Pharmacy and Therapeutics Committee

September 3, 2025

Prayer

Approval of Minutes

FMOLHS System P&T Committee

Formulary Appeals

FMOLHS System P&T Recommendations:

Dexamethasone Ophthalmic Solution

Approved as a part of a pediatric oncology protocol, whereby the need exists to treat a complication that can occur with a specific treatment plan

FMOLHS System P&T Committee

Formulary Requests

FMOLHS System P&T Recommendations

Vutrisiran (Amuttra)

Approved for treatment of transthyretin amyloidosis with cardiomyopathy (ATTR-CM) and hereditary transthyretin amyloidosis with polyneuropathy (hATTR-PN) in adults, including those unable to tolerate or that do not respond to current therapies.

FMOLHS System P&T Committee

Class Reviews - NONE

FMOLHS System P&T Committee

Consent Agenda Class Review Recommendations Summary

FMOLHS System P&T
Consent Agenda Class Review Recommendations Summary

Antigout Agents (92:16) (40:40)	
Allopurinol, colchicine tablets, probenecid, and febuxostat (Uloric)	FORMULARY
Pegloticase (Krystexxa)	FORMULARY *restricted to outpatient*
Colchicine capsules	NON-FORMULARY

Antihelmintics (8:08)	
Albendazole, praziquantel, and ivermectin	FORMULARY
Mebendazole, triclabendazole, and pyrantel	NON-FORMULARY

Antiparathyroid Agents (Calcimimetics) (68:24.04)	
Cinacalcet (Sensipar)	FORMULARY
Etelcalcetide (Parsabiv)	NON-FORMULARY

Biguanides (68:20.04)	
Metformin	FORMULARY *restricted to behavioral health and pediatrics*
Metformin XR and combination formulations	NON-FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

DDP-4 Inhibitors (68:20.05)	
Saxagliptin (Onglyza)	FORMULARY *restricted to non-diabetic related indications*
Linagliptin, sitagliptin, alogliptin, and all combination formulations	NON-FORMULARY
Dopamine (D2) Agonists, Ergot-derived (28:36.20.04)	
Bromocriptine (Parlodel)	FORMULARY
Cabergoline	FORMULARY *not stocked*
Antihistamines, first generation (4:04)	
Diphenhydramine, cyproheptadine, and promethazine Meclizine and prochlorperazine	FORMULARY
Dimenhydrinate injection	FORMULARY *restricted to obstetrics*
Brompheniramine and chlorpheniramine Trimethobenzamide and dimenhydrinate oral	NON-FORMULARY
Leukotriene Modifiers (48:10.24)	
Montelukast (Singulair)	FORMULARY
Zafirlukast (Accolate) and zileuton (Zyflo)	NON-FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

Guanylate Cyclase-C (GC-C) Agonists (56:92)	
Linaclotide	FORMULARY *restricted to continuation of home therapy and to GI practitioners*
Plecanatide	NON-FORMULARY
Insulins (68:20.08)	
Isophane insulin, human (NPH), insulin lispro protamine + insulin lispro (Humalog 75/25 mix), insulin glargine (Lantus), insulin lispro, human (Humulin R, Humulin R U-500, and Myxredlin)	FORMULARY
Insulin aspart, insulin degludec, insulin detemir, insulin glulysine, insulin human inhaled, and all other insulin formulations	NON-FORMULARY
Iron replacement (oral)	
Ferrous sulfate tablets, enteric coated tablets, and oral liquid	FORMULARY
Ferrous sulfate extended release tablets, ferrous gluconate, ferrous fumarate, iron polysaccharide complex, and ferric maltose	NON-FORMULARY

For ferric citrate formulary status see Phosphate Binder Class Review

FMOLHS System P&T Recommendations / Consent Agenda

Lincosamide (8:12.28.20)	
Clindamycin	FORMULARY
Macrolides (8:12.12)	
Erythromycin, clarithromycin, and azithromycin	FORMULARY
Fidaxomicin	FORMULARY *restricted to ID, GI, CC*
Magnesium replacement products	
Magnesium sulfate injection	FORMULARY
Magnesium oxide tablets	
Magnesium chloride, magnesium gluconate, magnesium lactate, and magnesium carbonate	NON-FORMULARY
Miotics, Ophthalmic (52:40.20)	
Acetylcholine and pilocarpine	FORMULARY
Carbachol	FORMULARY *restricted to ocular surgeries*
Echothiophate iodide	NON-FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

Monobactam (8:12.07.16)	
Aztreonam	FORMULARY
Mydriatics, Ophthalmic (52:24)	
Atropine, cyclopentolate, phenylephrine, tropicamide, cyclopentolate/phenylephrine, and tropicamide/phenylephrine	FORMULARY
Homatropine	NON-FORMULARY
Phosphodiesterase-4 (PDE4) Inhibitors (92:36, 84:06.92, 84:92, 48:32)	
Roflumilast tablets	FORMULARY
Crisaborole	FORMULARY *restricted to outpatient*
Apremilast and roflumilast topical	NON-FORMULARY
Potassium replacement products (IV)	
Potassium chloride, potassium acetate, and potassium phosphate	FORMULARY

FMOLHS System P&T Recommendations / Consent Agenda

Potassium replacement products (oral)	
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	NON-FORMULARY

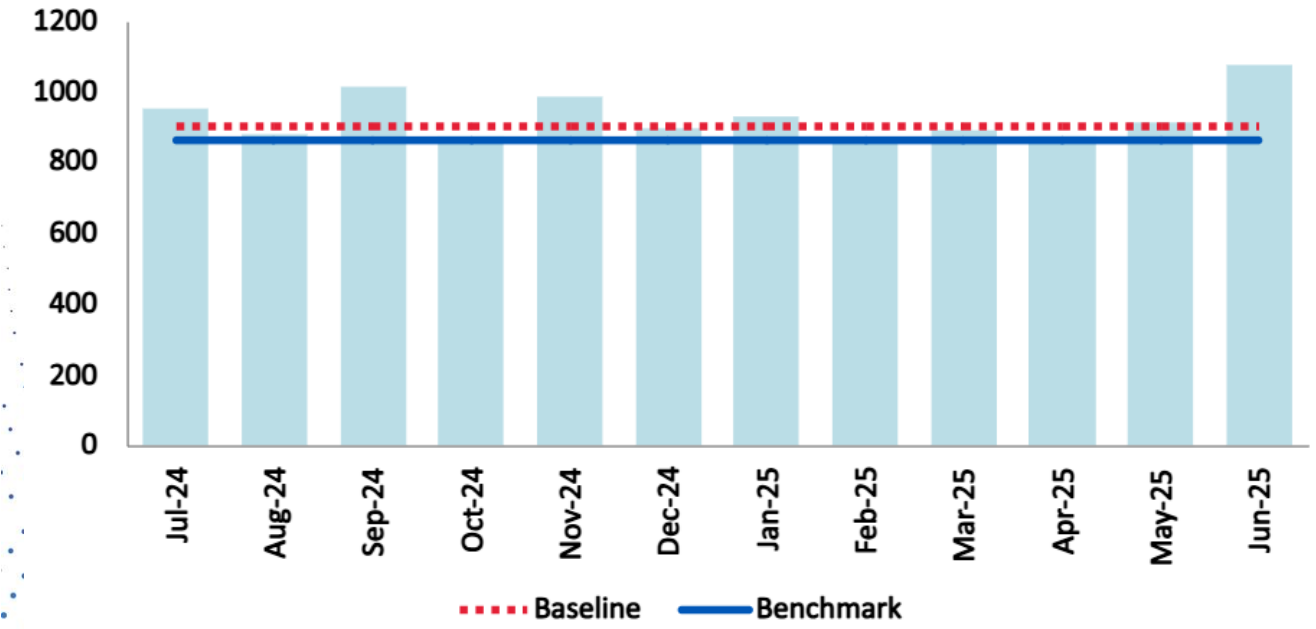
Rabies Immune Globulin	
HyperRab	FORMULARY
Imogam and Kedrab	NON-FORMULARY

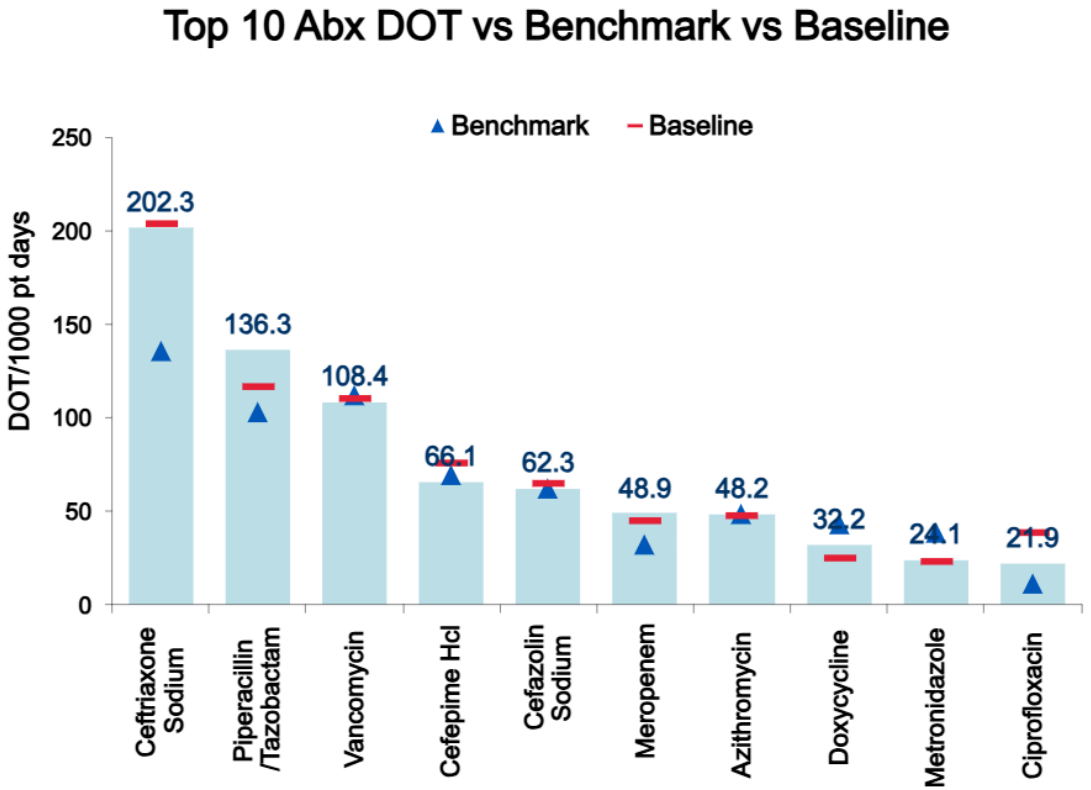
RhoD Immune Globulin	
Rhophylac	FORMULARY
WinRho SDF	FORMULARY *indications other than isoimmunization in Rh- incompatible pregnancy*
HyperRHO S/D, RhoGAM, and MICRhoGAM	NON-FORMULARY

FMOLHS System P&T Committee

Antimicrobial Stewardship

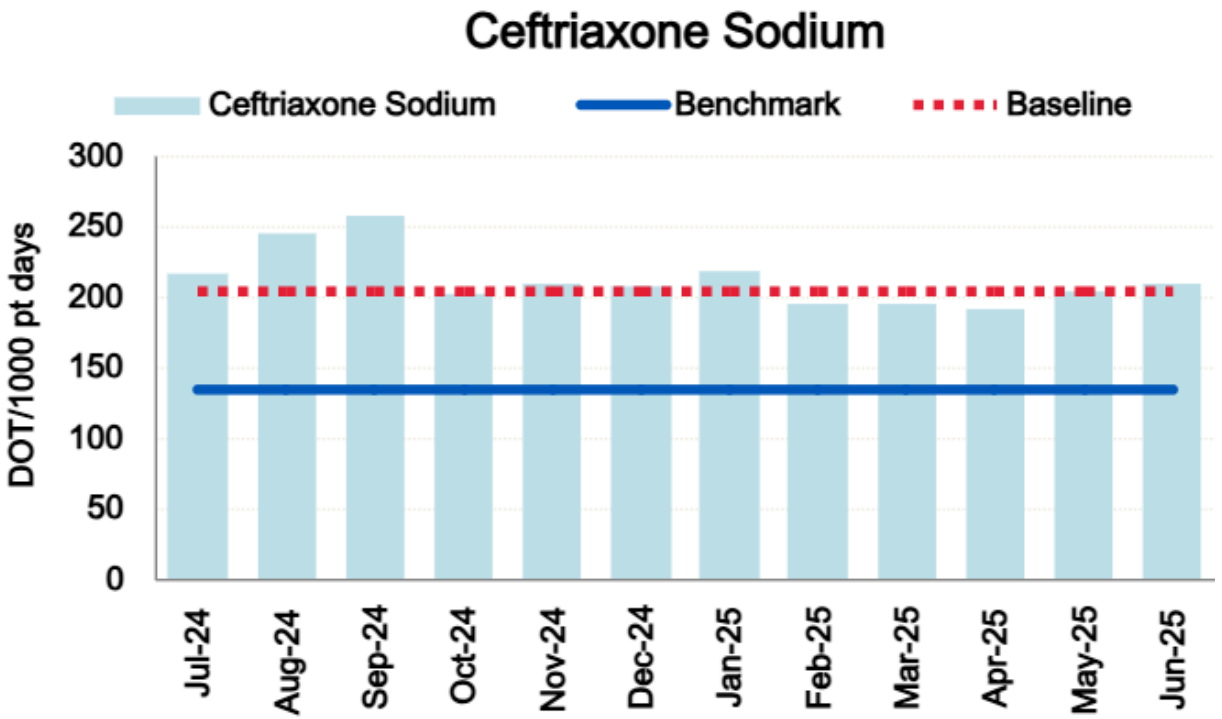
Antimicrobial Usage – LOLR (ACC)
Cardinal DCOA



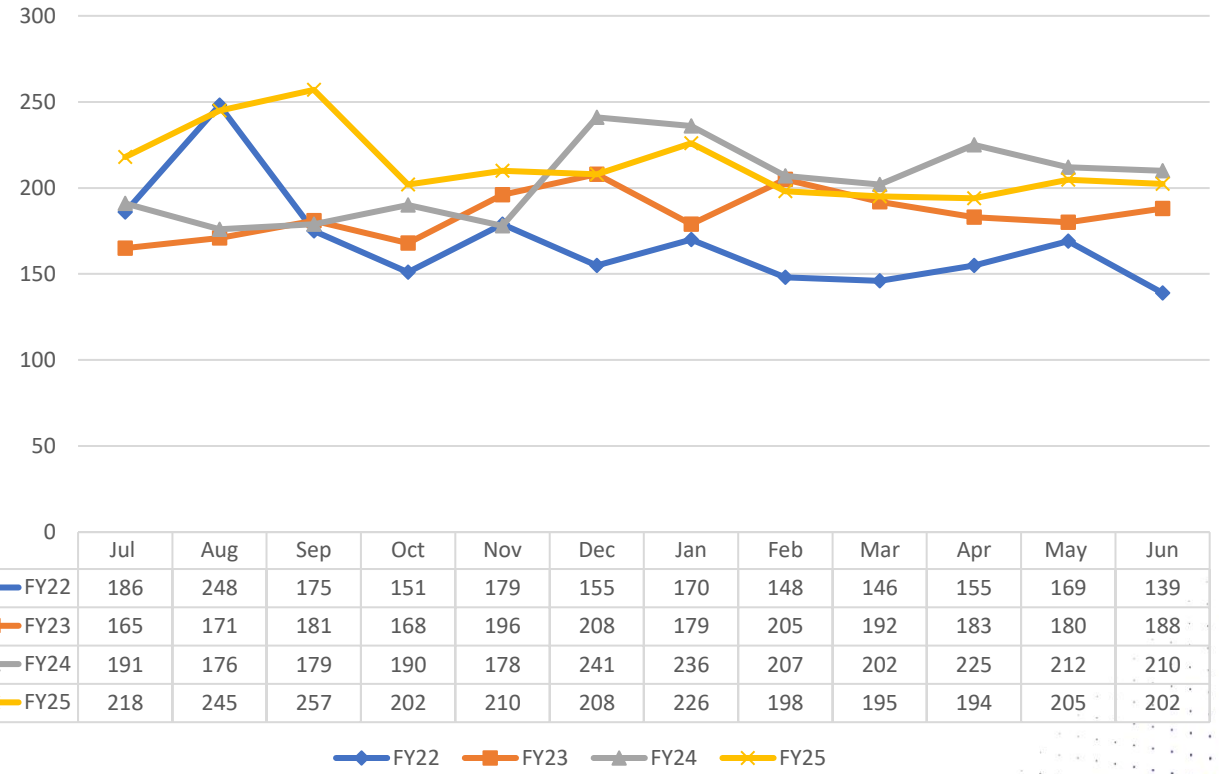


- Days of therapy (DOT) = sum of days for which any amount of a specific antibiotic agent is administered to a patient
- Ideal Graph:

Antimicrobial Usage – LOLR (ACC)
Cardinal DCOA



LOLR Ceftriaxone DOT/1000 pt days

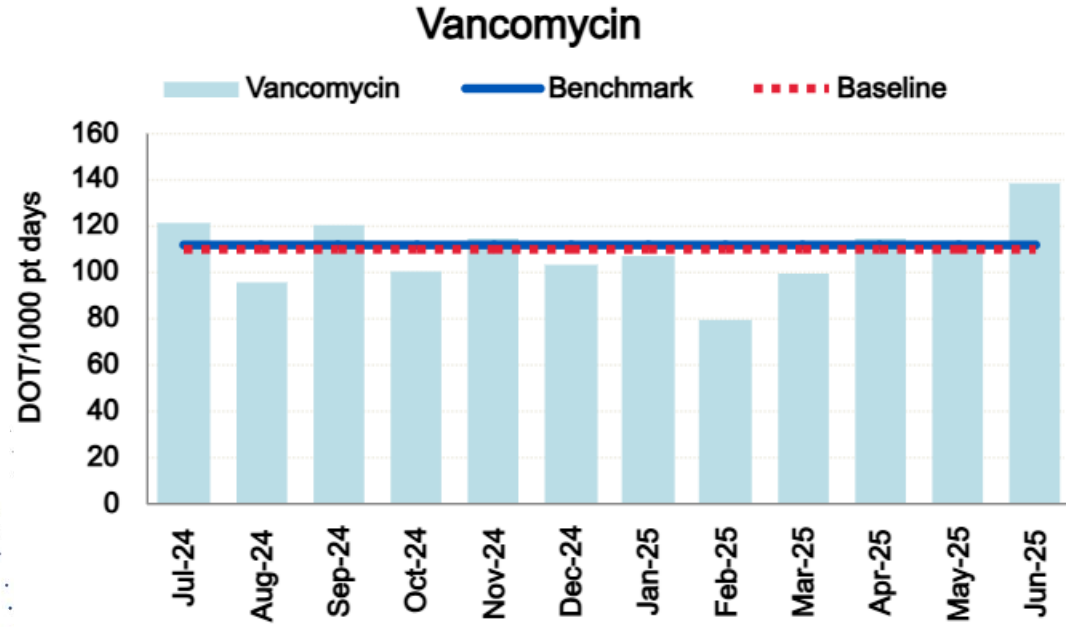


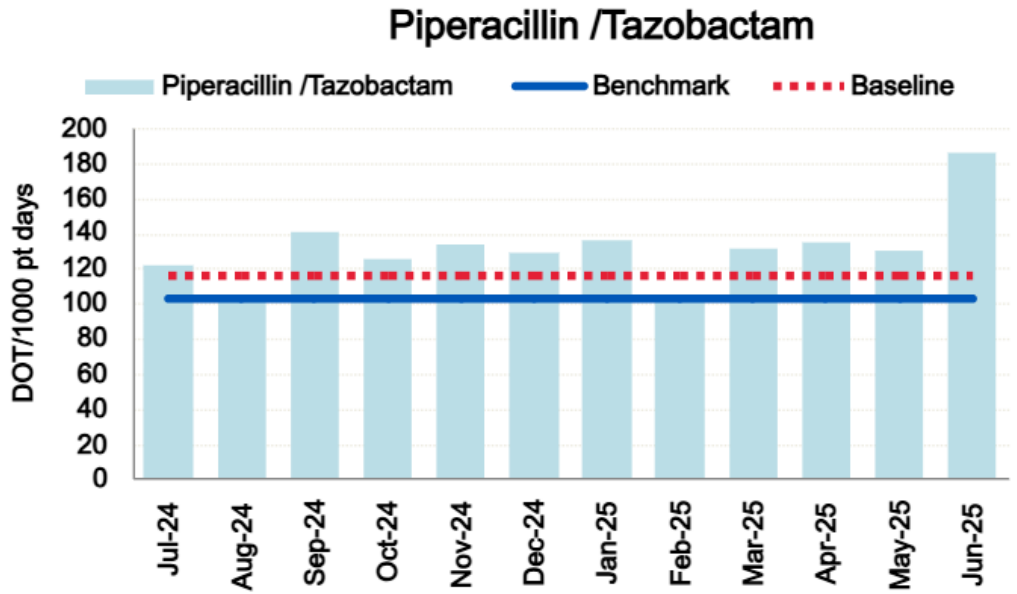
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
FY22	186	248	175	151	179	155	170	148	146	155	169	139
FY23	165	171	181	168	196	208	179	205	192	183	180	188
FY24	191	176	179	190	178	241	236	207	202	225	212	210
FY25	218	245	257	202	210	208	226	198	195	194	205	202

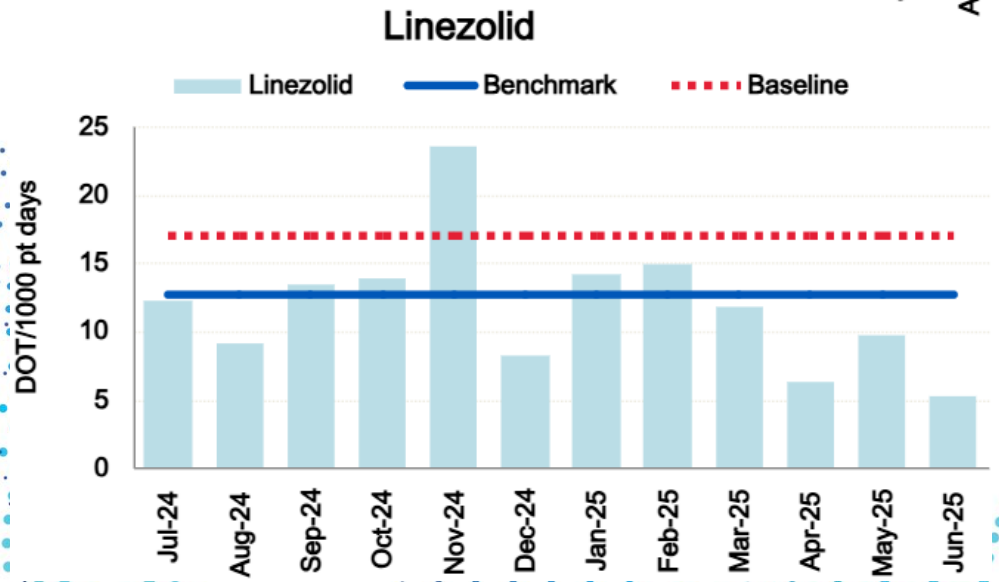
- Days of therapy (DOT) = sum of days for which any amount of a specific antibiotic agent is administered to a patient

Antimicrobial Usage – LOLR (ACC)

Cardinal DCOA

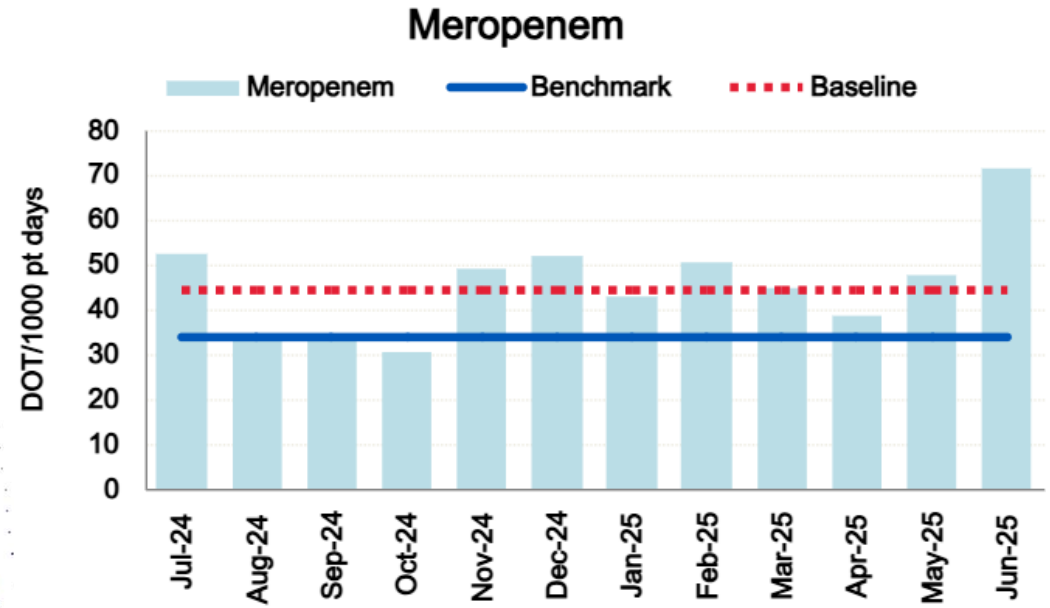






Antimicrobial Usage – LOLR (ACC)

Cardinal DCOA

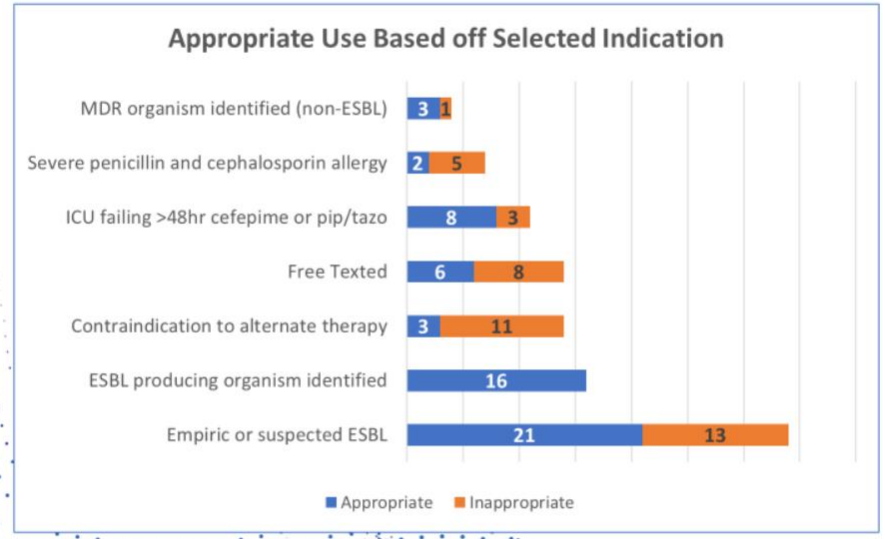


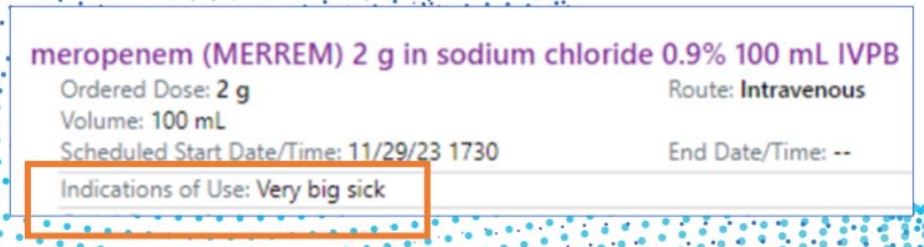
TOP 10 DRGs by Cost per Drug : Meropenem for June 25

1. Cellulitis Without Mcc
2. Other Skin, Subcutaneous Tissue and Breast Procedures With Cc
3. Infectious and Parasitic Diseases With O.R. Procedures With Mcc
4. Cirrhosis And Alcoholic Hepatitis With Mcc
5. Ungroupable
6. Septicemia Or Severe Sepsis Without Mv >96 Hours Without Mcc
7. Pathological Fractures And Musculoskeletal And Connective Tissue Malignancy with Cc
8. Major Chest Procedures
9. Kidney and Urinary Tract Infectious Without Mcc
10. Kidney and Urinary Tract Neoplasms With Mcc

Meropenem MUE: 4/2024

Meropenem Use Evaluation: Results





MDR
- 1 without MDR identified nor history of MDR; vague penicillin allergy but had tolerated beta-lactam prior

Allergy
- 3 could have been given a beta-lactam
- 2 could have received alternatives (aztreonam, FQ)

Failing
- 3 did not have an adequate 48h trial of pip/tazo or cefepime

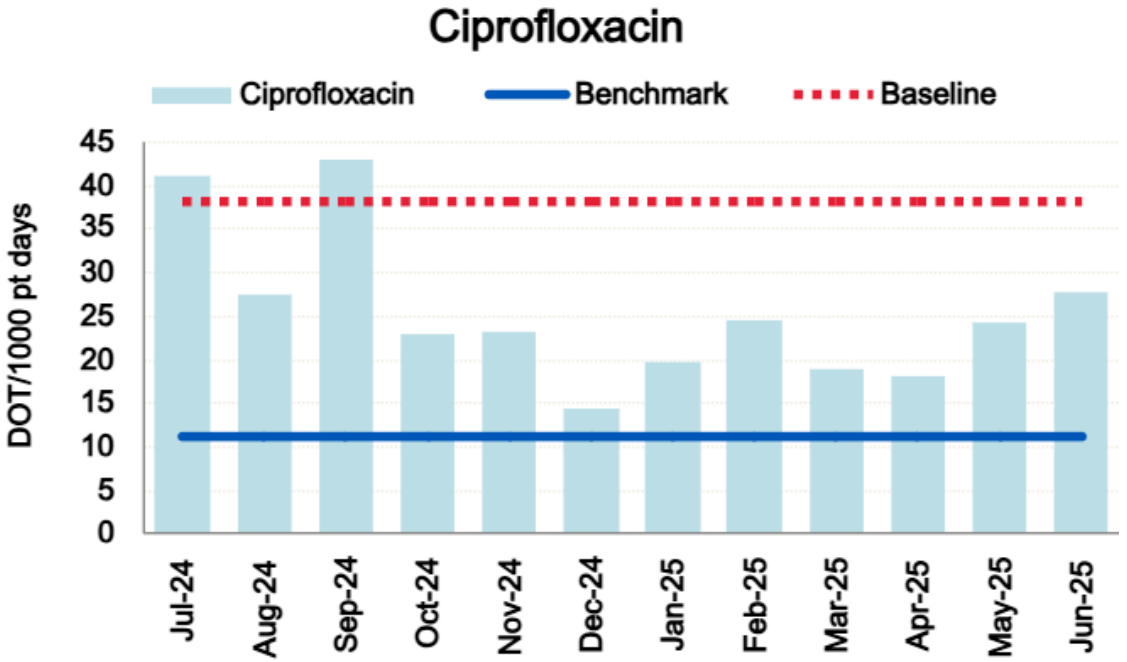
Free Text
- 7 did not have adequate trial
- 1 had confirmed cefepime susceptibility

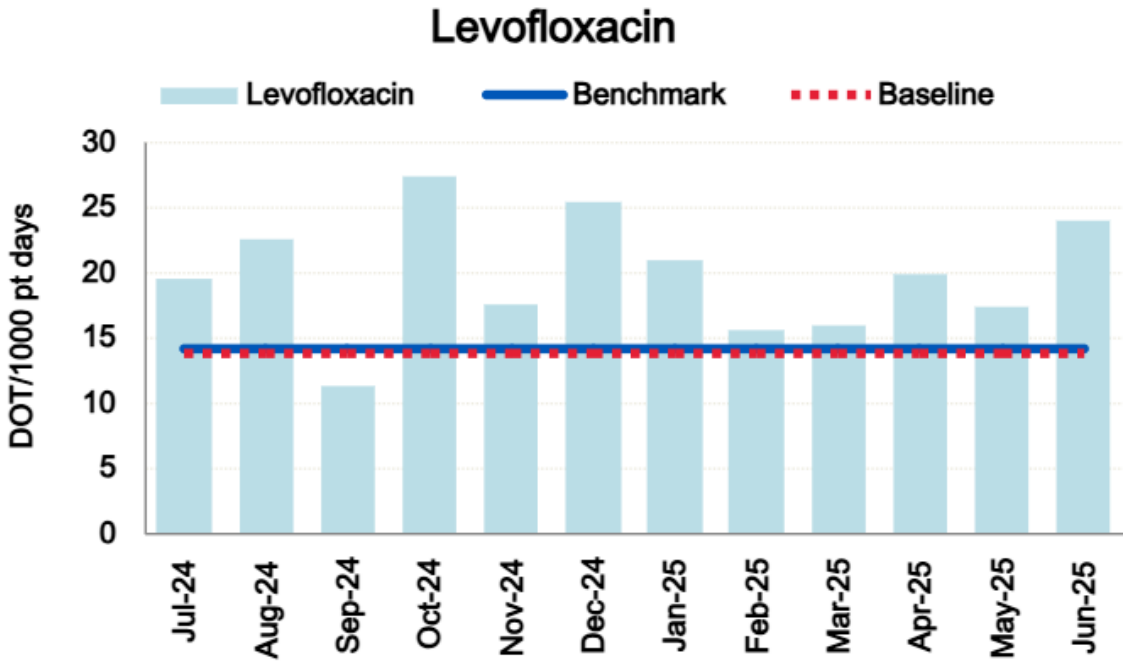
Contraindication
- 10 could have received pip/tazo or cefepime first
- 1 already had a BCID result with proteus (no resistance)

Empiric
- 13 did not have history of ESBL nor met IDSA/AMS guideline criteria for empiric meropenem

Antimicrobial Usage – LOLR (ACC)

Cardinal DCOA

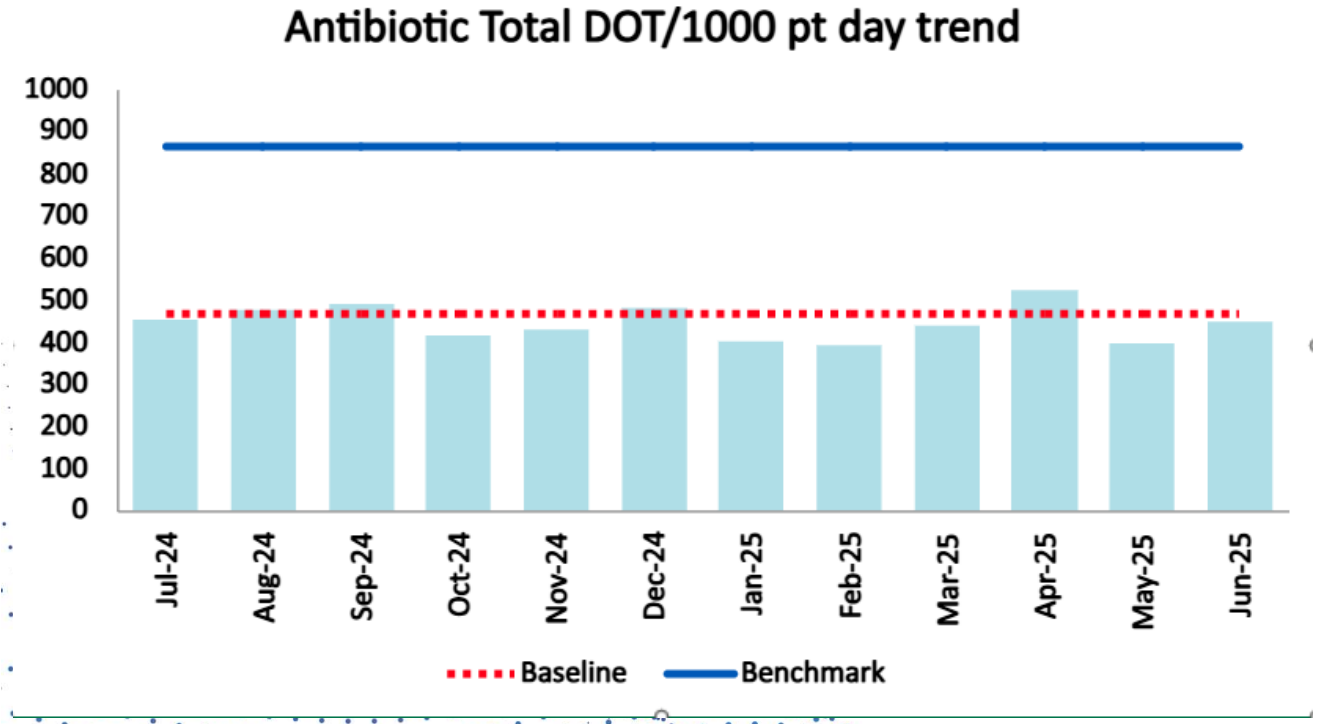


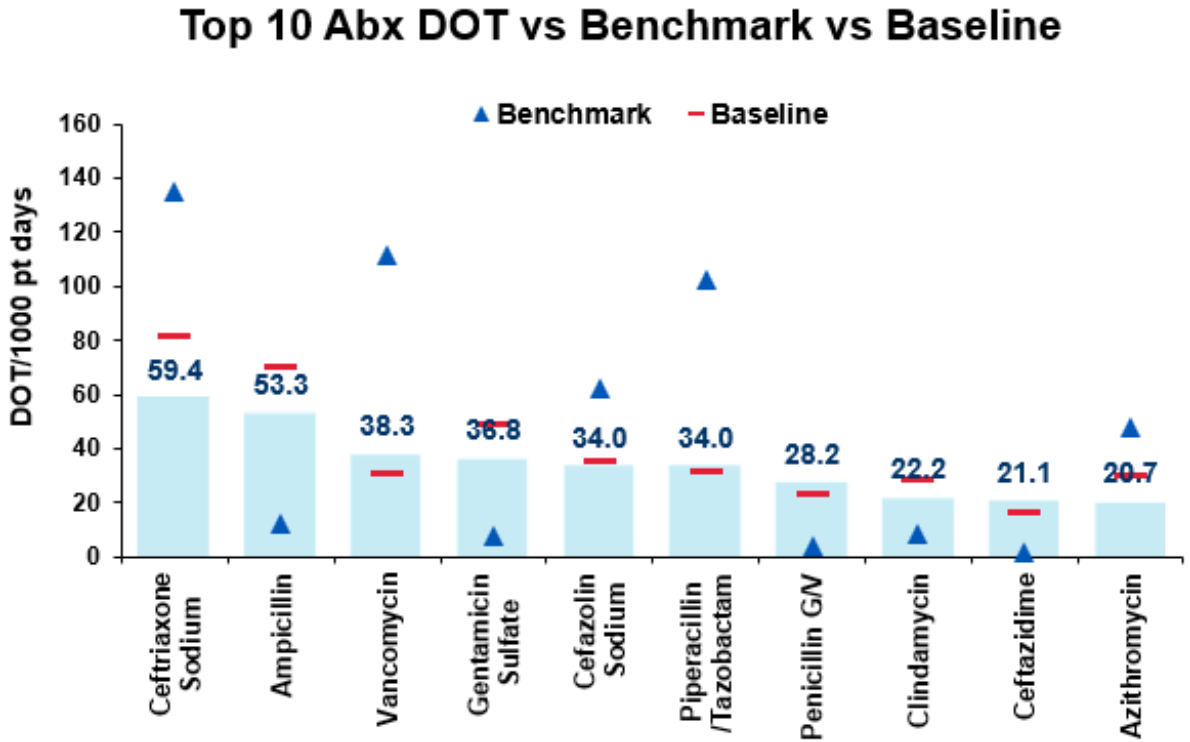


TOP 10 DRGs by Cost per Drug : Ciprofloxacin for the last YEAR

1. Extensive Burns Or Full Thickness Burns With Mv >96 Hours With Skin Graft
2. Non-extensive burns
3. Cranio W Major Dev Impl/Acute Cns Pdx W Mcc Or Chemo
4. Amputation for Circulatory System Disorders Except Upper Limb and Toe With Mcc
5. Postoperative And Posttraumatic Infections Without Mcc
6. Peritoneal Adhesiolysis With Mcc
7. COPD With Cc
8. Disorders of Pancreas Except Malignancy Without Cc/Mcc
9. Miscellaneous Disorders of Nutrition, Metabolism, Fluids, and Electolytes With Mcc
10. Myeloproliferative Disorders or Poorly Differentiated Neoplasms With Other Procedures Without Cc/Mcc

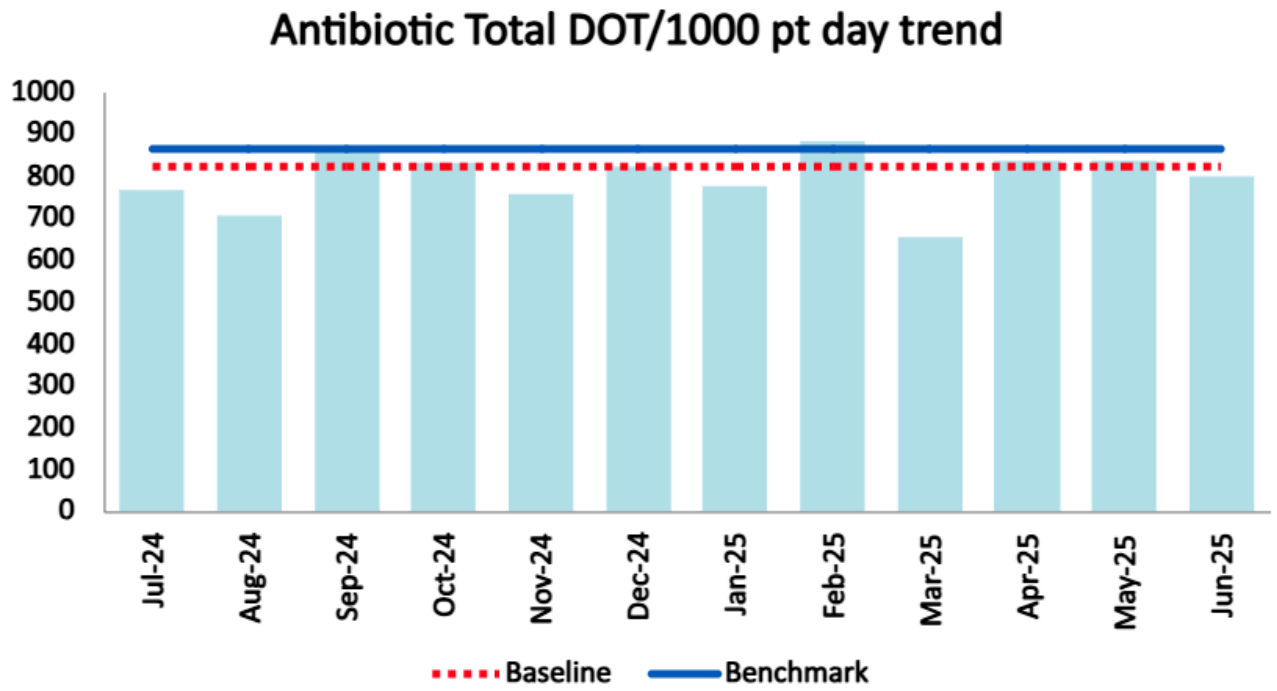
Antimicrobial Usage – LOWC
Cardinal DCOA

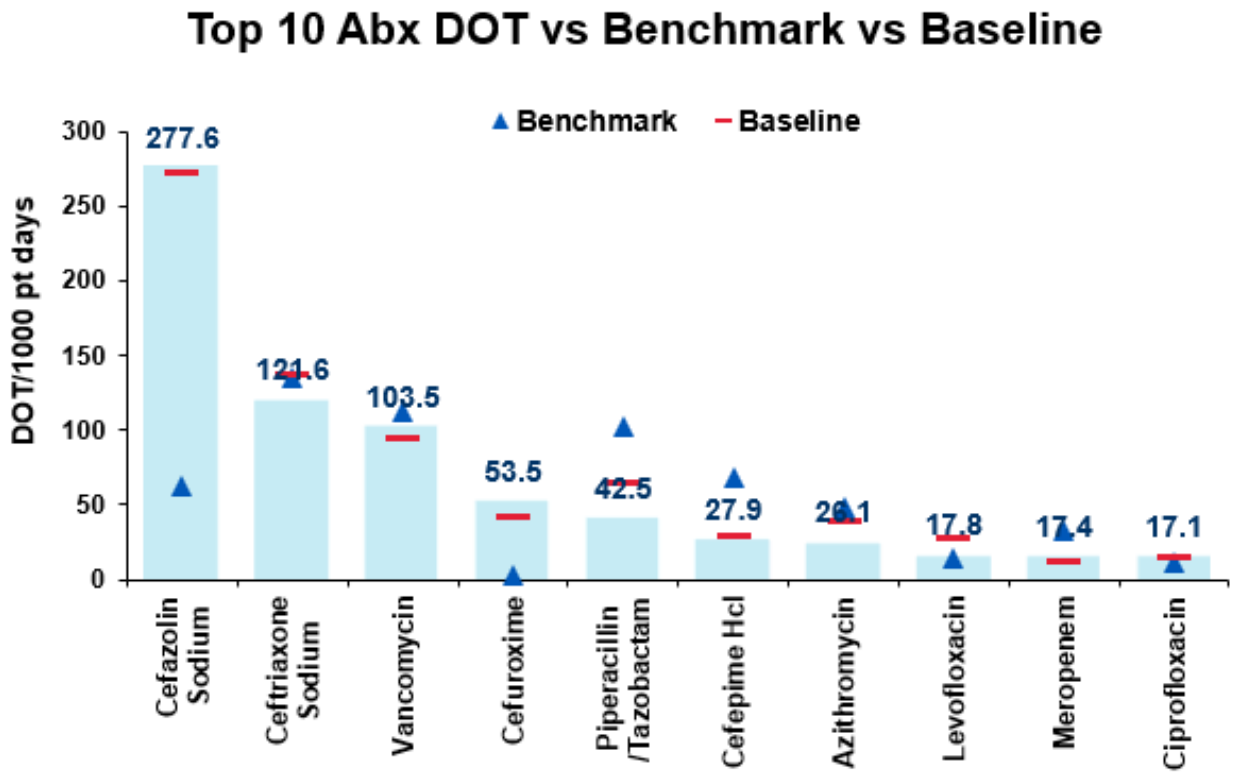




- Days of therapy (DOT) = sum of days for which any amount of a specific antibiotic agent is administered to a patient

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

Adult Urine

2024 Our Lady of Lourdes Health ADULT Inpatient Antibiogram: Urine Sources

(Percent Susceptibilities of Common Pathogens)

Questions?
Microbiology Lab: 337-470-4630

Pharmacist:
337-470-2756, M-F 0800-1600

		# Isolates	NITROFURANTOIN**	AMPICILLIN	AMP/SULB	PIP/TAZO	CEFAZOLIN	CEFOXITIN	CEFTRIAXONE	CEFTAZIDIME	CEFEPIME	MEROPENEM	GENTAMICIN	TOBRAMYCIN	CIPROFLOXACIN	LEVOFLOXACIN	ERYTHOMYCIN	TMP/SMX	CLINDAMYCIN	LINEZOLID	VANCOMYCIN
Gram-Negative Organisms	*Enterobacter cloacae*	42	38			74			69	69	100	93	95	95	95	93		83			
	Escherichia coli	940	94	44	58	95	80	90	86	94	98	100	87	86	71	71		68			
	Klebsiella oxytoca	27*	85		81	93	86	96	89	89	96	100	100	89	89	93		78			
	Klebsiella pneumoniae	253	25		70	87	79	94	78	82	92	99	89	86	83	84		79			
	Proteus mirabilis	102		75	84	99	95	93	92	98	99	99	90	97	72	73		79			
	Pseudomonas aeruginosa	110				88				86	86	91	91	98	87	82					
	Serratia marcescens	11*							100	100	100	91	100	91	100	91					
Gram-Positive	*Enterococcus faecalis*	251	100	99											79	80	9			99	98
	Enterococcus faecium	35	35	18											15	18	9			100	47
	Staphylococcus aureus	39	97										97		51	54	49	97	82	100	100
	Staphylococcus epidermidis	43	100										93		56	56	30	56	63	100	100
	Streptococcus agalactiae (Group B)	9*		100					100							100	100		11	100	100
	Streptococcus pyogenes (Group A)	2*		100					100							100				100	100

ESBL = Extended-spectrum beta lactamase, CSF = cerebrospinal fluid, PIP/TAZO = piperacillin/tazobactam, TMP/SMX = trimethoprim/sulfamethoxazole

* Please exercise discretion when interpreting the susceptibility of organisms with < 30 bacterial isolates

** Oral agent used exclusively in UTI

• Because of the presence of inducible beta-lactamase, these organisms should be considered resistant to the antimicrobial indicated

† Gentamicin syngery

‡ CLSI breakpoints for gentamicin were removed from *Pseudomonas aeruginosa* in 2023. It is no longer recommended for this organism.

Disclaimer: This antibiogram represents percent susceptibilities of the most common pathogens isolated from inpatients at Our Lady of Lourdes Hospital 2024. It includes the first culture of each species isolated from a patient in each calendar year.

Color legend: ≥90% | 75-89 % | ≤74%

Changes from Last Urine Antibiogram

Ceftriaxone for E.coli decreased from 95% to 86%

Pip/tazo decreased from 90% to 87% for K.pneumo

Pip/tazo increased from 77% to 88% for P.aeruginosa

Cefepime decreased from 92% to 86% for P.aeruginosa

Adult Non-Urine

2024 Our Lady of Lourdes Adult Inpatient Antibiogram: Non-Urine Sources

(Percent Susceptibilities of Common Pathogens)

Questions?
Microbiology Lab: 337-470-4630

Pharmacist:
337-470-2756, M-F 0800-1600

		# Isolates	NITROFURANTOIN**	AMPICILLIN	AMP/SULB	PIP/TAZO	CEFAZOLIN	CEFOXITIN	CEFTRIAXONE	CEFTAZIDIME	CEFEPIME	MEROPENEM	GENTAMICIN	TOBRAMYCIN	CIPROFLOXACIN	LEVOFLOXACIN	ERYTHOMYCIN	TMP/SMX	CLINDAMYCIN	LINEZOLID	VANCOMYCIN
Gram-Negative Organisms	*Acinetobacter baumannii*	9*			33	22		11	33	22	22	56	56	22	22		89			
	Enterobacter cloacae	36	25		94			94	94	100	100	100	100	100	100		89			
	Escherichia coli	146	95	40	51	95	73	91	80	95	97	100	83	82	73	73		60			
	Klebsiella oxytoca	13*			85	100	100	92	100	100	100	100	100	100	100						
	Klebsiella pneumoniae	62	27		74	89	76	100	82	89	97	100	85	84	87	92		77			
	Proteus mirabilis	45		69	84	98	83	89	93	96	98	98	89	93	71	71		71			
	Pseudomonas aeruginosa	81				86			100	81	81	95	98	100	89	80					
	Serratia marcescens	21*							95	100	100	100	100	95	100						
Gram-Positive	*Enterococcus faecalis*	92	99	99		100			100	100	100	100	100	100	79	81	14	100		100	100
	Enterococcus faecium	13*	38	23											23	15	8			100	38
	Staphylococcus aureus	293	100										99		47	47	28	97	63	100	100
	Staphylococcus epidermidis	46	100										96		64	64	22	67	60	100	100
	Streptococcus agalactiae (Group B)	19*	100	100					100							84	26		26	100	100
	Streptococcus pyogenes (Group A)	12*		100					100							83	75		100	100	100
	Streptococcus pneumoniae	12*							100							100	58	50	92	100	

ESBL = Extended-spectrum beta lactamase, CSF = cerebrospinal fluid, PIP/TAZO = piperacillin/tazobactam, TMP/SMX = trimethoprim/sulfamethoxazole

* Please exercise discretion when interpreting the susceptibility of organisms with < 30 bacterial isolates

** Oral agent used exclusively in UTI

• Because of the presence of inducible beta-lactamase, these organisms should be considered resistant to the antimicrobial indicated

† Gentamicin syngery

‡ CLSI breakpoints for gentamicin were removed from *Pseudomonas aeruginosa* in 2023. It is no longer recommended for this organism.

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Color legend: ≥90% | 75-89 % | ≤74%

Changes from Last Non-Urine Antibiogram

Cefepime for P.aeruginosa decreased from 87% to 81%
Pip/tazo for K.pneumoniae increased from 84% to 89%
Pip/tazo for P.aeruginosa increased from 76% to 86%
(both increases for pip/tazo: stewardship efforts last year helped with resistance)

Pediatrics (Urine + Non-Urine Combined)

2023-2024 LOWC PEDIATRIC Inpatient Antibiogram

(Percent Susceptibilities of Common Pathogens)

Urine + Non-Urine Combined

Questions?
Microbiology Lab: 337-470-4630

Pharmacist:
337-470-5070, M-F 0800-1600

		# Isolates	NITROFURANTOIN**	PENICILLIN	PENICILLIN (CSF)	OXACILLIN	AMPICILLIN	AMP/SULB	PIP/TAZO #	CEFTRIAXONE	CEFTRIAXONE (CSF)	CEFTAZIDIME	CEFEPIME	MEROPENEM	GENTAMICIN	TOBRAMYCIN	ERYTHOMYCIN	TMP/SMX	CLINDAMYCIN	VANCOMYCIN
Gram-Negative Organisms	*Enterobacter cloacae*	20*	35					•	•		95	100	100	95	95		95		
	Escherichia coli	396	98			40	54	98	92		98	99	100	89	89		68		
	Klebsiella oxytoca	15*	80				73	93	93		93	100	100	93	93		100		
	Klebsiella pneumoniae	45	18				76	96	96		93	98	98	98	98		91		
	Proteus mirabilis	36				94	97	100	100		100	100	97	100	100		100		
	Pseudomonas aeruginosa	57						93			93	95	98	‡	96				
	Salmonella group	6*				100	100	100	100		100	100	100				100		
	Serratia marcescens	15*							93		100	100	93	100	100		100		
Gram-Positive	*Enterococcus faecalis*	78	100	100		100								86†					100
	Staphylococcus aureus	307	100														97	79	99
	Staphylococcus epidermidis	52	100			15								65			60	35	100
	Streptococcus agalactiae (Group B)	10*		100		100			100									50	100
	Streptococcus pyogenes (Group A)	32		100					100									97	100
	Streptococcus pneumoniae	23*		91	52					70							78	73	

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† Gentamicin syngery

‡ CLSI breakpoints for gentamicin were removed from *Pseudomonas aeruginosa* in 2023. It is no longer recommended for this organism.

Disclaimer: This antibiogram represents percent susceptibilities of the most common pathogens isolated from pediatric inpatients at Our Lady of Lourdes Women's and Children's Hospital 2023 & 2024. It includes the first culture of each species isolated from a patient in each calendar year.

Color legend: ≥90% | 75-89 % | ≤74%

Changes from Last Pediatric Combined Antibiogram

Ceftriaxone for E.coli decreased from 95% to 92% (drug to watch this year)

Ceftriaxone for K.oxytoca increased from 88% to 93%

Cefepime for P.aeruginosa increased from 93% to 95%

Pip/tazo for P.aeruginosa increased from 85% to 93%

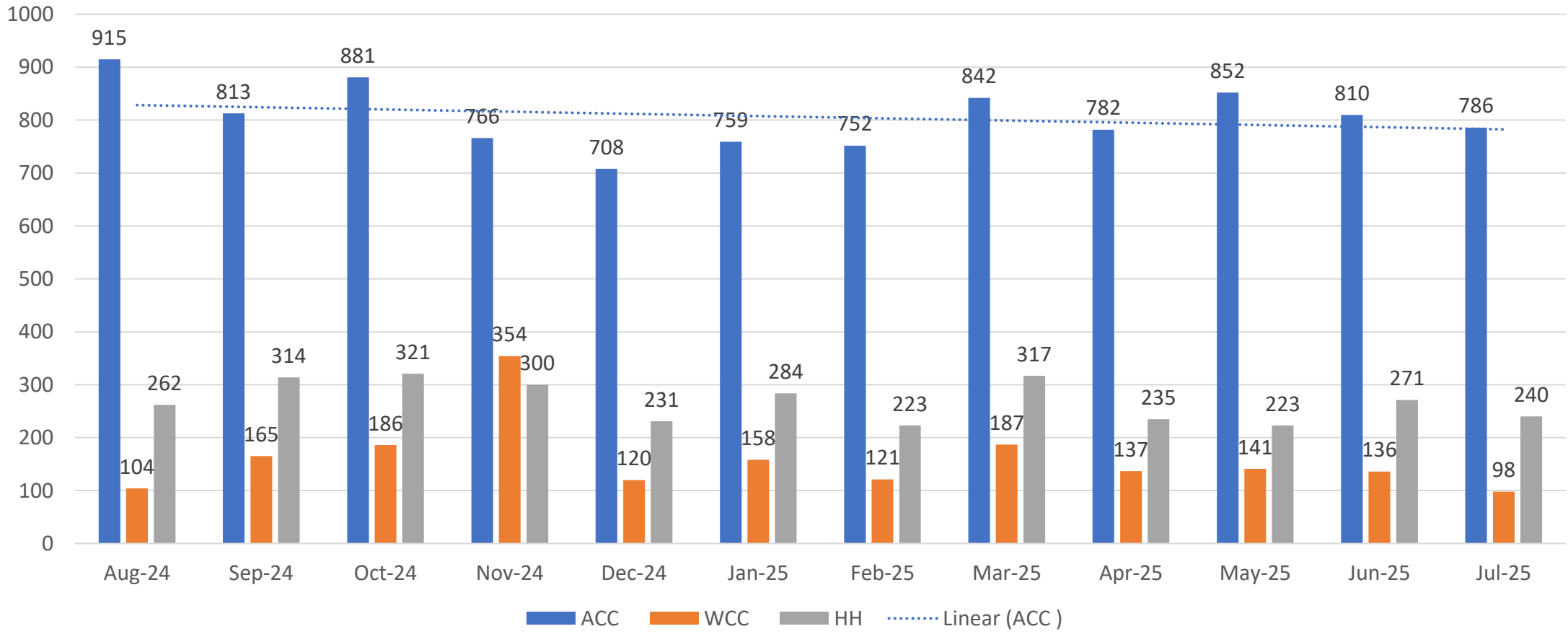
Vancomycin retains similar effectiveness against MSSA/MRSA

Lourdes Health P&T Committee

Measurements

Diversion Monitoring Acadiana Compliance Monitoring Totals

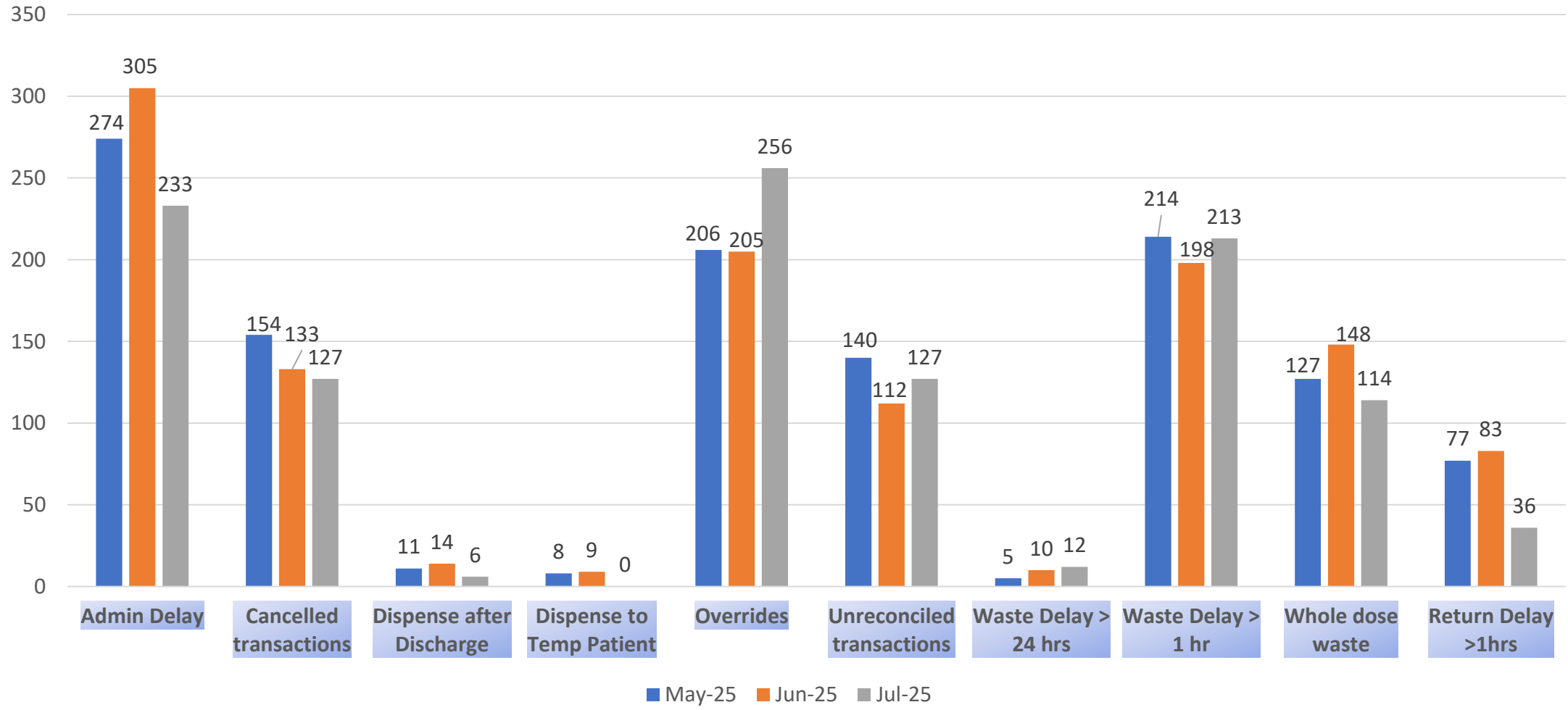
(no anesthesia)



***removed unreconciled CS drips and vimpat doses*

Acadiana Compliance Monitoring Totals

(no anesthesia)



Opioid Stewardship Introduction

- **LD.04.03.13-EP1**: The hospital has a leader or leadership team that is responsible for pain management and safe opioid prescribing, as well as developing and monitoring performance improvement activities.
- **LD.04.03.13-EP2**: The hospital provides nonpharmacologic pain treatment modalities.
- **LD.04.03.13-EP3**: The hospital provides staff with educational resources and programs to improve pain assessment, pain management, and the safe use of opioid medications based on the identified needs of its patient population.
- **LD.04.03.13-EP4**: The hospital provides information to staff on available services for consultation and referral of patients with complex pain management needs.

- **LD.04.03.13 EP5**: The hospital identifies opioid treatment programs that can be used for patient referrals.
- **LD.04.03.13 EP6**: The hospital facilitates licensed practitioner and pharmacist access to the Prescription Drug Monitoring Program databases. *This element of performance is applicable in any state that a PMP database, whether querying is voluntary or is mandated by state regulations for all patients prescribed opioids.*
- **LD.04.03.13 EP7**: Hospital leadership works with its clinical staff to identify and acquire the equipment needed to monitor patients who are at high risk for adverse outcomes form opioid treatment. *See also PC.01.02.07 The hospital assesses and manages the patient's pain and minimizes the risks associated with treatment.*

Primary goals of an Opioid Stewardship Program

1. Decrease opioid use
2. Reduce harm related to opioid use
3. Identify and treat substance and opioid use disorders more effectively

Key metrics to reduce opioid use and manage risk

1. Exposure
2. General use on average MME per day, per patient
3. Utilization of multi-modal treatment
4. Patients at-risk for opioid related adverse events

Focus on ED Opioid Exposure

- Act No.82 (2017)—Opioid prescription issuing a prescription for outpatient use with an acute condition, a practitioner shall not issue a prescription for more than a seven-day supply
  - If more than **7 days** is required for an acute medical condition or is necessary for the tx of chronic pain, the practitioner must document the condition in the medical record and indicate that a nonopioid alternative was not appropriate to address the medical condition, consult with the patient regarding the quantity of the opioid and the patient's option to fill the prescription in a lesser quantity, and inform the patient of the risks associated with the opioid prescribed. The practitioner shall indicate on the prescription that the opioid is medically necessary.

Opioid Stewardship—ED focus

Focus--ensuring ED providers are ordering <7 days of opioids for acute pain. Ideally 3-5 days (Jan to June 2025 data)

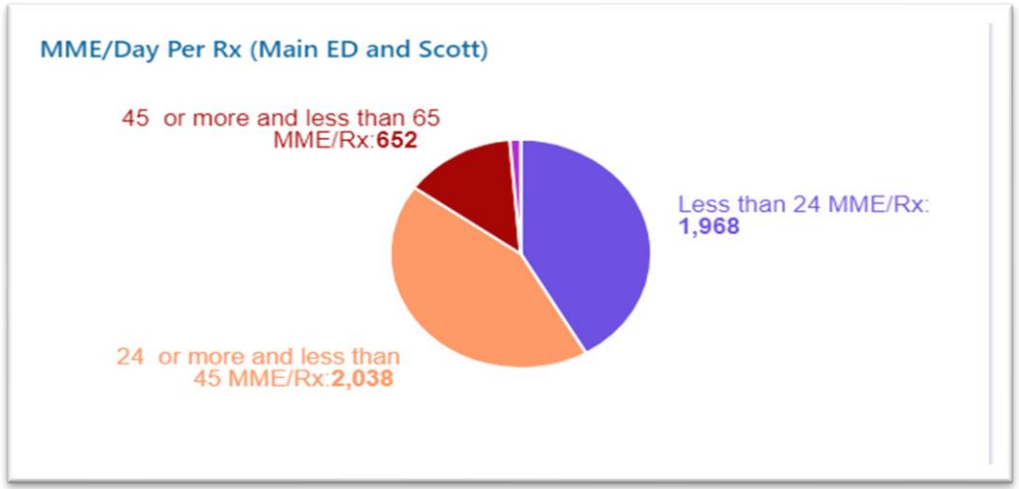
Duration of Outpatient Therapy (Main ED and Scott)

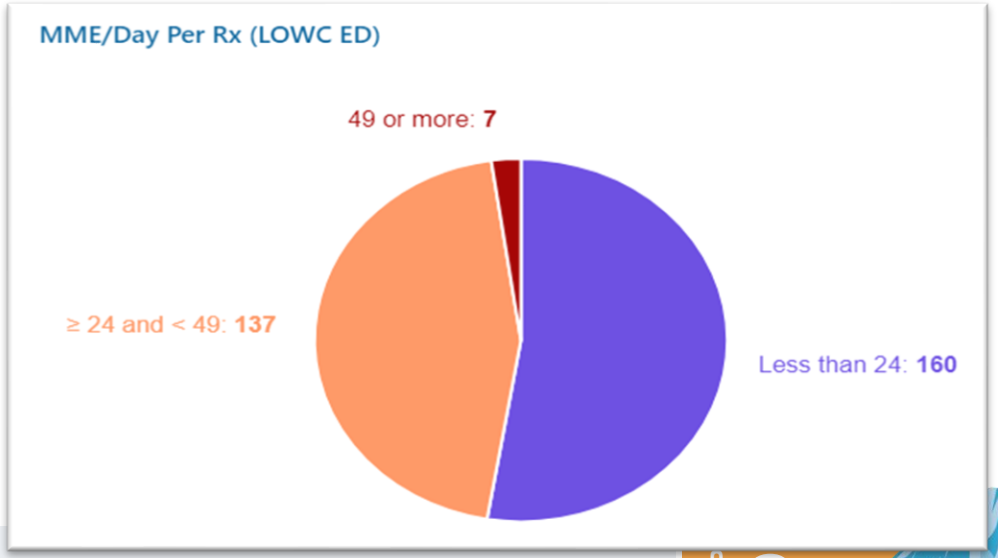
Measures	Number of Opioid Outpatient Prescriptions	Percentage of Population
Duration in Days		
Less than 3 days	170	3.4%
3 days	2,170	43.9%
≥ 4 and < 7 days	1,543	31.2%
≥ 7 and < 30 days	1,044	21.1%
30 days or more	2	0.04%
Total*	**4,939**	**100%**

Duration of Outpatient Therapy (LOWC ED)

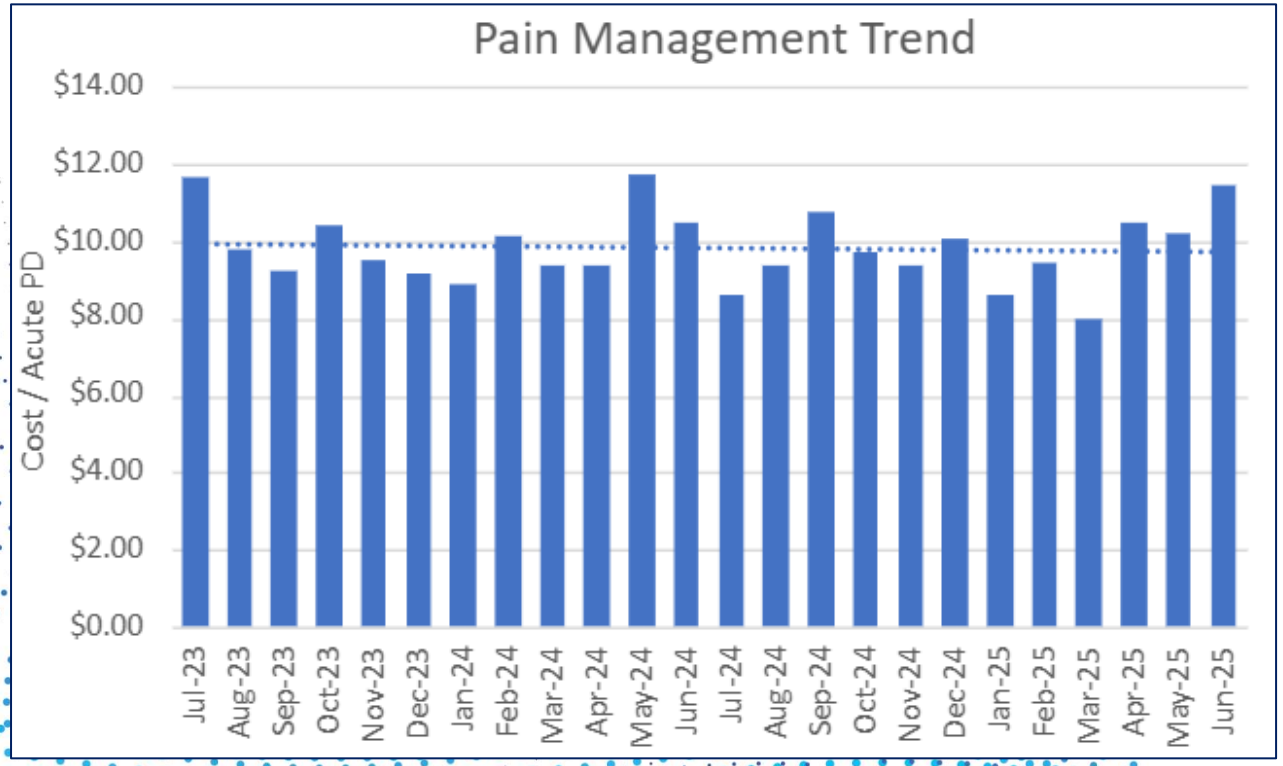
Measures	Number of Opioid Outpatient Prescriptions	Percentage of Population
Duration in Days		
Less than 3 days	20	6.5%
3 days	130	42.3%
≥ 4 and < 7 days	95	30.9%
≥ 7 and < 30 days	55	17.9%
30 days or more	2	0.651%
Total*	**307**	**100%**

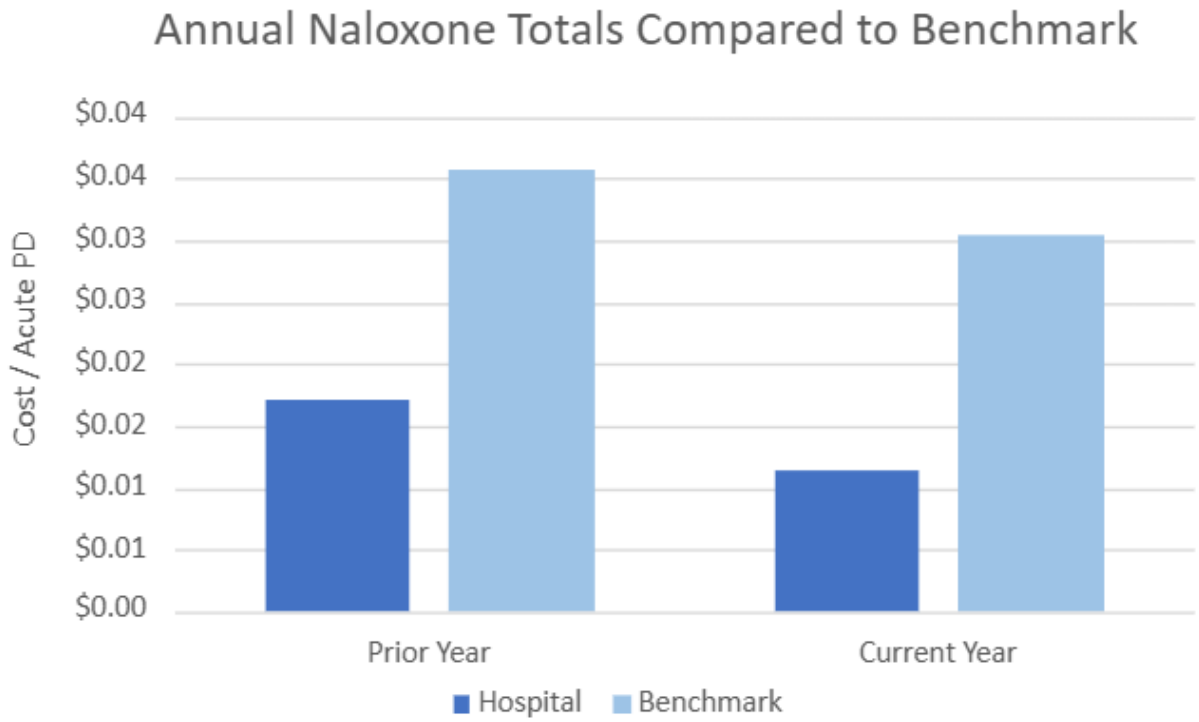
MME—Morphine mg equivalents (goal= <50)



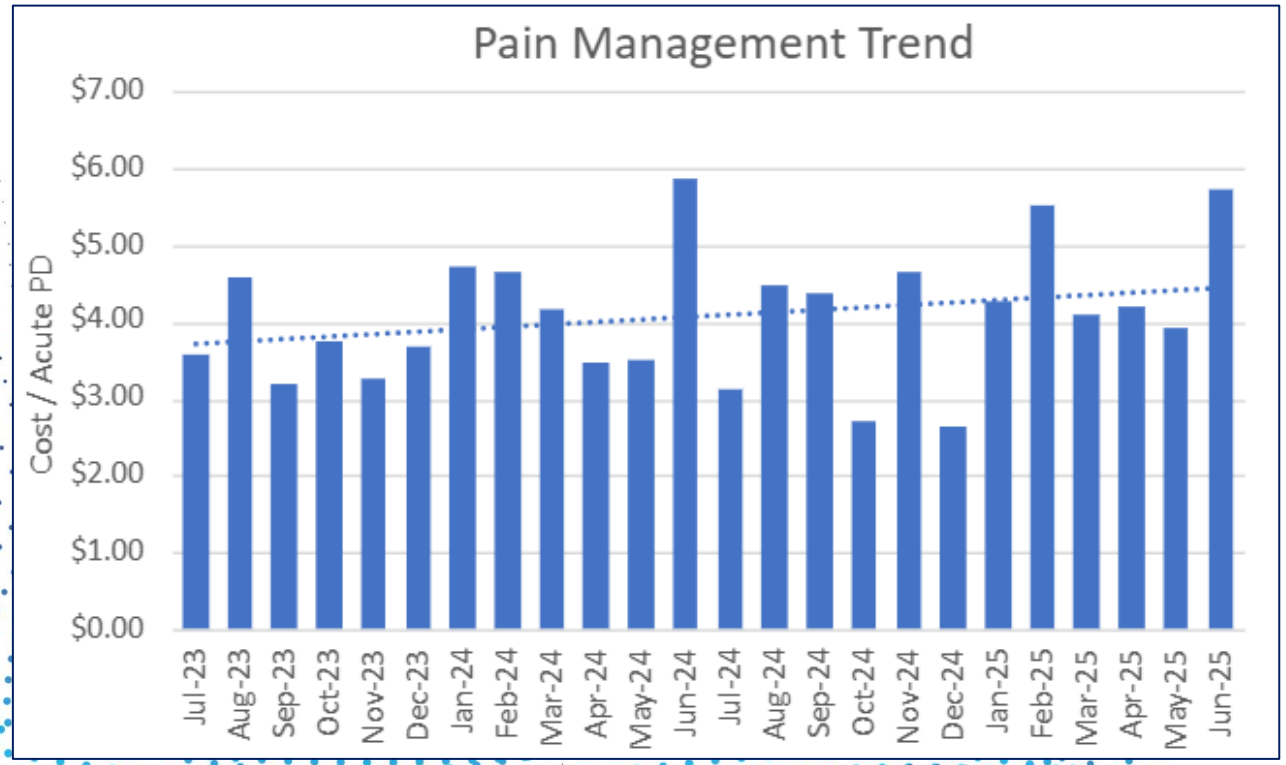


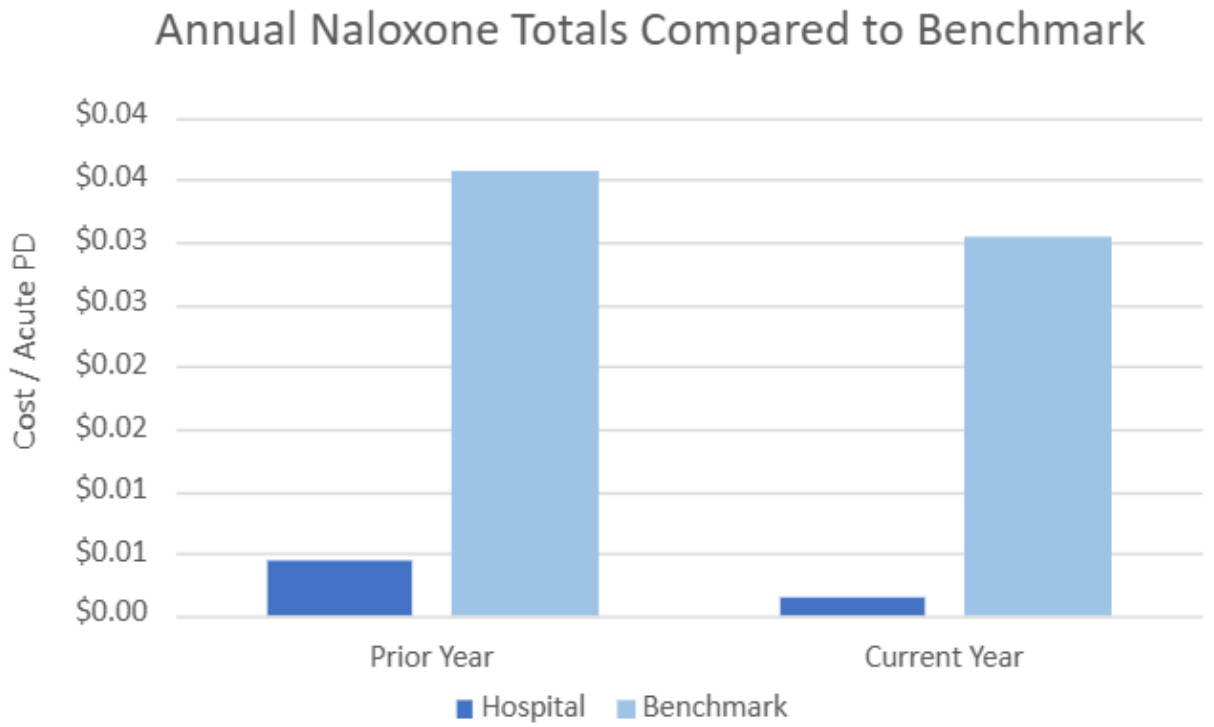
Pain Management Trends-ACC *(May-June data)*



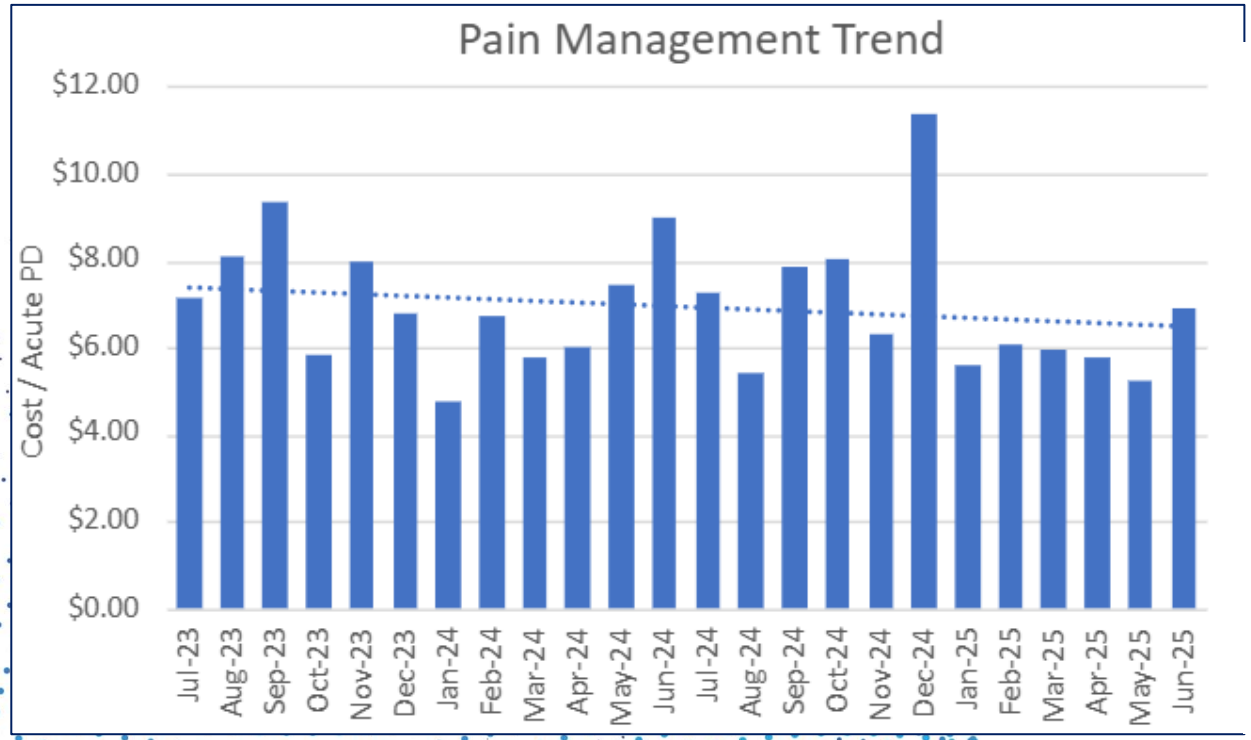


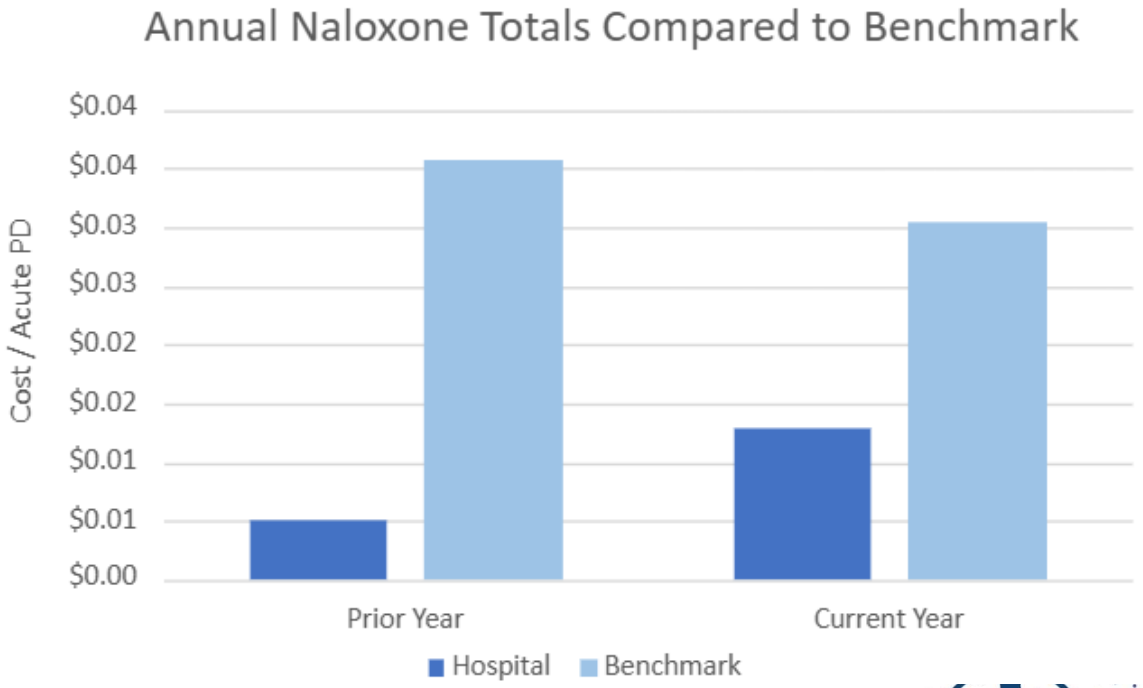
Pain Management Trends-WCC *(May-June data)*





Pain Management Trends-HH *(May-June data)*





BCMA Medication Scanning % by Quarter