
FMOL Health
This is how we healthcare.™

Pharmacy and Therapeutics Committee

October 15, 2025

Prayer

Approval of Minutes

FMOLHS System P&T Committee

Formulary Workflow, Forms, and SOPs

FMOLHS System P&T Committee

Formulary Clarification

FMOLHS System P&T Recommendations / Consent Agenda

Potassium replacement products (oral) Clarification of Formulation	
Klor-con M (potassium chloride extended release (microencapsulated) tablets, potassium bicarbonate effervescent tablets, potassium citrate/citric acid (Bicitra) and potassium citrate/citric acid/sodium citrate (Polycitra) Potassium acid phosphate tablets and potassium acid phosphate packets	FORMULARY
Potassium chloride oral solution	FORMULARY *restricted to pediatrics*
Potassium chloride wax matrix tablets, potassium citrate, and potassium gluconate Effervescent tablets	NON-FORMULARY

Vaccine Components	Primary Population	Brand	Manufacturer
COVID-19	Pediatrics, Adults	Comirnaty	Pfizer
DTaP	Pediatrics	Daptacel	Sanofi
DTaP, IPV	Pediatrics	Quadracel	Sanofi
DTaP, IPV, Hib	Pediatrics	Pentacel	Sanofi
DTaP, IPV, HepB, Hib	Pediatrics	Vaxelis	Sanofi
IPV	Pediatrics	IPOL	Sanofi
Hib	Pediatrics	ActHIB	Sanofi
HepA	Pediatrics, Adults	Vaqta	Sanofi
HepB	Pediatrics, Adults	Recombivax-HB	Sanofi
	Adults only	Heplisav-B	Dynavax
HPV	Pediatrics, Adults	Gardasil Gardasil 9	Merck
MenACWY	Pediatrics	MenQuadfi	Sanofi
MenB	Pediatrics	Trumenba	Pfizer
MMR	Pediatrics	MMR-II	Merck
MMR-Varicella	Pediatrics	ProQuad	Merck
Varicella	Pediatrics	VariVax	Merck
Pneumococcal Conjugate PCV15	Pediatrics, Adults	Vaxneuvance	Pfizer
Pneumococcal Conjugate PCV20	Adults	Prevnar 20	Pfizer
Pneumococcal Conjugate PCV21	Adult	Capvaxive	Merck
Pneumococcal Polysaccharide PPSV23	Adults	Pneumovax 23	Merck
Rabies	Pediatrics, Adults	Imovax	Sanofi
Rotavirus	Pediatrics	Rotateq	Sanofi
Respiratory Syncytial Virus	Adults	Abrysvo	Pfizer
Tetanus (Td)	Pediatrics, Adults	Tenivac	Sanofi
Tdap	Pediatrics, Adults (pregnancy)	Adacel	Sanofi
Zoster	Adults	Shingrix	GSK
Japanese Encephalitis, Inactivated	Adults, Pediatrics	IXIARO®	Valneva
Tuberculin	Adults, Pediatrics	Tubersol	Sanofi
Typhoid, inactivated	Adults, Pediatrics	Typhim	Sanofi
Yellow Fever	Adult, Pediatrics	YF-VAX	Sanofi

Nonformulary Vaccines

- Arexvy
- Bexsero
- Boostrix
- Infanrix
- Kinrix
- Hiberix
- Havrix
- Pediarix
- Rabavert
- Rotarix
- TwinRix
- Penbraya
- Novavax
- Spikevax
- Mresvia
- Menveo
- PreHevbrio

FMOLHS Vaccine List (Refreshed)

FMOLHS System P&T Committee

Formulary Appeals

FMOLHS System P&T Recommendations:

- Uzedy (risperidone extended release injectable)
- Ingrezza (valbenazine)
- Austedo (deutetrabenazine)
- Caplyta (lumateperone)
- Vraylar (cariprazine)
- Trintellix (vortioxetine)
- Viibryd (vilazodone)

Restricted to order by psychiatry only or to restart as continuation of a home medication

FMOLHS System P&T Committee

Formulary Requests

FMOLHS System P&T Recommendations

- **Imdelltra (tarlatamab-dlle)**
  - FDA approved in treatment of extensive stage small cell lung cancer with disease progression on or after platinum-based chemotherapy, second line in guidelines
- **Quzyttir (cetirizine intravenous)**
  - Approved, restricted for use in pediatrics in the outpatient setting only
- **Fintepla (fenfluramine)**
  - Approved, restricted to pediatrics for treatment of Dravet syndrome and Lennox-Gastaut syndrome
- **Xacduro (sulbactam/durlobactam)**
  - Approved, restricted to ordering by Infectious Disease only
- **Columvi (glofitamab-gxbm)**
  - bi-specific antibody targeting CD20 and CD3 for the 3rd line treatment for diffuse large B cell lymphoma in the relapse or refractory setting
  - Approved, restricted to outpatient use only

FMOLHS System P&T Committee

Formulary Modification

FMOLHS System P&T Recommendations

- Promethazine – Injectable currently on shortage, but ISMP recommends that it should be eliminated from hospital formularies
  - pH 4.5 – vesicant with risk of severe tissue damage immediately and up to 2 weeks after; IM does not eliminate risk of tissue damage
  - 2023 FDA updated package insert with the risk
  - Guidelines do not recommend promethazine for PONV (other options exist)
  - Other health systems were polled; many have removed from formulary or restricted to last-line agent with pharmacy compounding
  - Risk at FMOL – not all order sets have IM set as default and may be missing administration criteria
  - GOAL: 6-month slow roll-out conversion

FMOLHS System P&T Committee

Consent Agenda Class Review Recommendations Summary

FMOLHS System P&T Recommendations / Consent Agenda

Analgesics and Antipyretics, Misc (28:08.92)	
Aspirin and acetaminophen (tablets and liquid)	FORMULARY
Acetaminophen IV	FORMULARY *dose driven at ordering (limited number of doses with duration entered at time of order entry)*
Belladonna & Opium Suppository products	NON-FORMULARY *market removal*

FMOLHS System P&T Recommendations / Consent Agenda

Antilipemic Agents (24:06.05) (24:06.92)	
Ezetimibe (Zetia)	FORMULARY
Bempedoic acid (Nexletol) and bempedoic acid + ezetimibe (Nexlizet)	NON-FORMULARY
Antithyroid Agents (63:36.08)	
Methimazole, potassium iodide, iodine/potassium iodide, propylthiouracil, and sodium iodide I 131	FORMULARY
Cardiac Drugs, Misc (24:04.92)	
Ivabradine (Corlanor) tablets and ranolazine (Ranexa)tablets	FORMULARY
Ivabradine oral solution and ranolazine sprinkle capsules	NON-FORMULARY
Estrogens, Part 1	
Conjugated Estrogens injection, tablet and cream Estradiol cypionate	FORMULARY
Esterified estrogens Esterified estrogens + methyltestosterone Estradiol valerate	NON-FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

Estrogens, Part 2, Estrogens	
Estradiol oral tablet Estradiol TD Patch	FORMULARY
Estradiol TD Gel Estradiol TD spray	NON-FORMULARY

Estrogens, Part 3	
Estradiol vaginal cream	FORMULARY
Estradiol vaginal insert Estradiol vaginal ring Estradiol vaginal tablet	NON-FORMULARY

Hepatitis C Virus (HCV) Inhibitors (8:18.40.20, 8:18.40.24, 8:18.40.16)	
Elbasvir and grazoprevir, glecaprevir and pibrentasvir, ledipasvir and sofosbuvir, velpatasvir and sofosbuvir, and sofosbuvir, velpatasvir, voxilaprevir	NON-FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

NSAIDs (28:08.04)	
All oral formulations of ibuprofen, naproxen, meloxicam, diclofenac, and ketorolac Indomethacin capsules and suppositories Ibuprofen (Neoprofen) injection	FORMULARY
Indomethacin injection	FORMULARY *restricted to pediatrics*
Indomethacin suspension Nabumetone, etodolac, and piroxicam Ibuprofen (Caldolor)	NON-FORMULARY
Opiate Agonists (28:08.08)	
All formulations of morphine, hydromorphone, and oxycodone Conventional release tramadol and methadone All dosage formulations of fentanyl and remifentanil Sufentanil	FORMULARY
All dosage formulations of meperidine	FORMULARY *restricted to post-operative shiver and drug induced rigors*
All other formulations of tramadol and methadone	NON-FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

Opiate Partial Agonists (28:08.12)	
Buprenorphine sublingual tablets and butorphanol	FORMULARY
Buprenorphine/naloxone sublingual tablets (Zubsolv)	FORMULARY *restricted or psychiatry for microinduction dosing*
Nalbuphine	FORMULARY *restricted to post-operative itching unresolved by Benadryl and when butorphanol is not available*
Suboxone sublingual film strips	NON-FORMULARY
Plasma Volume Expanders (16:00, 40:12)	
Albumin	FORMULARY
Hetastarch	FORMULARY *restricted to L&D*
Dextran	NON-FORMULARY
Probiotics (lactobacillus rhamnosus GG and Bifidobacterium-lactobacillus)	
Culturelle	FORMULARY
Saccharomyces boulardii (Florastor), Lactobacillus acidophilus/bulgaricus (Lactinex), Lactobacillus acidophilus/bulgaricus (Floranex)	NON-FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

Progestins	
Medroxyprogesterone suspension for injection and tablet Megestrol tablet and suspension Norethindrone Progesterone capsule, solution for injection, and insert	FORMULARY
Hydroxyprogesterone Megace ES suspension Progesterone vaginal gel	NON-FORMULARY
Rifamycins (8:12.28.30) (8:16.04)	
Rifaximin, rifampin, and rifabutin	FORMULARY
Rifapentine	FORMULARY *restricted for pulmonary tuberculosis if used in a 4-month rifapentine/moxifloxacin-containing regimen*
Rifamycin	NON-FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

Second Generation, Antihistamines (4:08)	
Loratadine	FORMULARY *adults*
Cetirizine	FORMULARY *pediatrics*
Loratadine/pseudoephedrine 12 hour	FORMULARY
Fexofenadine, desloratadine, levocetirizine, and loratadine ODT Fexofenadine/pseudoephedrine and loratadine/pseudoephedrine 24 hour	NON-FORMULARY
Sulfonylureas (68:20.20)	
Glipizide	FORMULARY *restricted to behavioral health problems*
Glyburide, glimepiride, and glipizide XL	NON-FORMULARY
Thiazolidinediones (68:20.28)	
Pioglitazone	FORMULARY *restricted to behavioral health problems*
Rosiglitazone and combination formulations	NON-FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

Vasopressin Antagonists (40:28.28)	
Tolvaptan (Samsca)	FORMULARY
Conivaptan (Vaprisol)	NON-FORMULARY

Vitamin D analogs	
Calcitriol oral capsules, paricalcitol capsules, paricalcitol injection, ergocalciferol capsules, and cholecalciferol	FORMULARY
Calcitriol and ergocalciferol oral solutions and drops	FORMULARY restricted to pediatrics
Calcifediol and doxecalciferol Calcitriol intravenous solution	NON-FORMULARY

Androgens, Part 1 (68:08)	
Danazol and methyltestosterone	NON-FORMULARY

Androgens, Part 2 (68:08)	
Testosterone cypionate single dose vials	FORMULARY
Testosterone enanthate, testosterone undecanoate, and testosterone (all dosage forms)	NON-FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

Antimalarial Agents (8:30.08)	
Coartem and malarone	FORMULARY

Antineoplastic, immunosuppressant (10:00)	
Sirolimus (Rapamune) tablet and oral solution	FORMULARY
Sirolimus protein bound (Fyarro)	FORMULARY *restricted to outpatient*
Everolimus	NON-FORMULARY

Calcineurin inhibitor immunosuppressant agent (92:44)	
Sandimmune (cyclosporine, non-modified) capsule and injection Gengraf (cyclosporine, modified), and Neoral (cyclosporine, modified) capsule	FORMULARY
Sandimmune (cyclosporine, non-modified), Gengraf (cyclosporine, modified), and Neoral (cyclosporine, modified) oral solutions	FORMULARY *restricted to pediatrics*

Coumarin Derivatives (20:12.04.08)	
Warfarin	FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

Direct Acting skeletal muscle relaxants (12:20.081)	
Dantrolene (all formulations)	FORMULARY
Direct Thrombin Inhibitors (20:12.04.12)	
Eliquis (apixaban), Xarelto (rivaroxaban), Pradaxa (dabigatran), argatroban, and bivalirudin	FORMULARY
Direct Vasodilators (24:08.20)	
Hydralazine, minoxidil, sodium nitroprusside	FORMULARY
Fenoldopam	NON-FORMULARY
Hydroxyzine Formulations	
Hydroxyzine hydrochloride	FORMULARY
Hydroxyzine pamoate	NON-FORMULARY
LMWHs (20:12.04.16)	
Heparin and enoxaparin	FORMULARY
Arixtra (fondaparinux)	FORMULARY *restricted to HIT*
Fragmin (dalteparin)	NON-FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

Mycophenolate (92.44)	
Cellcept (mycophenolate mofetil) and Myfortic (mycophenolate sodium)	FORMULARY
Cellcept (mycophenolate mofetil) oral solution	FORMULARY *restricted to pediatrics*

Ophthalmic Agents: Antivirals (52:04.20)	
Trifluridine ophthalmic solution	FORMULARY
Ganciclovir ophthalmic gel	NON-FORMULARY

Prokinetic Agents (56:32) Metoclopramide monograph	
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 monograph	
Sucralfate tablet	FORMULARY
Sucralfate oral suspension	FORMULARY *restricted to pediatrics*

FMOLHS System P&T Recommendations / Consent Agenda

Sclerosing Agents (24:16, 84:04.08.20)	
Ablysinol (dehydrated alcohol), Ethamolin (ethanolamine oleate), Sotradecol (sodium tetradecyl sulfate), and Steritalc (talc)	FORMULARY
Asclera and Varithena (polidocanol)	FORMULARY *restricted to outpatient*
Selective Beta-1-Adrenergic Agonists (12:12.08.08)	
Dobutamine and dopamine	FORMULARY
Skeletal muscle relaxants, Part 1 (12:20.04)	
Tizanidine and cyclobenzaprine	FORMULARY
Carisoprodol, Chlorzoxazone, Metaxalone	NON-FORMULARY
Skeletal muscle relaxants, Part 2 (12:20.12, 12:20.04, 12:20.92)	
Baclofen tablets and solution for intrathecal injection Methocarbamol tablets and injection	FORMULARY
Baclofen oral suspension	FORMULARY *restricted to pediatrics*

FMOLHS System P&T Recommendations / Consent Agenda

Sodium-glucose cotransporter 2 (SGLT2) Inhibitors (68:20.18)	
Farxiga (dapagliflozin) and Jardiance (empagagliflozin)	FORMULARY *restricted to non-diabetic indications*
Invokana (canagliflozin) and Steglatro (ertuglifloazin)	NON-FORMULARY

Vitamins (Part 1)

Vitamin B12 (cyanocobalamin) 500 mcg tablet and 1,000 mcg/1mL IV solution Vitamin B6 (pyridoxine) 50 mg tablet and 100 mg/1 mL Calcium carbonate/vitamin D 1250 mg-200 units and 250 mg-125 units Calcium carbonate 500 mg and 1250 mg chewable Calcium carbonate 1250 mg/5 mL Calcium chloride and calcium gluconate injections Folic acid 1000 mcg tablet and injection Levomefolate Multivit-iron-FA-calcium-mins (Thera-M Plus), multivit and minerals-ferrous gluconate 9 mg iron/15 ML oral liquid, multivitamin (Theragran), multi-vitamin inj 100 ml (MVI) vial, multivitamin (Flintstones) chewable, and mutlivitamin (prenatal) Ped multivitamins (Poly-Vi-Sol) oral liquid 50 mL, pedi multivit no.2 W-fluoride 0.25 mg/mL (poly-vi-flor) (50 mL) drops, and pediatric multivit no.80-iron 10 mg-750 unit-400 unit/ml oral drops Sodium acetate, sodium bicarbonate, sodium chloride and sodium phosphate injections Sodium bicarbonate 650 mg tablet and sodium chloride 1 gm tablet	FORMULARY
Vitamin B12 (cyanocobalamin) 100 mcg and 1000 mcg tablet Calcium citrate-vitamin D 315 mg-250 units Calcium carbonate 1250 mg tablet Calcium citrate Folic acid 400 mcg tablet Multivit w/mineral (Ocuvite), multivitamin w minerals (aquADEKs), and multivitamin-minerals-iron fumarate 7.5 mg-folic acid 400 mcg Ped multivit w/Fe and fluor(PolyViFlor) 0.25mg/ml 50mL Liquid, ped multivit w/fluor(PolyViFlor)0.5mg/ml drops 50 ml Liquid, pediatric multivitamin no.203-ferrous sulfate 18 mg chewable tablet, pediatric multivitamin no.40-phytonadione 400 mcg/ml oral drops, and tri-multivit - 50ml oral drop (Tri-Vi-Sol Equivalent) Sodium bicarbonate 325 mg tablet and sodium chloride 500 mg tablets	NON-FORMULARY

Vitamins (Part 2)

Sodium acetate, sodium bicarbonate, sodium chloride and sodium phosphate injections Vitamin B1 (thiamine **mono**nitrate) tablets Vitamin B1 (thiamine hydrochloride) injection Multivit B complex w/C/FA (Nephro-Vite Rx) tablet and multivit B complex w/C/FA 5 mg (Folbee Plus) tablet Multi-trace-4 elements (Neonatal) MULTRYS 2mL injection and trace elements (TRALEMENT) injection Vitamin A injection Vitamin C (ascorbic acid) 500 mg tablets and vitamin C (ascorbic acid) injection Vitamin E (D-Alpha Tochopheryl Acetate) 400 unit tablet and Vitamin E (Dl-Alpha Tocopheryl Acetate) 15 units/0.3 mL oral solution Vitamin K (Phytonadione) 1 mg/0.5 mL Emulsion for injection, 0.5 mL and Vitamin K (Phytonadione) 10 mg/1 mL Emulsion for injection, 1 mL Zinc sulfate 220 mg tablets and zinc sulfate injection	FORMULARY
Vitamin B1 (thiamine hydrochloride) injection Vitamin B1 (thiamine hydrochloride) tablets B complex with C 20-folic acid 1mg (NEPHRO), cyanocobalamin 2 mg-levomefolate cal 1.13 mg-pyridoxine 25 mg (FOLTX), multivit w/B Complex /FA (Folbic) tablet, multivit w/B Complex/C/FA/Zn (DiatxZn) tab, multivitamin (ProRenal Vital) tablet, vitamin B complex-vitamin C-folic acid 0.8 mg tablet, vitamin B comp-VIT C-folic acid 5 mg tab, vitamin B complex capsule, and multivit w/B Complex /C (SURBEX-T) Tablet PTE-4 (trace elements) - injection 3ml (Multitrace-4 Pediatric) and Trace Elements Solution for injection Vitamin C (ascorbic acid) 250 mg tablets Vitamin E (D-Alpha Tochopheryl Acetate) 1,000 units tablet, Vitamin E (D-Alpha Tochopheryl Acetate) 100 units tablet, vitamin E 200 unit capsule, and Vitamin E (D-Alpha Tochopheryl Acetate) 100 units/0.25 mL topical oil Vitamin K (Phytonadione) tablets Zinc chloride injection, Zinc gluconate	NON-FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

Antiretroviral, Capside Inhibitor	
Lencapavir (Yeztugo) for HIV PrEP	FORMULARY *restricted to outpatient*
Lencapavir (Sunlenca) for HIV treatment	

Biosimilars: Denosumab Part 1 (90:16)	
Prolia	FORMULARY *restricted preferred to outpatient use only*
Jubbonti, Ospomyv, Stoboclo, and Conexxence	FORMULARY *restricted not preferred to outpatient use only*

Biosimilars: Denosumab Part 1 (90:16)	
Xgeva	FORMULARY *restricted preferred to outpatient use only*
Wyost, Xbryk, Osenvelt, and Bomyntra	FORMULARY *restricted not preferred to outpatient use only*

FMOLHS System P&T Recommendations / Consent Agenda

Biosimilars: Eculizumab (90:20)	
Soliris *Ultomiris preferred over Soliris for inpatient use IF patient qualifies for inpatient free drug program	FORMULARY restricted preferred to outpatient use + inpatient* for atypical hemolytic uremic syndrome only
Bkemv, Epysqli	FORMULARY restricted not preferred to outpatient use only

Biosimilars: Complement Inhibitors, C5 and C3 (92:21.08)	
Soliris *Ultomiris preferred over Soliris for inpatient use IF patient qualifies for inpatient free drug program	FORMULARY restricted preferred to outpatient use + inpatient* for atypical hemolytic uremic syndrome only
Ultomiris *for inpatient use IF patient qualifies for inpatient free drug program	FORMULARY restricted preferred to outpatient use (and inpatient*)
Empaveli (pegcetacoplan) and Veopoz (pozelimab)	NON-FORMULARY

Anti-Sialorrhea Agents	
Glycopyrrolate, scopolamine, benztropine, and atropine	FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

Appetite Stimulants	
Megestrol tablets and oral suspension Dronabinol capsules Mirtazapine tablets and mirtazapine ODT	FORMULARY
Dronabinol suspension	FORMULARY *restricted to pediatrics*

Bevacizumab, biosimilars (10:00)	
Zirabev	FORMULARY
Mvasi	FORMULARY *restricted preferred to outpatient use only*
Alymsys, Avzivi, Jobevne, and Vegzelma	FORMULARY *restricted not preferred to outpatient use only*
Avastin	FORMULARY *restricted not preferred to outpatient use only: for intravitreal administration in ophthalmic indications, and for intralesional/intralaryngeal injections for recurrent respiratory papillomatosis*

FMOLHS System P&T Recommendations / Consent Agenda

Calcineurin inhibitors, topical (84:92)	
Tacrolimus ointment (Protopic)	FORMULARY *restricted to patients who have failed topical steroids or cannot use topical steroids*
Pimecrolimus cream	NON-FORMULARY

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

FMOLHS System P&T Recommendations / Consent Agenda

Antidote	
Cyanokit (hydroxocobalamin	FORMULARY *for cyanide toxicity indication*
	FORMULARY *for vasoplesia indication restricted to Cardiac Anesthesia only 3rd line in unresponsive cases*

Entry and Fusion Inhibitors (8:18.08)	
Enfurivirtide, fostemavir, ibalizumab-uiyk, and maraviroc	NON-FORMULARY

Erythropoiesis stimulating agents, biosimilars (20:16)	
Retacrit	FORMULARY preferred
Procrit	FORMULARY *restricted not preferred to outpatient use only*
Aranesp	FORMULARY *restricted to outpatient use only*
Epogen and Mircera	NON-FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

Filgrastim, biosimilars (20:16)	
Granix	FORMULARY *preferred*
Neupogen	FORMULARY *restricted not preferred to outpatient use only + pediatric patients requiring doses <180mcg*
Zarxio, Nivestym, Nypozi and Releuko	FORMULARY *restricted not preferred to outpatient use only*

Infliximab, biosimilars (92:36)	
Renflexis	FORMULARY *preferred*
Generic infliximab	FORMULARY *restricted preferred to outpatient use only*
Remicade (brand), Inflectra, and Avsola	FORMULARY *restricted not preferred to outpatient use only*
Zymfentra	FORMULARY *restricted to outpatient use only*

FMOLHS System P&T Recommendations / Consent Agenda

Non-Steroidal Anti-inflammatory Drugs (NSAIDs), COX-2 Selective (28:08.04.08)	
Celecoxib capsules	FORMULARY
Celecoxib oral solution	NON-FORMULARY

Ophthalmic Agents: Vasoconstrictors (52:32)	
Tetrahydrozoline and phenylephrine	FORMULARY
Naphazoline, naphazoline-pheniramine, and oxymetazoline	NON-FORMULARY

Otic Antimicrobials, Part 1 (52:04.04)	
Ciprofloxacin/dexamethasone (Ciprodex)	FORMULARY
Ciprofloxacin/fluocinolone (Otovel)	FORMULARY *restricted to outpatient use only*
Ciprofloxacin (Ceftraxal), ciprofloxacin/hydrocortisone (Cipro HC), and ofloxacin (Floxin otic)	NON-FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

Otic Antimicrobials, Part 2 (52:04.04)	
Neomycin/polymyxin b/hydrocortisone	FORMULARY
Acetic acid, acetic acid/hydrocortisone, and neomycin/colistin/hydrocortisone/thonzonium	NON-FORMULARY

Pegfiltrastim, biosimilar (20:16)	
Fylnetra	FORMULARY
Neulasta, Neulasta Onpro, Udenyca, Udenyca OnBody, Udenyca AI, Ziextenzo, Nyvepria, Fulphila, and Stimufend	FORMULARY *restricted not preferred to outpatient use only*
Inpatient pegfilgrastim use	*Additional specialized restrictions*

Renin Inhibitors (24:32.40)	
Aliskerin	FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

Rituximab, biosimilars (10:00)	
Ruxience	FORMULARY
Truxima	FORMULARY *restricted preferred to outpatient use only*
Rituxan and Riabni	FORMULARY *restricted not preferred to outpatient use only*
Rituxan Hycela	FORMULARY *restricted to outpatient use only*

Tocilizumab, biosimilars (92:36)	
Actemra	FORMULARY *restricted preferred to outpatient use only*
Tyenne, Tofidence, and Avtozma	FORMULARY *restricted not preferred to outpatient use only*
Inpatient tocilizumab	*Additional specialized restrictions; product selection at the discretion of each facility*

FMOLHS System P&T Recommendations / Consent Agenda

Trastuzumab, biosimilars (10:00)	
Ogivri	FORMULARY *preferred*
Herceptin, Kanjinti, Ontruzant, Herzuma, Trazimera, and Hercessi	FORMULARY *restricted not preferred to outpatient use only*
Herceptin Hylecta	FORMULARY *restricted to outpatient use only*

Ustekinumab, biosimilars (92:36)	
Stelara (brand) or generic ustekinumab	FORMULARY *restricted preferred to outpatient use only*
Wezlana, Pyzchiva, Selarsdi, Steqeyma, Yesintek, Otulfi, Imuldosa, and Starjemza	FORMULARY *restricted not preferred to outpatient use only*

FMOLHS System P&T Recommendations / Consent Agenda

Fluoroquinolones (8:12.18)	
Ciprofloxacin and levofloxacin	FORMULARY *preferred*
Moxifloxacin	FORMULARY *restricted to non-tuberculosis mycobacterium indications or for pulmonary tuberculosis if used in a 4-month rifapentine/moxifloxacin-containing regimen*

Rifamycins (8:12.28.30) (8:16.04)	
Rifaximin, rifampin, and rifabutin	FORMULARY *preferred*
Rifapentine	FORMULARY *restricted for pulmonary tuberculosis if used in a 4-month rifapentine/moxifloxacin-containing regimen*
Rifamycin	NON-FORMULARY

FMOLHS System P&T Committee

Antimicrobial Stewardship

Antibiotic Stewardship ID consults recommendations *(additions)*

- MRSA & MSSA bacteremia (blood culture or BCID)
- Fungemia (Candida or other fungi in blood)
- Gram negative bacteria with carbapenem resistant gene detected in culture or BCID

Lourdes Health P&T Committee

Measurements

ADVERSE DRUG REACTIONS Jul Aug Sept 2025				
EVENT ID	**EVENT DATE**	**DRUG**	**REACTION**	**INTERVENTION**
PGT19724040	7/10/2025	sulfamethoxazole-trimethoprim	Generalized erythematous rash	Drug discontinued, added to allergy list
	8/22/2025	RBCs	Transfusion reaction	
	9/8/2025	RBCs	Transfusion reaction	

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THANK YOU.