System Formulary Management Summary Review Q4-2020

Please refer to documents in the System Formulary Management Folder for more details **(Please print on 11x14 paper)**

System P&T Meeting 1/20/2021

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System Formulary Subcommittee Meeting 12/22/2020					
Medication	**Summary**	**Recommendation**	**Committee Review**	**System P&T Decision**	**Local P&T Decision**

Veklury (remdesivir)
100 mg powder for injection
100 mg solution for injection
	• Requested by OHS Infectious Disease/Antimicrobial Stewardship
	• Indicated for the treatment of COVID-19 requiring hospitalization in adult and pediatric patients 12 years of age and older weighing at least 40 kg
		Recommend to ADD to OHS inpatient formulary with the following :
		• Service: any ordering provider in the acute care setting
		• Location: inpatient
		• Criteria for use:
		  ○ First positive SARS-CoV-2 test in the past 2 weeks
		  ○ Hypoxia (SpO2 </=94% on room air) or requiring supplemental O2
		  ○ Radiographic evidence of viral pneumonia
		  ○ Limited to 5 days of therapy
			12/22/20 System Formulary Subcommittee
			(APPROVED)
				System P&T Decision on Recommendation
				☒ Approve
				☐ Deny
				☐ Table for further discussion
				
				Comments:
					Local P&T Decision on Recommendation
					☐ Stock
					☐ Not Stock
					
					Comments:

Bamlanivimab
700 mg solution for injection
	• Requested by OHS Infectious Disease/Antimicrobial Stewardship
	• Indicated for the treatment of mild to moderate COVID-19 in adults and pediatric patients within 10 days of a positive result
		Recommend to conditionally approve nonformulary use:
		• Service: any
		• Location: outpatient infusion
		• Criteria for use:
		  ○ mild to moderate COVID-19 in adults and pediatric patients (≥12 yrs and at least 40 kg) with a positive SARS-CoV-2 viral test and within 10 days of symptom onset who are at high risk for progressing to severe disease
		  ○ High risk criteria:
		  ▪ *BMI ≥ 35*
		  ▪ *Chronic kidney disease*
		  ▪ *Diabetes*
		  ▪ *Immunosuppressive disease or receiving immunosuppressive therapy*
		  ▪ *≥ 65 years of age*
		  ▪ *≥ 55 years of age AND have*
		  ▪ *Cardiovascular disease OR*
		  ▪ *Hypertension OR*
			12/22/20 System Formulary Subcommittee
			(APPROVE designation nonformulary)
			• Approval is for nonformulary use pending FDA approval
			• Currently under EUA
			• Will reevaluate formulary status after FDA approval
				System P&T Decision on Recommendation
				☒ Approve
				☐ Deny
				☐ Table for further discussion
				
				Comments:
					Local P&T Decision on Recommendation
					☐ Stock
					☐ Not Stock
					
					Comments:

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		▪ *Chronic obstructive pulmonary disease/other chronic respiratory disease* ▪ *Are 12-17 years of age AND have:* ▪ *BMI ≥ 85th percentile for their age and gender based on CDC growth charts OR* ▪ *Sickle cell disease OR* ▪ *Congenital or acquired heart disease OR* ▪ *Neurodevelopmental disorders, e.g. cerebral palsy OR* ▪ *A medical related technological dependence, for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19) OR* ▪ *Asthma, reactive airway or other chronic respiratory disease that requires daily medication control*			
Casirvimab/imdevimab 300 mg or 1332 mg solution for injection (each agent)	• Requested by OHS Infectious Disease/Antimicrobial Stewardship • Indicated for the treatment of mild to moderate COVID-19 in adults and pediatric patients within 10 days of a positive result	Recommend to conditionally approve nonformulary use: • Service: any • Location: outpatient infusion • Criteria for use: ○ mild to moderate COVID-19 in adults and pediatric patients (≥12 yrs and at least 40 kg) with a positive SARS-CoV-2 viral test and within 10 days of symptom onset who are at high risk for progressing to severe disease ○ High risk criteria: ▪ *BMI ≥ 35* ▪ *Chronic kidney disease* ▪ *Diabetes* ▪ *Immunosuppressive disease or receiving immunosuppressive therapy* ▪ *≥ 65 years of age* ▪ *≥ 55 years of age AND have*	12/22/20 System Formulary Subcommittee (APPROVE designation nonformulary) • Approval is for nonformulary use pending FDA approval • Currently under EUA • Will reevaluate formulary status after FDA approval	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments:	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:

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		▪ *Cardiovascular disease OR* ▪ *Hypertension OR* ▪ *Chronic obstructive pulmonary disease/other chronic respiratory disease* ▪ *Are 12-17 years of age AND have:* ▪ *BMI ≥ 85th percentile for their age and gender based on CDC growth charts OR* ▪ *Sickle cell disease OR* ▪ *Congenital or acquired heart disease OR* ▪ *Neurodevelopmental disorders, e.g. cerebral palsy OR* ▪ *A medical related technological dependence, for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19) OR* ▪ *Asthma, reactive airway or other chronic respiratory disease that requires daily medication control*		

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System Formulary Addition					
Medication	**Summary**	**Recommendation**	**Committee Review**	**System P&T Decision**	**Local P&T Decision**
Cresemba (isavuconazonium sulfate) Injection 372 mg powder for injection, 186mg oral capsule	• Requested by OHS Infectious Disease/Antimicrobial Stewardship • Indicated for the treatment of invasive aspergillosis and invasive mucormycosis, esophageal candidiasis, candidiasis prophylaxis in neutropenic patients	**DENY Formulary Request, designate as Non-Formulary** • Keep as Non-Formulary medication, restricted to the Infectious Disease Service Line. The reason is there are other less costly alternatives currently on system formulary that have been shown to be as efficacious in treating invasive aspergillosis and invasive mucormycosis. • Restrictions/Criteria of Use for Non-Formulary use ○ Restricted to Infectious Disease Service line ○ Tried and failed system formulary alternatives for treatment of fungal infection ○ See Treatment Recommendations Algorithm for Abdominal Transplant	5/11/20 System Antimicrobial Stewardship 11/12/20 System Clinical Coordinators (APPROVE designation non-Formulary)	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments:	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:
Blenrep (belantamab mafodotin-blmf) 100 mg injection	• Requested by OMC Jeff Hwy Oncology • Indicated in patients who have received at least 4 prior therapies, including an anti-CD38 monoclonal antibody, proteasome inhibitor, and immunomodulatory agent	Recommend to ADD to OHS Inpatient formulary with the following: • Service: Oncology • Location: Infusion • Population: Adults • Criteria of Use: ○ Oncologist and facility compliant with REMS program (*see pgs 9-11 in dossier below for more details)* ▪ Prescriber: Counsel patient of risk of ocular toxicity and requirement for monitoring via ophthalmic exams (baseline, prior to each dose, and promptly for worsening symptoms); Complete/submit patient enrollment form; assess patient's ocular health by consulting and eye care professional, Assess the patient's ophthalmic consult results for appropriateness of initiating treatment.	10/8/20 System Clinical Coordinators (APPROVE) • Develop REMS SOP 10/27/20 System Oncology Committee (APPROVE)	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments:	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:

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		▪ Healthcare setting: train all relevant staff involved in dispensing and administering BLENREP using the program overview, education program for healthcare settings; establish processes and procedures to verify REMS checklist; obtain authorization to dispense each dose; capture dose and date of infusion in online REMS checklist and submit within 5 business days of infusion ○ Tried and failed at least 3 other multiple myeloma medications including, immunomodulatory, proteasome inhibitor, and an anti-CD38 monoclonal antibody • Conditionally Approve for 6 months ○ Unclassified HCPCS, no reimbursement data available			
Myxredlin (Insulin Human) in 0.9% Sodium Chloride injection 100 units/100mL	• Requested by CHAB • sterile, preservative-free solution single-dose container with a shelf life of 30 days at room temperature or 24 months if refrigerated in the original container.	Recommend to ADD for formulary with the following criteria: • ALL Free Standing emergency departments • Full conversion of insulin drips to premix product for non-24 hour facilities	8/20/20 High Value Drug Committee (APPROVED)	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments: The request for formulary approval is due to a medication safety concern, as insulin is a High Alert medication.	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:
Spinraza (Nusinersen) infusion 12.5mg/5mL single dose vial	• Requested by BAPH, Dr Rao • Treatment of spinal muscular atrophy (SMA) in pediatric and adult patients	Recommend to ADD for formulary with the following criteria: • infantile-onset SMA type 2 or 3, for adult and pediatric patients Conditionally approve for 6 months, review at HVDC	12/17/20 High Value Drug Committee (APPROVED)	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments:	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:

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				Approved as a pharmacy non-stock item, Outpatient use only, Intrathecal administration	
System Formulary Denial					
Medication	**Summary**	**Recommendation**	**Committee Review**	**System P&T Decision**	**Local P&T Decision**
Olumiant (baricitinib)	• Review requested by System Infectious Disease/System Antimicrobial Stewardship • Indicated for: ○ Moderately to severely active rheumatoid arthritis ○ COVID-19, in combination with remdesivir for hospitalized patients requiring supplemental oxygen, invasive mechanical ventilation, or ECMO	Recommend to DENY formulary request (as recommended by ID) • The combination of baricitinib plus remdesivir versus remdesivir alone showed a 1-day improvement in COVID-19 recovery. The combination of remdesivir plus dexamethasone has been shown in preliminary studies to reduce the incidence of COVID-19 related mortality. • Barcitinib may be considered in patients with a contraindication to dexamethasone.	12/22/20 System Formulary Subcommittee (DENIED)	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments:	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:

System Therapeutic Interchange *Class review to evaluate for opportunities for formulary management and cost savings through therapeutic interchanges*		
Dipeptidyl Peptidase IV (DPP IV) inhibitors • DPP-IV inhibitors are recommended as second-line agents by the American Diabetes Association (ADA) after metformin for the management of diabetes[2]. DPP-IV inhibitors have low A1C lowering effects, are weight-neutral and are available in combination with metformin, SGLT2 inhibitors, and thiazolidinediones. • Among five of FDA approved DPP-IV inhibitors, Ochsner Health System carries three on the formulary. Utilization data from 9/1/19 to 8/31/20 for OHS ranks the following DPP-IV from the most to least: sitagliptin > linagliptin > saxagliptin > sitagliptin-metformin (combination product). • The estimated cost savings for this recommendation is neutral.	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:

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Recommendation: 1. Sitagliptin shall be the designated formulary DPP-IV 2. In impaired renal function the following is recommended: ○ eGFR ≥45 ml/min: No dosage adjustment necessary ○ eGFR ≥30 to <45 ml/min: 50 mg once daily ○ eGFR <30 ml/min: 25 mg once daily 3. Renal dose adjustments for sitagliptin shall be added to renal acuity – This addition has already been proposed and is currently in process. 4. Deleting from the formulary saxagliptin and linagliptin 10/8/20 System Clinical Coordinators (APPROVED) 10/13/20 OMC Glycemic Management Committee (RECOMMEND) Clinical Coordinators discussed with local stakeholders.	Comments:	
Alpha-1 Adrenergic Blockers • Alpha-1 adrenergic blockers bind to the adrenoreceptors causing relaxation of the smooth muscles. The alpha blockers also competitively inhibit postsynaptic alpha-adrenergic receptors resulting in vasodilation of veins and arterioles and decreasing total peripheral resistance and blood pressure. Therefore, some are used as second line for hypertension management, treatment of benign prostatic hypertrophy (BPH), or both. This class remains the first line for treatment of lower urinary tract symptoms (LUTS) or BPH[1,2]. • Two significant symptoms of PTSD include nightmares and sleep disturbance and are often resistant to pharmacological treatments like SSRI, SNRI, and antipsychotics. The mechanism for these symptoms is proposed to be enhanced postsynaptic adrenoceptor responsiveness to noradrenaline in the central nervous system. Randomized clinical trials provide evidence that the off-label use of prazosin, is effective and safe in the treatment of nightmares and sleep disturbance associated with PTSD without affecting the blood pressure[3]. • Ochsner Health System currently carries all six FDA-approved alpha-1 blockers on the formulary. Utilization data from 9/1/19 to 8/31/20 ranks the following alpha-1 blocker from the most to least: tamsulosin > silodosin > prazosin > terazosin > alfuzosin. • The financial impact for the drug classes was negligible but would potentially result in savings. Recommendation: 1. Prazosin will be prescribed for the following: a. off-label use in PTSD b. hypertension c. BPH	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments: Add to recommendation section “continuation of home medication for Prazosin, Tamsulosin, Doxazosin, Silodosin”	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:

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2. Tamsulosin will be prescribed in the treatment of BPH and preferred in patients who are unable to tolerate the cardiovascular adverse effects from other alpha-1 blockers 3. Doxazosin will be prescribed for the following: a. Continuation of home regimen b. Hypertension c. BPH 4. Silodosin will be prescribed for patients who require alpha-1 blocker that can be crushed and given through NG/OG tube 5. Deleting from the formulary terazosin and alfuzosin 11/22/20 System Clinical Coordinators (APPROVED) Clinical Coordinators discussed with local stakeholders.		
Calcium Supplements • Ochsner Health System (OHS) carries multiple products, strengths and formulations of calcium supplements on system formulary, including calcium carbonate (tablet, chewable tablet, suspension), calcium carbonate-vitamin D3, calcium citrate, calcium citrate-vitamin D3, and calcium glubionate. The calcium supplements were reviewed to evaluate opportunities for formulary standardization and cost savings through therapeutic interchanges • Based on 1-year (10/1/2019-9/30/2020) of historical utilization data, several products remain on formulary with low to no utilization. Most products with 0% utilization have not been purchased nor administered over a year period. • Among calcium supplements on formulary, calcium carbonate chewable tablet has highest utilization, more elemental calcium per tablet, is well-absorbed with food and less expensive. Calcium citrate has some advantages, having less dependence on stomach acid for absorption and less constipation. However, it has less elemental calcium which requires more tablets per dose and is more expensive. Generally, calcium supplements can decrease the absorption of other medications, such as bisphosphonates, tetracyclines, levothyroxine, quinolones, iron preparations, iron containing multivitamins, mycophenolate, and riociguat. Doses of calcium supplements should be separate from these medications <u>Recommendation:</u> 1. Recommend interchanging all calcium supplements to equivalent dosing of calcium carbonate 500 mg chewable tablet (200 mg elemental calcium). 2. Commercially available calcium carbonate 1,250 mg/5 mL (500 mg/5 mL elemental calcium) oral suspension will remain on formulary. 3. Recommend interchanging to calcium carbonate/vitamin D3 1,250 mg (500 mg elemental calcium)-200 units for those patients ingesting the combination calcium/vitamin D tablets. 4. Delete the following ERXs from OHS formulary: ERX | STRENGTH AND FORMULATION 157682 | CALCIUM CARBONATE 215 MG CALCIUM (500 MG) ORAL CHEW 108629 | CALCIUM CARBONATE 300 MG (750 MG) ORAL CHEW 1298 | CALCIUM CARBONATE 500 MG CALCIUM (1,250 MG) ORAL CHEW 1300 | CALCIUM CARBONATE 500 MG CALCIUM (1,250 MG) ORAL TAB	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments:	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:

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1302	CALCIUM CARBONATE 600 MG CALCIUM (1,500 MG) ORAL TAB		
116161	CALCIUM CARBONATE-VITAMIN D3 250-125 MG-UNIT ORAL TAB		
154689	CALCIUM CARBONATE-VITAMIN D3 500MG (1,250MG) -600 UNIT ORAL TAB		
9378	CALCIUM CARBONATE-VITAMIN D3 600 MG (1,500MG) -200 UNIT ORAL TAB		
25136	CALCIUM CARBONATE-VITAMIN D3 600 MG (1,500MG) -400 UNIT ORAL TAB		
1308	CALCIUM CITRATE 200 MG (950 MG) ORAL TAB		
97353	CALCIUM CITRATE-VITAMIN D3 200 MG CALCIUM -250 UNIT ORAL TAB		
119056	CALCIUM GLUBIONATE 115 MG/5 ML (1.8 GRAM/5 ML) ORAL SYRP		

Of note, this therapeutic interchange is only applicable for calcium supplementations and will not be applicable for other indications. Following the therapeutic interchange recommendations for calcium supplementations, collaboration with Epic to build accordingly is required. Also, it is recommended that calcium supplements should be spaced out from administration of medications that interact with calcium at minimum of 1 hour.

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System Formulary Change or Line Extension					
Medication	Summary	Recommendation	Committee Review	System P&T Decision	Local P&T Decision
EPIC build for vasopressor titration orders for PEDIATRICS • DOButamine • DOPAmine • NORepinephrine • EPINEPHrine	• Requested by Pediatric Workgroup Standardize vasopressor ERX records for pediatric patients, allow for titrating and non-titrating records	Recommend to build ERX for Pediatrics for titratable and non-titratable vasopressor orders	10/8/20 System Clinical Coordinators (APPROVED)	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments:	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:
Peripheral Antithymocyte ERX orderset changes	• Requested by OMC Jeff Hwy, Dr Cohen • Remove heparin, change infusion time to 6 hours • Update ordersets to add peripheral antithymocyte ERX, default to peripheral • Change dosing weight to use Adjusted BW for obese patients and Actual BW for all others	Recommend to build peripheral antithymocyte ERX	10/8/20 System Clinical Coordinators (APPROVED) 10/27/20 System Operations Coordinators (APPROVED)	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments:	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:
Methadone 1mg/mL 3mL IV syringe from QUVA for Pediatrics	• Requested by OMC Jeff Hwy • Indication for pain • Currently pharmacy has to take a methadone 10 mg/mL MDV and dilute it down to 2 mg/mL. This creates the potential for medication error, as well as diversion risk.	Recommend to ADD Methadone 1mg/mL 3mL IV syringe from QUVA	12/10/20 System Clinical Coordinators (APPROVED)	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments:	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:
Nicardipine 40mg/200mL infusion Pediatric Build for titratable infusion	• Requested by Pediatric Workgroup Current Nicardipine Infusion ERX is dosed in mg/hr. Units of measure cannot be changed in the titratable order.	Recommend creating: • Pediatric titratable ERX for Nicardipine the units of measure microgram/kg/min for dosing units and titration units	11/23/20 System Clinical Coordinators (APPROVED)	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments:	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:

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Morphine 0.5mg/mL 2mL IV syringe from QUVA for Pediatrics	• Requested by OMC Jeff Hwy • Indication for pain • Currently pharmacy is dispensing morphine 0.5mg/mL 10 mL vial	Recommend to ADD Morphine 0.5mg/mL 2mL IV syringe from QUVA, to decrease waste and diversion risk	10/8/20 System Clinical Coordinators (APPROVED)	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments:	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:
Cefazolin Subconjunctival 100mg/0.5mL	• Requested by OSMH Opthalmology in the OR • Indicated for prevention of post-op infection	Recommend to ADD Cefazolin Subconjunctival 100mg/0.5mL for use in the OR by opthalmology	10/8/20 System Clinical Coordinators (APPROVED)	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments:	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:
Phenobarbital infusion ERX build	• Requested by OMC Jeff Hwy • Currently phenobarbital is only available to order as IVpush, IM or SubQ administration	Recommend to ADD Phenobarbital infusion. Build ERX as requested, add to Alaris library	11/23/20 System Clinical Coordinators (APPROVED)	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments:	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:
Lokelma (sodium zirconium cyclosilicate) gastric tube route	• Requested by OLHS • Indicated for the treatment of hyperkalemia • Current ERX route of administration is limited to *oral*	Recommend to ADD additional routes of administration for feeding tube: NG/J, OG/J, PEG/J Supported by medical letter from AstraZeneca	11/12/20 System Clinical Coordinators (APPROVED)	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments:	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:
Amphotericin B deoxycholate IV PEDS	• Requested by TGMC and PEDS Workgroup	Recommend to ADD Amphotericin B deoxycholate IV for PEDS	11/12/20 System Clinical Coordinators (APPROVED)	System P&T Decision on Recommendation	Local P&T Decision on Recommendation

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	• Currently there is not an ERX for PEDS for Amphotericin B deoxycholate IV			☒ Approve ☐ Deny ☐ Table for further discussion Comments:	☐ Stock ☐ Not Stock Comments:
23.4% NACL IV PEDS	• Request by OLHS and PEDS Workgroup • Indicated for intracranial hypertension • Currently there is not an ERX for PEDS for 23.4% NACL	Recommend to ADD 23.4% NACL IV for PEDS. • Build with restrictions for central line administration only, neurocritical care • OLHS developed SOP for administration	11/12/20 System Clinical Coordinators (APPROVED)	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments: Clarified, 23.4% NaCL restricted to be administered in neurocritical care	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:
Cytarabine Concentration • 20mg/mL • 100mg/mL	• Requested by OLHS • Currently Cytarabine 20mg/mL concentration is defaulted to compound all IV doses. Pharmacist have to manually change to use the 100mg/mL cytarabine concentration	Recommendation • Doses 500mg and less, default to using cytarabine 20mg/mL concentration • Doses greater than 500mg, default to use cytarabine 100mg/mL concentration	12/10/20 System Clinical Coordinators (APPROVED) 12/2/20 System Chemotherapy Infusion Team	System P&T Decision on Recommendation ☒ Approve ☐ Deny ☐ Table for further discussion Comments:	Local P&T Decision on Recommendation ☐ Stock ☐ Not Stock Comments:

System Formulary Informational	
Multi-trace element injection for parenteral nutrition	MTE 5 Concentrate will be discontinued from the market (not FDA approved) as of October 2020. Tralement (trace elements injection 4, USP) will be replacement, manufactured by American Regent. This is a product change for CAPS, outsourced company for TPNS, for adult parenteral nutrition orders. This change will also affect all sites compounding parenteral nutrition. • All TPN ordersets for adults, changed to Tralement. No changes made to Pediatric/Neonatal orders • Formulary addition of Tralement. Formulary deletion of MTE-5. S Changes effective November 17, 2020

System Formulary Management Summary Review Q4-2020

Please refer to documents in the System Formulary Management Folder for more details **(Please print on 11x14 paper)**

System P&T Meeting 1/20/2021

Please bring the final System P&T Committee Minutes to your local P&T for review and discussion. If your local P&T Committee decision does not align with System P&T, appeals may be sent to System P&T. The next meeting is *4/21/2021*. A physician representative must be present to discuss the appeal. Please send the name of the representative and the reason for appeal to the MUSE team by *3/31/2021*