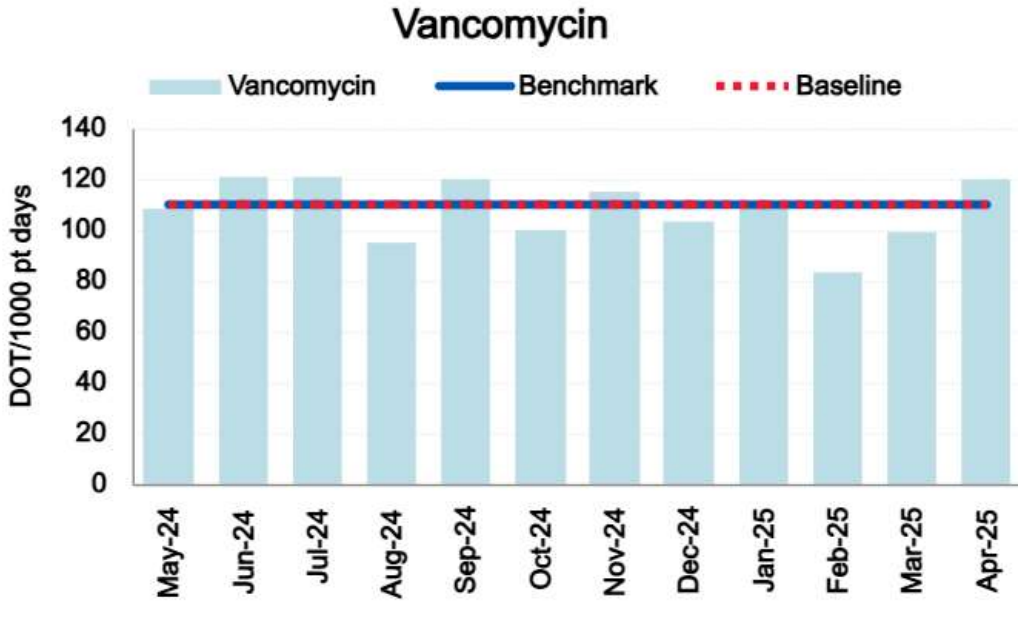


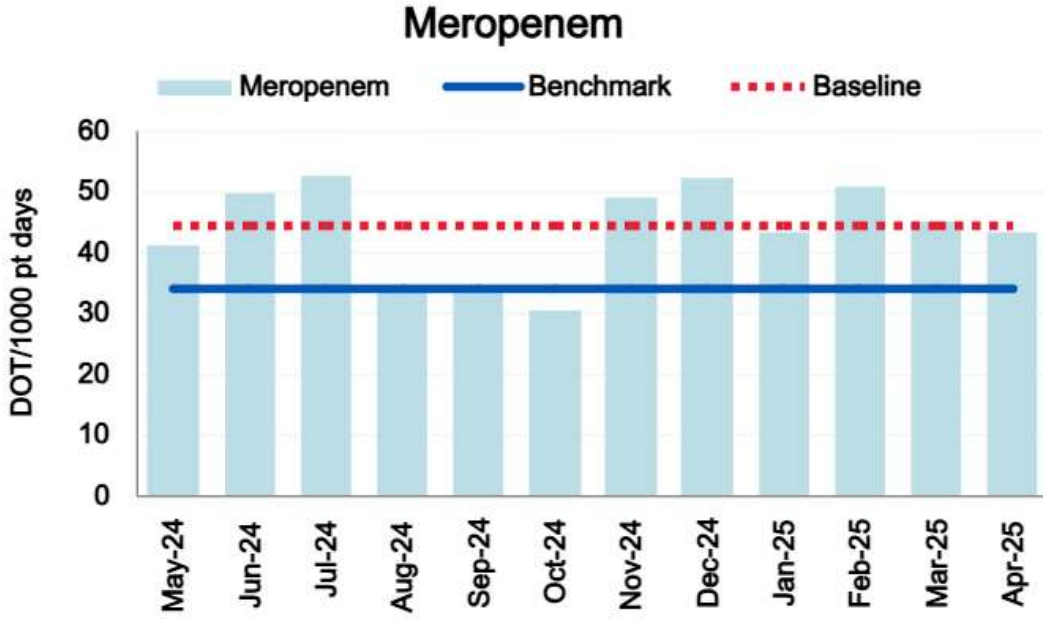
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY22	186	248	175	151	179	155	170	148	146	155	169	139
FY23	165	171	181	168	196	208	179	205	192	183	180	188
FY24	191	176	179	190	178	241	236	207	202	225	212	210
FY25	218	245	257	202	210	208	226	198	195	194		

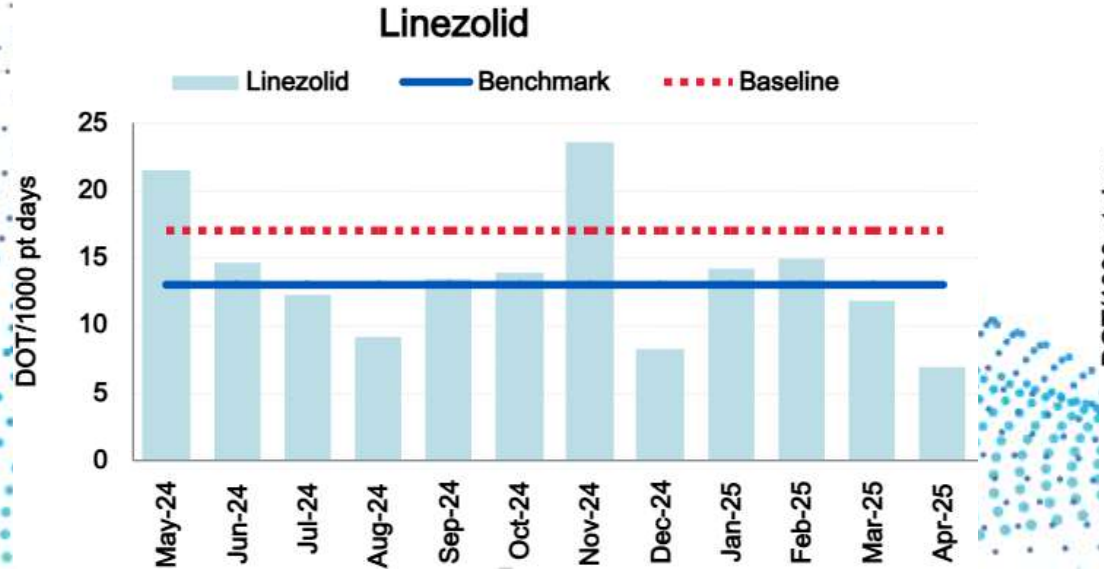
- Days of therapy (DOT) = sum of days for which any amount of a specific antibiotic agent is administered to a patient

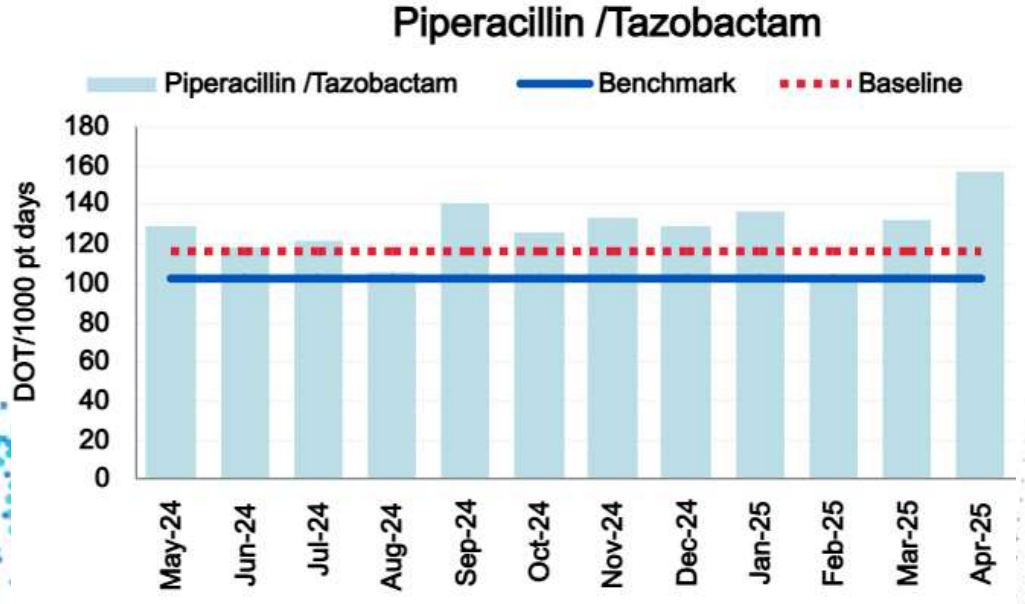
Antimicrobial Usage – LOLR (ACC)

Cardinal DCOA

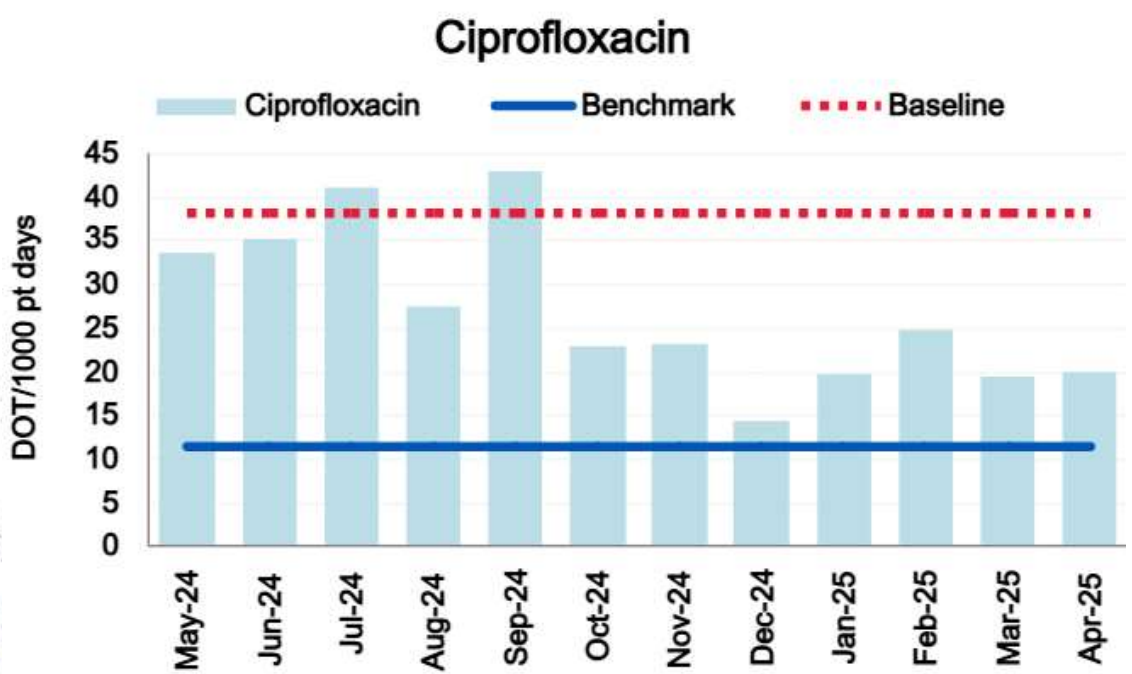


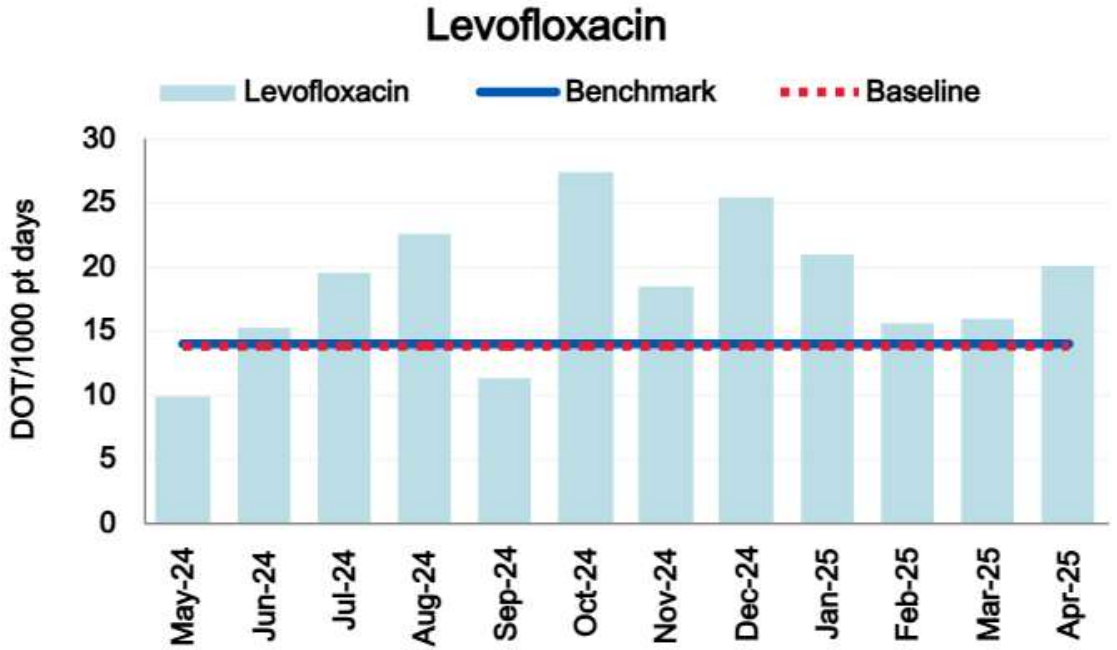






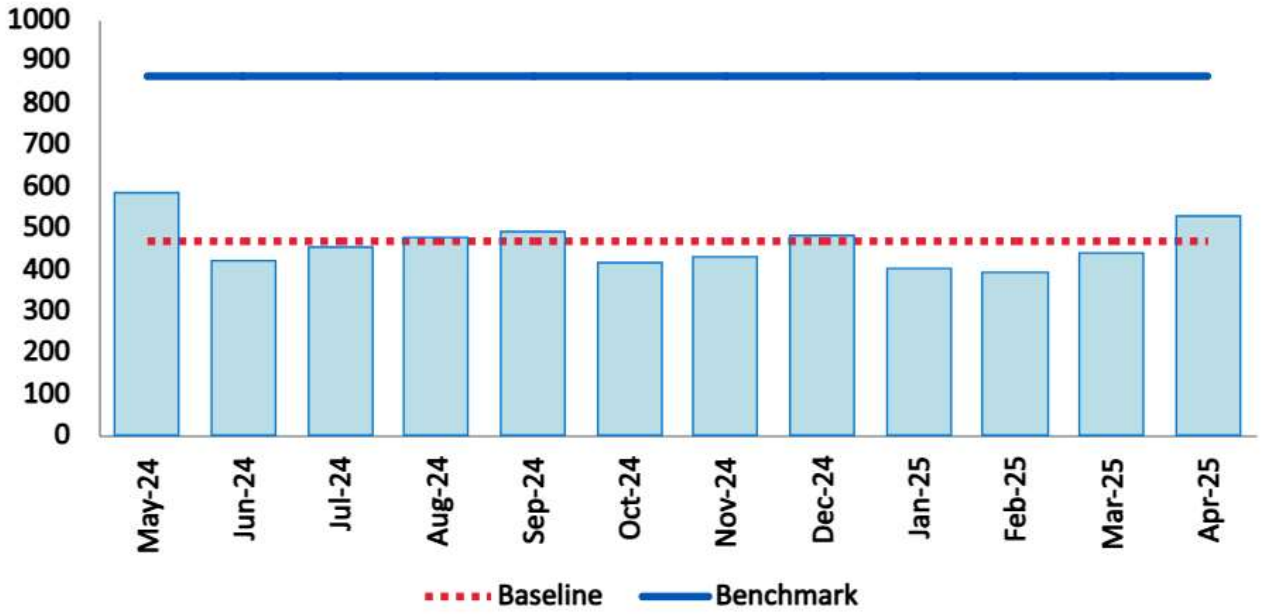
Antimicrobial Usage – LOLR (ACC)
Cardinal DCOA

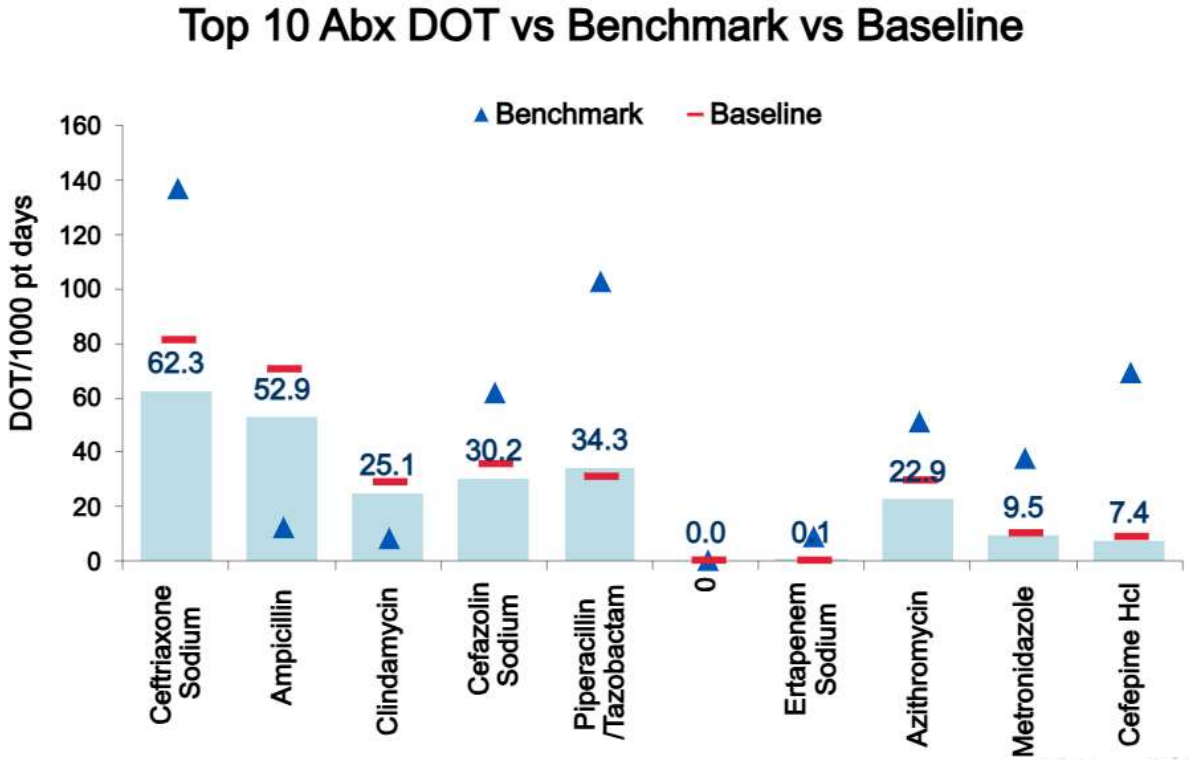




- Days of therapy (DOT) = sum of days for which any amount of a specific antibiotic agent is administered to a patient

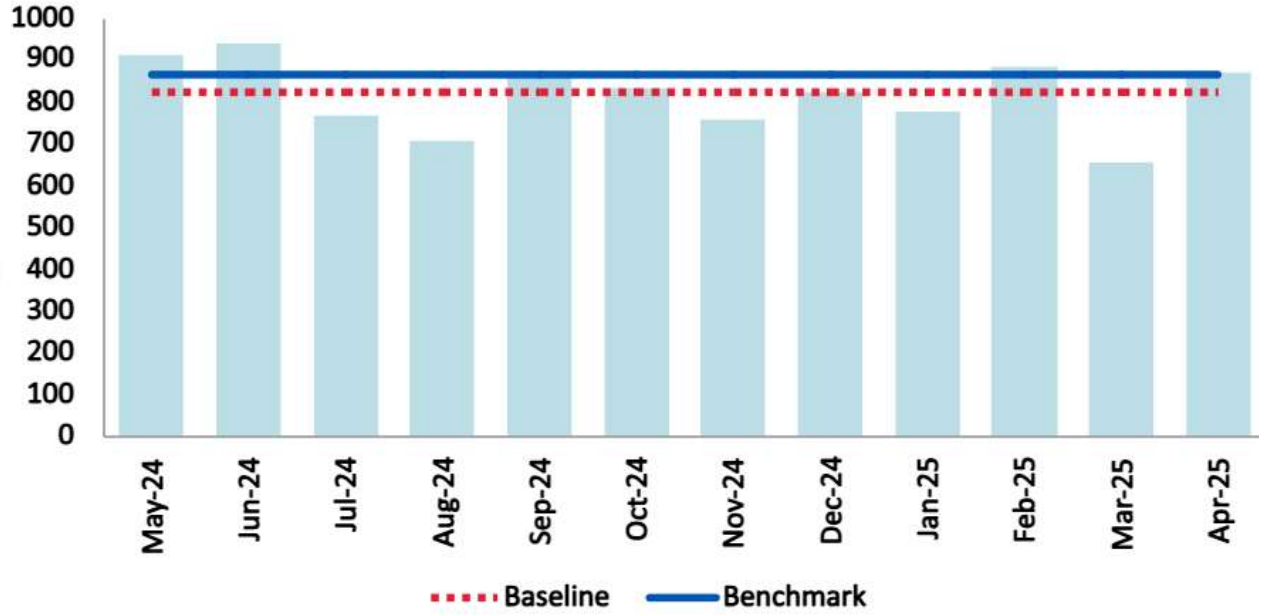
Antimicrobial Usage – LOWC
Cardinal DCOA

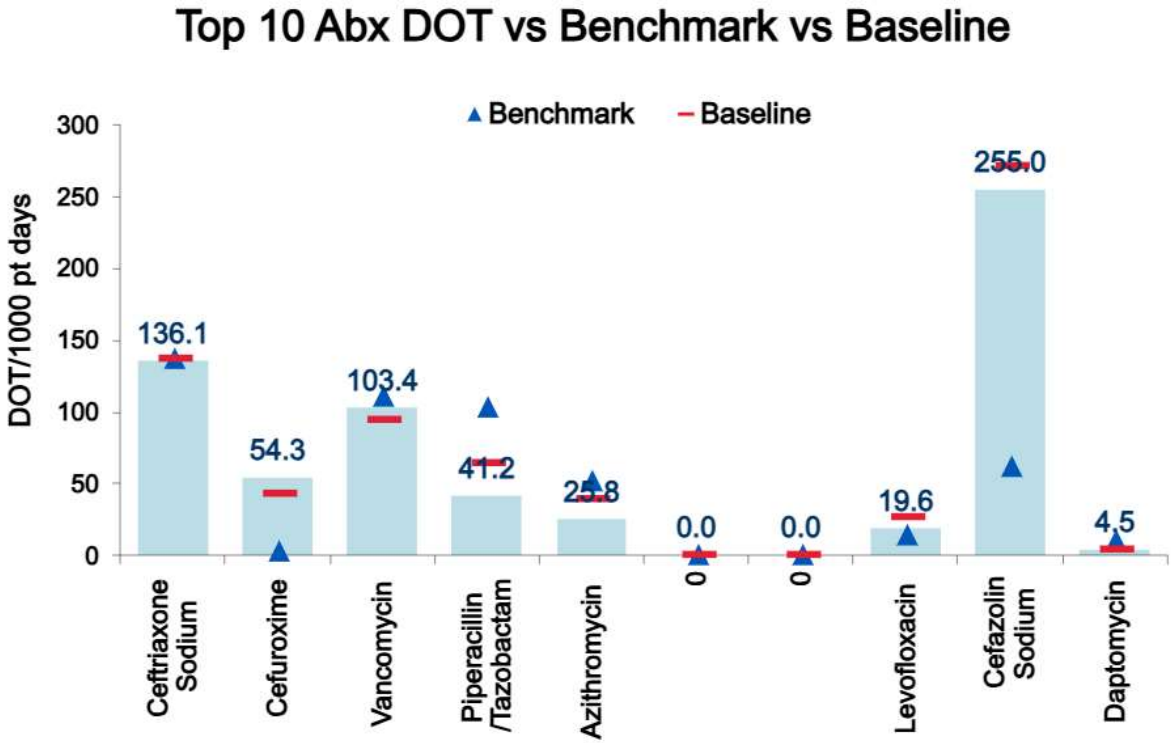




- Days of therapy (DOT) = sum of days for which any amount of a specific antibiotic agent is administered to a patient

Antimicrobial Usage – LOHH
Cardinal DCOA



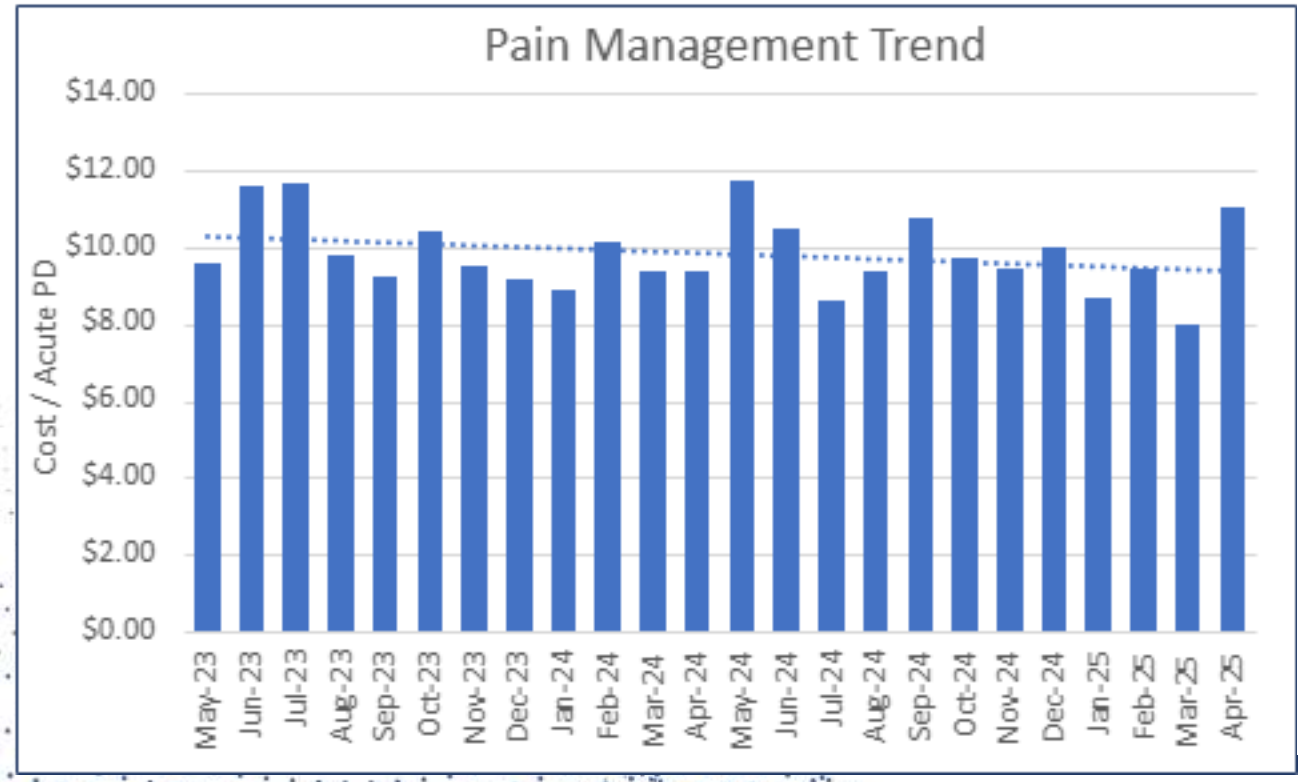


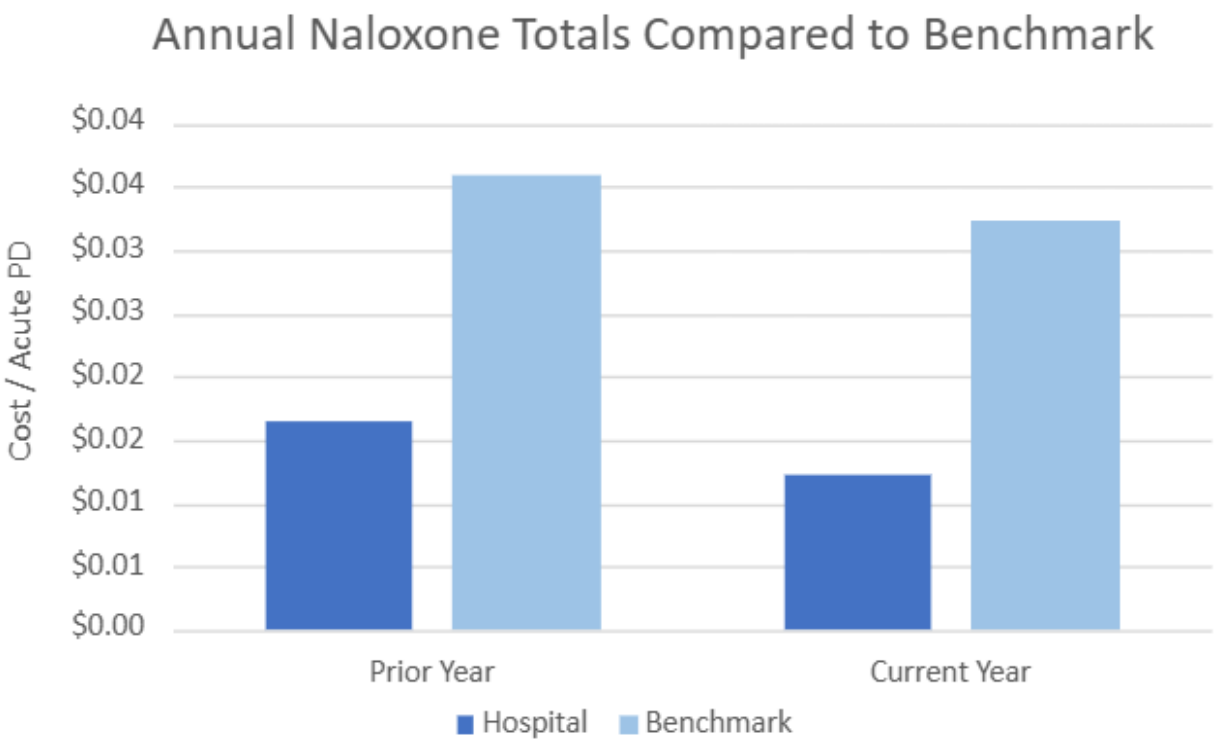
- Days of therapy (DOT) = sum of days for which any amount of a specific antibiotic agent is administered to a patient

Lourdes Health P&T Committee

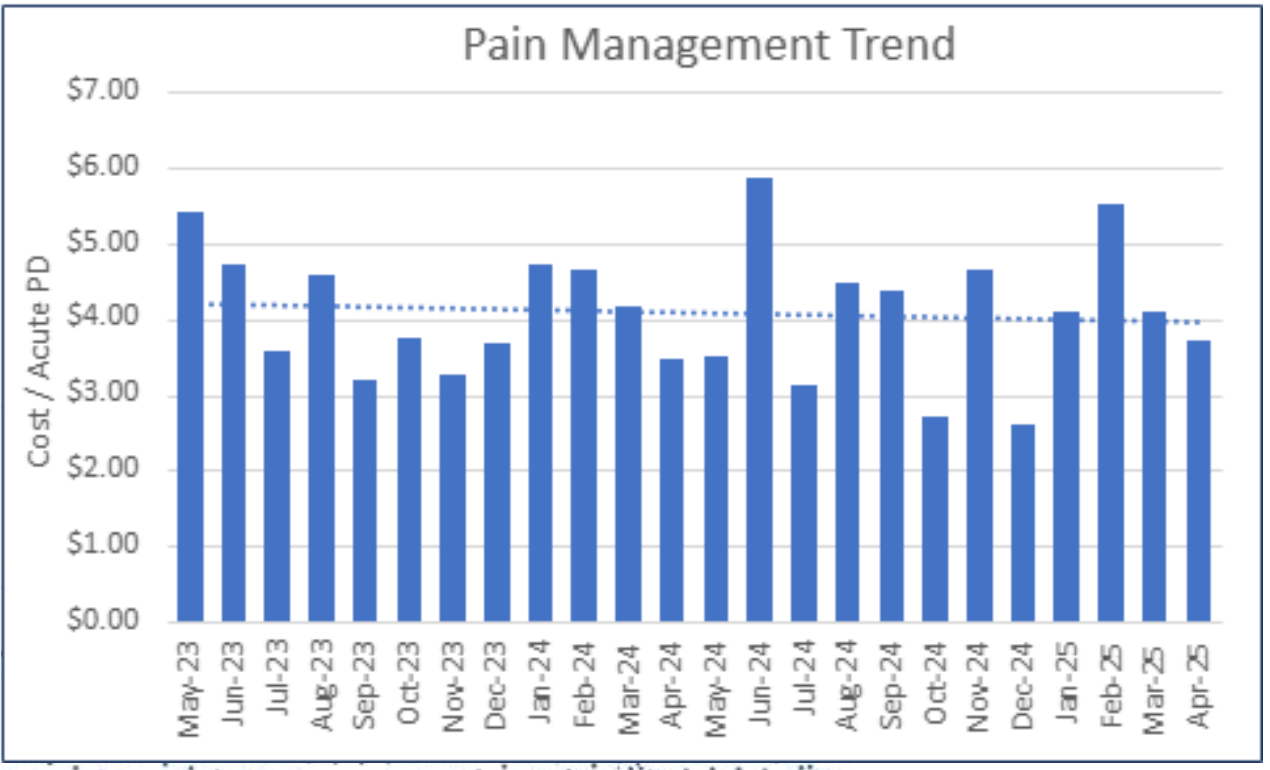
Measurements

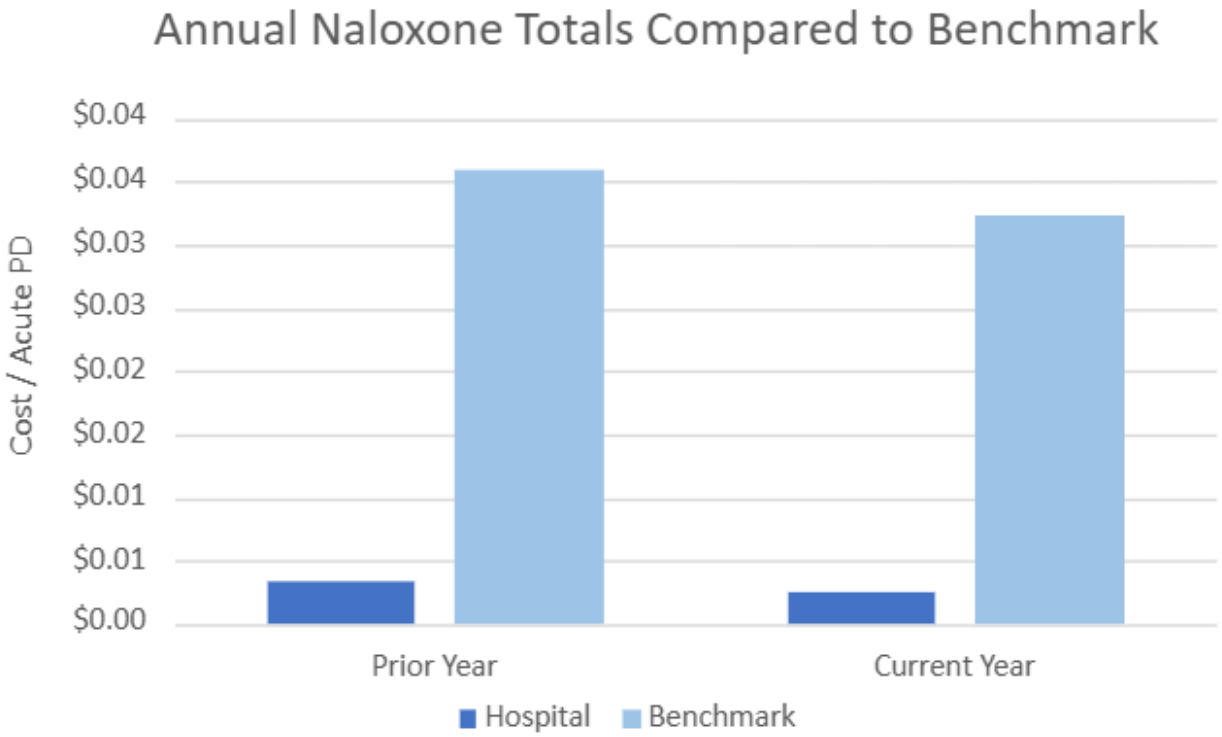
Pain Management Trends-ACC *(April data)*



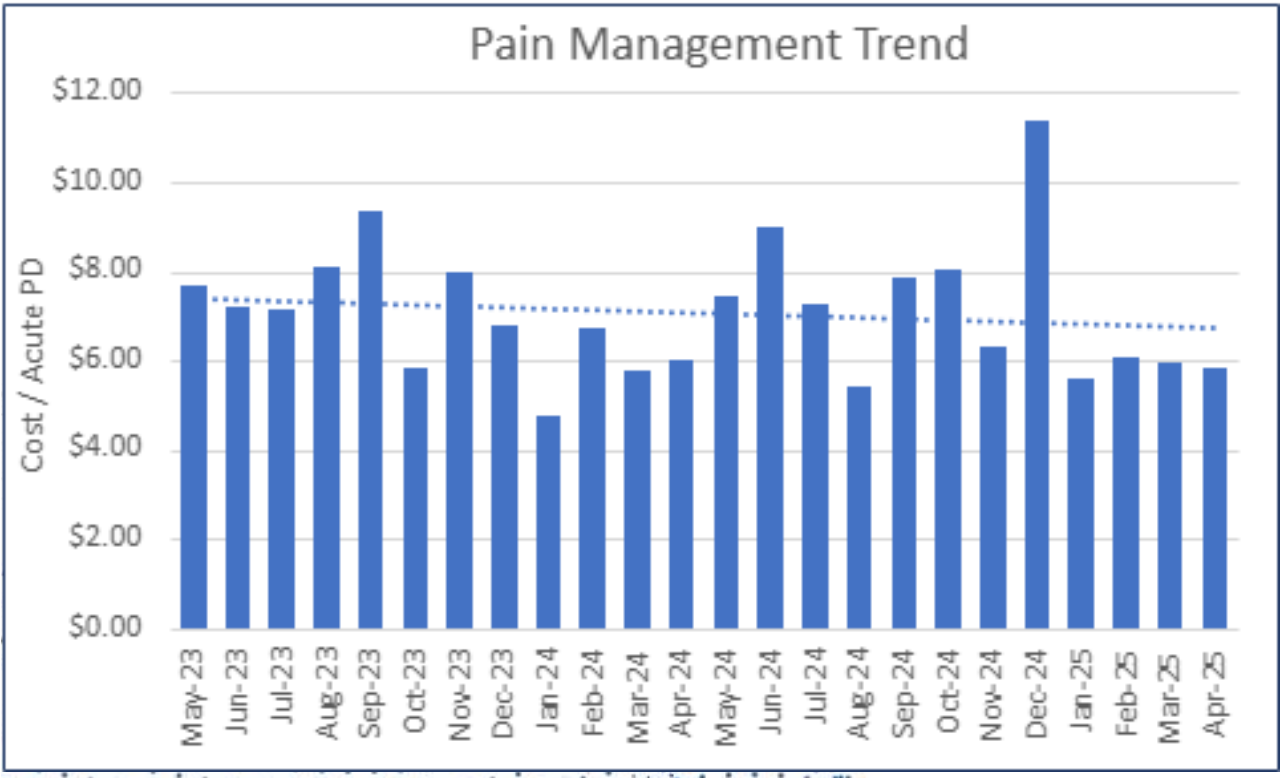


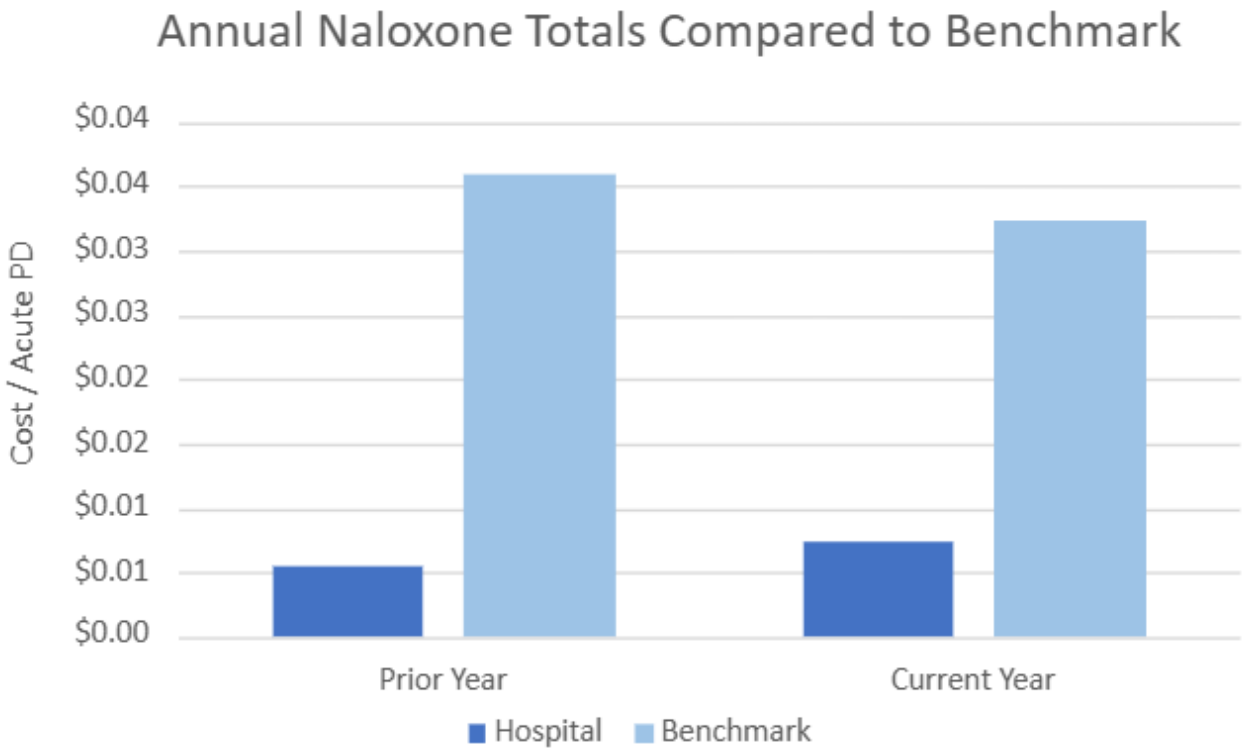
Pain Management Trends-WCC *(April data)*



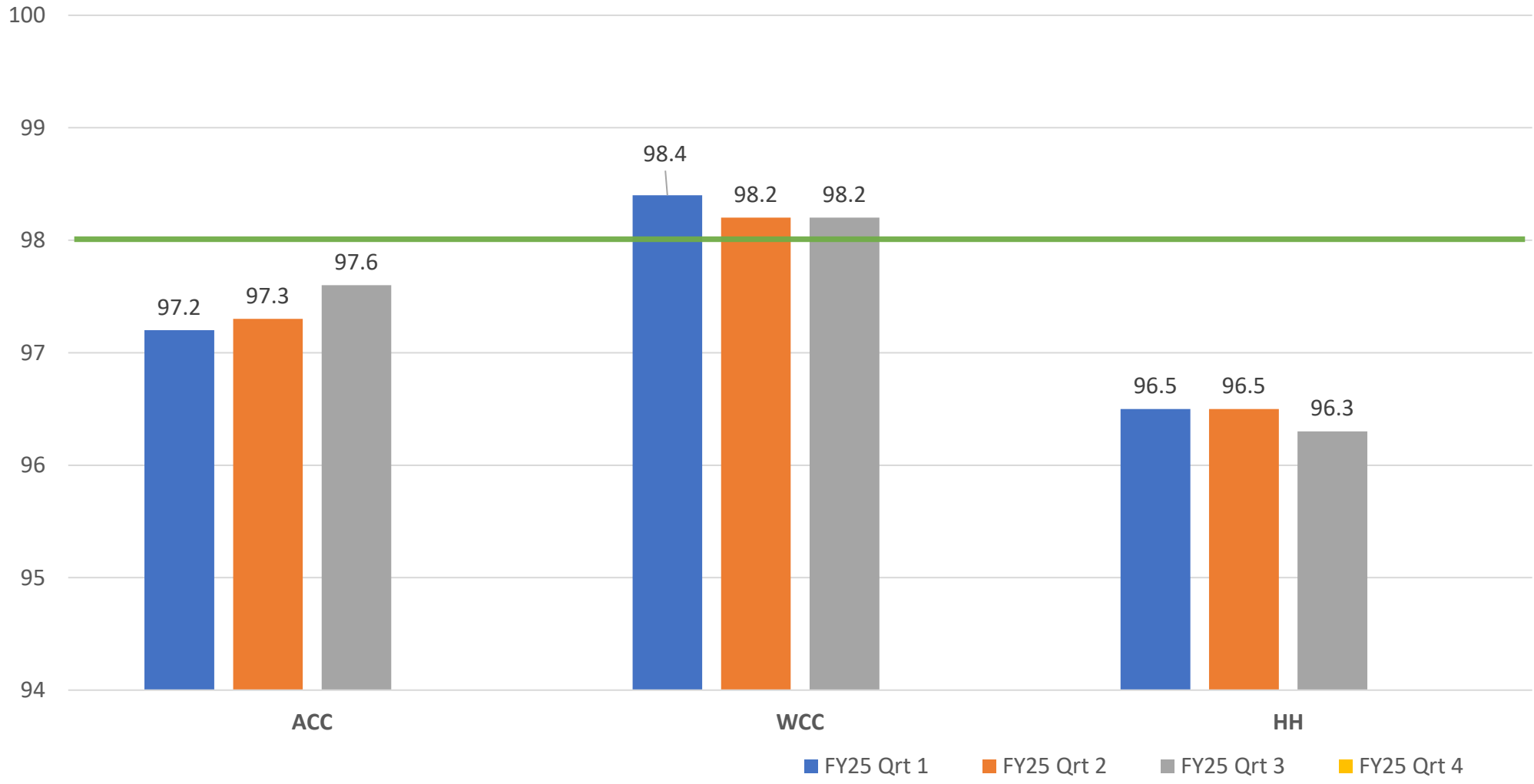


Pain Management Trends-HH *(April data)*



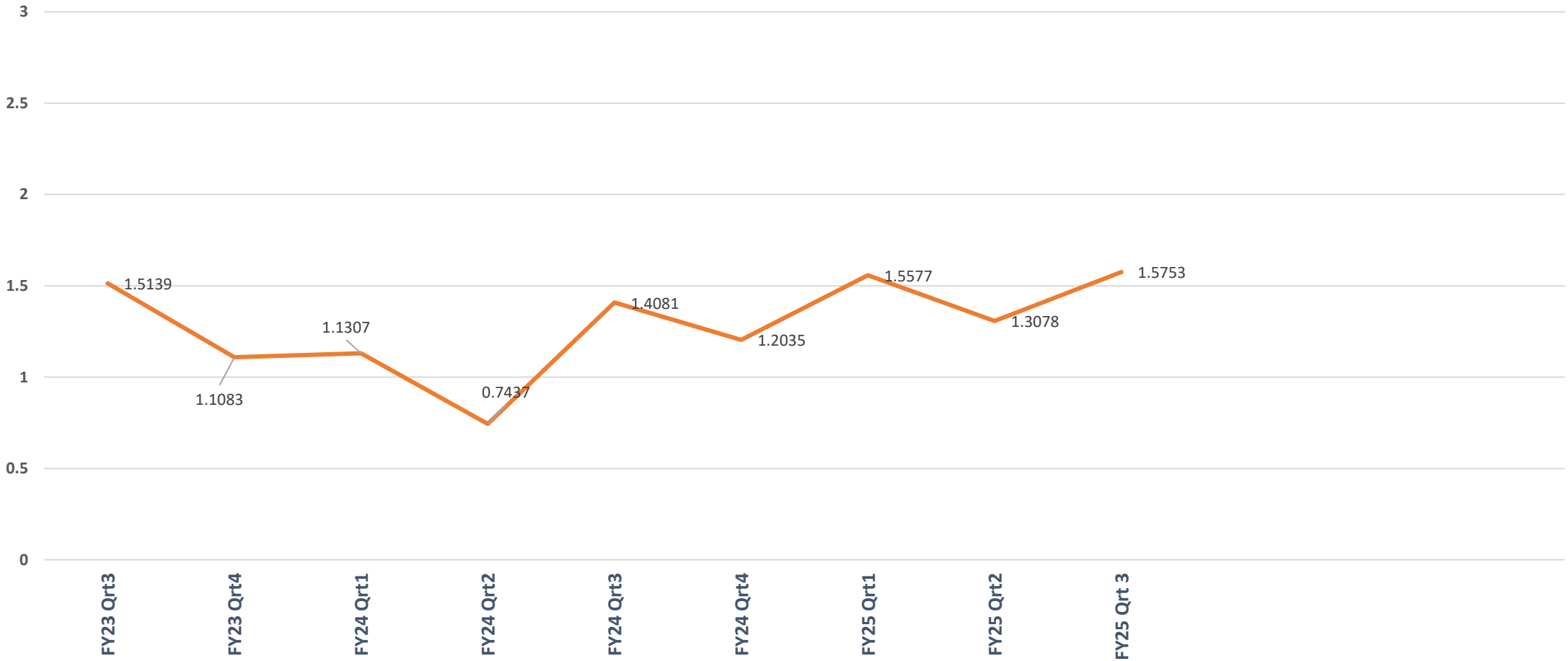


BCMA Medication Scanning % by Quarter

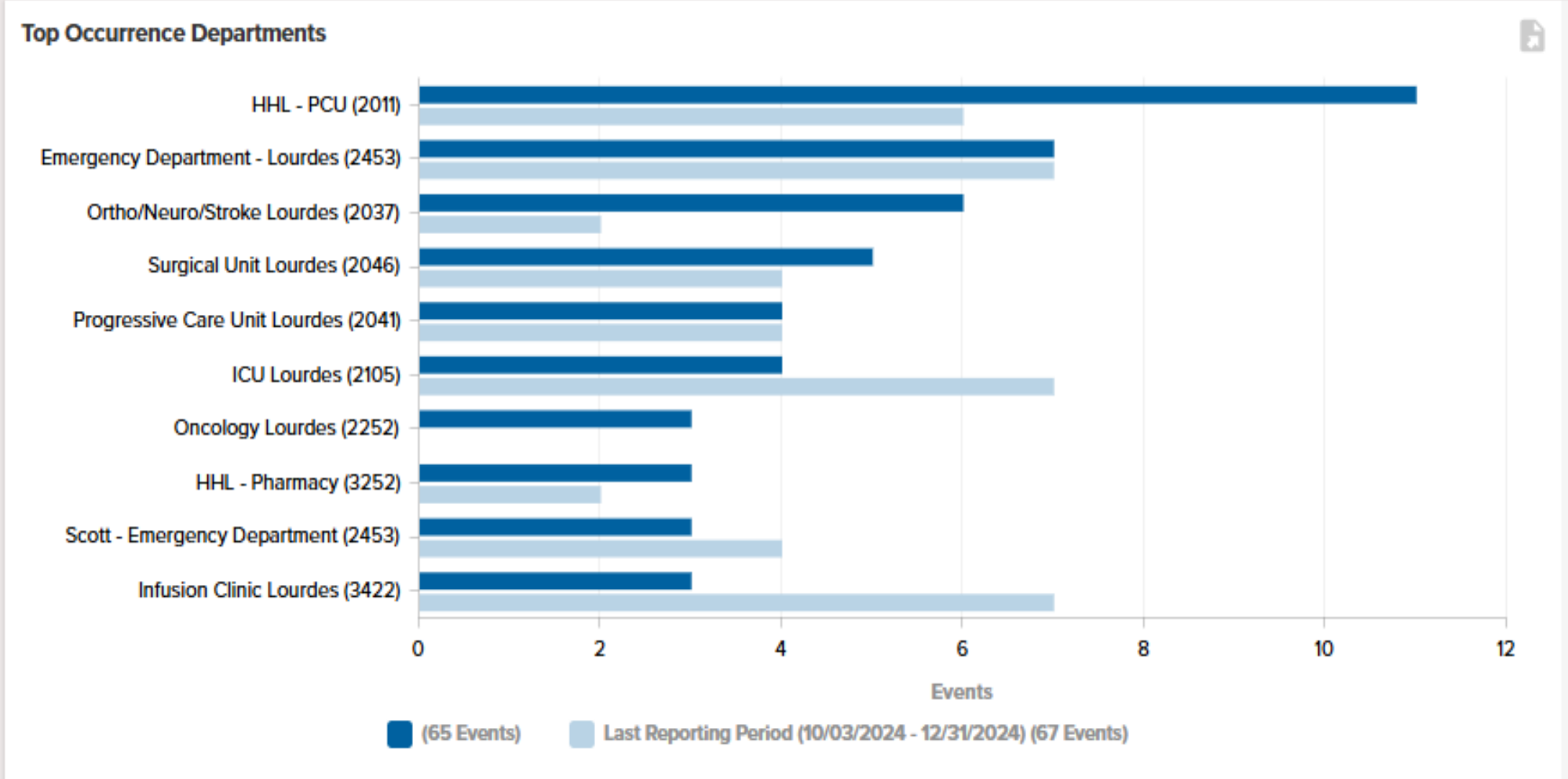


Medication Events per 1000 patient days

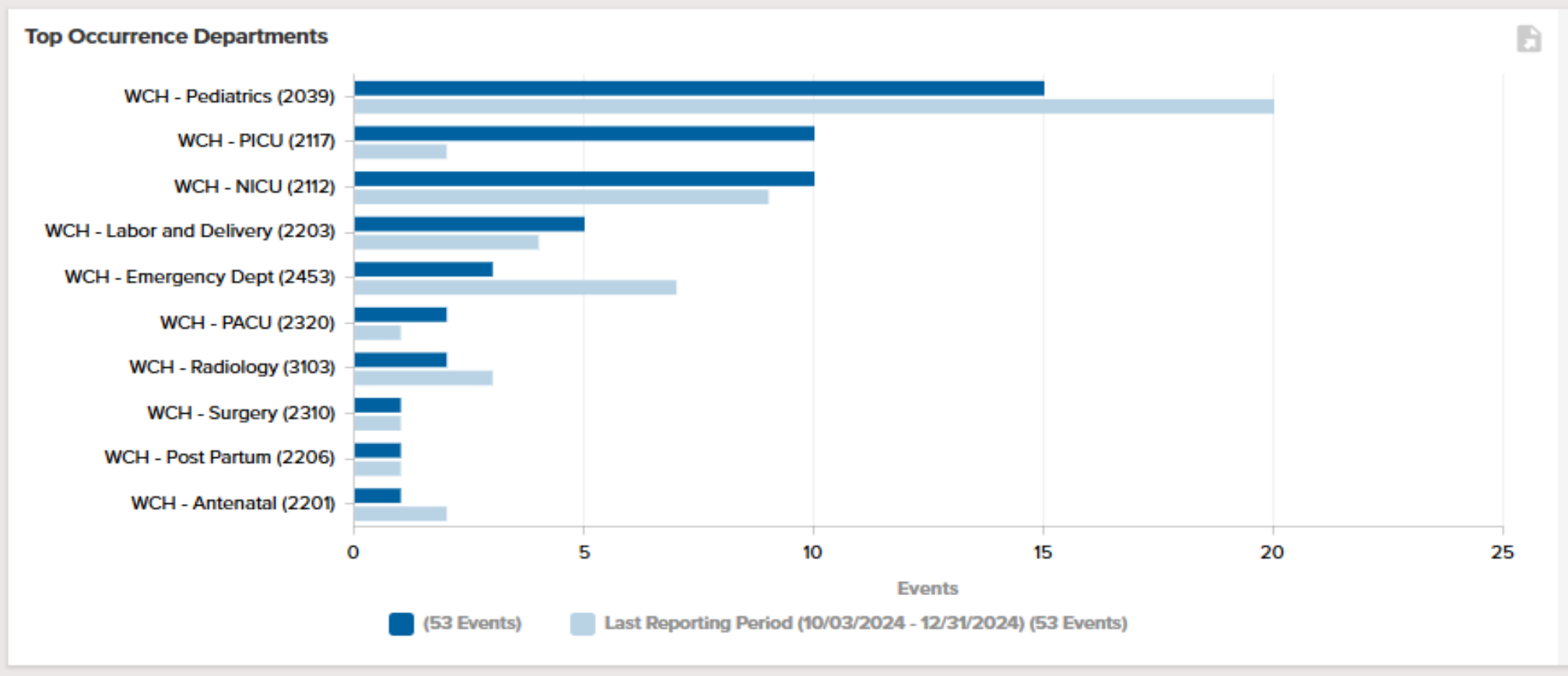
**Acadiana market reporting together*



ACC-HH Top Occurrence Departments



WCC Top Occurrence Departments



Pyxis-ADS Override medication list approval

- OVERRIDE MEDICATION List.docx