Pharmacy and Therapeutics Committee

October 16, 2024

Prayer

Approval of Minutes

FMOLHS System P&T Committee

Formulary Appeals

FMOLHS System P&T Recommendations:

- Hydroxycobalamin (Cyanokit) for Vasoplegia
  - Recommendation to approve with Cardiac Anesthesia to administer; 3rd line agent
  - Review of each case after administration
  - Approved with restrictions
  - Stocked on both ACC and WCC.

FMOLHS System P&T Recommendations:

- <u>Revenfenacin (Yupelri)</u>
  - Approved as alternative to Spiriva Inhaler, but local P&T committees should review and further restrict if no intent to use
  - long-acting M3 antagonist/anticholinergic

  - **Acadiana Market will continue conversion to ipratropium neb**

Acadiana Market P&T Committee

Formulary Request

Acadiana Market P&T Committee Formulary Requests

Aflibercept (Eylea®)

- Vascular endothelial growth factor inhibitor for the treatment of retinopathy of prematurity (ROP)
- Requesting formulary-restriction for neonates as product does have adult indications
- Only FDA Approved product on the market for ROP; other products are used off-label and require unit-dosing
- Available in small volume prefilled syringe or vial with syringe for intravitreal injection

FMOLHS System P&T Committee

Class Reviews

FMOLHS System P&T Recommendations:

ANTIVIRAL AGENT, OPHTHALMIC (52:04.20)	
Trifluridine ophthalmic solution	FORMULARY
Ganciclovir ophthalmic gel	NON-FORMULARY

SELECTIVE BETA-1-ADRENERGIC AGONISTS (12:12.08.08)	
Dobutamine and dopamine	FORMULARY

DIRECT VASODILATORS (24:08.20)	
Hydralazine, minoxidil, sodium nitroprusside	FORMULARY
Fenoldopam	NON-FORMULARY

FMOLHS System P&T Recommendations:

PROKINETIC AGENTS (56:32)	
Metoclopramide tablet and injection	FORMULARY
Metoclopramide oral solution	FORMULARY – *restricted to pediatrics*
Metoclopramide orally disintegrating tablet and nasal spray	NON-FORMULARY

PROTECTANTS (56:28.32)	
Sucralfate tablet	FORMULARY
Sucralfate oral suspension	FORMULARY – *restricted to pediatrics*

FMOLHS System P&T Recommendations:

SCLEROSING AGENTS (24:16, 84:04.08.20)	
Ablysinol (dehydrated alcohol) ethamolin (ethanolamine oleate) Sotradecol (sodium tetradecyl sulfate) Steritalc (talc)	FORMULARY
Asclera and Varithena (polidocanol)	FORMULARY-*restricted to outpatient.*

RENIN INHIBITORS (24:32.40)	
Aliskerin	FORMULARY

FMOLHS System P&T Recommendations:

OTIC ANTIMICROBRIALS (52:04.04)	
Neomycin/polymyxin b/hydrocortisone Ciprofloxacin/dexamethasone (Ciprodex)	FORMULARY
Ciprofloxacin/fluocinolone (Otovel)	FORMULARY - *restricted to outpatient use*
Acetic acid, acetic acid/hydrocortisone neomycin/colistin/hydrocortisone/thonzonium Ciprofloxacin (Ceftraxal) ciprofloxacin/hydrocortisone (Cipro HC) ofloxacin (Floxin otic)	NON-FORMULARY

FMOLHS System P&T Recommendations:

ENTRY AND FUSION INHIBITORS (8:18.08) UPDATED	
Enfurivirtide, fostemavir, ibalizumab-uiyk, and maraviroc	NON-FORMULARY

NON-STEROIDAL ANTIINFLAMMATORY DRUGS (NSAIDS) COX-2 SELECTIVE (28:08.04.08)	
Celecoxib capsules	FORMULARY
Celecoxib oral solution	NON-FORMULARY

OPHTHALMIC AGENTS: VASOCONSTRICTORS (52:32) UPDATED	
Tetrahydrozoline and phenylephrine	FORMULARY
Naphazoline, naphazoline-pheniramine, oxymetazoline	NON-FORMULARY

FMOLHS System P&T Recommendations:

USTEKINUMAB, BIOSIMILARS (92:36)	
Stelara	FORMULARY - *restricted to outpatient use only*
Wezlana	NON-FORMULARY

FMOLHS System P&T Committee

Consent Agenda Class Review Recommendations Summary

FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary

ANTIMALARIAL AGENTS, ORAL COMBINATION	
Artemether and lumefantrine (Coartem®) Atovaquone and proguanil (Malarone®)	FORMULARY

ANDROGENS, PART 1	
Danazol, methyltestosterone	NON-FORMULARY
Oxandrolone	Removed from market

ANDROGENS, PART 2	
Testosterone cypionate single dose vials	FORMULARY
Testosterone enanthate, testosterone undecanoate, testosterone (all dosage forms)	NON-FORMULARY

FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary (updates in red)

TOPICAL CALCINEURIN INHIBITORS	
Tacrolimus (Protopic) ointment	FORMULARY - *restricted to patients who have failed topical steroids or cannot use topical steroids*
pimecrolimus (Elidel)cream	NON-FORMULARY

SKELETAL MUSCLE RELAXANTS, PART 1	
Tizanidine (Zanaflex), Cyclobenzaprine (Flexeril)	FORMULARY
Carisoprodol (Soma), chlorzoxazone, metaxalone (Skelaxin)	NON-FORMULARY

SKELETAL MUSCLE RELAXANTS, PART 2	
Baclofen tablets and solution for intrathecal injection Methocarbamol tablets and injection	FORMULARY
Baclofen oral suspension	FORMULARY – *restricted to pediatrics*

DIRECT ACTING SKELETAL MUSCLE RELAXANTS	
Dantrolene (Dantrium, Revonto, Ryanodex)- all formulations	FORMULARY

FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary

Calcineurin Inhibitor Immunosuppressive Agents	
Cyclosporine, non-modified (Sandimmune®) capsules and injection	FORMULARY
Cyclosporine, modified (Gengraf®, Neoral®) capsules	FORMULARY
Cyclosporine, non-modified (Sandimmune®) oral solution Cyclosporine, modified (Gengraf®, Neoral®) oral solution	FORMULARY – *restricted to pediatrics*

Immunosuppressant Agents; mTOR Kinase Inhibitors	
Sirolimus (Rapamune®) tablet and oral solution	FORMULARY
Sirolimus, protein-bound (Fyarro®)	FORMULARY - *restricted to outpatient use*
Everolimus (Afinitor®), all formulations	NON-FORMULARY

Update

Immunosuppressant Agents	
Mycophenolate mofetil (Cellcept®), Mycophenolate sodium (MyFortic®)	FORMULARY
Mycophenolate mofetil (Cellcept®) oral solution	FORMULARY - *restricted to pediatrics*

FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary

ANTIEMETIC; HISTAMINE H1 ANTAGONIST, FIRST GENERATION; PIPERAZINE DERIVATIVE	
Hydroxyzine hydrochloride (Atarax)	FORMULARY
Hydroxyzine pamoate (Vistaril)	NON-FORMULARY

COUMARIN DERIVATIVES	
Warfarin (Coumadin®)	FORMULARY

DIRECT ORAL ANTICOAGULANTS (DOAC)	
Apixaban (Eliquis®), rivaroxaban (Xarelto®), dabigatran (Pradaxa®)	FORMULARY

FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary

DIRECT THROMBIN INHIBITORS	
Argatroban, bivalirudin (Angiomax®)	FORMULARY

HEPARINS, LMWH	
Heparin, enoxaparin (Lovenox®)	FORMULARY
Fondaparinux (Arixtra®)	FORMULARY – restricted to HIT
Dalteparin (Fragmin®)	NON-FORMULARY

FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary

SODIUM-GLUCOSE COTRANSPORTER 2 (SGLT2) INHIBITOR	
NON-FORMULARY AGENT	**FORMULARY SUBSTITUTION**
canagliflozin (Invokana) 100 mg daily	dapagliflozin (Farxiga) 5 mg daily
canagliflozin (Invokana) 300 mg daily	dapagliflozin (Farxiga) 10 mg daily
ertugliflozin (Steglatro) 5 mg daily	dapagliflozin (Farxiga) 5 mg daily
ertugliflozin (Steglatro)1 5 mg daily	dapagliflozin (Farxiga) 10 mg daily
empagliflozin (Jardiance) 10 mg daily for DM	dapagliflozin (Farxiga) 5 mg daily
empagliflozin (Jardiance) 10 mg daily for HF	dapagliflozin (Farxiga) 10 mg daily
empagliflozin (Jardiance) 25 mg daily	use home med

FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary

Coumarin Derivatives	
Warfarin (Coumadin®)	FORMULARY

Direct Oral Anticoagulants (DOAC)	
Apixaban (Eliquis®), rivaroxaban (Xarelto®), dabigatran (Pradaxa®)	FORMULARY

Direct Thrombin Inhibitors	
Argatroban, bivalirudin (Angiomax®)	FORMULARY

Heparins, LMWH	
Heparin, enoxaparin (Lovenox®)	FORMULARY
Fondaparinux (Arixtra®)	FORMULARY – restricted to HIT
Dalteparin (Fragmin®)	NON-FORMULARY

FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary

CALORIC AGENTS - FAT EMULSIONS	
SMOFlipid	FORMULARY
Intralipid	FORMULARY - *restricted to patients with a fish allergy*
Omegaven	FORMULARY - *restricted to patients with a direct bilirubin > 2 and needing PN up to 2 weeks.*
Clinolipid and Nutrilipid	NON-FORMULARY

APPETITE STIMULANTS	
Megesterol tablets and oral suspension Dronabinol capsules Mirtazapine tablets and mirtazapine ODT	FORMULARY
Dronabinol suspension	FORMULARY - *restricted to pediatrics*

FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary

ANTI-SIALORRHEA AGENTS	
Glycopyrrolate, scopolamine, benztropine, and atropine ophthalmic	FORMULARY

URINARY ANTI-INFECTIVES (8:36)	
Nitrofurantoin (Macrobid) monohydrate Macrodantin oral suspension Methenamine Trimethoprim	FORMULARY
Fosfomycin (Monurol)	FORMULARY - *restricted to use in outpatients and in treating UTIs with VRE or ESBL producing organizations in inpatients*
Nitrofurantoin (Macrodantin) capsules	NON-FORMULARY

FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary

ANTIFUNGALS: ECHINOCANDINS (8:14.16)	
Micafungin	FORMULARY - *restricted to infectious diseases*
Anidulafungin and caspofungin	NON-FORMULARY

VAGINAL ANTIFUNGALS (84:04.08.081)	
Miconazole cream and suppositories	FORMULARY
Butoconazole, clotrimazole, tioconazole, and terconazole	NON-FORMULARY

FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary

STEROIDS, INTRAVENOUS	
Betamethasone sodium succinate/acetate, Dexamethasone sodium phosphate, Hydrocortisone sodium succinate, Methylprednisolone sodium succinate, Methylprednisolone acetate, Triamcinolone acetonide	FORMULARY

STEROIDS, ORAL	
Fludrocortisone, hydrocortisone, methylprednisolone, and prednisone TABLETS	FORMULARY
Fludrocortisone, hydrocortisone, methylprednisolone, and prednisone ALL OTHER DOSAGE FORMS	NON-FORMULARY
Dexamethasone tablets, oral solution	FORMULARY
Prednisolone oral solution	FORMULARY
Prednisolone all other dosage forms	NON-FORMULARY
Cortisone	NON-FORULARY

FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary

STEROIDS, TOPICAL	
Halobetasone propionate cream and ointment	FORMULARY
Triamcinolone acetonide	FORMULARY
Hydrocortisone (base) and hydrocortisone acetate	FORMULARY
Alcometasone, amcinonide, betamethasone valerate, clocortolone pivalate, diflorasone diacetate, Flurandrenolide, halcinonide, mometasone furoate, prednicarbate, Betamethasone dipropionate, desoximetasone, desonide, fluticasone propionate, Halobetasone propionate lotion and foam, Triamcinolone lotion and spray, Clobetasol propionate, fluocinonide, fluocinolone acetonide, Hydrocortisone spray and solution Hydrocortisone butyrate, hydrocortisone probutate, hydrocortisone valerate	NON-FORMULARY

FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary (updates in red)

ERYTHROPOIESIS STIMULATING AGENTS, BIOSIMILARS	
Retacrit	FORMULARY (preferred)
Procrit	FORMULARY (non-preferred) – restricted to outpatient
Aranesp	FORMULARY – restricted to outpatient
Epogen, Mircera	NON-FORMULARY

FILGRASTIM, BIOSIMILARS	
Granix	FORMULARY (preferred)
Neupogen	FORMULARY (non-preferred) – restricted to outpatient and pediatric patients requiring doses < 180 mcg.
Neupogen, Zarxio, Nivestym, Releuko	FORMULARY (non-preferred) – restricted to outpatient

PEGFILGRASTIM, BIOSIMILARS	
Fulphila	FORMULARY
Fylnetra	FORMULARY (preferred) – restricted to outpatient
Neulasta, Neulasta Onpro, Udenyca, Udenyca OnBody, Udenyca AI, Ziextenzo, Nyvepria, Stimufend	FORMULARY (non-preferred) – restricted to outpatient

FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary (updates in red)

TRASTUZUMAB, BIOSIMILARS	
Ogivri	FORMULARY (preferred)
Herceptin, Kanjinti, Ontruzant, Herzuma, Trazimera	FORMULARY (non-preferred) – *restricted to outpatient*
Herceptin Hylecta	FORMULARY – *restricted to outpatient*

BEVACIZUMAB, BIOSIMILARS	
~~Mvasi~~ Zirabev	FORMULARY
Mvasi	FORMULARY (preferred) – *restricted to outpatient*
~~Avastin,~~ ~~Zirabev,~~ Alymsys, Begzelma	FORMULARY (non-preferred) – *restricted to outpatient*
Avastin	FORMULARY (non-preferred) – *restricted to outpatient for intravitreal administration in ophthalmic indications, and for intralesional/intralaryngeal injections for recurrent respiratory papillomatosis.*

FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary (updates in red)

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

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

FMOLHS System P&T Committee

Antimicrobial Stewardship

Metronidazole Dosing Frequency Adjustment (pharmacy-driven)

- Patients prescribed metronidazole will receive the doses every 12 hours, compared to the traditional every 8 hours
- Pharmacokinetic and clinical outcome data support dosing every 12 hours
- Can reduce the overall medication costs and waste for the health system.

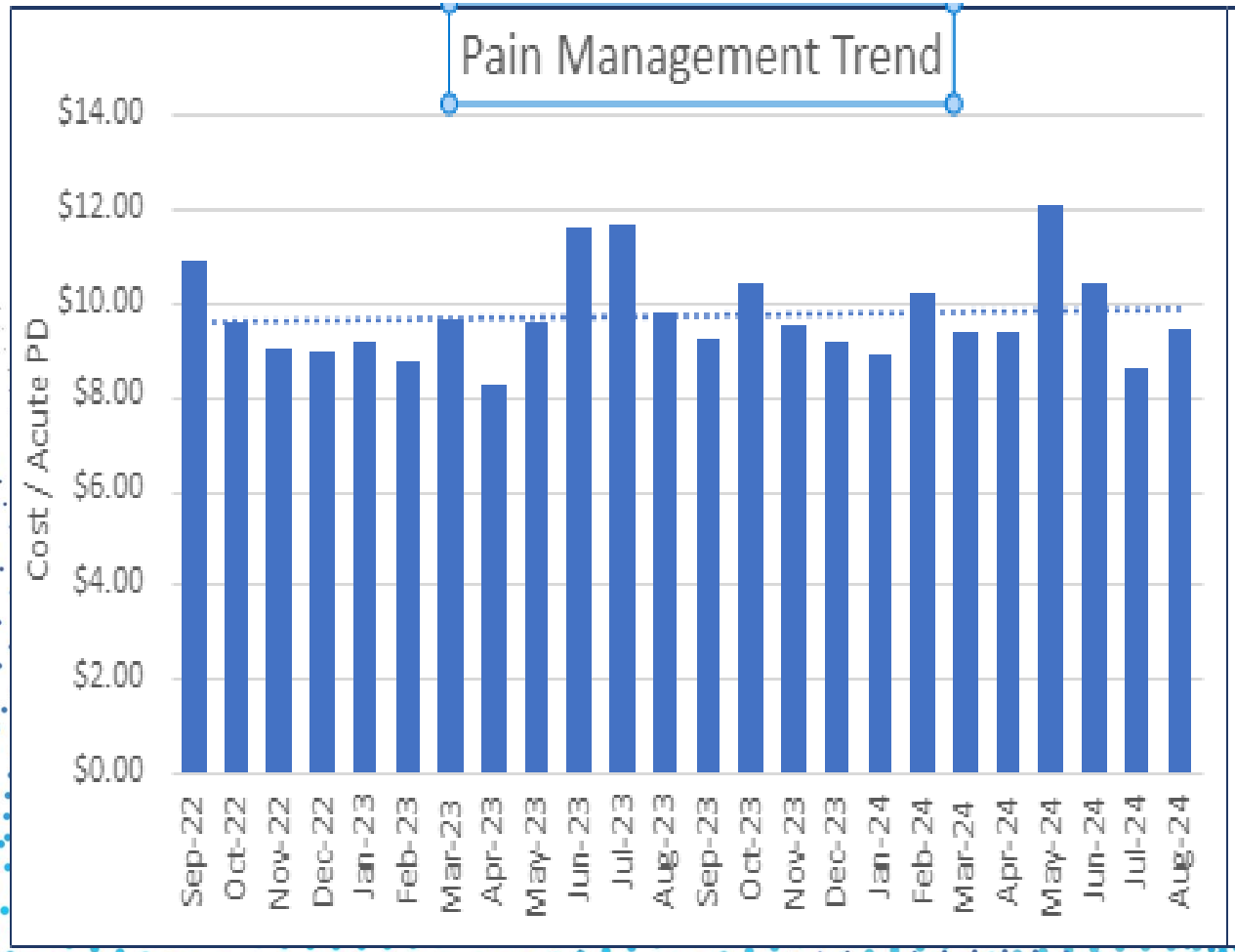
Procedure:

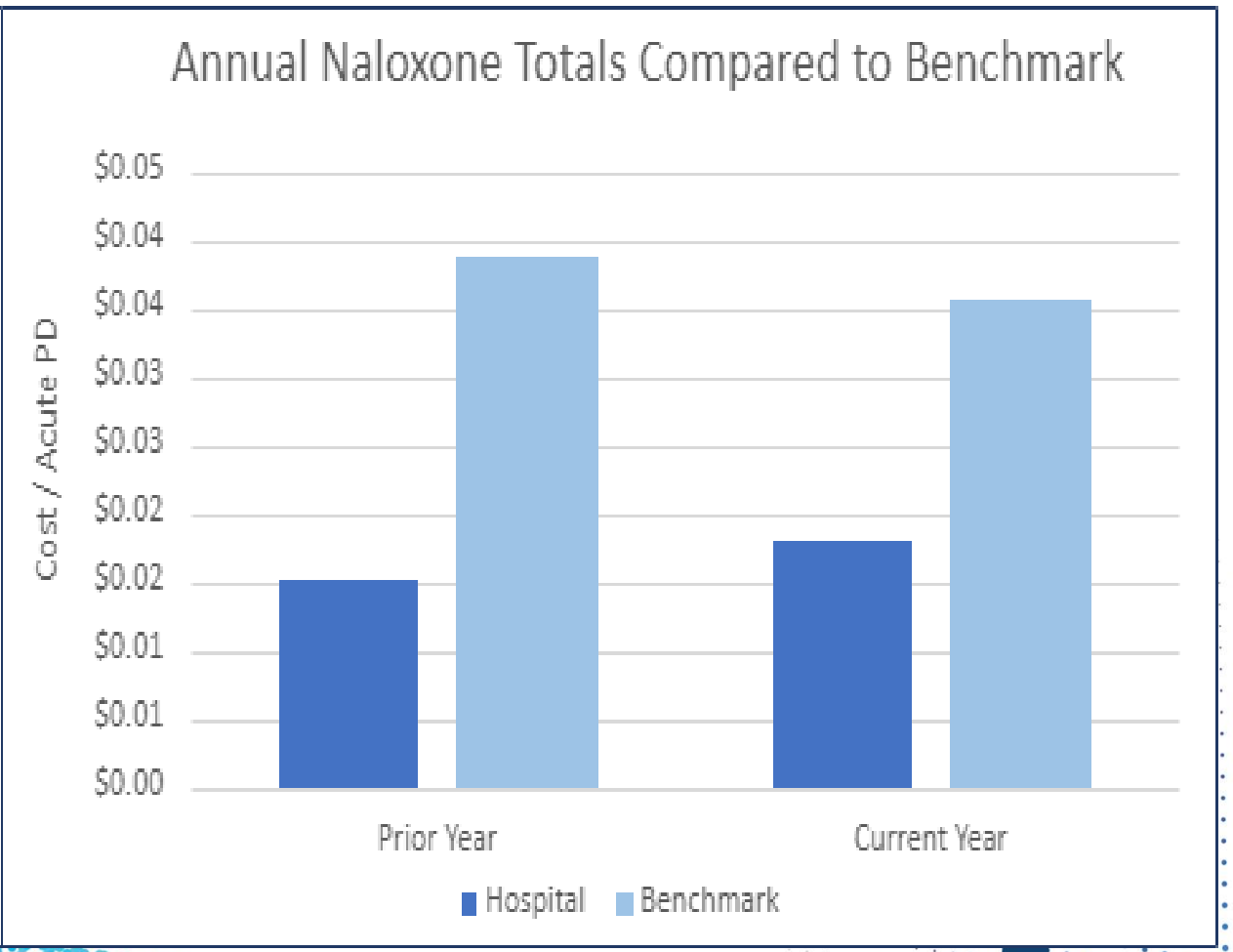
1. Identify patient receiving metronidazole for presumed anerobic or mixed anerobic infection
2. Confirm no exclusion criteria:
    a. Patient with *C. difficile* infection
    b. Patient with CNS infection
    c. Patient receiving metronidazole for surgical prophylaxis
    d. Patient with parasitic/amoebic infection
    e. Pediatric patient
3. Convert metronidazole dosing interval to every 12 hours

Lourdes Health P&T Committee

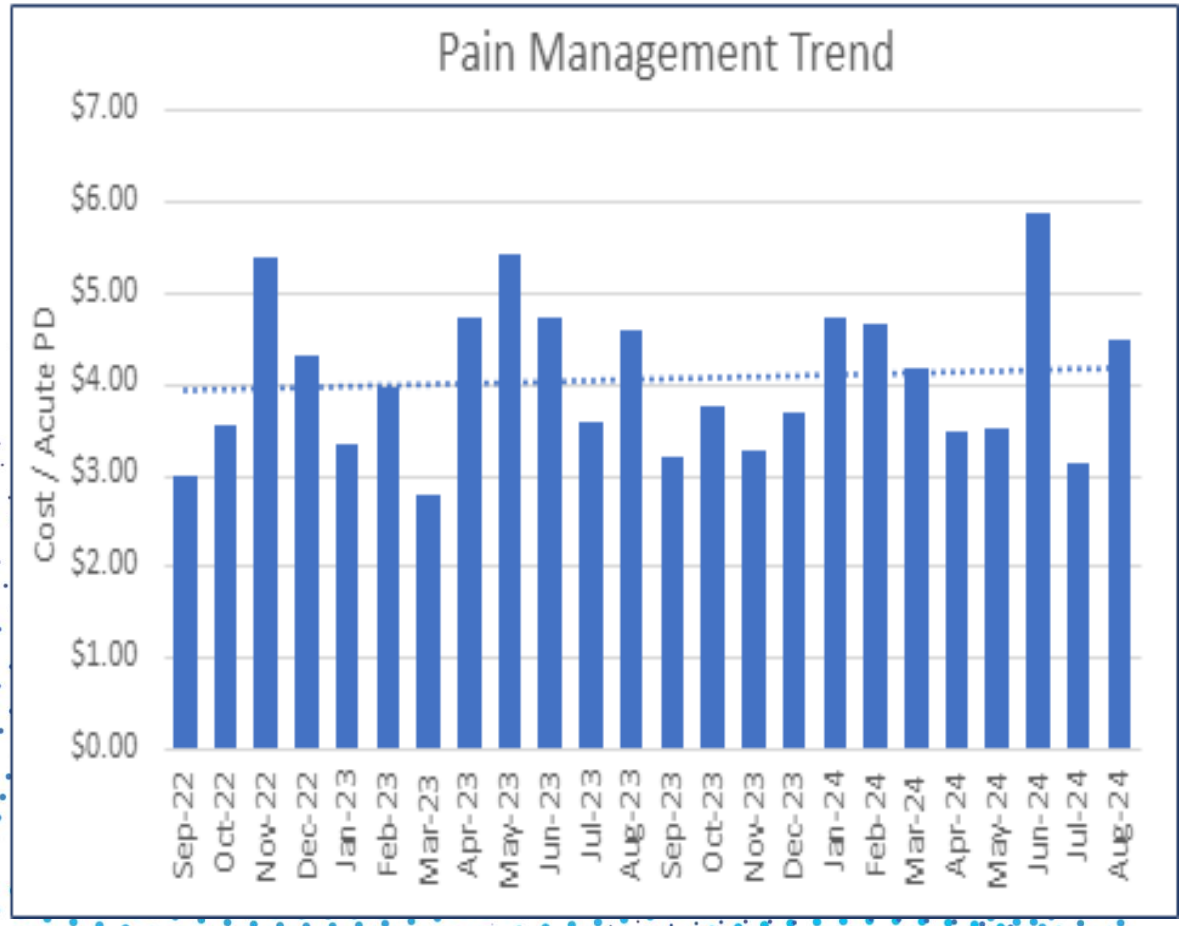
Measurements

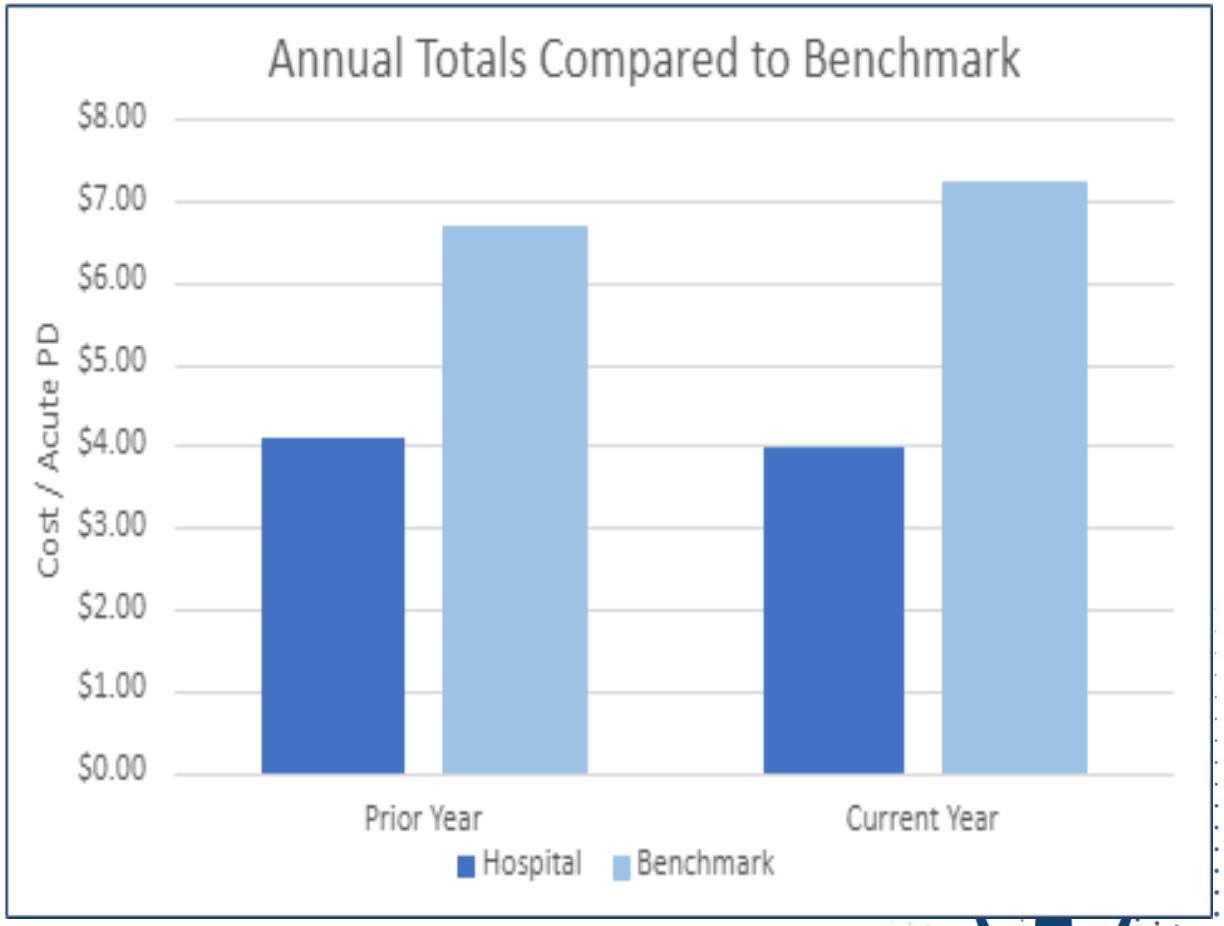
Pain Management Trends-ACC *(Aug data)*



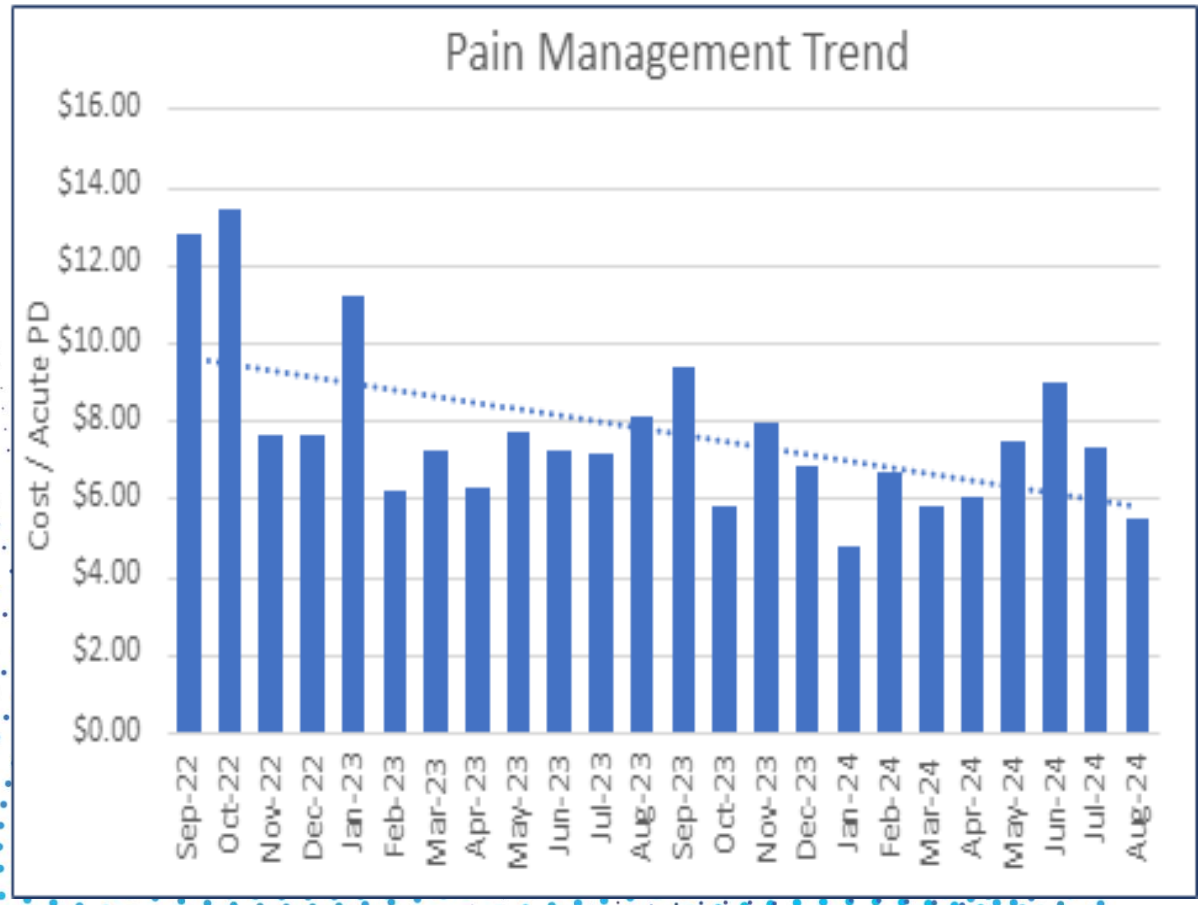


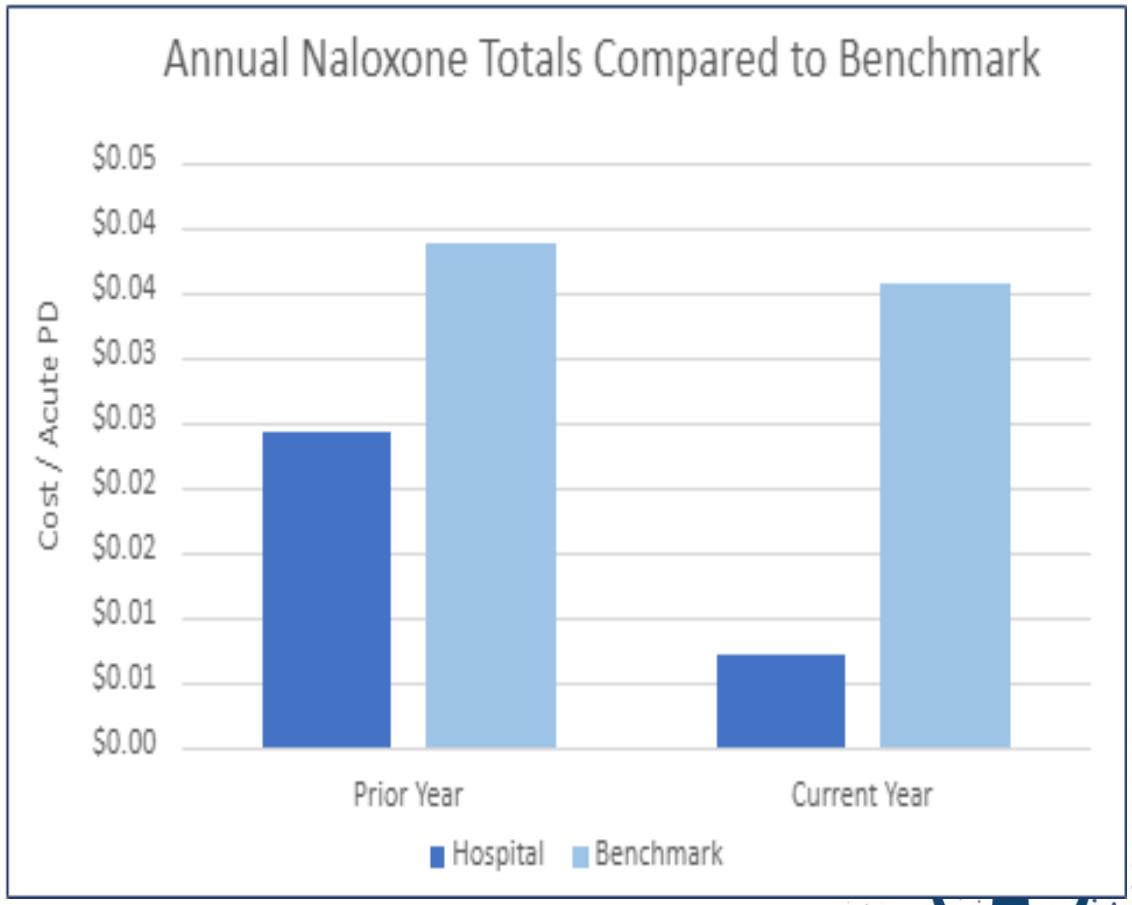
Pain Management Trends-WCC *(Aug data)*





Pain Management Trends-HH *(Aug data)*





ADVERSE DRUG REACTIONS Jul Aug Sep 2024

EVENT ID	EVENT DATE	DRUG	REACTION	INTERVENTION
	8/6/2024	RBCs	transfusion reaction	
	8/6/2024	RBCs	hypotension	
TFW19259648	8/30/2024	paclitaxel	SOB, dipahoretic, nausea	NS, oxygen, methylprednisolone, diphenhydramine, famotidine
YMG19256636	8/29/2024	carboplatin	coughing, facial edema, facial edema, no pulse/resp	NS, oxygen, methylprednisolone, diphenhydramine, epinephrine, coded & called AASI [from infusion clinic]. Verified on allergy list
FEP19258502	8/29/2024	aprepitant	facial flushing, SOB	diphenhydramine, added to allergy list
FSW19270397	9/6/2024	sodium ferric gluconate	body cramping	NS, oxygen, diphenhydramine, famotidine
CJR19292576	9/20/2024	rituximab	chills	NS, diphenhydramine, meperidine, famotidine
EYW19298103	9/24/2024	paclitaxel	SOB	diphenhydramine, methylprednisolone, famotidine, oxygen
PFD1928130	9/24/2024	oxaliplatin	tachycardia, facial flushing	NS, oxygen, methylprednisolone, diphenhydramine, famotidine
NSL19302050	9/26/2024	obinutuzumab	rigors	paused infusion