

**PHOENIX SERVICE UNIT**  
**PHOENIX, ARIZONA**  
**MEDICATION FORMULARY**

March 13, 2023

THE FORMULARY REPRESENTS THE AGENTS APPROVED  
FOR USE BY THE  
PHARMACY AND THERAPEUTICS COMMITTEE

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Note: This document can be searched by entering drug name or other text into “Find” box. Enter Ctrl+F to display Find box.

111 MOUTHWASH (DIPHENHYDRAMINE/MAALOX/WATER)

Synonym: MOUTHWASH; MOUTHWASH, DENTAL DEPARTMENT

AHFS Type: EENT PREPARATIONS, MOUTHWASHES AND GARGLES (52.28.00)

1) CONTAINS:

1 part diphenhydramine elixir

1 parts aluminum & magnesium hydroxide gel (Maalox or Mylanta)

1 parts distilled water

- 2) For use in patients with stomatitis. Patients with pharyngitis should receive a recommendation to purchase Chloraseptic (tm) or similar OTC product.

ACAMPROSATE 333MG ENTERIC COATED TAB

Synonym: CAMPRAL

AHFS Type: CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS (28.92)

Restricted to:

- 1) Limited to 30-day supply

- 2) Follow-up may be by visit in the clinic or telephone encounter. Documentation of the pattern of ETOH use and psychosocial treatment is required with each revisit.

ACARBOSE 100MG TAB, 25MG TAB, 50MG TAB

Synonym: PRECOSE

AHFS Type: MISCELLANEOUS ANTIDIABETIC AGENTS (68.20.92)

GUIDE-ME ACCU-CHEK TEST STRIPS 50'S

Synonym: CHEMSTRIPS, GUIDE-ME

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

ACETAMINOPHEN 160MG/5ML ORAL SUSP 120ML

Synonym: TYLENOL

AHFS Type: MISCELLANEOUS ANALGESICS AND ANTIPYRETICS (28.08.92)

ACETAMINOPHEN 325MG TAB, 80MG TAB

Synonym: TYLENOL

AHFS Type: MISCELLANEOUS ANALGESICS AND ANTIPYRETICS (28.08.92)

ACETAMINOPHEN INJECTION 1000MG/100ML VIAL

Synonym: OFIRMEV

AHFS Type: MISCELLANEOUS ANALGESICS AND ANTIPYRETICS (28.08.92)

Note: Restrictions removed April 2022 P&T committee to increase access to intravenous opioid sparing medications. Please note maximum dosage if combine IV and oral acetaminophen

Dosing: Patients 50kg and above: 1000mg IV over 15 min.

Patients less than 50kg: 15 mg/kg IV over 15 min

May repeat q6h to maximum 8g in 48 hour period.

ACETAMINOPHEN SUPPOS 120MG, 325MG SUPPOS, 650MG SUPPOS

Synonym: TYLENOL

AHFS Type: MISCELLANEOUS ANALGESICS AND ANTIPYRETICS (28.08.92)

ACETAZOLAMIDE 250MG TAB, 500MG SR CAP

Synonym: DIAMOX, DIAMOX SEQUESL

AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)

ACETAZOLAMIDE INJ 500MG VIAL

Synonym: DIAMOX

AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)

ACETIC ACID 0.25% IRRIG 1000ML

AHFS Type: IRRIGATING SOLUTIONS (40.36.00)

ACETIC ACID 2% OTIC SOL

Synonym: DOMEBORO OTIC

AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

ACETIC ACID VAGINAL JELLY 85GM

Synonym: ACID JELLY, ACIGEL

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

NOTE: Contains acetic acid 0.92%

ACETONE

AHFS Type: PHARMACEUTICAL AIDS (96.00.00)

ACETYLCHOLINE CL INTRAOCULAR SOLN 1:100

Synonym: MIOCHOL-E

AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)

ACETYLCYSTEINE 600MG CAP

Synonym: ACETADOTE

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

Restricted to:

- 1) For prophylaxis of contrast-induced nephropathy.
- 2) Patients must receive at a minimum brief periodic substance use cessation counseling or psychotherapy. To ensure follow-up and compliance with cessation, each prescription will be limited to a 30 -day supply with 2 refills.

NOTE: \*\*Studies indicate this may be most effective in patients 21 years of age and younger.\*\*

ACETYLCYSTEINE 20% INHALATION/ORAL SOLN 30ML

Synonym: MUCOMYST

AHFS Type: MUCOLYTIC AGENTS (48:24), MISCELLANEOUS THERAPEUTIC AGENTS, ANTIDOTES (92:12)

NOTE: Also used for oral treatment of acetaminophen overdose. See pharmacy for dose and administration recommendations.

ACETYLCYSTEINE INJ 6GM/30ML VIAL

Synonym: ACETADOTE

AHFS Type: ANTIDOTES (92.12.00)

ACTIFED TAB

Synonym: ACTIFED, TRIPROLIDINE & PSEUDOEPHEDRINE

AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

OTC DRUG, NOT DISPENSED TO OUTPATIENTS except chronic rhinitis, sinusitis, and allergies.

Not to be dispensed to children less than 6 years old.

ACYCLOVIR 200MG/5ML SUSPENSION

Synonym: ZOVIRAX

AHFS Type: ANTIVIRALS (8.18.00)

NOTE: Doses must be reduced for renal insufficiency.

ACYCLOVIR INJ 500MG VIAL

Synonym: ZOVIRAX

AHFS Type: ANTIVIRALS (8.18.00)

ADALIMUMAB Citrate-free INJ 40MG/0.8ML PEN

Synonym: HUMIRA CITRATE FREE

AHFS Type: DISEASE MODIFYING ANTI-RHEUMATIC AGENTS (92.36.00)

HIGH ALERT MEDICATION

Restricted to:

- 1) Treatment of Rheumatoid Arthritis, Psoriatic Arthritis, Psoriasis, Plaque Psoriasis, or Ankylosing Spondylitis, Crohn's disease, ulcerative colitis, uveitis, and hidradenitis suppurativa in patients with aggressive disease who have failed or were intolerant to conventional DMARDs.
- 2) Initial prescription dispensed at PIMC will be restricted to rheumatology or dermatology. For pediatric patients, initial prescription will be reviewed by a pediatrician who will verify that appropriate workup was performed.
- 3) Patients must receive the following screening tests to rule out tuberculosis, coccidiomycosis, and histoplasmosis: Tuberculin skin test (TST) or Interferon-gamma release assay (IGRA), cocci serology, and histoplasmosis serology (if patient has lived

in a histoplasmosis endemic area). Chest radiography may also be considered when clinically indicated in patients with risk factors, even with a negative result on TST or IGRA

- 4) Contraindicated in patients with active infections, current or recent cancer or with systemic lupus erythematosus.
- 5) Patients should have a referral to Case Management for evaluation and use of alternate resources if needed

ADENOSINE INJ 6MG/2ML SYR

Synonym : ADENOCARD

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

NOTE: Located on crash cart

ALBUMIN HUMAN 25% INJ 25GM/100ML VIAL

AHFS Type: BLOOD DERIVATIVES (16.00.00)

NOTE: Tubing obtained from warehouse, not pharmacy

ALBUTEROL 0.083% SVN SOLN, 3ML VIAL

Synonym: VENTOLIN; PROVENTIL

AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

ALBUTEROL 0.5% SVN SOLN, 20ML, 0.5ML VIAL

Synonym: VENTOLIN; PROVENTIL

AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

ALBUTEROL INHALER (MDI) 8.5GM

Synonym: VENTOLIN, PROVENTIL

AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

NOTE: 200 doses per inhaler

ALBUTEROL/IPRATROPIUM RESPIMAT INH 4GM

Synonym: COMBIVENT RESPIMAT; IPRATROPIUM/ALBUTEROL INHALER

AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

ALCOHOL, DEHYDRATED INJ 1ML AMP

Synonym: ETHANOL; ALCOHOL, ETHYL

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

NOTE: Sterile for Therapeutic Neurolysis. Not routinely stocked

ALCOHOL, ETHYL 95%

Synonym : ETHANOL

AHFS Type: PHARMACEUTICAL AIDS (96.00.00)

Controlled Substance

ALCOHOL, ISOPROPYL 70%

Synonym: ISOPROPANOL

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

OTC DRUG, NOT DISPENSED TO OUTPATIENTS

ALENDRONATE 35MG TAB, 70MG TAB

Synonym: FOSAMAX

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

NOTES:

- 1) Due to risk of osteonecrosis of the jaw, a dental exam and preventative dentistry should be performed, whenever possible, prior to placing patients on chronic bisphosphonate therapy. The dental visit will be considered "medically necessary", which will allow the patients to be placed on a priority list for timely dental appointments and follow-up.
- 2) Recommended dose
  - a) Treatment of osteoporosis: 70mg per week
  - b) Prevention of osteoporosis: 35mg per week
- 3) Use of a fracture risk calculator is encouraged for patients with osteopenia.
- 4) Avoid in use in patients with swallowing difficulties, esophageal motility disorders, or the inability to remain upright for  $\geq 30$  minutes.

5) Correct hypocalcemia and vitamin D deficiency prior to initial therapy. Ensure adequate calcium and vitamin D intake during therapy.

ALLOPURINOL 100MG TAB, 300MG TAB

Synonym: ZYLOPRIM

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

ALOGLIPTIN 6.25MG TAB, 12.5MG TAB, 25MG TAB

Synonym: NESINA

AHFS Type: DIPEPTIDYL PEPTIDASE INHIBITORS (68.20.05)

Restricted to: Patients with Type 2 Diabetes Mellitus who have a contraindication or adverse reaction to metformin, or who have failed to reach target HbA1c while on metformin.

Notes: 1. It is recommended to use this agent only in patients with HbA1c level of less than 10% due to modest glucose-lowering effect.

2. Caution should be exercised in the use of this agent in patients with congestive heart failure.

3. Alogliptin 6.25mg tablet is restricted to patients with estimated CrCl  $\leq$  30ml/min or requiring hemodialysis.

Saxagliptin to Alogliptin conversion (formulary changed 2/20/2019)

- If on saxagliptin 5mg qday, change to alogliptin 25mg qday.
- If on saxagliptin 2.5mg qday, check renal function. Saxagliptin can be started at a lower dose and titrated up, but it may also be reduced for renal function. If they are on the 2.5 mg dose, but have normal renal function, they should be started on the 25 mg dose of alogliptin.
  - For CrCl  $>$  60 ml/min: start alogliptin 25 mg qday.
  - For CrCl  $\geq 30$  to  $\leq$  60 ml/min: start alogliptin 12.5mg qday.
  - For CrCl  $\geq 15$  to  $<$  30 ml/min: start alogliptin 6.25mg qday.
  - For ESRD (CrCl  $<$  15 ml/min or requiring hemodialysis) start 6.25mg qday.

ALPROSTADIL INJ 500MCG/1ML AMPULE

Synonym: PROSTIN-VR PEDIATRIC

AHFS Type: Vasodilating Agents (24.12.92)

See P&P for more information: **“Prostaglandin use in Newborns Suspected of Ductal-Dependent Congenital Cardiac Defect”**

Alprostadil injection requires refrigeration and is located in the INPATIENT PHARMACY REFRIGERATOR.

ALTEPLASE 100MG/100ML INJ

Synonym: ACTIVASE, TPA

AHFS Type: THROMBOLYTIC AGENTS (20.40.00)

Restricted to:

- 1) Confirmed massive pulmonary embolism (PE) with cardiovascular involvement as defined by hypotension (SBP  $<$ 90 for 15 minutes) or cardiac arrest OR highly suspected pulmonary embolism (PE) with cardiac arrest
- 2) Stroke per stroke protocol
- 3) All patients receiving tpa should be transferred to a higher level of care

ALTEPLASE CATHFLO INJ

Synonym: CATHFLO, ACTIVASE CATHFLO

AHFS Type: THROMBOLYTIC AGENTS (20.40.00)

- 1) Alteplase (Cath Flo) is available in 2mg vials for reconstitution with Sterile Water and is stored in 2<sup>ND</sup> Floor PHARMACY REFRIGERATOR along with instructions for reconstitution, stability after reconstitution, and instructions on how to use the drug to open occluded IV catheters.
- 2) A PHYSICIAN'S ORDER IS REQUIRED FOR THE USE OF THIS DRUG to open occluded IV catheters.

ALUMINUM & MAGNESIUM HYDROXIDE & SIMETHICONE SUSP 5OZ

Synonym: MAALOX, MYLANTA

AHFS Type: ANTACIDS AND ADSORBENTS (56.04.00)

OTC DRUG, NOT DISPENSED TO OUTPATIENTS, except:

- 1) Peptic ulcer disease
- 2) Gastro-esophageal reflux
- 3) Gastritis

ALUMINUM CHLORIDE 20% SOLN

Synonym: DRY SOL

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

ALVIMOPAN 12 MG CAP

Synonym: ENTEREG

AHFS Type: MISCELLANEOUS GI AGENTS (56.92.00)

Restriction: Restricted to surgery department to accelerate the time to upper and lower GI recovery following partial bowel resection surgery with anastomosis (includes patients in whom ostomy is required per P&T 7/2014), and for patients placed on ventral hernia recovery pathway (P&T 4/2015).

NOTES:

- 1) The hospital must enroll in the FDA-mandated Entereg Access Support and Education (EASE) program.
- 2) This medication must be ordered through an order set, and used only for inpatients.
- 3) A patient must not receive more than 15 doses.
- 4) Transfer of the drug to another hospital that is not enrolled in the EASE program is prohibited.

AMIODARONE 200MG TAB

Synonym: CORDARONE

AHFS Type: ANTIARRHYTHMIC AGENTS (24.04.04)

NOTE: Restricted to cardiology or upon recommendation by cardiologist.

Recommended Monitoring:

Electrocardiogram: Baseline and when clinically relevant

Liver Function Tests: Baseline and every 6 months

Thyroid Function Tests: Baseline and every 6 months

Chest X-Ray: Baseline and every 12 months

Ophthalmologic Exam: Baseline if significant visual impairment, or for symptoms

Pulmonary Function Tests: Baseline and for unexplained cough or dyspnea, especially if pre-existing lung disease, If CXR abnormalities, or suspicion of pulmonary toxicity.

AMIODARONE INJ 150MG/3ML VIAL

Synonym : CORDARONE

AHFS Type: ANTIARRHYTHMIC AGENTS (24.04.04)

HIGH ALERT MEDICATION

AMINO ACIDS 5%/DEXTROSE 15% INJ, 2000ML BAGS

Synonym: CLINIMIX (TPN SOLUTION)

AHFS Type: CALORIC AGENTS (40.20)

Note: must be administered with no additives due to compounding limitations.

AMINO ACIDS 4.25%/DEXTROSE 5% INJ, 1000ML BAGS, 2000ML BAGS

Synonym: CLINIMIX (PPN SOLUTION)

AHFS Type: CALORIC AGENTS (40.20)

HIGH ALERT MEDICATION

Note: must be administered with no additives due to compounding limitations.

AMINOCAPROIC ACID 5GM/20ML INJ

Synonym: AMICAR

AHFS Type: HEMOSTATICS (20.28)

AMITRIPTYLINE 10MG TAB, 25MG TAB, 50MG TAB

Synonym: ELAVIL

AHFS Type: TRICYCLICS AND OTHER NOREPINEPHRINE-REUPTAKE INHIBITORS (28.16.04.28)

AMLODIPINE 10MG TAB, 2.5MG TAB, 5MG TAB

Synonym : NORVASC

AHFS Type: CALCIUM-CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES (24.28.08)

NOTE: First line dihydropyridine calcium channel blocker.

AMMONIUM LACTATE 12% LOTION

Synonym: AmLactin, Lac-Hydrin

AHFS Type: Emollients, Demulcents, and Protectants (84.24.12)

**AMOXICILLIN 250 MG CAP, 500 MG CAP**

Synonym : AMOXIL

AHFS Type: PENICILLINS (8.12.16)

**AMOXICILLIN 400MG/5ML ORAL SUSP**

Synonym : AMOXIL

AHFS Type: PENICILLINS (8.12.16)

**AMOXICILLIN/CLAV 400MG/5ML ORAL SUSP**

Synonym : AUGMENTIN

AHFS Type: PENICILLINS (8.12.16)

Note: Contains phenylalanine. Do not use in patients 3 months and younger, hemodialysis patients, or phenylketonurics, use 250mg/5ml in these patients.

Restricted to:

- 1) Restricted to 2<sup>nd</sup> line therapy for acute otitis media (AOM) dosed at 80-90mg amoxicillin/kg/day and 6.4mg clavulanate/kg/day divided 2 times daily. See PIMC Pediatric AOM treatment guidelines.
- 2) 2<sup>nd</sup> line therapy for sinusitis dosed at 80-90mg/kg/day. See PIMC Pediatric Sinusitis guidelines.
- 3) For other indications, see restrictions under 250mg/5ml.
- 4) First line for pneumonia in non-immunized children dosed at 80-90mg amoxicillin/kg/day and 6.4mg clavulanate/kg/day divided 2 or 3 times daily.
- 5) Pediatric lymphadenitis 45mg/kg/day divided bid. See PIMC Pediatric Lymphadenitis treatment guidelines.
- 6) The AUGMENTIN 250mg/5ml SUSP (NF) divided tid should be used if child is less than 3 months or has renal issues.

**AMOXICILLIN/CLAV 600MG/5ML ORAL SUSP**

Synonym : AUGMENTIN ES

AHFS Type: PENICILLINS (8.12.16)

Note: Contains phenylalanine. Do not use in patients 3 months and younger, hemodialysis patients, or phenylketonurics, use 250mg/5ml in these patients.

Restricted to:

- 1) Restricted to 2<sup>nd</sup> line therapy for acute otitis media (AOM) dosed at 80-90mg amoxicillin/kg/day and 6.4mg clavulanate/kg/day divided 2 times daily. See PIMC Pediatric AOM treatment guidelines.
- 2) 2<sup>nd</sup> line therapy for sinusitis dosed at 80-90mg/kg/day. See PIMC Pediatric Sinusitis guidelines.
- 3) For other indications, see restrictions under 250mg/5ml.
- 4) First line for pneumonia in non-immunized children dosed at 80-90mg amoxicillin/kg/day and 6.4mg clavulanate/kg/day divided 2 or 3 times daily.
- 5) Pediatric lymphadenitis 45mg/kg/day divided bid. See PIMC Pediatric Lymphadenitis treatment guidelines.
- 6) The AUGMENTIN 250mg/5ml SUSP (NF) divided tid should be used if child is less than 3 months or has renal issues.

**AMOXICILLIN/CLAV 500 MG TAB, 875MG TAB**

Synonym : AUGMENTIN

AHFS Type: PENICILLINS (8.12.16)

**AMPHETAMINE MIX 5MG (ADDERALL) TAB**

Synonym: ADDERALL

AHFS Type: AMPHETAMINES (28.20.04)

Notes:

- 1) Restricted to use by Behavioral Health, Pediatric Clinic, and Family Practice for the treatment of ADHD.
- 2) Up to a 90 day supply may be prescribed if the prescription is for the same drug and same dose as the prior prescription.
- 3) For any new starts, or changes in dose, the prescriber may order up to three separate 28 day prescriptions, designating future fill dates in the comments field. Pharmacy will then process these prescriptions on or after the designated date(s).
- 4) Prescribers must check PDMP for all new prescriptions and on an annual basis (P&T May 2020).

**AMPHETAMINE MIX XR 10MG (ADDERALL XR) CAP, 15MG XR CAP, 20MG XR CAP, 30MG XR CAP, 5MG XR CAP**

Synonym : ADDERALL XR

AHFS Type: AMPHETAMINES (28.20.04)

Notes:

- 1) Restricted to use by Behavioral Health, Pediatric Clinic, and Family Practice for treatment of ADHD.
- 2) Up to a 90 day supply may be prescribed if the prescription is for the same drug and same dose as the prior prescription.

- 3) For any new starts, or changes in dose, the prescriber may order up to three separate 28 day prescriptions, designating future fill dates in the comments field. Pharmacy will then process these prescriptions on or after the designated date(s).
- 4) Prescribers must check PDMP for all new prescriptions and on an annual basis (P&T May 2020).

#### AMPHOTERICIN B Lipid Complex INJ 100MG VIAL

Synonym: ABELCET, AMBISOME

AHFS Type: ANTIFUNGAL ANTIBIOTICS (8.14.28)

HIGH ALERT MEDICATION

Notes: Dosing guidelines: 5 mg/kg/day as single infusion at rate of 2.5mg/kg/h.

#### AMPICILLIN INJ 1GM VIAL, 250MG VIAL, 500MG VIAL

AHFS Type: PENICILLINS (8.12.16)

#### AMPICILLIN/SULBACTAM INJ 1.5GM VIAL, 3GM VIAL

Synonym: UNASYN

AHFS Type: PENICILLINS (8.12.16)

Note: Preferred first line agent for treatment of diabetic skin and soft tissue infections for non-penicillin allergic patients.

#### ANASTROZOLE 1MG TAB

Synonym: ARIMIDEX

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

Restricted to Oncology Service for treatment of breast cancer.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

#### ANTIVENIN, CENTRUROIDES (Scorpion) IMMUNE F(ab')<sub>2</sub> INJ

\* STORED IN THE 2<sup>nd</sup> FLOOR PHARMACY, ROOM TEMPERATURE, INJECTABLE SECTION, UNDER "SCORPION" \*

Synonym: ANASCORP

AHFS Type: SERUMS (80.04.00)

Note: Restricted:

1. Use of scorpion antivenin is restricted to grade III or IV envenomation defined as skeletal nerve dysfunction (e.g. writhing, jerking of extremities, fasciculation) and/or cranial nerve dysfunction (e.g. nystagmus, blurred vision, slurred speech, hyper-salivation);
2. Initial dose is 1 vial, UNLESS the patient has respiratory compromise, in which case the initial dose is 3 vials.
3. After the initial dose (of 1 or 3 vials), additional doses of 1 vial may be considered at 30 minute intervals if symptoms have not resolved.

Storage: Room Temperature, 2<sup>nd</sup> Floor Pharmacy, Injectable Section

Dosage: Infants, Children, Adolescents, and Adults is identical:

Initial dose is 1 vial, UNLESS the patient has respiratory compromise, in which case the initial dose is 3 vials. Each vial should be diluted with 5ml NS, and one or more vials then diluted in 50ml NS

Admin: Infuse over 10 minutes

Other: Fentanyl (1mcg/kg) IV is preferred opioid analgesic. Unlike morphine, it does not cause histamine release. Midazolam (0.05 to 0.1 mg/kg) IV is preferred anxiolytic. Antivenin reverses excitatory effects of the scorpion venom. If high doses of longer acting benzodiazepines (e.g. lorazepam) are given, patients may become over sedated and possibly require intubation.

#### ANTIVENIN, LACTODECTUS MACTANS (Black Widow Spider) INJ

Synonym: BLACK WIDOW ANTIVENIN

AHFS Type: SERUMS (80.04.00)

Note: This product is not stocked because it is not available under usual ordering procedures. Our wholesaler will process orders and the manufacturer will ship product only to hospitals with a patient in immediate need. If more than one vial is needed, Merck must be contacted directly for approval.

#### APAP/CODEINE 12MG/5ML ORAL SOLUTION

Synonym: ACETAMINOPHEN & CODEINE ELIXIR, CODEINE & ACETAMINOPHEN ELIXIR

AHFS Type: OPIATE AGONISTS (28.08.08)

CIII Controlled Substance

NOTES:

- 1) A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.
- 2) Controlled substance III or IV may not be authorized for more than 5 refills.



Pursuant to FDA labeling changes, adopted at May, 2017 P&T Committee meeting:

- 1) Codeine is contraindicated for **any** use in children under 12 years of age
- 2) Breastfeeding is not recommended when taking codeine
- 3) Codeine is not recommended in adolescents 12 to 18 years of age who are obese or have obstructive sleep apnea or severe lung disease.

**\*\*SEE OPIOID RESTRICTIONS**

#### APAP/CODEINE 300MG/30MG TAB

Synonym: T3, TYL#3, TYLENOL #3

AHFS Type: OPIATE AGONISTS (28.08.08)

NOTE: contains 30mg codeine per tab

CIII Controlled Substance

NOTES:

- 1) A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.
- 2) Controlled substance III or IV may not be authorized for more than 5 refills.

Pursuant to FDA labeling changes, adopted at May, 2017 P&T Committee meeting:

- 1) Codeine is contraindicated for **any** use in children under 12 years of age
- 2) Breastfeeding is not recommended when taking codeine
- 3) Codeine is not recommended in adolescents 12 to 18 years of age who are obese or have obstructive sleep apnea or severe lung disease.

**\*\*SEE OPIOID RESTRICTIONS**

#### APAP/OXYcodone 325/5MG TAB

Synonym: PERCOCET, ENDOCET, ROXICET

AHFS Type: OPIATE AGONISTS (28.08.08)

CII Controlled Substance, MAY NOT BE REFILLED

NOTE: Each tablet contains: oxycodone 5 mg, acetaminophen 325mg

CONTINUED PRESCRIPTIONS

- 1) Limited to maximum of 60 tablets per MONTH per patient (to provide 1 to 2 rescue doses per day). Use of quantities > 60 per month requires a non-formulary approval.
- 2) Confirmatory urine drug screens should detect oxycodone at clinically appropriate levels (e.g. 100 nanogram/ml).
- 3) Patients prescribed more than 50 MME per day should also have a prescription for naloxone for the treatment of opioid-related overdoses.

**\*\*SEE OPIOID RESTRICTIONS**

#### APIXABAN 2.5MG TAB, 5MG TAB

Synonym: ELIQUIS

AHFS Type: ANTICOAGULANTS (20.12.04)

HIGH ALERT MEDICATION

Use Criteria:

- 1) Apixaban is first line direct-acting oral anticoagulant (DOAC) for new starts, and rivaroxaban is second line.
- 2) Rivaroxaban is first line treatment for venothromboembolism prophylaxis for hospitalized and/or recently discharged patients.
- 3) Patients established on therapy with rivaroxaban (whether prescribed by PIMC or outside prescriber) may continue therapy with rivaroxaban (March 2018 P&T).
- 4) Formulary use for either agent is restricted to FDA-approved indications.
- 5) Patients on DOAC agents must have PCP visit a minimum of every six months.
- 6) Rivaroxaban prescriptions are limited to a 30-day supply, due to cost.
- 7) Apixaban prescriptions are limited to a 90-day supply.

#### APRESOLINE see HYDRALAZINE

#### AQUAPHOR (generic) OINT 454GM

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (84.92.00)

NOTE: 2nd choice as emollient for patients with eczema. Must fail trial of white petrolatum.

#### ARIPIRAZOLE 2MG TAB, 5MG TAB, 10MG TAB, 15MG TAB, 30MG TAB, 1MG/ML LIQUID

Synonym: ABILIFY

AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)

Initial prescriptions should be written by a behavioral health provider. Other providers may prescribe for continuation of therapy.

ARIPRAZOLE LAUROXIL 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML

Synonym: ARISTADA

AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)

Restricted to Behavioral Health for treatment of schizophrenia

1) Prior to initial injection, establish tolerability by providing 14 day trial of aripiprazole and

2) After initial injection, oral aripiprazole must be continued for 21 days until steady state of injection is reached

NOTE: If last injection >7 weeks (441mg) or >12 weeks (662mg, 882mg, 1064mg), patient must complete 21 day oral overlap

ASCORBIC ACID 500MG TAB

Synonym: VITAMIN C

AHFS Type: VITAMIN C (88.12.00)

NOTE: OTC DRUG NOT DISPENSED TO OUTPATIENTS, except:

1) Wound healing (ophthalmology, skin wounds)

2) Co-administration with urinary antiseptics (e.g. methenamine)

3) Co-administration with iron for improved absorption.

ASPIRIN 120MG SUPPOS, 300MG SUPPOS, 600MG SUPPOS

Synonym: ASA

AHFS Type: NONSTEROIDAL ANTI-INFLAMMATORY AGENTS, SALICYLATES (28.08.04.24)

ASPIRIN ENTERIC COATED TAB, 325MG TAB, 81MG TAB

Synonym: ECASA

AHFS Type: NONSTEROIDAL ANTI-INFLAMMATORY AGENTS, SALICYLATES (28.08.04.24)

ASPIRIN 325MG TAB (non-coated), 81MG TAB (chewable)

Synonym: ASA

AHFS Type: NONSTEROIDAL ANTI-INFLAMMATORY AGENTS, SALICYLATES (28.08.04.24)

ATENOLOL 25MG TAB, 50MG TAB, 100MG TAB

Synonym: TENORMIN

AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)

ATOMOXETINE 10MG CAP, 18MG CAP, 25MG CAP, 40MG CAP, 60MG CAP

Synonym: STRATTERA

AHFS Type: CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS (28.92)

Note: Restricted to Behavioral Health, Pediatrics and Primary Care/ Internal Medicine for treatment of ADD or ADHD.

ATORVASTATIN 10MG TAB, 20MG TAB, 40MG TAB, 80MG TAB

Synonym: LIPITOR

AHFS Type: HMG-CoA REDUCTASE INHIBITORS (24.06.08)

ATROPINE SULF 1% OPHTH OINT 3.5GM

AHFS Type: EENT PREPARATIONS, MYDRIATICS (52.24.00)

Restricted to Ophthalmology and Optometry or with ophthalmology/optometry consult.

ATROPINE SULF 1% OPHTH SOLN 15ML

AHFS Type: EENT PREPARATIONS, MYDRIATICS (52.24.00)

Restricted to Ophthalmology and Optometry or with ophthalmology/optometry consult.

ATROPINE SULFATE INJ 0.4MG/1ML VIAL

AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)

ATROPINE SULFATE INJ 1MG/10ML SYR

AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)

AZATHIOPRINE 50MG TAB

Synonym : IMURAN

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

HIGH ALERT MEDICATION

Monitoring requirements:

- 1) CBC and CMP recommended to be done at 3 to 4 weeks after initiation of therapy
- 2) Subsequently CBC and CMP are to be done at 2 and 3 months after initiation.
- 3) For the first 3 months of therapy, the patient will receive a maximum 30-day supply per prescription.
- 4) For stable\* patients, subsequent monitoring of CBC and CMP may be done every 3 months, and the patient may receive a 90-day supply per prescription.

\*Stable patient is defined as:

- Patient does not experience any adverse drug events including anorexia, nausea, vomiting, rash, oral ulceration, abnormal bruising, severe sore throat or infections.
  - Patient is not concurrently on interacting medications allopurinol or febuxostat.
  - Patient's LFT's are within normal limits, WBC is  $\geq 3.5$  k/ $\mu$ L, platelet count  $\geq 150$  k/ $\mu$ L, absolute lymphocyte count  $\geq 500$  k/ $\mu$ L, absolute neutrophil count  $\geq 1000$  k/ $\mu$ L, MCV  $\leq 105$  fL, and CrCl  $\geq 50$  mL/min.
- 5) Patients prescribed azathioprine will be provided with education including a handout informing the patient about the medication, required laboratory monitoring, and possible side effects.
  - 6) The patient will be followed up closely by the rheumatologist and rheumatology pharmacist to ensure the safe and effective use of this therapy.
  - 7) Exception to the above monitoring and refill restrictions are granted for patients with outside prescriptions and followed by an outside provider.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

#### AZITHROMYCIN 100MG/5ML ORAL SUSP, 200MG/5ML ORAL SUSP

Synonym : ZITHROMAX

AHFS Type: MACROLIDES (8.12.12)

Restricted to:

- a) Restricted to 1<sup>st</sup>/2<sup>nd</sup> line therapy for Sinusitis in penicillin allergic patients. 1<sup>st</sup> line if type 1 hypersensitivity, 2<sup>nd</sup> line if reaction is less severe (i.e. rash or hives). See PIMC Sinusitis treatment guidelines.
- b) Restricted to 3<sup>rd</sup> line therapy for Sinusitis in treatment failures
- c) For use in pediatric pneumonia when atypical pneumonia is suspected.

NOTE: 100MG/5ML IS AVAILABLE IN 15ML, 22.5ML OR 30ML BOTTLES

200MG/5ML IS AVAILABLE IN 15ML, 22.5ML OR 30ML BOTTLES

#### AZITHROMYCIN 250MG TAB

Synonym : ZITHROMAX

AHFS Type: MACROLIDES (8.12.12)

NOTES:

- a) Use restrictions on 250mg tablets removed by P&T decision September 2007. Use restrictions remain for the 600mg tabs, and for the suspensions.
- b) Due to significant resistance of strep pneumonia (44% in 2018 PIMC antibiogram) to azithromycin, monotherapy with azithromycin for CAP is not recommended.
- c) Chlamydia cervicitis or urethritis: use in patient or partner in either documented or suspected infection. Use of observed dose is preferred. A dose may be sent with the patient for the contact(s) provided that the provider verifies that the patient agrees to give the dose to the contact.
- d) Gonorrhea cervicitis, urethritis or pharyngitis:  
Use doxycycline (alt. azithromycin) po in combination with ceftriaxone 500 mg IM at time of treatment. Expedited partner therapy is done with doxycycline (azithromycin for allergy and pregnancy) and cefixime 800 mg. This is NOT to be used for clinic patients (ceftriaxone considered SUPERIOR to cefixime) and only reserved for partner who is not present. Expedited partner therapy is NOT recommended for men who have sex with men .

#### AZITHROMYCIN 600MG TAB

Synonym : ZITHROMAX

AHFS Type: MACROLIDES (8.12.12)

NOTE: For MAC prophylaxis or treatment in patients with HIV

#### AZITHROMYCIN INJ 500MG VIAL

Synonym : ZITHROMAX

AHFS Type: MACROLIDES (8.12.12)

NOTE: Change to oral therapy as soon as feasible; Oral and IV therapy are equally bioavailable.

**AZTREONAM INJ 1GM VI**

Synonym: AZACTAM

AHFS Type: MISC. ANTIBIOTICS (8.12.28)

NOTE: For gram negative coverage only

Restricted to hospital treatment of patients with severe beta-lactam allergy; or as alternative to aminoglycosides in patients at high risk for renal toxicity for the following indications:

- 1) Empirically for Complicated/High-Risk pneumonia
- 2) Targeted therapy for documented pseudomonas infection resistant to other anti-pseudomonal agents

**BACITRACIN TOPICAL OINTMENT 30GM**

AHFS Type: ANTIBIOTICS (84.04.04)

**BACITRACIN OPHTH OINTMENT 500 UNITS/GRAM, 3.5 GM**

Synonym: AK-Tracin, Ocutracin

AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES (52.04.04)

Notes:

1. Due to cost, plain bacitracin ointment is restricted to patients who have allergy or intolerance of bacitracin/polymyxin (Polysporin) ophthalmic ointment.
2. Plain bacitracin will be stocked only in Specialty Pharmacy.

**BACITRACIN/NEOMYCIN/POLYMYXIN TOPICAL OINT 30GM**

Synonym: NEOMYCIN/POLYMYXIN/BACITRACIN, TRIPLE ANTIBIOTIC OINTMENT

AHFS Type: ANTIBIOTICS (84.04.04)

**BACITRACIN/POLYMYXIN OPHTH OINTMENT 3.5 GM**

Synonym: POLYSPORIN

AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)

**BACLOFEN 10MG TAB**

Synonym: LIORESAL

AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)

**BALANCED SALT SOLUTION**

Synonym : BSS

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

**BARIUM SULFATE 2% SUSPENSION, 96% SUSPENSION, 98% SUSPENSION**

Synonym: READI-CAT 2 (2%), E-Z PAQUE (96%), E-Z-HD BARIUM (98%)

AHFS Type: ROENTGENOGRAPHY (36.68.00)

HIGH ALERT MEDICATION

**BECAPLERMIN GEL 0.01% 15GM**

Synonym : REGRANEX

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

Restricted to Surgery, Podiatry, and Wound Care team use.

- 1) Must be refrigerated. Originally packaged with 6 months dating. If not refrigerated, is stable for 30 days at up to 86 degrees F. Stability above this temp is unknown.
- 2) For outpatients or discharges, dispense in a cooler with ice pack & be sure that the patient has appropriate refrigeration at home.
- 3) NOTE: Not routinely stocked in the pharmacy due to short dating & expense. If we have some, it will be in the Main Pharmacy refrigerator.
- 4) Per the McNeil Medical Information folks (10/2/98): Regranex may still be used if left at room temperature for 3 days, once left out at room temperature, the expiration date is 30 days. Once left out at room temperature, it may not be left out again or it must be discarded.

**BENZOCAINE 10MG/MENTHOL 2MG ORAL LOZENGE**

Synonym : CEPACOL

AHFS Type: ANTIPRURITICS AND LOCAL ANESTHETICS (84.08.00)

Restricted to:

- 1) Inpatients - including Rx for home use at discharge.
- 2) Outpatients - restricted to ENT service

**BENZOCAINE 20%/MENTHOL 0.5% TOPICAL SPRAY**

Synonym : DERMOPLAST

AHFS Type: ANTIPRURITICS AND LOCAL ANESTHETICS (84.08.00)

**BENZOIN COMPOUND TINCTURE SPRAY**

Synonym: Sprayzoin

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

NOTE: Benzoin compound tincture liquid removed from formulary February 2011, and benzoin tincture spray was added for anesthesia department use. For other hospital and clinic areas Mastisol (unit dose ampoules) is the preferred skin adhesive agent. Mastisol is obtained from warehouse.

**BENZOYL PEROXIDE 5% GEL, AQUEOUS BASE 60GM**

AHFS Type: KERATOLYTIC AGENTS (84.28.00)

NOTE: OTC – other strengths, sizes, or formulations are non-formulary.

**BENZOYL PEROXIDE 5%/CLINDAMYCIN 1.2% GEL, 45GM**

Synonym: BENZACLIN

AHFS Type: ANTIBACTERIALS, TOPICAL (84.04.04)

**BENZTROPINE 1MG TAB, 2MG TAB**

Synonym : COGENTIN

AHFS Type: ANTIPARKINSONIAN AGENTS, ANTICHOLINERGIC AGENTS (28:36.08)

**BENZTROPINE 2MG/2ML INJECTION**

Synonym : COGENTIN

AHFS Type: ANTIPARKINSONIAN AGENTS, ANTICHOLINERGIC AGENTS (28:36.08)

**BETAMETHASONE INJ 30MG/5ML VIAL**

Synonym : CELESTONE SOLUSPAN

AHFS Type: ADRENALS (68.04.00)

**BETAXOLOL-S 0.25% OPHTH SUSP 5ML**

Synonym : BETOPIC-S

AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)

Restricted to Restricted to Ophthalmology and Optometry (including outside consultants) for initial prescription.

**BEVACIZUMAB INJ 100MG/4ML VIAL**

Synonym : AVASTIN, ZIRABEV, MVASI, ALYMSYS

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

HIGH ALERT MEDICATION

Restricted to Ophthalmology for Intravitreal injection per Intravitreal Avastin Injection Protocol for patients with proliferative diabetic retinopathy, diabetic macular edema, macular edema due to retinal vein occlusion or persistent pseudophakic cystoid macular edema refractive to conventional medical treatment.

NOTE:

- 1) Pharmacy to purchase as 1.25mg/0.5ml dose in syringe from a compounding IV pharmacy as means to control cost with extended shelf-life.
- 2) Not routinely stocked, requires 2 to 3 days lead time.

**BIAFINE EMULSION TOPICAL 90GM**

AHFS Type: BASIC OINTMENTS AND PROTECTANTS (84.24.12)

Restricted to treatment of radiation dermatitis.

**BICITRA ORAL SOLN (SODIUM CITRATE)**

Synonym: BICITRA, SODIUM CITRATE & CITRIC ACID

AHFS Type: ALKALINIZING AGENTS (40.08.00)

Each ml contains 1 mEq sodium ion and is equivalent to 1 mEq bicarbonate.

BIKTARVY

Synonym: BICTEGRAVIR/EMTRICITABINE/TENOFOVIR

AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)

BISACODYL 5MG TAB

Synonym: DULCOLAX

AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

BISACODYL SUPPOS 10MG

Synonym: DULCOLAX

AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

BISMUTH SUBSALICYLATE 262MG TAB

Synonym: PEPTO BISMOL

AHFS Type: ANTIDIARRHEA AGENTS (56.08.00)

**PIMC *Helicobacter Pylori* treatment regimens:**

4 DRUG REGIMEN

Tetracycline 500 mg po qid x 14 days

Metronidazole 500 mg po qid x 14 days

Bismuth Subsalicylate 524 mg po qid x 14 days

Omeprazole 20 mg po bid x 14 days (or longer)

3 DRUG REGIMEN†

Omeprazole 20 mg bid x 14 days (or longer)

Amoxicillin 1gm po bid x 14 days\*

Clarithromycin 500 mg bid x 14 days

\* in penicillin allergic patients, substitute Metronidazole 500 mg po tid x 14 days for Amoxicillin

† Increasing resistance of *H. Pylori* to clarithromycin has been documented in the U.S., including regional data for Arizona, which makes successful eradication with this regimen less likely. In patients who have received ANY macrolide in the past, the three-drug regimen is not recommended as first line, instead the 4-drug regimen should be used.

SALVAGE REGIMEN

Levofloxacin 500 mg po qday x 14 days

Amoxicillin 1gm po bid x 14 days\*

Omeprazole 20 mg po bid x 14 days (or longer)

\* in penicillin allergic patients, substitute Metronidazole 500 mg po tid x 14 days for amoxicillin

BOTULINUM TOXIN TYPE A

Synonym : BOTOX

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

Restricted to: Restricted to Pain clinic, Surgery, ENT or Eye Departments for prolonged relaxation of small muscle spasm.

NOTE: Refrigerated: Located in Main Pharmacy refrigerator. Check with pharmacy to assure adequate supply before scheduling a case.

BRIMONIDINE 0.15% OPHTH SOLN 5ML, 0.2% OPHTH SOLN

Synonym : ALPHAGAN

AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)

Restricted to Ophthalmology and Optometry for initial prescription.

NOTE: Stocked as 5ml or 10ml depending on availability

BROMFENAC 0.09% OPHTH SOLN 5ML

Synonym: XIBROM

AHFS Type: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)

Restricted to ophthalmology department.

2nd line agent, restricted to failure or intolerance of ketorolac.

**BROMOCRIPTINE 2.5MG TAB, 5MG CAPS**

Synonym : PARLODEL

AHFS Type: ANTI-PARKINSONIAN AGENTS, DOPAMINE RECEPTOR AGONISTS, ERGOT-DERIVATIVE DOPAMINE RECEPTOR AGONISTS (28:36.20.04)

Restricted to use in patients with hyperprolactemic disorders.

NOTE: Not approved for routine use in postpartum patients with breast engorgement.

**BUDESONIDE NASAL SPRAY 32MCG/SPRAY**

Synonym : RHINOCORT

AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)

Restricted to third line nasal corticosteroid when fluticasone treatment is ineffective or results in an adverse drug reaction

**BUDESONIDE INHALATION SUSP 0.25MG/2ML, 0.5MG/2ML**

Synonym : RHINOCORT

AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)

Nonformulary for use as respiratory agent. Restricted to ENT for treatment and prevention of nasal polyps

**BUMETANIDE 1MG TAB, 2MG TAB**

Synonym: BUMEX

AHFS Type: LOOP DIURETICS (40.28.08)

**BUMETANIDE INJ 1MG/4ML VIAL, 2.5MG/10ML VIAL**

Synonym: BUMEX

AHFS Type: LOOP DIURETICS (40.28.08)

**BUPIVACAINE 0.25%/EPI 1:200,000 INJ 30ML VIAL**

Synonym : MARCAINE

AHFS Type: LOCAL ANESTHETICS (72.00.00)

Restricted to Podiatry & O.R. use

**BUPIVACAINE 0.5% INJ 10ML VIAL, 30ML VIAL**

Synonym : MARCAINE

AHFS Type: LOCAL ANESTHETICS (72.00.00)

**BUPIVACAINE 0.5%/EPI 1:200,000 INJ 10 ML VIAL**

Synonym : MARCAINE

AHFS Type: LOCAL ANESTHETICS (72.00.00)

Restricted to Podiatry & O.R.

**BUPIVACAINE 0.75% SPINAL INJ 2ML AMP**

Synonym : MARCAINE-SPINAL

AHFS Type: LOCAL ANESTHETICS (72.00.00)

Restricted to Anesthesia

**BUPIVACAINE-MPF 0.5% INJ 10ML VIAL, 30ML VIAL**

Synonym: MARCAINE

AHFS Type: LOCAL ANESTHETICS (72.00.00)

NOTE: Preservative free for use in epidural/intrathecal drips

**BUPRENORPHINE 2MG, 8MG TAB**

Synonym: SUBUTEX

AFHS Type: OPIATE PARTIAL AGONISTS (28:08.12)

CIII Controlled Substance

Restrictions: Prescribed to patients for treatment opioid use disorder and limited to a 28 day supply with no refill

**BUPRENORPHINE EXTENDED-RELEASE 100MG/0.5 ML, 300MG/1.5ML INJ**

Synonym: SUBLOCADE

AFHS Type: OPIATE PARTIAL AGONISTS (28:08.12)

CIII Controlled Substance

Note: REMS certification ID for PHOENIX INDIAN MEDICAL CENTER is FAC1566328687, tel. 1-866-258-3905

Restrictions: Prescribed to patients for treatment opioid use disorder for clinic use only:

- 1) May only be prescribed by eligible physicians that have completed Notice of Intent form or buprenorphine waiver training and have received a special "X" number issued by the Drug Enforcement Agency (DEA)
- 2) Prescriptions are limited to patients with demonstrated tolerance to oral transmucosal buprenorphine for at least 7 day trial prior to injection
- 3) Healthcare setting and pharmacy must be certified in the Sublocade REMS program
- 4) Injections are administered in clinic only and must not be dispensed to patients directly, no sooner than every 26 days

#### BUPRENORPHINE/NALXONE 2MG/0.5MG, 8MG/2MG SL TAB

Synonym: SUBOXONE

AHFS Type: OPIATE PARTIAL AGONISTS (28:08.12)

CIII Controlled Substance

Restrictions: Prescribed to patients for treatment opioid use disorder and limited to a 28 day supply with no refill

#### BUPROPION

S.R. FORMULATION (twice daily dosing): 100MG SR TAB, 150MG SR TAB

X.L. FORMULATION (once daily dosing): 150mg XL TAB, 300MG XL TAB

\*Note: Immediate-release formulation removed from formulary 6/2012

Synonym: WELLBUTRIN

AHFS Type: ANTIDEPRESSANTS, MISCELLANEOUS (28.16.04.92)

- 1) Typically used as an alternative therapy for treatment of depression in patients failing therapy with an SSRI or with an ADR to an SSRI (such as sexual dysfunction and SSRI induced apathy)
  - a. May be prescribed by Internal Medicine, Primary Care Medicine, OB/GYN, and Behavioral Health Providers.
  - b. Contraindications to bupropion therapy include seizure disorder and eating disorders and patients undergoing abrupt discontinuation of alcohol or sedatives.
  - c. Dose must be titrated: SR Tabs (12 hr) - 150mg daily for 3 days, then 150mg twice daily.  
XL Tabs (24 hr) - 150mg daily for 3 days, then 300mg daily.
  - d. Dosages should not exceed 300mg/day without referral to Behavioral Health.
- 2) Use for Tobacco Cessation is limited to Tobacco Cessation Clinic providers.

#### BUSPIRONE 5MG TAB, 10MG TAB, 15MG TAB

Synonym : BUSPAR

AHFS Type: ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISCELLANEOUS (28.24.92)

Restricted to the specific diagnosis of Generalized Anxiety Disorder, which is characterized by a 6 month duration of excessive worry or concern and accompanied by at least 6 physical symptoms.

#### BUTORPHANOL INJ 2MG/1ML VIAL

Synonym : STADOL

AHFS Type: OPIATE PARTIAL AGONISTS (28.08.12)

CIV Controlled Substance

NOTE: Butorphanol 2mg IM is approximately equivalent in analgesic potency to morphine 10mg IM or meperidine 80mg IM.

#### CABERGOLINE 0.5MG TAB

Synonym: DOSTINEX

AHFS Type: ANTIPARKINSONIAN AGENTS, DOPAMINE RECEPTOR AGONISTS, ERGOT-DERIVATIVE DOPAMINE RECEPTOR AGONISTS (28.36.20.04)

Restrictions:

- 1) Initial prescription is restricted to endocrinology – prescriptions may be renewed by other prescribers.
- 2) Titration of dosage above 0.5mg twice weekly is restricted to endocrinology.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

#### CADEXOMER IODINE GEL 40GM

Synonym : IODOSORB

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

NOTE: For use in infected wounds with moderate to heavy drainage.

Restricted to:

- 1) Podiatry, Surgery or Wound clinics
- 2) Small venous stasis ulcers and diabetic skin infections



3) Wounds < 10 cm in diameter

CALAMINE LOTION 120ML

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

OTC DRUG, NOT DISPENSED TO OUTPATIENTS

CALCIPOTRIENE 0.005% CREAM 60G

Synonym: DOVONEX

AHFS Category: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.92)

NOTE: Initial prescription restricted to dermatology. Ointment and solution formulations (both 0.005%) are approved for use but not routinely stocked. PIMC Indications: psoriasis, morphea, prurigo nodularis, vitiligo.

CALCITRIOL 0.25MCG CAP

Synonym : ROCALTROL

AHFS Type: VITAMIN D (88.16.00)

CALCIUM ACETATE 667MG GELCAP

Synonym: PHOSLO

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

Restricted to use as a phosphate binder in renal patients.

NOTE: LOOK ALIKE/SOUND ALIKE DRUG - Possible confusion with neutraPHOS

PhosLO use = To LOWER serum PHOSphorus

neutraPHOS use = to RAISE serum phosphorus

Contains 169mg (8.45mEq) elemental calcium per capsule. Replaced tablet formulation 11/2003.

CALCIUM CARBONATE 1250MG TAB

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

NOTE: 1250mg calcium carbonate contains 500mg elemental Ca

CALCIUM CHLORIDE INJ 1GM/10ML SYR

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

NOTE: Contains 13.5mEq elemental Ca per 10ml

CALCITRATE (315MG CA++) + VIT D 200U TAB

Synonym: CALCITRATE WITH VITAMIN D

AHFS type: 40.12.00

Recommended for the following patients:

- 1) Patients with achlorhydria
- 2) Patients receiving chronic proton pump inhibitor therapy
- 3) Those who fail to respond to or are intolerant of calcium carbonate

NOTE: contains calcium citrate + cholecalciferol (315mg Ca++ and 200 units vitamin D/tab)

CALCIUM GLUCONATE 10% INJ

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

Each 10ml contains 4.5mEq elemental calcium

CAPECITABINE (XELODA) 500MG TAB

Synonym : XELODA

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

HIGH ALERT MEDICATION

Restricted to Oncology use for patients with advanced or metastatic breast cancer or metastatic colorectal cancer.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

CAPSAICIN 0.025% CREAM 60GM

Synonym : ZOSTRIX

AHFS Type: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.36.00)

CARBAMAZEPINE 100MG CHEWABLE TAB, 200MG TAB

Synonym : TEGRETOL

AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)

HIGH ALERT MEDICATION

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

CARBAMAZEPINE 100MG/5ML ORAL SUSP

Synonym : TEGRETOL

AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)

HIGH ALERT MEDICATION

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

CARBAMIDE PEROXIDE 6.5% OTIC SOLN 15ML

Synonym : DEBROX

AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, MISCELLANEOUS (52.04.92)

CARBIDOPA/LEVODOPA 10/100MG TAB, 25/100MG TAB, 25/250MG TAB

Synonym : SINEMET

AHFS Type: ANTIPARKINSONIAN AGENTS, DOPAMINE PRECURSORS (28:36.16)

CARBIDOPA/LEVODOPA SUSTAINED-ACTION 25/100MG TAB, 50/200MG TAB

Synonym: SINEMET CR

AHFS Type: ANTIPARKINSONIAN AGENTS, DOPAMINE PRECURSORS (28:36.16)

CARBOPROST TROMETHAMINE INJ

Synonym : HEMABATE

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

NOTE: should be refrigerated at 2-8 degrees C (36-48 degrees F).

Manufacturer in-house stability studies have shown that:

- 1) Hemabate retains at least 90% of it's labeled potency when brought to room temperature for periods of up to 9 days. If at room temperature for a period exceeding 9 days, potency cannot be assured.
- 2) Hemabate, when brought to room temperature for a period of not more than 3 days, and then returned to refrigerated temperature, will maintain at least 90% of its labeled potency through the labeled expiration date.

Per conversation with Upjohn Medical and Drug Information Division, February 11, 2000.

CARBOXYMETHYLCELLULOSE 0.5% OPTH DROPS (Refresh Plus) 30 EA

Synonym : REFRESH PLUS

AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

CARBOXYMETHYLCELLULOSE 0.5%/GLYCERIN 1%/POLYSORBATE 80 0.5% OPTH DROPS, 0.4ML,30 EA

Synonym : REFRESH OPTIVE ADVANCED (PRESERVATIVE FREE)

AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

Restricted to Eye Department for treatment of Meibomian Gland Dysfunction with severe dry eyes.

CARBOXYMETHYLCELLULOSE 1% OPTH DROPS (Celluvisc) 30EA

Synonym : CELLUVISC

AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

CARVEDILOL 3.125MG TAB, 6.25MG TAB, 12.5MG TAB, 25MG TAB

Synonym : COREG

AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)

CEFADROXIL 250MG TAB

Synonym: DURICEF

AHFS Type: CEPHALOSPORINS (8.12.06)

Note: Once daily 1<sup>st</sup> generation alternative to cephalexin. Should be avoided in penicillin allergic patients due to similar side chain and cross reactivity

CEFAZOLIN INJ 1GM VIAL, 500MG VIAL, 1GM/50ML PREMIX BAG

Synonym : ANCEF, KEFZOL

AHFS Type: CEPHALOSPORINS (8.12.06)

CEFDINIR 300MG CAP, 250MG/5ML ORAL SUSP

Synonym: OMNICEF

AHFS Type: CEPHALOSPORINS (8.12.06)

Restrictions:

PEDIATRIC USE:

- a. Allergy or adverse reaction to penicillin,  
OR
- b. Failure to respond to amoxicillin and amoxicillin/clavulanate

ADULT USE:

- a. Allergy or adverse reaction to penicillin,  
AND
- b. Documented resistance, or failure to respond to alternative formulary agents.
- c. May be used first line (empirically) for uncomplicated urinary tract infection (if cefuroxime unavailable).

#### CEFEPIME INJ 1GM VIAL, 2GM VIAL

Synonym : MAXIPIME

AHFS Type: CEPHALOSPORINS (8.12.06)

Restricted to:

- 1) Pseudomonas infections (suspected or culture confirmed)
- 2) Pseudomonas meningitis (NOTE: not FDA approved for this indication but recommended by several ID sources).
- 3) Empiric treatment of complicated/high-risk pneumonia.

NOTE: Reduced dose in patients with renal insufficiency – consult pharmacy for recommendations.

#### CEFIXIME 400MG TAB

Synonym : SUPRAX

AHFS Type: CEPHALOSPORINS (8.12.06)

Restricted to expedited partner treatment (EPT) of heterosexual partners of patients diagnosed with gonorrhea (except pharyngeal gonorrhea) when used in combination with azithromycin 1 gram orally. Consider EPT for heterosexual partners of patients diagnosed with gonorrhea who are unlikely to access timely evaluation and treatment. EPT is not routinely recommended for men who have sex with men (MSM) because of a high risk for coexisting infections, especially undiagnosed HIV infection, in their partners. Cefixime is NOT to be used for patients in clinic (ceftriaxone is considered superior to cefixime) and only reserved for partner who is not present.

#### CEFTAZIDIME INTRAVITREAL INJECTION 2.25MG/0.1ML SYRINGE

Synonym: FORTAZ

AHFS Type: CEPHALOSPORINS (8.12.06)

Restricted to ophthalmology for treatment of endophthalmitis. Purchased from compounding pharmacy and stored in \*FREEZER\* until use.

#### CEFTRIAXONE INJ 1GM VIAL, 250MG VIAL, 125MG VIAL, 2GM VIAL 500MG VIAL

Synonym: ROCEPHIN

AHFS Type: CEPHALOSPORINS (8.12.06)

#### CEFUROXIME 250MG TAB, 500MG TAB, 250MG/5ML ORAL SUSP

Synonym: CEFTIN

AHFS Type: CEPHALOSPORINS (8.12.06)

Restricted to:

PEDIATRIC USE:

- 1) 1<sup>st</sup> line therapy for acute otitis media (AOM) or sinusitis in penicillin allergic patients dosed at 30mg/kg/day divided bid. See PIMC AOM and Sinusitis treatment guidelines. (or cefdinir if cefuroxime is unavailable)
- 2) 2<sup>nd</sup>/3<sup>rd</sup> line therapy in treatment failures in AOM or sinusitis dosed at 30mg/kg/day divided bid. See PIMC AOM and Sinusitis treatment guidelines.
- 3) Cultured etiologic organism, when use of more cost-effective formulary agents is precluded because of:
  - a) Documented resistance.
  - b) Patient allergy or organ system condition.

ADULT USE:

- 1) Sinusitis or otitis with allergy to, or clinical failure with cotrimoxazole and amoxicillin.
- 2) Cultured etiologic organism, when use of more cost-effective formulary agents is precluded because:
  - a) Documented resistance.
  - b) Patient allergy or organ system condition.
- 3) May be used first line (empirically) for uncomplicated urinary tract infection.

- 4) May be used first line by ENT

CELECOXIB 100MG CAP, 200MG CAP

Synonym: CELEBREX

AHFS Type: NONSTEROIDAL ANTI-INFLAMMATORY AGENTS, CYCLOOXYGENASE-2 (COX-2) INHIBITORS (28.08.04.08)

Contraindications include:

- 1) Use in setting of CABG surgery.
- 2) Hypersensitivity to sulfonamide drugs.
- 3) Hypersensitivity to aspirin or other NSAID's.

Use in patients with certain other risk factors should be avoided unless benefit outweighs risk:

- 1) Coronary artery disease (i.e history of MI, PTCA, CABG, or chronic angina).
- 2) Congestive heart failure.
- 3) Severe hepatic impairment.
- 4) Severe renal impairment.

CEPHALEXIN 250MG CAP, 500MG CAP

Synonym: KEFLEX

AHFS Type: CEPHALOSPORINS (8.12.06)

CEPHALEXIN 250MG/5ML ORAL SUSP

Synonym: KEFLEX

AHFS Type: CEPHALOSPORINS (8.12.06)

CETAPHIL SKIN CLEANSER 473ML

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

CETIRIZINE 10MG TAB, 1MG/ML ORAL SYRUP

Synonym: ZYRTEC

AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

CHARCOAL-ACTIVATED 25GM IN WATER

Synonym: ACTIDOSE-AQUA

AHFS Type: ANTACIDS AND ADSORBENTS (56.04.00)

1. For children less than 1 year of age:
  - Charcoal in Sorbitol is not recommended. Use Charcoal in water.
  - Usual dose is 1 gm/kg
2. For children age 1-12 and adults:
  - Charcoal in Sorbitol should only be used for the first dose. If multiple doses are given, use Charcoal in Water for subsequent dose(s).
  - The usual dose is 5-10 times the quantity (by weight) of substance ingested (up to 1 gm/kg in children).
  - If quantity ingested is unknown, give 1 gm/kg to children age 1-12, and 50 to 100gm to adults.
3. Repeat dosing may be indicated. Consult poison control.

CHARCOAL-ACTIVATED 50GM WITH SORBITOL

Synonym: ACTIDOSE WITH SORBITOL

AHFS Type: ANTACIDS AND ADSORBENTS (56.04.00)

1. For children less than 1 year of age:
  - Charcoal in Sorbitol is not recommended. Use Charcoal in water.
  - Usual dose is 1 gm/kg
2. For children age 1-12 and adults:
  - Charcoal in Sorbitol should only be used for the first dose. If multiple doses are given, use Charcoal in Water for subsequent dose(s).
  - The usual dose is 5-10 times the quantity (by weight) of substance ingested (up to 1 gm/kg in children).
  - If quantity ingested is unknown, give 1 gm/kg to children age 1-12, and 50 to 100gm to adults.
3. Repeat dosing may be indicated. Consult poison control.

CHLORHEXIDINE ORAL RINSE 0.12% 480ML

Synonym: PERIDEX

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

Restricted to use by Dental Department for treatment of patients with periodontal disease (periop or in patients physically unable to perform usual hygiene) and to prevent disease in patients with oral fractures and fixation devices.

CHLOROTHIAZIDE INJ 500MG VIAL

Synonym: DIURIL

AHFS Type: THIAZIDE DIURETICS (40.28.20)

NOTE: Single dose vial containing 500mg. Reconstitute with 18ml sterile water, store at room temperature & discard after 24 hours. May be given by direct injection or diluted & given as an IV infusion. Not for IM or subcutaneous use.

CHLORPHENIRAMINE 4MG TAB

Synonym: CHLOR-TRIMETON, TELDRIN

AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

CHLORPROMAZINE 100MG TAB, 25MG TAB

Synonym: THORAZINE

AHFS Type: PHENOTHIAZINES (28.16.08.24)

CHLORPROMAZINE INJ 50MG/2ML AMP

Synonym: THORAZINE

AHFS Type: PHENOTHIAZINES (28.16.08.24)

CHLORTHALIDONE 25MG TAB

Synonym: HYGROTON, THALITONE

AHFS type: THIAZIDE-LIKE DIURETICS (40.28.24)

CHOLECALCIFEROL 10MCG (400 UNITS), 25MCG (1,000 UNITS), 1,250MCG (50,000 UNITS) TAB

Synonym: Vitamin D3

AHFS type: VITAMINS (88.16.00)

NOTES: for treatment of Vitamin D deficiency, hypocalcemia, hypoparathyroidism, and prevention of osteoporosis/fractures. 50,000 unit capsule initial dosing is once weekly, more than weekly dosing requires evaluation for adherence and vitamin D levels. For patients at high risk of fractures a serum 25(OH)D level >30 ng/mL has been suggested.

CHOLECALCIFEROL 10MCG (400 UNITS)/ML DROPS

Synonym: Vitamin D3

AHFS type: VITAMINS (88.16.00)

Restricted to: For pediatric patients only

NOTE: Pharmacy may auto substitute for multivitamin oral, susp (i.e. Poly-vi-sol) depending on availability.

CHOLESTYRAMINE POWDER (LIGHT) 210GM

Synonym : QUESTRAN LIGHT

AHFS Type: BILE ACID SEQUESTRANTS (24.06.04)

NOTE: Provides 4gm per scoopful

CHORIONIC GONADOTROPIN 10,000 UNITS/10ML

Synonym : PROFASI

AHFS Type: GONADOTROPINS (68.18.00)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

CICLOPRIOX NAIL LACQUER

Synonym: PENLAC

AFHS Type: ANTIFUNGALS (84.04.08)

Restricted: Sherman Indian School only

CIPROFLOXACIN 0.3% OPHTH OINT 3.5GM

Synonym : CIPRO, CILOXAN

AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)

CIPROFLOXACIN 0.3% OPHTH SOLN 10ML

Synonym : CILOXAN

AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)

Notes: may be used for both ophthalmic and otic applications, with the following restrictions:

OPHTHALMIC USE

No restrictions.

OTIC USE

- 1) External otitis (preferred treatment):  
Recommended dose = 4 drops in the affected ear bid. IF concomitant steroid is desired, preferred regimen is:  
Ciprofloxacin 0.3% ophthalmic drops 2 drops in the affected ear bid PLUS Fluoromethalone 0.1% ophthalmic drops 2 drops in the affected ear bid.
- 2) ENT, for:
  - a) Chronic OM with perforation that has failed to respond to another topical antibiotic.
  - b) Post-op infection secondary to middle ear surgery.

CIPROFLOXACIN 6% OTIC SUSPENSION, 1ML VIAL

Synonym: OTIPRIO

AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)

Restricted to ENT Service, for intra-tympanic administration in pediatric patients, during tympanostomy tube placement

CIPROFLOXACIN 250MG TAB, 500MG TAB, 750MG TAB

Synonym : CIPRO

AHFS Type: QUINOLONES (8.22.00)

Note: For uncomplicated cystitis, ciprofloxacin is restricted to allergy, intolerance, failure, or documented resistance to firstline agents nitrofurantoin AND cefuroxime (or cefdinir if cefuroxime is unavailable).

CIPROFLOXACIN 400MG/200ML INJ

Synonym : CIPRO

AHFS Type: QUINOLONES (8.22.00)

CISATRACURIUM BESYLATE INJ 20MG/10ML VIAL

Synonym : NIMBEX

AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)

HIGH ALERT MEDICATION

NOTE: For use in anesthesia in patients with significant renal or hepatic impairment. Stored in Refrigerator. Not reversed by Sugammadex

CISPLATIN 10MG INJ, 50MG INJ, 100MG VIAL

Synonym : PLATINOL

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

HIGH ALERT MEDICATION

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

CITALOPRAM 10MG TAB, 20MG TAB, 40MG TAB

Synonym: CELEXA

AHFS Type: SELECTIVE SEROTONIN REUPTAKE INHIBITORS (28.16.04.20)

Patients under 16 years of age must have a Behavioral Health consult.

CITRIC ACID/POTASSIUM CITRATE ORAL SOLN

Synonym: POLYCITRA-K, CYTRA-K

AHFS Type: ALKALINIZING AGENTS (40.08.00)

NOTE: Each ml contains 2meq potassium ion, and is equivalent to 2meq bicarbonate (HCO<sub>3</sub>)

CITRIC ACID/SODIUM CITRATE ORAL SOLN

Synonym: BICITRA

AHFS Type: ALKALINIZING AGENTS (40.08.00)

Each ml contains 1 mEq sodium ion and is equivalent to 1 mEq bicarbonate.

CLARITHROMYCIN 500MG TAB

Synonym : BIAXIN

AHFS Type: MACROLIDES (8.12.12)

Restricted to treatment of *Helicobacter Pylori* infection, as part of 3-DRUG REGIMEN†.

**PIMC *Helicobacter Pylori* treatment regimens:**

**4 DRUG REGIMEN**

Tetracycline 500 mg po qid x 14 days  
Metronidazole 500 mg po qid x 14 days  
Bismuth Subsalicylate 524 mg po qid x 14 days  
Omeprazole 20 mg po bid x 14 days (or longer)

**3 DRUG REGIMEN†**

Omeprazole 20 mg bid x 14 days (or longer)  
Amoxicillin 1gm po bid x 14 days\*  
Clarithromycin 500 mg bid x 14 days  
\* in penicillin allergic patients, substitute Metronidazole 500 mg po tid x 14 days for Amoxicillin  
† Increasing resistance of *H. Pylori* to clarithromycin has been documented in the U.S., including regional data for Arizona, which makes successful eradication with this regimen less likely. In patients who have received ANY macrolide in the past, the three-drug regimen is not recommended as first line, instead the 4-drug regimen should be used.

**SALVAGE REGIMEN**

Levofloxacin 500 mg po qday x 14 days  
Amoxicillin 1gm po bid x 14 days\*  
Omeprazole 20 mg po bid x 14 days (or longer)  
\* in penicillin allergic patients, substitute Metronidazole 500 mg po tid x 14 days for amoxicillin

**CLINDAMYCIN 150MG CAP, 300MG CAP**

Synonym : CLEOCIN  
AHFS Type: MISC. ANTIBIOTICS (8.12.28)

**CLINDAMYCIN 75MG/5ML ORAL SOLN**

Synonym : CLEOCIN  
AHFS Type: MISC. ANTIBIOTICS (8.12.28)

**CLINDAMYCIN INJ 600MG/50ML BAG, 900MG/50ML BAG, 900MG/6ML VIAL**

Synonym : CLEOCIN  
AHFS Type: MISC. ANTIBIOTICS (8.12.28)  
NOTE: Local antibiogram 2021 shows 60% resistance GBS to clindamycin, use when C&S confirmed.  
D zone test required to confirm inducible resistance to clindamycin, if Staph Aureus is resistant to erythromycin. If used for antitoxin effect, per SSTI IDSA guidelines (2014) can discontinue use after 48-72 hours if significant clinical improvement and no fever

**CLINDAMYCIN 1% TOPICAL GEL 30GM TUBE**

Synonym: CLEOCIN-T  
AHFS Type: 84.04.04 SKIN AND MUCOUS MEMBRANE AGENTS, ANTIBACTERIALS  
NOTE: Should not be used as monotherapy in treatment of acne. Combine with benzoyl peroxide to reduce likelihood of development of bacterial resistance to clindamycin.

**CLINDAMYCIN 1% TOPICAL LOTION, 60ML BOTTLE**

Synonym: CLEOCIN-T  
AHFS Type: 84.04.04 SKIN AND MUCOUS MEMBRANE AGENTS, ANTIBACTERIALS  
NOTE: Should not be used as monotherapy in treatment of acne. Combine with benzoyl peroxide to reduce likelihood of development of bacterial resistance to clindamycin.

**CLOBETASOL 0.05% CREAM 30GM, 60GM**

Synonym: CORMAX, TEMOVATE  
AHFS Type: ANTI-INFLAMMATORY AGENTS (84.06.00)  
Restricted to Dermatology.

**CLOBETASOL 0.05% OINT 15GM**

Synonym: TEMOVATE, CORMAX

AHFS Type: ANTI-INFLAMMATORY AGENTS (84.06.00)

Restricted to Dermatology, except may also be prescribed by other services for the treatment of lichen sclerosis.

CLOBETASOL 0.05% SCALP SOLN 25ML

Synonym: CORMAX, CORMAX

AHFS Type: ANTI-INFLAMMATORY AGENTS (84.06.00)

Restricted to Dermatology

CLOMIPHENE 50MG TAB

Synonym: CLOMID

AHFS Type: ESTROGENS AND ANTI-ESTROGENS (68.16.00)

CLONAZEPAM 0.5MG TAB, 1MG TAB

Synonym: KLONOPIN

AHFS Type: BENZODIAZEPINES (28.12.08)

CIV Controlled Substance

NOTES:

A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.

Controlled substance III or IV may not be authorized for more than 5 refills.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

CLONAZEPAM 0.25MG, 0.5MG, 1MG, 2MG ORALLY DISINTEGRATING TAB

Synonym: KLONOPIN (Replaces KLONOPIN "WAFER")

AHFS Type: BENZODIAZEPINES (28.12.08)

CIV Controlled Substance

Note:

1) Prescribing of this agent is restricted to Pediatrics and Neurology.

2) A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.

3) Controlled substance III or IV may not be authorized for more than 5 refills.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

CLONIDINE 0.1MG, 0.2MG TAB, 0.3MG TAB

Synonym: CATAPRES

AHFS Type: CENTRAL ALPHA-AGONISTS (24.08.16)

CLONIDINE PF INJECTION 100MCG/ML, 10ML

Synonym: DURACLON

AHFS type: CENTRAL ALPHA-AGONISTS (24.08.16)

Restricted to Anesthesia

CLOPIDOGREL 75MG TAB

Synonym: PLAVIX

AHFS Type: PLATELET AGGREGATION INHIBITORS (20.12.18)

CLOTRIMAZOLE 1% CREAM 30GM

Synonym: LOTRIMIN, MYCELEX

AHFS Type: ANTIFUNGALS (84.04.08)

CLOTRIMAZOLE 1% TOPICAL SOLN 10ML

Synonym: LOTRIMIN, MYCELEX

AHFS Type: ANTIFUNGALS (84.04.08)

Restricted to use in hairy areas and ear

CLOTRIMAZOLE 1% VAGINAL CREAM 45GM

Synonym: GYNE-LOTRIMIN, LOTRIMIN, MYCELEX

AHFS Type: ANTIFUNGALS (84.04.08)



CLOTRIMAZOLE 10MG TROCHE

Synonym: LOTRIMIN, MYCELEX

AHFS Type: ANTIFUNGALS (84.04.08)

CLOZAPINE 25MG TAB, 100MG TAB

Synonym: CLOZARIL

AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)

Restrictions related to the Risk Evaluation and Mitigation Strategy (REMS) are as follows:

- 1) All prescribing is restricted to Behavioral Health.
- 2) Prescribers, Pharmacists, and Patients must each be enrolled in the Clozapine REMS program.
- 3) Patients must adhere to the requirement to get lab tests at intervals as specified in the REMS program.
- 4) The pharmacist must obtain a pre-dispensing authorization from the REMS program prior to dispensing each prescription.
- 5) Dispense quantities are limited to the quantity required to last only until the next scheduled/required lab tests.

In addition, safeguards (e.g. Tall-man lettering, E.H.R. order sets) will be put into place to avoid confusion between cloZAPINE and cloNAZEPAM.

Notes: Avoid co-prescribing clozapine with other anticholinergic medications that can cause gastrointestinal hypomotility. (e.g., antihistamines, antidepressants, opioids). Consider prophylactic use of laxatives when starting clozapine in high-risk patients.

COAL TAR 0.5% SHAMPOO 120ML

Synonym : SEBUTONE, BALNETAR, PRAGMATAR, TAR

AHFS Type: KERATOPLASTIC AGENTS (84.32.00)

OTC DRUG, NOT DISPENSED TO OUTPATIENTS, except for psoriasis.

COCAINE 4% TOPICAL SOLN 4ML

AHFS Type: EENT PREPARATIONS, LOCAL ANESTHETICS (52.16.00)

CII Controlled substance. May not be refilled.

CODEINE SULFATE 30MG TAB

AHFS Type: OPIATE AGONISTS (28.08.08)

CII Controlled substance. May not be refilled.

Pursuant to FDA labeling changes, adopted at May, 2017 P&T Committee meeting:

- 1) Codeine is contraindicated for **any** use in children under 12 years of age
- 2) Breastfeeding is not recommended when taking codeine
- 3) Codeine is not recommended in adolescents 12 to 18 years of age who are obese or have obstructive sleep apnea or severe lung disease.

\*\*\*SEE OPIOID RESTRICTIONS

COLCHICINE 0.6MG TAB

Synonym: Colcrys

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

COLLAGENASE OINT 30GM

Synonym : SANTYL

AHFS Type: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.36.00)

- 1) For use on wounds with thin fibrinous exudate.
- 2) Not for use on infected wounds, or wounds with thick eschar.

CONDOMS, LATEX, LUB.

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

CONDOMS, NON-LATEX (Polyurethane or Polyisoprene)

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

NOTE: Restricted to patients (or partner of patient) with latex allergy.

CONTRACEPTIVE FOAM 17GM

Synonym : DELFEN FOAM, KOROMEX FOAM  
AHFS Type: CONTRACEPTIVES (68.12.00)

CONTRACEPTIVE JELLY 81GM

Synonym : ORTHO JELLY, KOROMEX  
AHFS Type: CONTRACEPTIVES (68.12.00)

CORTENEMA see HYDROCORTISONE 100MG ENEMA

CORTISPORIN (generic) OTIC SOLN, OTIC SUSPENSION

Synonym : CORTISPORIN OTIC SOLUTION, NEOMYCIN/POLYMYXIN/HYDROCORTISONE OTIC  
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIAL (52:04.04)

Ciprofloxacin + Fluorometholone otic drops is the preferred therapy for otitis externa. Neomycin is potentially sensitizing and ototoxic, and should not be used in the setting of known or suspected perforated tympanic membrane.

COSYNTROPIN INJ 0.25MG VIAL

Synonym : CORTROSYN  
AHFS Type: ADRENOCORTICAL INSUFFICIENCY (36.04.00)

COTRIMOXAZOLE see SULFAMETHOXAZOLE/TRIMETH

COVARYX HS TAB

Synonym : ESTROGENS ESTR. & METHYLTESTOSTERONE

AHFS Type: ESTROGENS (68.16.00)

1) Restricted to the OB/GYN Department for menopausal symptoms and associated sexual dysfunction.  
Each tablet contains 0.625mg of esterified estrogen and 1.25mg of methyltestosterone

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

COVID-19 VACCINE, MRNA

Synonym: COMIRNATY

AHFS Type: VACCINES (80.12.00)

For adolescent and adult use per ACIP (CDC) guidelines.

CROMOLYN SODIUM 0.4% OPHTHALMIC DROPS

Synonym: CROLOM

AHFS Type: EENT PREPARATIONS, ANTIALLERGIC AGENTS (52:02)

Restricted to treatment of allergic conjunctivitis

CYANOCOBALAMIN 1000MCG TAB

Synonym : VIT B-12, VITAMIN B-12

AHFS Type: VITAMIN B COMPLEX (88.08.00)

CYANOCOBALAMIN INJ 1000MCG/1ML VIAL

Synonym : VITAMIN B 12

AHFS Type: VITAMIN B COMPLEX (88.08.00)

CYCLOBENZAPRINE 10MG TAB

Synonym : FLEXERIL

AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)

CYCLOGYL see CYCLOPENTOLATE 1% OPH SOL

CYCLOPENTOLATE 1% OPH SOL

Synonym : CYCLOGYL

AHFS Type: EENT PREPARATIONS, MYDRIATICS (52.24.00)

CYCLOPHOSPHAMIDE 500MG INJ

Synonym : CYTOXAN

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

HIGH ALERT MEDICATION

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

CYCLOPHOSPHAMIDE 50MG TAB

Synonym : CYTOXAN

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

HIGH ALERT MEDICATION

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

CYCLOSPORINE (NEORAL) 100MG CAP

Synonym : NEORAL

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

HIGH ALERT MEDICATION

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

CYCLOSPORINE (NEORAL) 100MG/ML SOLN 50ML

Synonym : NEORAL

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

HIGH ALERT MEDICATION

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

CYCLOSPORINE (NEORAL) 25MG CAP

Synonym : NEORAL

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

HIGH ALERT MEDICATION

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

CYCLOSPORINE 0.05% OPHTH EMUL 12.8ML

Synonym : RESTASIS

AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)

All prescriptions (new and refills) restricted to Eye Clinic providers for use in patients with inflammatory dry eye disease or Sjogren's syndrome who have not responded to other formulary alternatives including Celluvisc.

CYPROHEPTADINE 4MG TAB

Synonym : PERIACTIN

AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

DANTROLENE LYOPHYLIZED INJ 250MG VIAL

Synonym : RYANODEX

AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)

Note: Six vials stocked in Malignant Hyperthermia Cart in O.R. for antidote to treat malignant hyperthermia

DAPSONE 100MG TAB

AHFS Type: SULFONES (8.16.92)

Restricted to treatment or prophylaxis of Pneumocystis carinii pneumonia in those patients who can't tolerate TMP/SMX

DAPTOMYCIN INJ 500MG VIAL

AHFS Type: Miscellaneous Antibiotics (8:12:28)

Synonym : Cubicin

Restricted to:

- 1) Use for treatment of MRSA skin & soft tissue infections and MRSA bacteremia in patients for whom vancomycin is contraindicated or for vancomycin failure.
- 2) Not approved for treatment of pulmonary infections.
- 3) If vancomycin cannot be used, daptomycin is preferred over linezolid for MRSA bacteremia due to its cidal activity versus linezolid, which is static.

DARBEPOETIN INJ 40MCG, 60MCG, AND 100MCG SYRINGE, 200MCG/1ML VIAL

Synonym : ARANESP

AHFS Type: HEMATOPOIETIC AGENTS (20.16.00)

For prevention or treatment of anemia in patients who meet the following criteria:

- 1) Chronic Kidney Disease with serum creatinine > 2.0 or CrCl < 60ml/min and Hgb < 11 mg/dl.
  - 2) Oncology patients with Hgb < 10 mg/dl due to chemotherapy
- Note: The ESA-Apprise enrollment/prescribing requirements (REMS) were discontinued by FDA in 2017

#### DEFEROXAMINE 500MG INJECTION

Synonym : DESFERAL

AHFS Type: HEAVY METAL ANTAGONISTS (64.00.00)

NOTE: Not routinely stocked

#### DESIPRAMINE 25MG TAB, 50MG TAB

Synonym: NORPRAMIN

AHFS Type: TRICYCLICS AND OTHER NOREPINEPHRINE-REUPTAKE INHIBITORS (28.16.04.28)

NOTE: Recommended as adjunctive agent for use in treatment of neuropathic pain in the following dose: 25mg daily x 3d, 50mg daily x 3d, 75mg daily x 3d, then 100mg daily to complete a 1 month trial. Maximum recommended dose is 200mg/day

#### DESMOPRESSIN 0.1MG TAB, 0.2MG TAB

Synonym : DDAVP

AHFS Type: PITUITARY (68.28.00)

Restricted to Primary Nocturnal Enuresis in patients who have failed a trial of behavior modification.

#### DESMOPRESSIN 0.01% NASAL SOLUTION

Synonym: DDAVP

AHFS Type: PITUITARY (68.28.00)

NOT for use in nocturnal enuresis.

#### DESONIDE 0.05% CREAM, LOTION & OINTMENT

Synonym: Desowen, Tridesilon

AFHS type: ANTI-INFLAMMATORY AGENTS (84.06.00)

#### DEXAMETHASONE 0.5MG TAB, 4MG TAB, 6MG TAB, 1MG/ML ORAL SOLUTION (INTENSOL), 4MG/ML INJ, 10MG/ML INJ

Synonym : DECADRON

AHFS Type: ADRENALS (68.04.00)

Recommended dosage of dexamethasone 1mg/ml oral solution for pediatric croup or asthma exacerbation = 0.6mg/kg as one time dose, to maximum of 16mg.

NOTE: Dexamethasone 4mg/ml, 30ml multidose vial restricted to Physical Therapy Department or pharmacy compounding

#### DEXAMETHASONE 24MG/ML INJ

Synonym: DECADRON

AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

NOTES: This product is procured from compounding pharmacy, used by ENT for trans-tympanic injection in patients with sudden hearing loss.

#### DEXAMETHASONE 0.5MG/5ML ORAL SOLUTION

Synonym: DECADRON

AHFS Type: ADRENALS (68.04.00)

Restrictions:

- 1) The 0.5mg/5ml strength is limited to prescribing by Dental or Oncology prescribers as a “swish and spit” treatment for aphthous ulcers.
- 2) For systemic use, the 1mg/ml dexamethasone “Intensol” will be used when a liquid dexamethasone formulation is required.
- 3) The 0.5mg/5ml strength will be stocked only in the Specialty Services Pharmacy.

#### DEXMEDETOMIDINE 200MCG/2ML VIAL, 200MCG/50ML BAG

Synonym: PRECEDEX

AHFS Type: ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISCELLANEOUS (28.24.92)

HIGH ALERT MEDICATION

NOTE:

- 1) Mechanically ventilated patients at high risk for delirium.
- 2) Mechanically ventilated patients having difficulty being extubated.

- 3) Procedural sedation when sedative and analgesic sparing properties desired.
- 4) Alcohol Withdrawal managed in ICU and refractory to standard benzodiazepine treatment.

DEXTROMETHORPHAN (15MG/5ML) W/ GUAIFENESIN COUGH SYRUP UNIT DOSE

Synonym : ROMILAR, DM SYRUP

AHFS Type: ANTITUSSIVES (48.08.00)

OTC DRUG, NOT DISPENSED TO OUTPATIENTS

NOTE: Do not use in patients less than 6 years old, per P&T decision 3/2008

DEXTROSE 50% INJ 25GM/50ML SYR, 50ML VIAL

AHFS Type: CALORIC AGENTS (40.20.00)

HIGH ALERT MEDICATION

DIAPHRAGM, CONTOURED

Synonym: CAYA

AHFS Type: CONTRACEPTIVES (68.12.00)

DIATRIZOATE MEGLUMINE 66%/DIATRIZOATE SODIUM 10% ORAL SOLUTION

Synonym: GASTROGRAFIN

AHFS Type: ROENTGENOGRAPHY (36.68.00)

HIGH ALERT MEDICATION

Used as alternative to barium when suspicion of or concern for perforation.

DIAZEPAM 10MG SYRINGE, 50MG/10ML VIAL

Synonym: VALIUM

AHFS Type: BENZODIAZEPINES (28.24.08)

CIV Controlled Substance. Not dispensed to outpatients.

NOTE: The 10ml vial is for ICU use ONLY.

DIAZEPAM 10MG/2ML, 20MG/4ML RECTAL GEL

Synonym: DIASTAT

AHFS Type: BENZODIAZEPINES (28.24.08)

CIV Controlled Substance.

Restricted to Neurology or Emergency Department for treatment of status epilepticus & for treatment of breakthrough seizures.

NOTES:

A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.

Controlled substance III or IV may not be authorized for more than 5 refills.

DIAZEPAM 5MG TAB

Synonym: VALIUM

AHFS Type: BENZODIAZEPINES (28.24.08)

CIV Controlled Substance

NOTES:

A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.

Controlled substance III or IV may not be authorized for more than 5 refills.

DIAZEPAM 5MG/5ML ORAL SOLN

Synonym: VALIUM

AHFS Type: BENZODIAZEPINES (28.24.08)

CIV Controlled Substance

NOTES:

A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.

Controlled substance III or IV may not be authorized for more than 5 refills.

DICLOFENAC 1% GEL, TOPICAL

Synonym: VOLTAREN

AHFS Type: OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.04.92)

Restricted to patients who:

1. Have documented adverse effect to oral NSAID's, OR
2. Have high risk conditions for adverse effects from oral NSAID's:
  - a. Age 75 years or older
  - b. Pre-existing gastrointestinal conditions
  - c. Chronic use of corticosteroids, anticoagulants, or anti-platelet agents (besides daily aspirin)
  - d. Mild to moderate renal insufficiency (GFR 30-60ml/min)
3. For patients treated in the breast clinic with prolonged, non-cyclical, localized breast pain, with no significant findings on workup in combination with lidocaine topical patch

Notes:

- Not recommended for patients with severe renal insufficiency.
- Absorption is approximately 6%, therefore systemic exposure occurs and varies depending on dose applied topically.
- Diclofenac gel has the same Black Box warnings as oral NSAID's
- Recommended dose:
  - Hand, wrist, elbow: 2 grams qid
  - Foot, ankle, knee: 4 grams qid
- Diclofenac gel has not been evaluated for use on the spine, hip, or shoulder

**DICLOXACILLIN 250MG CAP**

Synonym: DYNAPEN

AHFS Type: PENICILLINS (8.12.16)

**DICYCLOMINE 10MG CAP, 20MG TAB**

Synonym: BENTYL

AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)

**DIFLUPREDNATE 0.05% OPHTHALMIC EMULSION (5ML)**

Synonym: DUREZOL

AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)

Restricted to Ophthalmology providers, or upon recommendation of an ophthalmologist, for treatment of severe uveitis or post-op for ophthalmic surgery.

**DIGOXIN 0.05MG/ML ORAL SOLN, 0.125MG (YELLOW) TAB, 0.25MG (WHITE) TAB, INJ 0.5MG/2ML AMP**

Synonym: LANOXIN

AHFS Type: CARDIOTONIC AGENTS (24.04.08)

HIGH ALERT MEDICATION

**DILTIAZEM 60MG TAB, 120MG XR CAP, 180MG XR CAP, 240MG XR CAP**

Synonym : CARDIZEM, DILACOR

AHFS Type: CALCIUM-CHANNEL BLOCKING AGENTS, MISCELLANEOUS (24.28.92)

**DILTIAZEM INJ 25MG/5ML VIAL**

Synonym : CARDIZEM

AHFS Type: CALCIUM-CHANNEL BLOCKING AGENTS, MISCELLANEOUS (24.28.92)

Diltiazem requires refrigeration & is located in INPATIENT PHARMACY REFRIGERATOR.

**DIMERCAPROL 10% INJ**

Synonym : B.A.L.

AHFS Type: HEAVY METAL ANTAGONISTS (64.00.00)

NOTE: not routinely stocked

**DIPHENHYDRAMINE 25MG CAP, 12.5MG/5ML ORAL SOLN, 50MG/ML INJ**

Synonym : BENADRYL

AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

**DIPHTHERIA/TETANUS/ACELLULAR PERTUSSIS (DtaP)**

Synonym : INFANRIX, DAPTOCELobtain

AHFS Type: TOXOIDS (80.08.00)

NOTE: For use in infants, per CDC recommendations.

DIPHTHERIA/TETANUS/ACELLULAR PERTUSSIS/HEP-B/POLIO (INACTIVATED) COMBINED

Synonym: PEDIARIX, DTaP-HEPB-IPV

AHFS type: TOXOIDS (80.08.00) + VACCINES (80.08.12)

NOTE: For use in infants, per CDC recommendations.

DIPHTHERIA/TETANUS/ACELLULAR PERTUSSIS/POLIO (INACTIVATED)

Synonym: KINRIX, QUADRACEL, DTaP-IPV

AHFS type: TOXOIDS (80.08.00) + VACCINES (80.08.12)

NOTE: For use in infants, per CDC recommendations. Refrigerated

DITROPAN see OXYBUTYNIN

DIURIL see CHLOROTHIAZIDE INJ

DIVALPROEX 125MG SPRINKLE CAPSULE

Synonym: DEPAKOTE, VALPROIC ACID

AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)

Restricted to patients with documented intolerance to valproic acid or dose not available with valproic acid tablets

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

DIVALPROEX 125MG TAB

Synonym: DEPAKOTE, VALPROIC ACID

AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)

NOTE: This is a delayed release formulation that is usually dosed every 12 hours.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

DIVALPROEX ER 250MG (WHITE) TAB, 500MG (GRAY) TAB

Synonym: DEPAKOTE ER

AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)

NOTES: This is an extended release formulation that is normally dosed once daily.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

DOBUTAMINE INJ 250MG/20ML VIAL

Synonym: DOBUTREX

AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

1) Must be diluted before injection. For IV use only, not for IM or subcutaneous.

2) Also available in infusion bag 250mg in 250ml D5W.

HIGH ALERT MEDICATION

DOCUSATE SODIUM 100MG CAP

Synonym: COLACE, DOSS

AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

DOCUSATE SODIUM 20MG/5ML ORAL SYRUP

Synonym: COLACE, DOSS

AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

DOLUTEGRAVIR

Synonym: TIVICAY

AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)

NOTE: Initial Hep B labs needs to be checked

RESTRICTED: SAGE CLINIC or 30 days with no refills for continuation of care.

DONEPEZIL 5MG TAB

Synonym: ARICEPT

AHFS Type: PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS (12.04.00)

For treatment of Alzheimer's type dementia.

DOPAMINE INJ 200MG/5ML VIAL, 400MG/250ML D5W PREMIX

AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)  
HIGH ALERT MEDICATION

DORZOLAMIDE 2% OPHTH SOLN 5ML

Synonym : TRUSOPT

AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)

Restricted to Ophthalmology and Optometry for initial prescription.

DORZOLAMIDE/TIMOLOL OPHTH SOLN 10ML

Synonym : DORZOLAMIDE/TIMOLOL, COSOPT

AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)

Restricted to Ophthalmology and Optometry for initial prescription.

DOVATO

Synonym: DOLUTEGRAVIR/LAMIVUDINE

AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)

NOTE: Initial Hep B labs needs to be checked

Restricted: SAGE CLINIC or 30 days with no refills for continuation of care.

DOXAZOSIN 1MG TAB, 2MG TAB, 4MG TAB, 8MG TAB

Synonym : CARDURA

AHFS Type: ALPHA-ADRENERGIC BLOCKING AGENTS (24.20.00)

DOXEPIN 25MG CAP, 50MG CAP

Synonym: SINEQUAN, ADAPIN

AHFS Type: TRICYCLICS AND OTHER NOREPINEPHRINE-REUPTAKE INHIBITORS (28.16.04.28)

DOXORUBICIN 10MG INJ, 50MG INJ

Synonym : ADRIAMYCIN

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

HIGH ALERT MEDICATION

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

DOXYCYCLINE 100MG TAB, ORAL SYRUP 50MG/5ML

Synonym : VIBRAMYCIN

AHFS Type: TETRACYCLINES (8.12.24)

DOXYCYCLINE INJ 100MG VIAL

Synonym : VIBRAMYCIN

AHFS Type: TETRACYCLINES (8.12.24)

DOXYLAMINE 10MG/PYRIDOXINE 10MG DELAYED-RELEASE TABLETS

Synonym: DICLEGIS

AHFS Type: ANTIEMETICS, MISCELLANEOUS (56.92.22)

Restricted to treatment of nausea and vomiting of pregnancy. Initial prescription is limited to 30 tablets.

DRYSOL see ALUMINUM CHLORIDE

DULOXETINE 20MG CAP, 30MG CAP, 60MG CAP

Synonym: CYMBALTA

AHFS Type: SELECTIVE SEROTONIN AND NOREPINEPHRINE-REUPTAKE INHIBITORS (28.16.01.16)

NOTES:

- 1) Patients under 16 years of age must have a Behavioral Health consult.
- 2) The maximum recommended dose for fibro myalgia is 60mg daily. Higher doses have not been shown to be more effective, and are not as well tolerated as 60mg/day.

DYCLONINE LOZENGES 2MG

Synonym : SUCRETS REGULAR STRENGTH

AHFS Type: EENT PREPARATIONS, LOCAL ANESTHETIC (52.16)



Restricted to ENT Service.

DYCLONINE 1% ORAL SOLUTION

AHFS Type: EENT PREPARATIONS, LOCAL ANESTHETIC (52.16)

Restricted to Dental Clinic use as “swish and spit” oral anesthetic prior to deep scaling.

Obtained from Compounding Pharmacy.

EDETATE CALCIUM DISOD INJ 1000MG/5ML AMP

Synonym : EDTA, CALCIUM DISODIUM VERSENTATE

AHFS Type: HEAVY METAL ANTAGONISTS (64.00.00)

NOTE: injection 1 g/5 ml, not routinely stocked

EMPAGLIFLOZIN 10MG TAB, 25MG TAB

Synonym: JARDIANCE

AHFS Type: Sodium-glucose Cotransporter 2 Inhibitors (68.20.18)

Limited to 1-month supply per fill.

Note: May be used as an adjunctive agent or alternative monotherapy for patients in whom initial therapy with lifestyle intervention and metformin failed or those who cannot take metformin.

ENALAPRILAT INJ 2.5MG/2ML VIAL

Synonym : VASOTEC

AHFS Type: ANTIOTENSIN-CONVERTING ENZYME INHIBITORS (24.32.04)

ENOXAPARIN INJ 30MG/0.3ML SYR, 40MG/0.4ML SYR, 60MG/0.6ML SYR, 80MG/0.8ML SYR, 100MG/1ML SYR, 120MG/0.8ML SYR, 150MG/ML SYR

Synonym: LOVENOX

AHFS Type: ANTICOAGULANTS (20.12.04)

HIGH ALERT MEDICATION

Dosage & Administration:

- 1) TREATMENT - 1mg/kg SQ every 12 hours for 5 days (minimum) and until NR greater than 2 for two consecutive days.
- 2) Co-Administration of warfarin, unless contraindicated.
- 3) PROPHYLAXIS - 40mg sq qday for gynecologic or abdominal surgery with cancer.
- 4) PROPHYLAXIS – 30mg sq daily (for CrCl<30ml/min) or 40mg sq qday to BID for VTE prevention.
- 5) Severe renal or hepatic impairment - dosage guidelines do not exist, use of LMWH is contraindicated.

EPHEDRINE SULFATE INJ 50MG/ML AMP

AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

HIGH ALERT MEDICATION

EPINEPHRINE 1:10,000 INJ 1MG/10ML SYR

Synonym: ADRENALIN

AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

HIGH ALERT MEDICATION

BRISTOJECT

EPINEPHRINE 1:1000 INJ 1MG/1ML AMP

Synonym: ADRENALIN

AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

HIGH ALERT MEDICATION

EPINEPHRINE AUTO-INJ 0.3MG/0.3ML SYR

Synonym : EPI-PEN

AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

HIGH ALERT MEDICATION

EPINEPHRINE AUTO-INJ JR 0.15MG/0.3ML SYR

Synonym : EPI-PEN JR

AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

HIGH ALERT MEDICATION

EPINEPHRINE RACEMIC 2.25% INH SOLN

Synonym : VAPONEFRIN

AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

NOTE: Located in inpatient refrigerator, shelf 11

EPCLUSA TAB

Synonym: SOFOSBUVIR/VELPATASVIR

AHFS Type: HCV ANTIVIRALS

NOTE: Restricted to Sage Clinic

ERENUMAB-AOOE 70MG/ML, 140MG/ML INJ

Synonym: AIMOVIG

AHFS Type: ANTIMIGRAINE AGENTS, MISC (28.32.92)

Restricted to: Neurology and for use in patients with failure or ADR to 2 classes of migraine prevention medication

NOTE: May not be suitable for patients with uncontrolled hypertension

ERGOCALCIFEROL 1,250MCG (50,000 UNIT) CAP, 200 MCG (8,000 UNITS)/ML ORAL SOLN

Synonym : CALCIFEROL, VITAMIN D2

AHFS Type: VITAMIN D (88.16.00)

NOTE: 50,000 unit capsule initial dosing is once weekly, more than weekly dosing requires evaluation for adherence and vitamin D levels. Oral Solution contains 8000 units/ml. Equivalent to 0.2mg ergocalciferol/ml. Provides 200 USP Units (5mcg)/drop

ERTAPENEM INJ 1 GM VIAL

Synonym : INVANZ

AHFS Type: MISC. ANTIBIOTICS (8.12.28)

Restricted to:

1. Infections caused by organisms demonstrating resistance (especially via extended-spectrum beta-lactamase production) to other available formulary agents, carbapenems are preferred agents for treatment of infections caused by ESBL producing organisms.
2. Severe, acute intraabdominal infection in penicillin allergic patients
3. Infections in patients with allergy or intolerance to penicillin or cephalosporin, however use with caution in severe penicillin allergy (possible cross-reactivity)

ERYTHROMYCIN 200MG/5ML ORAL SUSP

Synonym :

AHFS Type: MACROLIDES (8.12.12)

NOTE: Provided as the Ethylsuccinate Salt

ERYTHROMYCIN 250MG TAB

Synonym : E-MYCIN, ERYTHROCIN

AHFS Type: MACROLIDES (8.12.12)

NOTE: Provided as the base tablet (enteric coated).

Restricted to:

- 1) Pre-operative bowel preparation for elective colon resection.
- 2) Gastroparesis treatment.
- 3) Pertussis treatment (optional) if unable to tolerate azithromycin

ERYTHROMYCIN EYE OINT 3.5GM

AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)

NOTE: 0.5%

ERYTHROMYCIN LACTOBIONATE INJ 500MG VIAL

AHFS Type: MACROLIDES (8.12.12)

Restricted to:

- 1) Inpatient treatment of gastroparesis.
- 2) Procedures requiring gastric emptying stimulation.

ESCITALOPRAM 10MG TAB, 20MG TAB

Synonym: LEXAPRO

AHFS Type: SELECTIVE SEROTONIN-REUPTAKE INHIBITORS (28.16.04.20)  
Patients under 16 years of age must have a Behavioral Health consult.

ESMOLOL INJ 2500MG/250ML BAG, 100MG/10ML VIAL

Synonym: BREVIBLOC

AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)

HIGH ALERT MEDICATION

Note: The rate of infusion is guided by patient response

ESTRADIOL 1MG TAB, 2MG TAB

Synonym: ESTRACE

AHFS Type: ESTROGENS (68.16.00)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

ESTRADIOL PATCH (estraderm) 0.05MG/DAY, 0.1MG/DAY

Synonym: ESTRADIOL TRANSDERMAL 0.05, ESTRADERM, ALORA

AHFS Type: ESTROGENS (68.16.00)

Hormone replacement therapy and restricted to:

- 1) Intolerance to oral conjugated estrogens -or
- 2) Flare of gall bladder disease -or
- 3) Estrogen induced hypertension

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

ESTRADIOL VALERATE INJ 100MG/5ML VIAL

Synonym: DELESTROGREN

AHFS Type: ESTROGENS (68.16.00)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

ESTROGENS, CONJ 0.3MG TAB, 0.625MG TAB, 1.25MG TAB

Synonym: PREMARIN

AHFS Type: ESTROGENS (68.16.00)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

ESTROGENS, CONJ VAG CR 0.625MG/GM 42.5GM

Synonym: PREMARIN

AHFS Type: ESTROGENS (68.16.00)

NOTE: Usual dose is 1 gram (providing 0.625mg conj. estrogens)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

ESTROGENS, CONJ. 25MG INJ

Synonym : ESTROGENIC SUBSTANCES, PREMARIN

AHFS Type: ESTROGENS (68.16.00)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

ESTROGENS ESTR. & METHYLTESTOSTERONE

Synonym : COVARYX HS

AHFS Type: ESTROGENS (68.16.00)

5) Restricted to the OB/GYN Department for menopausal symptoms and associated sexual dysfunction.

6) Each tablet contains 0.625mg of esterified estrogen and 1.25mg of methyltestosterone

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

ETANERCEPT INJ 25MG/ML VIAL, SYR, 50MG/ML SURE-CLICK SYR, 50MG/ML ENBREL MINI CARTRIDGE

Synonym: ENBREL

AHFS Type: DISEASE MODIFYING ANTI-RHEUMATIC AGENTS (92.36.00)

HIGH ALERT MEDICATION

Restricted to:

- 1) Rheumatology: For treatment of Rheumatoid Arthritis, Psoriatic Arthritis, or Ankylosing Spondylitis, and Plaque Psoriasis in patients with aggressive disease who have failed or were intolerant to conventional DMARDs.
- 2) Dermatology: For treatment of patients with plaque psoriasis.

NOTE: Initial psoriasis dose is 50mg s.c. twice weekly for 12 weeks, followed by 25mg twice weekly with downward titration to disease control.

- 3) Initial prescription dispensed at PIMC will be restricted to rheumatology or dermatology. For pediatric patients, initial prescription will be reviewed by a pediatrician who will verify that appropriate workup was performed.
- 4) Patients must receive the following screening tests to rule out tuberculosis, coccidiomycosis, and histoplasmosis: Tuberculin skin test (TST) or Interferon-gamma release assay (IGRA), cocci serology, and histoplasmosis serology (if patient has lived in a histoplasmosis endemic area). Chest radiography may also be considered when clinically indicated in patients with risk factors, even with a negative result on TST or IGRA.
- 5) Etanercept is contraindicated in patients with active infections, current or recent cancer or with systemic lupus erythematosus.
- 6) Patients should have a referral to Case Management for evaluation and use of alternate resources if needed.

ETHAMBUTOL 100MG TAB, 400MG TAB

Synonym: MYAMBUTOL

AHFS Type: ANTITUBERCULOSIS AGENTS (8.16.00)

ETHOSUXIMIDE 250MG CAP, 250MG/5ML ORAL SOLN

Synonym: ZARONTIN

AHFS Type: SUCCINIMIDES (28.12.20)

ETHINYL ESTRADIOL 0.03MG/DESOGESTREL 0.15MG MONOPHASIC TAB, 28'S

Synonym: DESOGEN, EMOQUETTE, RECLIPSEN

AHFS Type: CONTRACEPTIVES (68.12.00)

ETHINYL ESTRADIOL/DESOGESTREL TRIPHASIC TAB, 28'S

Synonym: ORTHO TRI-CYCLEN, TRINESSA, TRIVORA

AHFS Type: CONTRACEPTIVES (68.12.00)

- 1) Triphasic contraceptive containing:
  - a) First 7 tabs: norgestimate 0.18mg & ethinyl estradiol 35mcg
  - b) Next 7 tabs: norgestimate 0.215mg & ethinyl estradiol 35mcg
  - c) Last 7 tabs: norgestimate 0.25mg & ethinyl estradiol 35mcg
- 2) The PIMC standard is a Sunday start when used as a contraceptive.
- 3) Recommend foam & condoms for the first month.

ETHINYL ESTRADIOL 0.03MG/DROSPIRENONE 3MG TAB, 28'S

Synonym: OCELLA, YASMIN

AHFS Type: CONTRACEPTIVES (68.12.00)

NOTE: Use with caution in patients with conditions that predispose to hyperkalemia (renal or hepatic insufficiency or adrenal insufficiency). Women using medications that may increase serum potassium (including ACEIs, ARBs, K-sparing diuretics, aldosterone antagonists & NSAIDs) should have their serum potassium levels checked during the first treatment cycle.

ETHINYL ESTRADIOL/ETONOGESTREL CONTRACEPTIVE RING, 3 per Box

Synonym: NUVARING

AHFS Type: CONTRACEPTIVES (68.12.00)

NOTE: Requires careful patient selection and training. Refrigerate before dispensing

ETHINYL ESTRADIOL 0.02MG/ LEVONORGESTREL 0.1MG TAB, 28's

Synonym: LEVLITE, ORSYTHIA, SRONYX

AHFS Type: CONTRACEPTIVES (68.12.00)

Sronyx: Suggested for use in obese and near-menopausal patients. This product replaces LoEstrin & Levlite.

ETHINYL ESTRADIOL 0.03MG/ LEVONORGESTREL 0.15MG TAB, 91'S

Synonym: JOLESSA TAB 91

AHFS Type: CONTRACEPTIVES (68.12.00)

Jolessa: extended cycle oral contraceptive contains 84 active tablets and 7 placebo tablets.

ETHINYL ESTRADIOL 0.035MG/NORETHINDRONE 1MG TAB, 28'S

Synonym: CYCLAFEM 1/35, NORINYL 1/35, ORTHO NOVUM 1/35

AHFS Type: CONTRACEPTIVES (68.12.00)

Contains 21 consecutive tabs with norethindrone 1mg & ethinyl estradiol 35 mcg followed by 7 inert tabs.

ETHINYL ESTRADIOL 0.02MG/NORETHINDRONE 1MG/FERROUS FUMARATE 75MG TAB, 28'S

Synonym: LOESTRIN FE

AHFS Type: CONTRACEPTIVES (68.12.00)

Contains 21 consecutive tabs with norethindrone 1mg & ethinyl estradiol 20 mcg followed by 7 ferrous fumarate 75mg.

ETHINYL ESTRADIOL/NORELGESTROMIN PATCH

Synonym: XULANE

AHFS Type: CONTRACEPTIVES (68.12.00)

Note: Each patch releases 20mcg ethinyl estradiol and 150mcg norelgestromin per day.

Patches can be worn for 7 consecutive days & should be changed on the same "patch change day" each week.

ETHINYL ESTRADIOL 0.03MG/NORGESTREL 0.3MG TAB, 28'S

Synonym: LO-OVRAL, CRYSELLE

AHFS Type: CONTRACEPTIVES (68.12.00)

Each 28 tab pack contains 21 consecutive tabs with norgestrel 0.3mg and ethinyl estradiol 30 mcg followed by 7 inert tabs.

ETHYL CHLORIDE SPRAY

AHFS Type: ANTIPRURITICS AND LOCAL ANESTHETICS (84.08.00)

NOTE: spray bottle 100 gm

ETOMIDATE INJ 20MG/10ML VIAL

Synonym : AMIDATE

AHFS Type: GENERAL ANESTHETICS, MISCELLANEOUS (28.04.92)

HIGH ALERT MEDICATION

Restricted to Anesthesia Department use and by those providers privileged to provide moderate sedation (old term conscious sedation) and for rapid sequence intubation

ETONOGESTREL IMPLANT

Synonym : NEXPLANON

AHFS Type: CONTRACEPTIVES (68.12.00)

1) Requires use of informed consent.

2) Insertion and removal may only be done by trained, privileged providers.

ETOPOSIDE 100MG INJ. 5ML VIAL

Synonym : VEPESID, VP-16

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

HIGH ALERT MEDICATION

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

EXEMESTANE 25MG TAB

Synonym: AROMASIN

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

Restricted to Oncology Service for treatment of breast cancer.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

EZETIMIBE 10MG TAB

Synonym : ZETIA

AHFS Type: CHOLESTEROL ABSORPTION INHIBITORS (24.06.05)

Restricted to:

- 1) Use for patients with contraindications or intolerance to statins
- 2) Patients who have not reached goal cholesterol on atorvastatin 80mg/day.
- 3) A dietary consult must be requested if not already done while patient on simvastatin.

FAMOTIDINE INJ 20MG TABS

Synonym: PEPCID

AHFS Type: Histamine H<sub>2</sub>-Antagonists (56.28.12)

NOTE: Added to formulary 4/15/20 due to removal of Ranitidine from the market due to NDMA contamination

Pharmacy authorized to substitute between formulary H<sub>2</sub>RA oral products.

FAMOTIDINE INJ 40MG/5ML SUSP

Synonym: PEPCID

AHFS Type: Histamine H<sub>2</sub>-Antagonists (56.28.12)

NOTE: Added to formulary 4/15/20 due to removal of Ranitidine from the market due to NDMA contamination  
Pharmacy authorized to substitute between formulary H<sub>2</sub>RA oral products.

#### FAMOTIDINE INJ 20MG/50ML PREMIX

Synonym: PEPCID

AHFS Type: Histamine H<sub>2</sub>-Antagonists (56.28.12)

NOTE: Added to formulary 3/21/12 due to unavailability of Ranitidine injection.

Pharmacy authorized to substitute between formulary H<sub>2</sub>RA injection products.

Usual dose (normal renal function) = 20mg IVPB q12h

#### FAT EMULSION 20% 500ML

Synonyms: Lipid Emulsion, Intralipid, Liposyn

AHSF Type: CALORIC AGENTS (40.20)

Uses:

- 1) Calorie source for patients receiving parenteral nutrition
- 2) Must be administered with a 1.2 micron filter per ISMP safety alerts, stored in 2<sup>nd</sup> floor inpatient pharmacy store room and procured from warehouse.
- 2) For "lipid rescue" therapy of systemic toxicity from local anesthetic agents, and for some drug overdoses. Lipid rescue kits are stored the Operating Room Areas (Main and OB), and the Emergency Department.

Contents of lipid rescue kit:

Fat Emulsion 20% 500ml bag

60 ml leur-lock syringe

20 ml leur-lock syringe

Anesthesia IV set (15 drops/ml)

#### FENOFIBRATE 50MG TAB, 160MG TAB

Synonym: TRIGLIDE

AHFS Type: FIBRIC ACID DERIVATIVES (24.06.06)

#### FENTANYL TRANSDERMAL PATCH, 12 MCG/HR, 25MCG/HR, 50MCG/HR, 75MG/HR, 100MCG/HR

Synonym: DURAGESIC

AHFS Type: OPIATE AGONISTS (28.08.08)

HIGH ALERT MEDICATION

CII Controlled substance. May not be refilled.

Restricted to pain clinic.

[\\*\\*SEE OPIOID RESTRICTIONS](#)

#### FENTANYL INJ 100MCG/2ML VIAL, 250MCG/5ML AMP

Synonym: SUBLIMAZE

AHFS Type: OPIATE AGONISTS (28.08.08)

HIGH ALERT MEDICATION

CII Controlled substance. Not dispensed for outpatient use.

Note: 2500mcg/50mL vial is for Pharmacy compounding use only.

#### FENTANYL INJ 10MCG/ML PCA SYRINGE

Synonym: SUBLIMAZE

AHFS Type: OPIATE AGONISTS (28.08.08)

HIGH ALERT MEDICATION

CII Controlled Substance. Not dispensed for outpatient use.

Note: Compounded by Pharmacy with only 12 hr beyond use date. Restricted to patients with morphine intolerance or GFR < 30 ml./min.

#### FERRIC SUBSULFATE SOLUTION 8ML

Synonym : MONSEL'S SOLUTION, MONSEL'S PASTE (MODIFIED SOLN)

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

NOTE: For external use only. Paste in 8ml single use vials for use in OR, GYN,

FERROUS GLUCONATE 324MG TAB

Synonym : FERGON

AHFS Type: IRON PREPARATIONS (20.04.04)

NOTE: Contains 36mg elemental iron per tablet

FERROUS SULFATE 15MG/ML (Elemental Iron) DROPS 50ML

Synonym : FEOSOL

AHFS Type: IRON PREPARATIONS (20.04.04)

FERROUS SULFATE 325MG TAB

Synonym : FEOSOL, IRON

AHFS Type: IRON PREPARATIONS (20.04.04)

Contains 65 mg elemental iron per tab

FEXOFENADINE 180MG XR TAB

Synonym : ALLEGRA

AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

NOTE: Second line agent. Must try and fail loratadine first.

FILGRASTIM INJ 300MCG/ML, 480MCG/ML VIAL

Synonym : NEUPOGEN

AHFS Type: HEMATOPOIETIC AGENTS (20.16.00)

FINASTERIDE 5MG TAB

Synonym : PROSCAR

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

For the treatment of benign prostatic hypertrophy.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

FLECAINIDE 50MG TAB, 100MG TAB, 150MG TAB

Synonym : TAMBOCOR

AHFS Type: ANTIARRHYTHMIC AGENTS (24.04.04)

Restricted to cardiology or cardiology consult.

FLUCONAZOLE 100MG TAB, 150MG TAB, 200MG TAB

Synonym : DIFLUCAN

AHFS Type: ANTIFUNGAL ANTIBIOTICS (8.14.08)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

FLUCONAZOLE INJ 200MG/100ML NS PREMIX, 400MG/200ML NS PREMIX

Synonym : DIFLUCAN

AHFS Type: ANTIFUNGAL ANTIBIOTICS (8.14.08)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

FLUDROCORTISONE 0.1MG TAB

Synonym : FLORINEF

AHFS Type: ADRENALS (68.04.00)

FLUMAZENIL INJ 0.5MG/5ML VIAL

Synonym : ROMAZICON

AHFS Type: CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS (28.92.00)

Restricted to:

- 1) Benzodiazepine overdose (acute, not chronic)
- 2) Reversal of excessive benzodiazepine sedation associated with procedures

FLUNISOLIDE NASAL 0.025% SOLN 25ML

Synonym : NASALIDE

AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)

Restricted to third line nasal corticosteroid when

- 1) Fluticasone treatment is ineffective or results in an adverse drug reaction, or

- 2) When treatment with fluticasone is inadvisable due to possible drug-drug interactions (e.g. patient on an agent that is an inhibitor of CYP 3A4 metabolism).

**FLUOCINOLONE ACETONIDE 0.01% OTIC OIL, 20ML**

Synonym: DERMOTIC

AHFS Type: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)

NOTE: Restricted to ENT

CONTAINS PEANUT OIL: Peanut oil is refined, non antigenic. Use with caution in patients with peanut allergy.

**FLUOCINONIDE 0.05% CREAM 30GM, 60GM**

Synonym : LIDEX

AHFS Type: ANTI-INFLAMMATORY AGENTS (84.06.00)

A high potency topical steroid, only for use in patients not responding to triamcinolone (Aristocort, Kenalog).

NOTE: Stocked in both 30gm & 60gm

**FLUOCINONIDE 0.05% OINT 15GM, 60GM**

Synonym : LIDEX

AHFS Type: ANTI-INFLAMMATORY AGENTS (84.06.00)

NOTE: A high potency topical steroid, only for use in patients not responding to triamcinolone.

**FLUOCINONIDE TOPICAL SOLN 0.05% 60ML**

Synonym : LIDEX

AHFS Type: ANTI-INFLAMMATORY AGENTS (84.06.00)

NOTE: Recommended for use on hairy areas (scalp), not for use on face or groin.

**FLUORESCEIN 10% INJ 5ML AMP**

Synonym : FLUORESCITE

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

For intra-operative evaluation of ureteral patency/integrity, recommended dose is 10 to 25mg IV as bolus:

- Dilute 1ml of 10% sodium fluorescein in 9ml saline, which makes 10mg/ml strength
- Administer 1 to 2.5ml intravenously
- Fluorescent yellow urine will be seen from patent ureteral orifices
- Fluid bolus, reverse Trendelenburg, or IV Lasix dose may speed flow of dye

**FLUORESCEIN OPHTHALMIC STRIP 1MG**

Synonym : FLUOR-I-STRIPS, FLUORETS

AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

**FLUORESCEIN SODIUM/ BENOXINATE HCL SOLN 0.25%**

Synonym : ALTAFLUOR BENOX

AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

Restricted to Ophthalmology and Optometry use in clinic.

NOTE: 1) Requires refrigeration before dispensing, Main Pharmacy refrigerator, 30 day expiration when stored at controlled room temp

**FLUOROMETHOLONE 0.1% OPHTH SUSP 15ML**

Synonym : FML, FLUOR-OP

AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)

Restrictions:

- 1) Ophthalmic use restricted to Ophthalmology and Optometry
- 2) Otic use in patients with external ear disease - preferred agent when used in combination with ciprofloxacin ophth. drops. Recommended dose is 2 drops in affected ear canal bid. (per P&T meeting December 2008).

**FLUOROURACIL (5-FU) 10MG/ML**

Synonym : 5FU

AHFS Type: MISCELLANEOUS EENT DRUGS (52.36.00)

HIGH ALERT MEDICATION

For use by Ophthalmology only for eye injections.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**



**FLUOROURACIL 1% CREAM**

Synonym : 5FU, EFUDEX, FLUOROPLEX

AHFS Type: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.36.00)

Restricted to Dermatology for the treatment of actinic keratoses.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

**FLUOROURACIL 5% CREAM 40GM**

Synonym : 5FU, EFUDEX

AHFS Type: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.36.00)

Restricted to Dermatology for use in the treatment of actinic keratoses.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

**FLUOROURACIL INJ 2.5GM/50ML VIAL**

Synonym : 5FU

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

**FLUOXETINE 20MG CAP, 20MG/5ML ORAL SOLN**

Synonym : PROZAC

AHFS Type: SELECTIVE SEROTONIN-REUPTAKE INHIBITORS (28.16.04.20)

Patients under 16 years of age must have a Behavioral Health consult.

**FLUPHENAZINE 1MG TAB, 5MG TAB**

Synonym : PROLIXIN

AHFS Type: PHENOTHIAZINES (28.16.08.24)

**FLUTICASONE 100/SALMETEROL 50 INHUB 60s, 250/SALMETEROL 50 INHUB 60S, 500/SALMETEROL 50 INHUB 60s**

Synonym : SALMETEROL/FLUTICASONE, FLUTICASONE/SALMETEROL, ADVAIR, WIXELA

AHFS Type: ADRENALS (68.04.00)

NOTE: P&T approved autosubstitution of Advair with generic version Wixela, 8/2019

Restricted to:

- 1) First line formulary choice for use in stepped care approach for patients per P&T decision 11/2021
- 2) Asthma: Stepped care approach per NIH Asthma Treatment Guidelines (inadequate control with intermediate dose inhaled corticosteroid, e.g. mometasone 400mcg (2 puffs)/day or fluticasone 220mcg/day or greater).
- 3) Use by Pediatrics with a diagnosis of moderate persistent asthma (age 12 years or younger)
- 4) Wixela-Dulera approximate dose equivalents:

Wixela Inhub	Dulera
500mcg/50mcg (60 doses)(1 inhalation bid)	200mcg/5mcg inh aerosol (120 doses)(2 puffs bid)
250mcg/50mcg (60 doses) (1 inhalation bid)	100mcg/5mcg inh aerosol (120 doses) (2 puffs bid)
100mcg/50mcg (60 doses) (1 inhalation bid)	100mcg/5mcg inh aerosol (120 doses) (2 puffs bid)

**FLUTICASONE 44MCG INHALER MDI 13GM, 110MCG INHALER MDI 13GM, 220MCG INHALER MDI 13GM**

Synonym : FLOVENT

AHFS Type: ADRENALS (68.04.00)

Restricted to:

- 1) Pediatrics Service use for
  - a) Patients with moderate to severe persistent asthma - or -
  - b) Patients with mild persistent asthma and who require use of mask/spacer.
- 2) Adult patients with persistent asthma who do not respond to Mometasone 400mcg (2 puffs) daily.

**FLUTICASONE NASAL SPRAY 50MCG 16GM**

Synonym : FLONASE NASAL SPRAY

AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)

NOTES: Fluticasone is the 1st line agent for treatment of allergic or non-allergic rhinitis. (Per P&T Dec 2008). May be dispensed with a bottle of saline nose drops with directions to use prior to fluticasone spray & prn if the patient complains of dryness or crusting.

**FOLIC ACID 1MG TAB**

Synonym: FOLATE

AHFS Type: VITAMIN B COMPLEX (88.08.00)

**FOMEPIZOLE INJ 1.5GM/1.5ML VIAL**

Synonym: Antizol

AHFS type: ANTIDOTES (92.00.00)

NOTE: For the treatment of ethylene glycol (antifreeze) and methanol (wood alcohol) poisoning. Loading dose 15mg/kg given IV. Maintenance dose of 10mg/kg IV every 12 hours for 4 doses, then 15mg/kg IV every 12 hours thereafter until ethylene glycol or methanol concentrations are undetectable or are under 20mg/dL. The patient should also be asymptomatic and have a normal pH. Administer each dose as a slow infusion over 30 minutes.

**FONDAPARINUX INJ 2.5MG, 5MG, 7.5MG, 10MG SYRINGE**

Synonym: Arixtra

AHFS Type: ANTICOAGULANTS (24.12.04)

HIGH ALERT MEDICATION

NOTE:

- 1) Restricted to patients with documented or suspected heparin-induced thrombocytopenia (HIT) accompanied by thromboembolic complications requiring prophylactic or therapeutic anticoagulation.
- 2) The "Fondaparinux Order Sheet" (or E.H.R. template) must be used for ordering and monitoring guidance.

**FOSAPREPITANT INJ 150MG VIAL**

Synonym: EMEND

AHFS Type: ANTIEMETICS (56.22.00)

Restricted to prevention of chemotherapy induced nausea & vomiting in patients:

- 1) Receiving highly emetogenic chemotherapy drugs (cisplatin > 50mg/m<sup>2</sup>, dacarbazine, carmustine, cyclophosphamide > 1500mg/m<sup>2</sup>, mechlorethamine, procarbazine, streptozocin)
- 2) Receiving moderately emetogenic chemotherapy with clinical failure or intolerance of standard anti-emetic therapy.

**FOSFOMYCIN 3GM POWDER SACHET**

Synonym: MONUROL

AHFS Type: Urinary Antiinfectives (8.36.00)

Approved use criteria:

- 1) Management of symptomatic urinary tract infection (cystitis) with no other oral options available (e.g. multiple antibiotic allergies, resistance to other agents).
- 2) Susceptibility of isolated organism should be confirmed whenever possible – this requires send-out to referral laboratory.
- 3) Note: due to limited systemic absorption/tissue penetration, fosfomycin should NOT be used for pyelonephritis, or other infections outside of the urinary tract, or asymptomatic bacteriuria (except in pregnancy).
- 4) Single dose regimens may be effective however, studies have evaluated for ESBL infections high dose treatment with 3gm every 72 hours x 2 to 3 doses

**FOSPHENYTOIN INJ 100MG PE/2ML VIAL, 500MG PE/10ML VIAL**

Synonym : CEREBYX

AHFS Type: HYDANTOINS (28.12.12)

Restricted to:

- 1) For use in patients for whom use of oral phenytoin is not possible.
- 2) All orders for fosphenytoin will be assumed to be in Phenytoin Equivalents (PE).
- 3) All orders for IV phenytoin will be switched to fosphenytoin.
- 4) Wait 2 hours after IV infusion and 4 hours after IM dose to obtain phenytoin level.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

**FUROSEMIDE 10MG/ML INJ 2ML, 100MG/10ML**

Synonym: LASIX

AHFS Type: LOOP DIURETICS (40.28.08)

FUROSEMIDE 10MG/ML ORAL SOLN

Synonym: LASIX

AHFS Type: LOOP DIURETICS (40.28.08)

FUROSEMIDE 20MG TAB, 40MG TAB

Synonym: LASIX

AHFS Type: LOOP DIURETICS (40.28.08)

GABAPENTIN 100MG CAP, 300MG CAP, 400MG CAP, 600MG TAB, 800MG TAB

Synonym: NEURONTIN

AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)

GADOTERATE DIMEGLUMINE INJ 10MMOL/20ML SYRINGE

Synonym: DOTAREM

AHFS TYPE: Roentgenography Agents (36.68.00)

HIGH ALERT MEDICATION

For enhancement of Magnetic Resonance Imaging

Note: Risk of nephrogenic systemic fibrosis (NSF) is highest in patients with impaired renal function (GFR < 30 ml/min) or acute kidney injury. Use with extreme caution and only if potential benefit outweighs risk.

GADOXETATE DISODIUM 181MG/ML INJ 10ML VIAL

Synonym: EOVIIST

AHFS TYPE: Roentgenography Agents (36.68.00)

HIGH ALERT MEDICATION

For enhancement of Magnetic Resonance Imaging of the liver.

Note: Contraindicated in patients with estimated creatinine clearance less than 30ml/min or with acute kidney injury.

GEMFIBROZIL 600MG TAB

Synonym: LOPID

AHFS Type: FIBRIC ACID DERIVATIVES (24.06.06)

GENTAMICIN 0.1% CREAM 15GM

Synonym: GARAMYCIN

AHFS Type: AMINOGLYCOSIDES (8.12.02)

NOTE: Topical cream usage requires culture and sensitivity.

GENTAMICIN 0.3% OPHTH SOLN 5ML

Synonym: GARAMYCIN

AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)

Restricted to:

- 1) Ophthalmology department
- 2) ENT departments
- 3) And for otitis externa failures to Cortisporin (Neomycin/PolymycinB/HC) ear drops

GENTAMICIN 13.5MG/ML FORTIFIED OPHTHALMIC DROPS

Synonym: Garamycin

AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)

NOTE: Restricted to ophthalmology. Must obtain from outside compounding pharmacy due to PIMC IV room restrictions, allowable only to compound low-risk compounded sterile preparations (CSPs) with 12 hour beyond use date (BUD) (eye drops are considered medium risk CSPs)

GENTAMICIN 20MG/2ML PF INJ, 40MG/1ML MDV VIAL

Synonym: GARAMYCIN

AHFS Type: AMINOGLYCOSIDES (8.12.02)

NOTE: Use 20mg/2mL preservative free in neonates

GENTAMICIN OPHTH OINT 3.5GM

Synonym: GARAMYCIN

AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES (52.04.04)

Restricted to:

- 1) Ophthalmology department
- 2) ENT departments
- 3) And for otitis externa failures to cortisporin ear drops

GENTIAN VIOLET 1% TOPICAL SOLN 30ML  
 Synonym: METHYLROSANILINE CHLORIDE  
 AHFS Type: ANTIFUNGALS (84.04.08)

GENVOYA  
 Synonym : ELVITEGRAVIR/ COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE  
 AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)  
 RESTRICTED: SAGE CLINIC or 30 days with no refills for continuation of care.

GLIPIZIDE 5MG TAB, 10MG TAB  
 Synonym: GLUCOTROL  
 AHFS Type: SULFONYLUREAS (68.20.20)

GLIPIZIDE XL 2.5MG TAB, 5MG XL TAB, 10MG XL TAB  
 Synonym: GLUCOTROL XL, GLIPIZIDE  
 AHFS Type: SULFONYLUREAS (68.20.20)  
 1) Usual dose is 5mg to 10mg/day (given as single daily dose). If a patient does not respond to 10mg/day, there is little chance than an increased dose will be effective (75% of hypoglycemic effect is obtained at 10mg/day).  
 2) Maximum daily dose is 20mg/day.  
 3) To help avoid possible confusion and error, order as GLUCOTROL XL, not as glipizide XL.

GLUCAGON INJ 1MG/ML EMERGENCY KIT  
 AHFS Type: MISCELLANEOUS ANTIDIABETIC AGENTS (68.20.92)

GLUCOSE 5GM TAB  
 Synonym: BD GLUCOSE TABS  
 AHFS Type: CALORIC AGENTS (40.20.00)  
 NOTE: Recommended dose is 2 to 3 tablets at the first sign of hypoglycemia

GLUCOSE 40% GEL, 37.5GM TUBE  
 Synonym: Glutose-15  
 AHFS Type: CALORIC AGENTS (40.20.00)  
 Each 37.5g tube contains 15g dextrose (d-glucose).

GLUCOSE MONITOR, CONTINUOUS, SENSOR, READER  
 Synonym: FREESTYLE LIBRE  
 AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)  
 Restrictions: Restrict new starts to primary care and endocrine providers if they meet the following criteria for use:  
 1) Diagnosis of Diabetes Mellitus  
 2) Recommended to perform Self-monitoring blood glucose 4 times per day or more  
 3) Insulin treatment requires frequent adjustment based on Self-monitoring blood glucose or Continuous Glucose Monitoring testing results  
 4) Takes 3 or more injections of insulin per day OR more than 2 episodes of hypoglycemia in last 12 months  
 5) Visit with primary care provider in the past 6 months

GLUCOVANCE 2.5MG/500MG, 5MG/500MG  
 Synonym: GLYBURIDE/METFORMIN  
 AHFS Type: MISCELLANEOUS ANTIDIABETIC AGENTS (68.20.92)  
 HIGH ALERT MEDICATION  
 NOTES: Recommended precautions (FDA labeling changes April 2016):

- 1) Before starting metformin, obtain the patient's eGFR.
- 2) Metformin is contraindicated in patients with an eGFR < 30 ml/min/1.73m<sup>2</sup>.
- 3) Starting metformin in patients with an eGFR between 30-45 ml/min/1.73m<sup>2</sup> is not recommended.
- 4) Obtain an eGFR at least annually in all patients taking metformin, and more frequently in patients at risk for development of renal impairment (e.g. elderly).

- 5) In patients whose eGFR falls below 45 ml/min/1.73m<sup>2</sup>, assess the benefits and risks of continuing treatment. Discontinue metformin if the patient's eGFR later falls below 30 ml/min/1.73m<sup>2</sup>.
- 6) Discontinue metformin at the time of or before an iodinated contrast imaging procedure in patients with an eGFR between 30 and 60 ml/min/1.73m<sup>2</sup>; in patients with a history of liver disease, alcoholism, or heart failure; or in patients who will be administered intra-arterial iodinated contrast. Re-evaluate eGFR 48 hours after the imaging procedure; restart metformin if renal function is stable.

GLYBURIDE 5MG TAB

Synonym : DIABETA, MICRONASE

AHFS Type: SULFONYLUREAS (68.20.20)

GLYCERIN SUPPOS (INFANT), (ADULT)

AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

GLYCERIN, USP

AHFS Type: PHARMACEUTICAL AIDS (96.00.00)

GLYCOPYRROLATE INJ 0.2MG/1ML VIAL

Synonym : ROBINUL

AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)

GRANULEX SPRAY 113.4 GM CAN

Synonym: CASTOR OIL 788MG/PERUVIAN BALSAM 87MG/TRYPsin 90U AEROSOL, TOP

AHFS Type: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.92)

NOTE: Restricted to Wound Care Clinic and Surgery Service

GRISEOFULVIN 125MG/5ML MICROSIZE SUSPENSION

AHFS Type: ANTIFUNGAL ANTIBIOTICS (8.14.92)

GUAIFENESIN LA 600MG TAB

Synonym : HUMIBID

AHFS Type: EXPECTORANTS (48.16.00)

GUANFACINE 1MG TAB, 2MG TAB

Synonym : TENEX

AHFS Type: HYPOTENSIVE AGENTS (24.08.00)

NOTE: The 2mg tablet is not routinely stocked

GUANFACINE ER 1MG TAB, 2MG TAB

Synonym: INTUNIV

AHFS Type: HYPOTENSIVE AGENTS (24.08.00)

Restricted to

1. Excessive sedation with guanfacine IR
2. Patient requiring greater than twice a day guanfacine IR

HAEMOPHILUS INFLUENZA TYPE B

Synonym: Pedvaxhib

AHFS Category: VACCINES (80.12.00)

Approved for use per ACIP (CDC) guidelines. Only product recommended for AI/AN population per ACIP.

HALOPERIDOL 0.5MG TAB, 1MG TAB, 2MG TAB, 5MG TAB, 2MG/ML ORAL SOLN, 5MG/1ML INJ

Synonym: HALDOL

AHFS Type: BUTYROPHENONES (28.16.08.08)

HALOPERIDOL DECANOATE INJ 50MG/1ML AMP

Synonym: HALDOL

AHFS Type: BUTYROPHENONES (28.16.08.08)

Note: Must overlap with oral medication

HARVONI TAB

Synonym: LEDIPASVIR/SOFOSBUVIR  
AFHS Type: HCV ANTIVIRALS (8.18.40)  
Note: Restricted to Sage Clinic

#### HEMORRHOIDAL SUPPOS 12'S

Synonym : ANUSOL (GENERIC)  
AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

#### HEMORRHOIDAL-HC SUPPOS 12'S

Synonym : ANUSOL HC  
AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)  
NOTE: with hydrocortisone

#### HEPARIN FLUSH INJ 100 UNITS/ML, 5ML PREFILLED SYRINGE

Synonym : HEP-FLUSH  
AHFS Type: ANTICOAGULANTS (20.12.04)  
For use in peripherally inserted central catheter and central venous catheter flushes.  
Saline is recommended for routine flush solution of "IV locks"

#### HEPARIN INJ 5,000 UNITS/0.5ML SYRINGE, 10,000 UNITS/1ML VIAL, 25,000 UNITS/250ML PREMIX BAG

AHFS Type: ANTICOAGULANTS (20.12.04)  
HIGH ALERT MEDICATION  
NOTE: Protocol for nurse monitoring and adjusting found on policy stat: Anticoagulation Therapy

#### HEPATITIS-A VACCINE

Synonym: HAVRIX 720 UNITS/0.5ML (PEDIATRIC) and 1440 UNITS/1ML (ADULT)  
or  
VAQTA 25 UNITS/0.5ML (PEDIATRIC) and 50 UNITS/1ML (ADULT)  
AHFS Type: VACCINES (80.12.00)  
NOTE: HAVRIX brand and VAQTA brand are interchangeable. Two dosage strengths are available for each brand.  
1) Approved for use per ACIP (CDC) guidelines.  
2) Refrigerated

#### HEPATITIS-B IMMUNE GLOBULIN

Synonym : H-BIG  
AHFS Type: SERUMS (80.04.00)  
NOTE: Approved for use per CDC Postexposure Prophylaxis for Occupational and Non-occupational Exposure and Perinatal Exposure guidelines guidelines.

#### HEPATITIS-B VACCINE INJ

20MCG/ML (ADULT), 10MCG/0.5ML (PEDIATRIC); 5MCG/0.5ML (PEDIATRIC)

Synonyms:  
RECOMBIVAX-HB 5MCG/0.5ML(PEDIATRIC) and 10MCG/1ML (ADULT)  
or  
ENGERIX-B 10MCG/0.5ML (PEDIATRIC) and 20MCG/1ML (ADULT)  
or  
HEPLISAV-B 20MCG/0.5ML (ADULT ONLY)  
AHFS Type: VACCINES (80.12.00)  
Approved for use per ACIP (CDC) guidelines. The brands RECOMBIVAX-HB and ENGERIX-B are considered interchangeable by CDC, even though the concentrations are different. HEPISLAV is a recombinant product for adult use only. HEPLISAV is not recommended for pregnancy, so RECOMBIVAX or ENGERIX should be used. Refrigerated.

#### HUMAN PAPILLOMAVIRUS VACCINE

Synonym: GARDASIL 9, HPV (9-valent)  
AHFS Type: VACCINES (80.12.00)  
Approved for use per ACIP (CDC) guidelines  
NOTE: Obtained free from the State of Arizona under Vaccines for Children Program for eligible patients. Requested from pharmacy on vaccine order form. Refrigerated.

#### HYALURONATE 23MG/ML INJ, OPH, SYR, 0.6ML

Synonym: HEALON  
AHFS Type: MISCELLANEOUS EENT DRUGS (52.36.00)  
For intraocular use by ophthalmology in selected cataract procedures.

HYALURONIDASE 200 UNITS/1ML INJ

Synonym: VITRASE  
AHFS Type: ENZYMES (44.00.00)  
Note: Used for treatment of extravasation of vesicant agents. Stored in inpatient pharmacy refrigerator.

HYDRALAZINE 10MG TAB, 25MG TAB, 50MG TAB, 100MG TAB

Synonym: APRESOLINE  
AHFS Type: HYPOTENSIVE AGENTS (24.08.00)

HYDRALAZINE 20MG/ML INJ

Synonym: Apresoline  
AHFS Type: HYPOTENSIVE AGENTS (24.08.00)

HYDROCHLOROTHIAZIDE 25MG TAB, 50MG TAB

Synonym : HCTZ, HYDRODIURIL, ESIDRIX  
AHFS Type: THIAZIDE DIURETICS (40.28.20)

HYDROcodone 7.5MG/ACETAMINOPHEN 325MG PER 15ML ORAL SOLUTION

Synonym: VICODIN SOLUTION  
AHFS Type: OPIATE AGONISTS (28.08.08)  
CII Controlled substance. May not be refilled.  
Restricted to the treatment of pain in patients less than 12 years of age.

[\\*\\*SEE OPIOID RESTRICTIONS](#)

HYDROCORTISONE 1% CREAM 28.35GM

AHFS Type: ADRENALS (68.04.00)

HYDROCORTISONE 1% OINT, 2.5% OINT

AHFS Type: ADRENALS (68.04.00)

HYDROCORTISONE 100MG ENEMA

Synonym : CORTENEMA  
AHFS Type: ADRENALS (68.04.00)  
Limited for use after gastroenterologist evaluation

HYDROCORTISONE 5 MG TAB, 10MG TAB, 20MG TAB

Synonym : CORTEF, CORTRIL  
AHFS Type: ADRENALS (68.04.00)

HYDROCORTISONE INJ 100MG/2ML VIAL

Synonym : SOLU-CORTEF  
AHFS Type: ADRENALS (68.04.00)

HYDROCORTISONE/PRAMOXINE RECTAL FOAM 10GM

Synonym : HYDROCORTISONE 1%/PRAMOXINE1% FOAM, PROCTOFOAM HC  
AHFS Type: ADRENALS (68.04.00)  
NOTE: contains 1% pramoxine 1% hydrocortisone  
Limited for use after gastroenterologist evaluation

HYDROGEN PEROXIDE 3% SOLN 480ML

AHFS Type: EENT PREPARATIONS, MOUTHWASHES AND GARGLES (52.28.00)

HYDROMORPHONE INJ 0.5MG/0.5ML SYR, 1MG/ML SYR

Synonym: DILAUDID  
AHFS Type: OPIOID AGONIST (28.08.08)  
CII Controlled Substance. Not dispensed for outpatient use.

HIGH ALERT MEDICATION

HYDROPHILIC OINTMENT

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

HYDROQUINONE 4% CREAM 30GM

Synonym : ELDOQUIN

AHFS Type: DEPIGMENTING AGENTS (84.50.04)

Use with sunscreen

HYDROXYCHLOROQUINE 200MG TAB

Synonym : PLAQUENIL

AHFS Type: ANTIMALARIAL AGENTS (8.30.08)

Note: An annual ophthalmology evaluation is recommended for patients receiving hydroxychloroquin chronically. The initial exam should be obtained near the end of the first year of treatment after it has been determined that the patient tolerates the drug.

HYDROXOCOBALAMIN INJ 5 GRAM / 2 VIAL KIT

Synonym: Cyanokit, Cyanide Antidote

AHFS Type: VITAMIN COMPLEX (88.08)

Stored in Emergency Department. Treatment of cyanide toxicity typically also requires sodium thiosulfate injection, which is also stored in the Emergency Department.

HYDROXYZINE 10MG TAB, 25MG CAP

Synonym : ATARAX, VISTARIL

AHFS Type: ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISCELLANEOUS (28.24.92)

HYDROXYZINE 10MG/5ML ORAL SYRUP

Synonym : ATARAX

AHFS Type: ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISCELLANEOUS (28.24.92)

HYLAN G-F 20 INJECTION, 16MG/2ML SYRINGE, 48MG/6ML SYRINGE

Synonym: SYNVISC

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

Restricted to use by orthopedics or rheumatology for treatment of knee osteoarthritis in patients who have failed to respond to non-pharmacological measures (education, weight loss, & exercise) and either

a. have failed to respond to simple analgesics (acetaminophen or NSAIDS)

OR

b. are unable to take acetaminophen and NSAIDs due to contraindications\

HYPROMELLOSE 0.3% OPHTH SOLUTION

Synonym : GONAK

AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

Restricted to Ophthalmology and Optometry for gonioscopy.

IBUPROFEN 200MG TAB, 400MG TAB, 600MG TAB, 800MG TAB, 100MG/ML ORAL SUSP\*

Synonym: MOTRIN

AHFS Type: OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.04.92)

\*Ibuprofen is not approved for use in patients under 6 months of age, use acetaminophen.

IMIQUIMOD 5% CREAM 3GM/BX

Synonym: ALDARA

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

Restricted to use on external genital warts that fail usual therapy (trichloroacetic acid, podophyllum or cryotherapy), or where usual therapy is contraindicated, or as an alternative to taking the patient to the operating room.

NOTE: Usual dose is apply to warts at hs, wash off after 6 to 10 hours. Use every other day, 3 days per week (i.e. M,W,F or Tu,Th,Sat). Recommended maximum duration of therapy: 16 weeks

IMMUNE GLOBULIN (HUMAN) INJ

Synonym: GamaSTAN

AHFS Type: SERUMS (80.04.00)



NOTE: Refrigerated. For post exposure prophylaxis of hepatitis A, healthy persons aged 12 months to 40 years may receive hepatitis A vaccine, as soon as possible within 2 weeks of exposure. Immune globulin is preferred for the following persons/circumstances after hepatitis A exposure:

- 1) Age less than 12 months
- 2) Age greater than 40 years
- 3) Immunocompromised
- 4) Chronic liver disease

#### INDOMETHACIN 25MG CAP

Synonym: INDOCIN

AHFS Type: OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.04.92)

#### INFLIXIMAB-ABDA INJ 100MG

Synonym: RENFLEXIS

AHFS Type: DISEASE MODIFYING ANTIRHEUMATIC AGENTS (92.36.00)

HIGH ALERT MEDICATION

Criteria for use:

- 1) For treatment of Ankylosing Spondylitis, Crohn's disease, Plaque Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis.
- 2) Initial prescription at PIMC is restricted to providers in Rheumatology and Dermatology.
- 3) For patients 18 years and older. For pediatric patients, initial prescription will first be reviewed by a pediatrician who will verify that appropriate workup and monitoring were performed.
- 4) Patients who are naïve to biologic/biosimilar therapies or with known risk factors must first have acceptable results for the following screening tests to rule out invasive fungal infections or first receive appropriate treatments: tuberculin skin test (TST) or interferon-gamma release assay (IGRA), cocci serology, and histoplasmosis serology (if patient has lived in a histoplasmosis endemic area). Chest radiography may also be considered when clinically indicated in patients with risk factors, even with a negative result on TST or IGRA.
- 5) Contraindicated in patients with any of the following: known hypersensitivity to any active or inactive component of Remicade (infliximab) or Renflexis (infliximab-abda); doses > 5mg/kg in patients with moderate to severe heart failure (NYHA Class III/IV); severe infections or sepsis; current or recent malignancies; active systemic lupus erythematosus.
- 6) Caution use during pregnancy or planning to become pregnant and lactation.
- 7) Not used concomitantly with other biologics/biosimilars including anakinra, abatacept, apremilast, or tofacitinib.

#### INFLUENZA VACCINE INJ

AHFS Type: VACCINES (80.12.00)

Approved for use per ACIP (CDC) guidelines.

Available during influenza immunization season (October through June). Content changes each year.

#### INFLUENZA VACCINE, LIVE

Synonym: Flu Mist

AHFS Type: Vaccines (80.12.00)

Restricted to patients eligible for the Vaccine for Children Program (18 years or younger), IF ACIP (CDC) recommended. Live virus vaccine, requires medication reconciliation prior to vaccine administration, not routinely stocked

#### INSULIN 70/30 (70N/30R) 10ML VIAL

Synonym: INSULIN 70/30

AHFS Type: INSULINS (68.20.08)

HIGH ALERT MEDICATION

#### INSULIN ASPART U-100, 10ML VIAL, 3ML PREFILLED SYRINGE (PEN)

Synonym: NOVOLOG, NOVOLOG FLEX PEN

AHFS Category: 68.20.08 INSULINS

HIGH ALERT MEDICATION

NOTE: Insulin pen use on inpatient setting is limited to patients who are new to use of insulin pens and require teaching. The pen will be labeled with the patient name and record number, and stored in a bin assigned to that patient. Under no circumstances are insulin pens to be used for multiple patients.

INSULIN ASPART PROTAMINE 70% / INSULIN ASPART 30%, 3ML PREFILLED SYRINGE (PEN)

Synonym: NOVOLOG 70/30 FLEX PEN

AHFS Category: 68.20.08 INSULINS

HIGH ALERT MEDICATION

NOTE: Insulin pen use on inpatient setting is limited to patients who are new to use of insulin pens and require teaching. The pen will be labeled with the patient name and record number, and stored in a bin assigned to that patient. Under no circumstances are insulin pens to be used for multiple patients.

INSULIN DETEMIR U-100, 10ML VIAL, 3ML PREFILLED SYRINGE (PEN)

Synonym : LEVEMIR, LEVEMIR FLEXTOUCH

AHFS Type: INSULINS (68.20.08)

HIGH ALERT MEDICATION

Restrictions removed October 2015 P&T Meeting

NOTES:

- 1) Insulin pen use on inpatient setting is limited to patients who are new to use of insulin pens and require teaching. The pen will be labeled with the patient name and record number, and stored in a bin assigned to that patient. Under no circumstances are insulin pens to be used for multiple patients.
- 2) Insulin detemir can NOT be mixed with other types of insulin.
- 3) For adult patients requiring insulin detemir dosages of greater than 1 unit/kg, consideration should be given to changing the insulin regimen to NPH OR glargine, which may have better efficacy than insulin detemir at high doses.

INSULIN GLARGINE U-100 (LANTUS) VIAL, 3ML PREFILLED SYRINGE (PEN)

Synonym : LANTUS, LANTUS SOLOSTAR PEN

AHFS Type: INSULINS (68.20.08)

HIGH ALERT MEDICATION

Restrictions removed November P&T 2018

Biosimilar, automatic substitution & interchangeable with any Insulin Glargine per P&T August 2022

NOTE:

Insulin pen use on inpatient setting is limited to patients who are new to use of insulin pens and require teaching. The pen will be labeled with the patient name and record number, and stored in a bin assigned to that patient. Under no circumstances are insulin pens to be used for multiple patients.

INSULIN NPH U-100 INJ 10ML

Synonym: NPH

AHFS Type: INSULINS (68.20.08)

HIGH ALERT MEDICATION

INSULIN HUMAN 100UNIT/100ML NS PREMIX

Synonym: MYXREDLIN

AHFS Type: INSULINS (68.20.08)

HIGH ALERT MEDICATION

INSULIN REGULAR U-100 (HUMAN) 10ML VIAL

AHFS Type: INSULINS (68.20.08)

HIGH ALERT MEDICATION

INSULIN REGULAR U-500 (HUMAN) 20ML VIAL, HUMULIN-R KWIK PEN®

AHFS Type: INSULINS (68.20.08)

HIGH ALERT MEDICATION

NOTE:

- 1) Vials will be stocked for inpatient use and for outpatients using insulin pumps.
- 2) Unlike other insulin pens, inpatient use of U-500 Regular Insulin pens is permitted due to the potential for dosing errors using U-500 vials and U-100 insulin syringes. A pen for an inpatient will be labeled with the patient name and record number, and stored in a bin assigned to that patient. Under no circumstances are insulin pens to be used for multiple patients.

INTRAUTERINE DEVICE (IUD)

Synonym : IUD, PARAGARD

AHFS Type: CONTRACEPTIVES (68.12.00)

Contains copper

IODIXANOL 270MG/ML INJ

Synonym: VISIPAQUE

AHFS Category: ROENTGENOGRAPHY (36.68.00)

HIGH ALERT MEDICATION

Used for pulmonary embolism studies.

IOPAMIDOL 61% INJ 100ML VIAL

Synonym: ISOVUE-300, ISOVUE M-300

AHFS Category: ROENTGENOGRAPHY (36.68.00)

HIGH ALERT MEDICATION

NOTES: Limited to high risk patients as per Radiology policy. PIMC Indications: enhancement of computed tomography imaging.

IOPAMIDOL-M 61% INJ 15ML VIAL

Synonym: ISOVUE M-300

AHFS Type: IODIXANOL 270MG/ML INJ

Synonym: VISIPAQUE

AHFS Category: ROENTGENOGRAPHY (36.68.00)

HIGH ALERT MEDICATION

Restricted to radiology, for use in hysterosalpingograms.

IOTHALAMATE MEGLUMINE 60% INJ

Synonym: CONRAY-60

AHFS Type: ROENTGENOGRAPHY (36.68.00)

HIGH ALERT MEDICATION

IPRATROPIUM 0.02% U/D SVN SOLN 75ML/BX

Synonym: ATROVENT

AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)

IPRATROPIUM/ALBUTEROL (DUONEB) INHL 3ML

Synonym: DUONEB

AHFS Type: 12.12.00

Contains 500mcg ipratropium and 2.5mg albuterol/3ml

IPRATROPIUM INHALER (MDI) 14.7GM

Synonym: ATROVENT

AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)

IRON SUCROSE COMPLEX 20MG/ML INJ 5ML

Synonym: VENOFER

AHFS Type: IRON PREPARATIONS (20.04.04)

NOTE: For Intravenous use only. DOSING INFORMATION: Dosage is expressed in terms of mg of elemental iron. Each ml contains 20mg elemental iron. Most CKD patients will require a minimum cumulative repletion dose of 1,000 mg of elemental iron, administered over sequential sessions. Usual regimen is 200mg given on 5 separate occasions over a 14 day period. Other regimens have been studied (see below).

ADMINISTRATION:

- 1) May be administered by direct IV (undiluted) over 2 to 5 minutes – maximum dose by this route is 200mg, repeat no more often than every other day.
- 2) May be diluted in normal saline and administered as an infusion
  - a. 300mg in 250 ml NS infused over 1.5 hours every other day for 3 doses

HIGH ALERT MEDICATION

ISONIAZID 300MG TAB

Synonym: INH

AHFS Type: ANTITUBERCULOSIS AGENTS (8.16.00)

NOTE: for safety reasons (overdose toxicity) – maximum dispense quantity is 10 grams of INH or (~33 tablets of 300mg). Antidote for overdose is injectable pyridoxine, stocked in 2<sup>nd</sup> floor pharmacy when available, on manufacture backorder.

ISONIAZID 100MG/ML 10ML INJ

Synonym: INH

AHFS Type: ANTITUBERCULOSIS AGENTS (8.16.00)

ISONIAZID 50MG/5ML ORAL SYRUP

Synonym: INH

AHFS Type: ANTITUBERCULOSIS AGENTS (8.16.00)

ISOSORBIDE DINITRATE 10MG TAB, 20MG TAB

Synonym: ISORDIL, SORBITRATE

AHFS Type: VASODILATING AGENTS (24.12.00)

- 1) Not sustained release
- 2) Dose with 10 to 14 hour drug free interval to avoid tolerance
- 3) Standard dose time is 0800-1300-1800 (8AM-1PM-6PM)

ISOSORBIDE MONONITRATE 30MG XR TAB, 60MG XR TAB, 120MG XR TAB

Synonym: IMDUR

AHFS Type: VASODILATING AGENTS (24.12.00)

ISOSULFAN BLUE INJ 10MG/ML

Synonym: LYMPHAZURIN, LYM-100

AHFS Type: DIAGNOSTIC AIDS (36.00.00)

Diagnostic aid

ISOTRETINOIN 40MG CAP

Synonym: ACCUTANE

AHFS Type: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.36.00)

HIGH ALERT MEDICATION

Prescribing must follow iPledge program guidelines.

- 1) The decision to offer therapy must be made by dermatology.
- 2) Provider must be certified to prescribe isotretinoin through provider certification program.
- 3) Dispensing and return process follow iPledge program.
- 4) Maximum dispense quantity is 1-month

IVERMECTIN 3MG TAB

Synonym: STROMEKTOL

AHFS Type: ANTHELMINTHIC (08.08)

Restricted to:

For treatment of LICE

1. Permethrin 1% Lotion is recommended by CDC as first-line therapy for lice. A second treatment often is necessary on day 9 to kill any newly hatched eggs.
2. Ivermectin 200mcg/kg oral (2 doses given 9 or 10 days apart) may be used as alternative for patients who have failed to respond to two topical permethrin treatments, or for patients who cannot tolerate or are unable to appropriately use topical permethrin.

For treatment of SCABIES:

1. Permethrin 5% cream is recommended by CDC as first-line therapy for scabies. Re-treatment with permethrin cream is indicated if symptoms persist beyond 2 weeks after treatment.
2. Ivermectin 200mcg/kg oral (2 doses given 7 days apart) is recommended by CDC as alternative scabicide for patients who have failed to respond to two topical permethrin treatments, or for patients who cannot tolerate or are unable to appropriately use topical permethrin.
3. For crusted (Norwegian) scabies, in combination with permethrin 5% cream:
  - a. Permethrin 5% cream topically is recommended on days 1, 4, and 7, PLUS
  - b. Ivermectin 200mcg/kg orally is recommended on days 1, 2, and 8.
  - c. Extended duration/additional treatments may be needed for severe cases.

JYNNEOS VACCINE, INJ

Synonym: JYNNEOS

AFHS Type: VACCINES (80.12.00)

For adult use per ACIP (CDC) guidelines.

KETAMINE INJ 50MG/ML, 100MG/ML

Synonym : KETALAR

AHFS Type: UNCLASSIFIED AGENT 99.99.00

HIGH ALERT MEDICATION

For use by Anesthesia or credentialed ED physicians

Restricted to ED providers for infusion to treat acute pain in the emergency department.

KETOCONAZOLE 2% CREAM

Synonym: Nizoral

AHFS Type: ANTIFUNGAL AGENTS (84.04.08)

Restricted to failure of, or adverse effects to clotrimazole cream.

KETOCONAZOLE 2% SHAMPOO

Synonym: Nizoral

AHFS Type: ANTIFUNGAL AGENTS (84.04.08)

KETOROLAC 0.5% OPTH SOLN 10ML

Synonym : ACULAR

AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)

Restricted to Ophthalmology and Optometry

This is 1<sup>st</sup> line NSAID (per P&T Committee Aug 2013)

KETOROLAC INJ. 30MG/1ML VIAL/SYRINGE, 60MG/2ML VIAL

Synonym: TORADOL

AHFS Type: OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.04.92)

NOTES:

Restrictions:

Adults (> 16 years): Short-term (not to exceed 5 days) management of moderate-to-severe acute pain requiring analgesia at the opioid level.

Pediatrics (age 2-16): Restricted to single dose treatment for management of moderate-to-severe acute pain or post-operative pain.

KETOTIFEN 0.025% OPTH SOLN 5ML

Synonym: ZADITOR

AHFS type: EENT PREPARATIONS, ANTIALLERGIC AGENTS (52.02)

NOTE: drug of choice for treatment of allergic conjunctivitis by non-Eye providers. (P&T 8/2008)

LABETALOL 200MG TAB, 100MG/20ML VIAL

Synonym : TRANDATE, NORMODYNE

AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)

HIGH ALERT MEDICATION

LACTOBACILLUS CAPLETS

Synonyms: BACID, ACIDOPHILUS

AHFS Type: ANTI-DIARRHEA AGENTS (56.08.00)

NOTE: Restricted to:

- 1) Treatment of patients with C. Difficile associated diarrhea (CDAD) as an adjunct to standard antibiotic therapy.
- 2) For prevention of recurrence of CDAD, in patients who have a history of CDAD and are prescribed antibiotics.

LACTULOSE SOLUTION 473ML

Synonym: CHRONULAC, CEPHULAC

AHFS Type: AMMONIA DETOXICANTS (40.10.00)

LAMOTRIGINE 5MG CHEWABLE, 25MG TAB, 100MG TAB

Synonym: LAMICTAL

AHFS Type: ANTICONSULSANTS, MISCELLANEOUS (28.12.92)

Initial prescription for a given patient must be ordered by:

- a) Behavioral Health - for mood stabilization
- b) Neurology - for treatment of seizures

Slow titration over 4 weeks is recommended for all patients due to risk of rash which may be serious, and includes reports of Stevens-Johnson syndrome. Risk is higher in pediatric population, co-administration of valproic acid, and doses exceeding those recommended.  
See labeling for prescribing information.

#### LANOLIN 60GM

Synonym LANSINOH

AHFS Type: EMOLLIENTS, DEMULCENTS, AND PROTECTANTS (84.24.00)

NOTE: For nipple care in breast feeding mothers

#### LANSOPRAZOLE 15MG CAP, 30MG CAP

Synonym: PREVACID

AHFS Type: 56.28.36 Proton-pump Inhibitors

Restricted to:

- 1) Diagnosis of GERD not responding to omeprazole and pantoprazole, or in patients with intolerance to omeprazole and pantoprazole.
- 2) Patient with GI toxicity to NSAIDs, after a trial of NSAIDs with a low risk of GI toxicity, and intolerance to omeprazole and pantoprazole.

#### LANSOPRAZOLE 3MG/ML SUSPENSION KIT (POWDER FOR RECONSTITUTION)

Synonym: FIRST-LANSOPRAZOLE

AHFS Type: 56.28.36 Proton-pump Inhibitors

Restricted to:

- 1) Infants less than one year of age.
- 2) Patients who are unable to swallow capsules that are opened and sprinkled on soft food.

#### LATANOPROST EYE DROPS

Synonym: XALATAN

AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)

Restricted to Ophthalmology and Optometry for initial prescription.

NOTES: Refrigerate until dispensed.

#### LEFLUNOMIDE 10MG TAB, 20MG TAB

Synonym: ARAVA

AHFS Type: DISEASE MODIFYING ANTI-RHEUMATIC AGENTS (92.36.00)

Restricted to:

- 1) Patients with RA who fail or are intolerant to methotrexate, -AND-
- 2) Rheumatology clinic use or documented verbal consult with Rheumatologist

NOTE:

- 1) High potential for teratogenicity. Patients must have reliable method of birth control documented prior to use.
- 2) Due to the risk of severe liver injury (including 14 fatal cases) associated with use of leflunomide use, the following FDA recommendations were adopted for monitoring leflunomide therapy (P&T decision 07/2010 & 08/2018):
  - a. draw monthly LFTS (ALT) at baseline, and then at least every 3 months thereafter.
  - b. If the ALT rises to greater than 3 x ULN, leflunomide should be discontinued & cholestyramine washout begun.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

#### LETROZOLE 2.5MG TAB

Synonym: FEMARA

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

Restricted to Oncology Service for treatment of breast cancer.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

#### LEUCOVORIN 5MG TAB

Synonym: FOLINIC ACID

AHFS Type: ANTIDOTES (92.12.00)

HIGH ALERT MEDICATION

NOTE: In combination with low dose methotrexate, maximum recommended dose is 5mg once weekly, given 24 hours after weekly methotrexate dose. Added to formulary 12/17/2008.

#### LEUPROLIDE ACETATE INJ 3.75MG VIAL

Synonym: LUPRON

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

HIGH ALERT MEDICATION

Restricted to OB/GYN

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

LEVETIRACETAM 500MG TAB, 100MG/ML ORAL SOLUTION, 500MG/5ML INJ

Synonym: KEPPRA

AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)

LEVETIRACETAM EXTENDED-RELEASE 500MG TAB, 750MG TAB

Synonym: KEPPRA XR

AHFS Type: MISCELLANEOUS ANTICONVULSANTS

Restrictions: Immediate-release levetiracetam is preferred formulation due to cost. Levetiracetam extended-release is approved as second-line agent for patients with breakthrough seizures or documented adherence issues with immediate-release form.

LEVOFLOXACIN 250MG TAB, 500MG TAB, 750MG TAB

Synonym: LEVAQUIN

AHFS Type: QUINOLONES (8.22.00)

Restricted to:

1. Treatment of community acquired pneumonia (CAP)
2. Step-down therapy for patients who have been treated with intravenous levofloxacin during their hospitalization.
3. Salvage regimen for *Helicobacter Pylori* treatment (per P&T 7/2017):  
Levofloxacin 500mg po qday x 14 days  
Amoxicillin 1gm po bid x 10 14 days\*  
Omeprazole 20 mg po bid x 14 days  
\* in penicillin allergic patients, substitute Metronidazole 500mg po tid x 14 days for amoxicillin  
(See Bismuth Subsalicylate and Clarithromycin listings for other *H. Pylori* regimens).
4. Third-line alternative treatment of chlamydia trachomatis infection (dose 500mg po qday x 7 days). Preferred 1st and 2nd line agents are azithromycin and doxycycline, respectively.
5. Prevention and/or treatment of intraocular infections as recommended by ophthalmologist.
6. Treatment of epididymitis a) in patients 35 years of age or older who are at low risk for sexually transmitted infections or b) in patients of any age who practice insertive anal intercourse in combination with ceftriaxone  
NOTE: Fluoroquinolones are not recommended for the treatment of acute epididymitis if gonorrhea is suspected because of the widespread resistance of *N. gonorrhoeae* to these drugs.

Additional considerations:

1. The recommended adult dose for CAP is 750mg Q DAY for at least 5 days.
2. For patients who have received recent fluoroquinolone therapy (within past 3 months), an alternative regimen should be selected; for example:
  - a) Azithromycin 500mg po x 1, then 250mg po qday x 4 days OR Doxycycline 100mg po bid x 7 – 10 days  
PLUS
  - b) Amoxicillin 1gm po tid

LEVOFLOXACIN INJ 500MG/20ML VIAL, 500MG/100ML BAG, 750MG/150ML BAG

Synonym: LEVAQUIN

AHFS Type: QUINOLONES (8.22.00)

Restricted to inpatient treatment of pneumonia. An initial dose may be administered in the ED for patients who will be admitted or unable to tolerate po.

LEVONORGESTREL 19.5 MCG/DAY IUD

Synonym: INTRAUTERINE DEVICE, IUD, KYLEENA

AHFS Type: CONTRACEPTIVES (68.12.00)

LEVONORGESTREL 20 MCG/DAY IUD

Synonym: INTRAUTERINE DEVICE, IUD, MIRENA

AHFS Type: CONTRACEPTIVES (68.12.00)

LEVONORGESTREL 1.5 MG TAB

Synonym: PLAN B – ONE STEP

AHFS type: CONTRACEPTIVES (68.12.00)

Notes: Use of this agent will conform to IHS policy for emergency contraception.

LEVOTHYROXINE TAB: 0.025MG (ORANGE), 0.05MG (WHITE), 0.075MG (VIOLET), 0.088MG (GREEN), 0.1MG (YELLOW), 0.112MG (PINK) TAB, 0.125MG (TAN), 0.15MG (BLUE), 0.175MG (LILAC)

Synonym: SYNTHROID, LEVOXYL, EUTHYROX

AHFS Type: THYROID AGENTS (68.36.04)

(As per April 2019 P&T decision, PIMC no longer carries brand name Synthroid®)

LEVOTHYROXINE 0.1MG INJ

Synonym: SYNTHROID, LEVOXYL, EUTHYROX

AHFS Type: THYROID AGENTS (68.36.04)

NOTE: single use injection vial, stable for 2 hours after mixing. Mix with saline.

LIDOCAINE 1% INJ 20ML VIAL, 50ML VIAL

Synonym: XYLOCAINE

AHFS Type: LOCAL ANESTHETICS (72.00.00)

LIDOCAINE 1% W/EPI INJ 20ML

Synonym: XYLOCAINE

AHFS Type: LOCAL ANESTHETICS (72.00.00)

LIDOCAINE 2% INJ 100MG/5ML SYR

AHFS Type: ANTIARRHYTHMIC AGENTS (24.04.04)

NOTE: In pre-filled syringe containing 100mg/5ml for direct IV injection.

HIGH ALERT MEDICATION

LIDOCAINE 2% INJ 20ML VIAL

AHFS Type: LOCAL ANESTHETICS (72.00.00)

LIDOCAINE 2% JELLY 6ML SYRINGES

Synonym: GLYDO

AHFS Type: LOCAL ANESTHETICS (72.00.00)

NOTE: For clinic and inpatient use only. Not to be dispensed OTC, use Regenecare

LIDOCAINE 2% JELLY 85GM TUBE

Synonym: REGENECARE and REGENECARE HA

AHFS Type: LOCAL ANESTHETICS (72.00.00)

NOTE: two different formulations stocked based on availability, with aloe vera or hydrogel

LIDOCAINE 2% W/EPI 30ML INJ

AHFS Type: LOCAL ANESTHETICS (72.00.00)

LIDOCAINE 4% TOPICAL SOLN 50ML

AHFS Type: LOCAL ANESTHETICS (72.00.00)

LIDOCAINE 5% OINT 35GM

AHFS Type: ANTIPRURITIS AND LOCAL ANESTHETICS (84.08.00)

LIDOCAINE 5% PATCH

Synonym: LIDODERM

AHFS Type: ANTIPRURITIS AND LOCAL ANESTHETICS (84.08.00)

LIDOCAINE VISCOUS 2% ORAL SOLN

AHFS Type: LOCAL ANESTHETICS (72.00.00)

LIDOCAINE-MPF 1% INJ 30ML VIAL

Synonym : XYLOCAINE-MPF

AHFS Type: LOCAL ANESTHETICS (72.00.00)



NOTE: 30ml single dose vial contains 10mg/ml. Methylparaben free for infiltration and & nerve block including caudal & epidural use

#### LIDOCAINE-MPF 2% INJ 10ML VIAL

Synonym: XYLOCAINE-MPF

AHFS Type: LOCAL ANESTHETICS (72.00.00)

NOTE: in 10ml single dose vial contains 20mg/ml. Methylparaben free for infiltration and & nerve block including caudal & epidural use

#### LIDOCAINE/PRILOCAINE TOP CREAM 30GM

Synonym: LIDOCAINE 2.5%/PRILOCAINE 2.5%, EUTECTIC MIXTURE OF LOCAL ANESTHETICS

AHFS Type: LOCAL ANESTHETICS (72.00.00)

- 1) For Pediatric Use. Apply at least one hour before the start of a routine procedure and two hours before a painful procedure. Cover with occlusive dressing.
- 2) For Dental use alone or prior to local anesthetic injection to enhance analgesia in selected difficult cases.

#### LINEZOLID 600MG TAB

Synonym : ZYVOX

AHFS Type: MISCELLANEOUS ANTI-INFECTIVES (8.40.00)

- 1) Medicine, Surgery, or Pediatric Service may prescribe for serious, culture confirmed infections due to Methicillin-Resistant Staphylococcus Aureus or Vancomycin-Resistant Enterococcus.
- 2) To be used after failure of trial of another agent, or if resistance to other oral agents, or allergy/contraindication to alternative agents.
- 3) The patient is or will be a good candidate for outpatient and/or oral therapy.
- 4) Avoid concomitant use with SSRI's, MAOI's, and tyramine containing foods.

NOTES:

- 1) Suggested empiric therapy for patients with suspected MRSA should include either trimethoprim/sulfa, doxycycline, or minocycline. Clindamycin may be effective but MRSA susceptibility rates are lower for clindamycin (~80%) than for tetracycline (97%) or trimethoprim/sulfa (95%).
- 2) Patients with MRSA should receive local measures such as a total body wash to facilitate eradication of the organism.

#### LINEZOLID INJ 600MG/300ML BAG

Synonym: ZYVOX

AHFS Type: MISCELLANEOUS ANTI-INFECTIVES (8.40.00)

- 1) Medicine, Surgery, or Pediatric Service may prescribe for serious, culture confirmed infections due to Methicillin-Resistant Staphylococcus Aureus or Vancomycin-Resistant Enterococcus.
- 2) To be used after failure of trial of another agent, or if resistance to other agents, or allergy/contraindication to alternative agents.
- 3) Avoid concomitant use with SSRI's, MAOI's, and tyramine containing foods.
- 4) May be prescribed empirically as an alternative to Vancomycin for complicated/high risk pneumonia as part of pneumonia protocol
- 5) May be prescribed empirically in patients with renal insufficiency as an alternative to Vancomycin for serious infections
- 6) If vancomycin cannot be used, daptomycin is preferred over linezolid for MRSA bacteremia due to its cidal activity versus linezolid, which is static.

#### LIOTHYRONINE 5MCG TAB, 25MCG TAB

Synonym: CYTOMEL

AHFS Type: THYROID AGENTS (68.36.04)

Restricted to endocrinology use or upon endocrinology consultation.

#### LISDEXAMFETAMINE 20MG CAP, 30MG CAP, 50MG CAP, 70MG CAP

Synonym: VYVANSE

AHFS Type: AMPHETAMINES (28.20.04)

CII Controlled Substance

Notes:

- 1) Restricted to use by Behavioral Health, Pediatric Clinic, and Family Practice for treatment of ADHD.
- 2) The prescriber may order up to three separate 28 day prescriptions, designating future fill dates in the comments field. Pharmacy will then process these prescriptions on or after the designated date(s).
- 3) Maximum day supply is 30 due to cost/insurance considerations. (P&T March 2016). A 28 day supply allows prescription re-issuance to occur on the same day of the week.

4) Prescribers must check PDMP for all new prescriptions and on an annual basis (P&T May 2020)

LISINOPRIL 5MG TAB, 10MG TAB, 20MG TAB, 40MG TAB

Synonym: PRINIVIL, ZESTRIL

AHFS Type: HYPOTENSIVE AGENTS (24.08.00)

NOTE: Initial dose in patients with ClCr <30ml/min is 5mg

LITHIUM CARBONATE ER 300MG TAB, 450MG TAB

Synonym: LITHOBID

AHFS Type: ANTIMANIC AGENTS (28.28)

For Psychiatry department only

LOPERAMIDE 1MG/7.5ML ORAL LIQUID 120ML

Synonym: IMODIUM

AHFS Type: ANTIDIARRHEA AGENTS (56.08.00)

LOPERAMIDE 2MG CAP

Synonym: IMODIUM

AHFS Type: ANTIDIARRHEA AGENTS (56.08.00)

LORATADINE 10MG TAB, 5MG/ML ORAL SOLUTION

Synonym: CLARITIN

AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

LORAZEPAM 0.5MG, 1MG, 2MG TAB

Synonym: ATIVAN

AHFS Type: BENZODIAZEPINES (28.24.08)

NOTE: 1mg approximately equal to 5mg of diazepam

CIV Controlled Substance

NOTES:

A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.

Controlled substance III or IV may not be authorized for more than 5 refills.

LORAZEPAM INJ 2MG/ML-1ML VIAL, 2MG/ML- 10ML VIAL

Synonym : ATIVAN

AHFS Type: BENZODIAZEPINES (28.24.08)

HIGH ALERT MEDICATION

NOTES: Must be refrigerated (stored in C2 safe refrigerator). Preferred over diazepam for IM injections. 1mg lorazepam approximately equal to 5mg diazepam. The 10ml vial size is for ICU only. CIV Controlled substance

LOSARTAN 25MG, 50MG, 100MG TAB

Synonym : COZAR

AHFS Type: ANGIOTENSIN II RECEPTOR ANTAGONISTS (24.32.08)

LOTEPREDNOL 0.5% OPHTHALMIC SUSP, 10ML BT

Synonym: LOTEMAX

AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)

NOTE: Restricted to Ophthalmology and Optometry.

LUBRICANT SURG FOIL PAK

Synonym : SURGILUBE, KY JELLY

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

LUBRICANT, OCULAR 3.5GM

Synonym : LACRI LUBE, HYPOTEARs

AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

LUBRICANT, OCULAR DROPS 15ML

Synonym : HYPOTEARs

AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

LUBRICANT, SURGICAL 120GM

Synonym : SURGILUBE, KY JELLY

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

LURASIDONE 20MG TAB, 40MG TAB, 60MG TAB, 120MG TAB

Synonym: LATUDA

AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)

NOTES: Initial prescriptions should be written by a behavioral health provider. Other providers may prescribe for continuation of therapy.

MAGNESIUM CITRATE SOLN 300ML

Synonym : CITRATE OF MAGNESIA

AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

NOTE:

- 1) The standardized order prior to flexible sigmoidoscopy is: Magnesium Citrate - One bottle (300ml) the night prior to the procedure, followed by clear liquids the day of the procedure. Fleets enema x 2 may be used prior to the procedure if stool is still present.
- 2) As a cathartic in poisonings, the usual dose is: Adult: 300ml (1 bottle), Peds: 4ml/kg

MAGNESIUM OXIDE 400MG TAB

AHFS Type: ANTACIDS AND ADSORBENTS (56.04.00)

NOTE: Each tablet contains 20mEq of magnesium.

MAGNESIUM SULFATE 50% INJ 1GM/2ML VIAL, 5GM/10ML VIAL

AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)

HIGH ALERT MEDICATION

MAGNESIUM SULFATE 40MG/ML INJ, 2GM/50ML BAG, 4GM/100ML BAG; 20GM/500ML BAG

AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)

HIGH ALERT MEDICATION

NOTES:

20gm/500ml infusion for use in OB ONLY (Pre-Eclampsia)

MANNITOL 25% INJ

AHFS Type: OSMOTIC DIURETICS (40.28.12)

MAVYRET TAB

Synonym: GLECAPREVIR/PIBRENTASVIR

AHFS Type: HCV ANTIVIRALS (8.18.40)

NOTE: Restricted to Sage Clinic

MAXZIDE (generic) 75/50 tab

Synonym: HYDROCHLOROTHIAZIDE/TRIAMTERENE

AHFS Type: POTASSIUM-SPARING AND THIAZIDE DIURETICS (40.28.16 AND 40.28.20)

NOTE: each tablet contains hydrochlorothiazide 50mg & triamterene 75mg

MEASLES/MUMPS/RUBELLA VACCINE, LIVE

Synonym : MMR

AHFS Type: VACCINES (80.12.00)

Approved for use per ACIP (CDC) guidelines.

NOTE: Refrigerated or frozen.

MEASLES/MUMPS/RUBELLA/VARICELLA VACCINE, LIVE

Synonym : PROQUAD, MMRV

Approved for use per ACIP (CDC) guidelines.

NOTE: Frozen. Requires reconstitution.

MECLIZINE 25MG TAB

Synonym: ANTIVERT, BONINE

AHFS Type: ANTIEMETICS (56.22.00)

MECLIZINE 25MG CHEWABLE TAB

Synonym: ANTIVERT, BONINE

AHFS Type: ANTIEMETICS (56.22.00)

MEDROXYPROGESTERONE 2.5MG TAB, 10MG TAB

Synonym: PROVERA

AHFS Type: PROGESTINS (68.32.00)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

MEDROXYPROGESTERONE ACETATE INJ 150MG/ML

Synonym: DEPO-PROVERA

AHFS Type: PROGESTINS (68.32.00)

Repeat every 13 weeks (91 days)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

MEGESTROL ACETATE 40MG TAB, 40MG/ML SUSP

Synonym: MEGACE

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

MELATONIN 3MG TAB

AHFS Type: OTHER MISCELLANEOUS THERAPEUTIC AGENTS (92.92.00)

MELOXICAM 7.5MG TAB, 15MG TAB

Synonym: MOBIC

AHFS Type: OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.04.92)

MEMANTINE 5MG TAB, 10MG TAB, 2MG/ML ORAL SOLUTION

Synonym: NAMENDA

AHFS Type: CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS (28.92)

Initial prescription is restricted to Neurology or upon neurologist recommendation.

MENINGOCOCCAL B VACCINE INJ

Synonym: BEXSERO, TRUMENBA\*

AHFS Type: VACCINES (80.12.00)

Approved for use per ACIP (CDC) guidelines.

NOTE: **Bexsero** and **Trumenba**. These two vaccines are **NOT interchangeable** and the same vaccine must be used for all doses:

- **Bexsero**: 2-dose series
- **Trumenba**: 3-dose series, also recently approved for 2-dose series (6 months apart)

MENINGOCOCCAL DIPHTHERIA TOXOID CONJ. VACCINE INJ

Synonym: MENQUADFI, MenACWY

AHFS Type: VACCINES (80.12.00)

Approved for use per ACIP (CDC) guidelines. Includes serogroups A,C,Y, and W (quadrivalent). Refrigerated

Note: MENQUADFI replaces MENACTRA per P&T approval May 2022

MENTHOL/ ZINC OXIDE OINTMENT

Synonym: CALMOSEPTIN

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

Restrictions: Approved for use by podiatry, surgery and ob/gyn only

MEPERIDINE INJ 25MG SYR, 50MG SYR

Synonym: DEMEROL

AHFS Type: OPIATE AGONISTS (28.08.08)

HIGH ALERT MEDICATION

CII Controlled substance. Not dispensed for outpatient use.

Restricted to patients who do not have renal impairment, defined as:

- 1) Serum creatinine greater than 1.3 mg/dL, or
- 2) Calculated GFR less than 50 ml/min

For the following indications:

- 1) Short term (maximum 72 hours) treatment of moderate-severe acute pain in patients who are 65 years of age or less.
- 2) Peri-procedural analgesia (e.g. GI, Surgical, Interventional Radiological Procedures).
- 3) Treatment of post-anesthesia shivering.
- 4) Treatment or prevention of drug (e.g. amphotericin) or blood-product related rigors.
- 5) Maximum daily dose = 600 mg.

#### MEPIVACAINE 1.5% INJ. 30ML

Synonym: POLOCAINE

AHFS Type: LOCAL ANESTHETICS (72.00.00)

Restricted to Anesthesia, Surgery & OB-GYN services.

#### MEROPENEM INJ 500MG, 1GM VIAL

Synonym : MERREM

AHFS Type: MISC. ANTIBIOTICS (8.12.28)

Restricted to:

- 1) Prophylaxis of infective complications in the setting of acute necrotizing pancreatitis
  - a) Prophylactic antibiotics have no proven benefit in mild to moderate pancreatitis without necrotization
  - b) May be used empirically in the setting of severe pancreatitis (e.g. associated shock, peritonitis, respiratory depression, etc.) while awaiting results of contrast-enhanced CT scan confirming necrotizing pancreatitis
  - c) Limit antibiotic duration to 7-10 days, since longer durations have been associated with development of resistant bacteria and fungal infections
- 2) Serious infections caused by organisms resistant (proven by culture and sensitivity) to other formulary agents
- 3) Serious infections caused by extended-spectrum beta-lactamase (ESBL) positive organisms when susceptibility is unknown.
- 4) Serious infections in patients with an allergy or intolerance to other formulary agents

NOTES:

- 1) Should not be used in patients with a history of severe beta-lactam allergy due to cross-reactivity
- 2) Dosed based on indication; Usual dose 500mg to 2gm q 8hrs
- 3) Adjust dosing for CrCl <50 mL/min

#### MESALAMINE 375MG SR CAP

Synonym: APRISO

AHFS Type: ANTI-INFLAMMATORY AGENTS (56.36.00)

Initial prescription is restricted to Gastroenterology for use in colitis.

#### MESALAMINE 4GM/60ML ENEMA

Synonym: ROWASA

AHFS Type: ANTI-INFLAMMATORY AGENTS (56.36.00)

Restricted to Gastroenterology for use in colitis.

#### METFORMIN 500MG, 850MG, 1000MG TAB

Synonym: GLUCOPHAGE

AHFS Type: BIGUANIDES (68.20.04)

Recommended precautions (FDA labeling changes April 2016):

- 1) Before starting metformin, obtain the patient's eGFR.
- 2) Metformin is contraindicated in patients with an eGFR < 30 ml/min/1.73m<sup>2</sup>.
- 3) Starting metformin in patients with an eGFR between 30-45 ml/min/1.73m<sup>2</sup> is not recommended.
- 4) Obtain an eGFR at least annually in all patients taking metformin, and more frequently in patients at risk for development of renal impairment (e.g. elderly).
- 5) In patients whose eGFR falls below 45 ml/min/1.73m<sup>2</sup>, assess the benefits and risks of continuing treatment. Discontinue metformin if the patient's eGFR later falls below 30 ml/min/1.73m<sup>2</sup>.
- 6) Discontinue metformin at the time of or before an iodinated contrast imaging procedure in patients with an eGFR between 30 and 60 ml/min/1.73m<sup>2</sup>; in patients with a history of liver disease, alcoholism, or heart failure; or in patients who will be administered intra-arterial iodinated contrast. Re-evaluate eGFR 48 hours after the imaging procedure; restart metformin if renal function is stable.

**METFORMIN XR 500MG TAB**

Synonym: GLUCOPHAGE XR

AHFS Type: BIGUANIDES (68.20.04)

NOTE: Restrictions on extended release deleted February 2006. See the Metformin 500mg listing for additional use guidelines and warnings (immediate release form).

**METHADONE 10MG TAB**

Synonym: DOLOPHINE

AHFS type: OPIATE AGONISTS (28.08.08)

**NOTES:**

- 1) Methadone was removed from formulary in June 2015, but later re-added (see section 3 below). Patients who were being treated with methadone for pain as of June 17, 2015 were "grandfathered" to continue therapy.
- 2) Any new initiation of methadone for treatment of pain is non-formulary and requires submission of a non-formulary request, with justification.
- 3) Per P&T action June 2017: methadone was added back to formulary but approved only for use to maintain or detoxify an opioid addicted patient, as an adjunct to medical or surgical treatment of conditions other than addiction, and only during hospitalization (may not be dispensed at discharge). See pharmacy for copy of DEA rules.

CII Controlled substance. May not be refilled.

**METHAZOLAMIDE 50MG TAB**

Synonym: NEPTAZANE

AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)

**METHENAMINE HIPPURATE 1GM TAB**

Synonym: HIPREX

AHFS Type: URINARY ANTI-INFECTIVES (8.36.00)

**METHIMAZOLE 10MG TAB**

Synonym: TAPAZOLE

AHFS Type: ANTITHYROID AGENTS (68.36.08)

**METHOCARBAMOL 750MG TAB**

Synonym: ROBAXIN

AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)

**METHOTREXATE 2.5MG TAB**

Synonym: AMETHOPTERIN

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

HIGH ALERT MEDICATION

NOTE: Maximum order quantity is 90 days supply

New prescription must be entered each time (no refills)

Recommended monitoring labs: CBC, CMP Q 2-3 months

Provider may use methotrexate order set to order MTX and labs.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

**METHOTREXATE INJ 50MG/2ML VIAL**

Synonym: AMETHOPTERIN

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

HIGH ALERT MEDICATION

NOTE: When used for rheumatological disease management -

Maximum order quantity is 90 days supply

Recommended monitoring labs: CBC, CMP Q 2-3 months

Provider may use methotrexate order set to order MTX and labs.

Dispensing in anything other than vial, requires handling/ preparation in BSC

\*Stored in MAIN pharmacy hazardous drug shelf\*

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

**METHYLDOPA 250MG TAB, 500MG TAB**

Synonym: ALDOMET

AHFS Type: HYPOTENSIVE AGENTS (24.08.00)

METHYLENE BLUE 0.5%, 1% 10ML INJ

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

NOTE: 0.5% or 1% depending on availability

METHYLERGONOVINE 0.2MG TAB

Synonym: METHERGINE

AHFS Type: OXYTOCICS (76.00.00)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

METHYLERGONOVINE INJ 0.2MG/ML VIAL

Synonym: METHERGINE

AHFS Type: OXYTOCICS (76.00.00)

Requires refrigeration.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

METHYLPHENIDATE 10MG TAB, 5MG TAB

Synonym: RITALIN

AHFS Type: RESPIRATORY AND CNS STIMULANTS (28.20.32)

CII Controlled Substance

Notes:

- 1) Restricted to use by Behavioral Health, Pediatric Clinic, and Family Practice for treatment of ADHD.
- 2) Up to a 90 day supply may be prescribed if the prescription is for the same drug and same dose as the prior prescription.
- 3) For any new starts, or changes in dose, the prescriber may order up to three separate 28 day prescriptions, designating future fill dates in the comments field. Pharmacy will then process these prescriptions on or after the designated date(s).
- 4) Prescribers must check PDMP for all new prescriptions and on an annual basis (P&T May 2020).

METHYLPHENIDATE 18MG XR TAB, 27MG XR TAB, 36MG XR TAB, 54MG XR TAB

Synonym: CONCERTA

AHFS Type: RESPIRATORY AND CNS STIMULANTS (28.20.32)

CII Controlled Substance

Notes:

- 1) Restricted to use by Behavioral Health, Pediatric Clinic, and Family Practice for treatment of ADHD.
- 2) Up to a 90 day supply may be prescribed if the prescription is for the same drug and same dose as the prior prescription.
- 3) For any new starts, or changes in dose, the prescriber may order up to three separate 28 day prescriptions, designating future fill dates in the comments field. Pharmacy will then process these prescriptions on or after the designated date(s).
- 4) Prescribers must check PDMP for all new prescriptions and on an annual basis (P&T May 2020).

METHYLPREDNISOLONE ACETATE 40MG/1ML VIAL, 80MG/1ML VIAL

Synonym: DEPO-MEDROL

AHFS Type: ADRENALS (68.04.00)

METHYLPREDNISOLONE SOD SUCCINATE INJ 40MG VIAL, 125MG VIAL, 500MG VIAL, 1GM VIAL

Synonym: SOLU-MEDROL

AHFS Type: ADRENALS (68.04.00)

METHYLSALICYLATE 15% AND MENTHOL 10% ANALGESIC BALM

Synonym: BEN-GAY

AHFS Type: NON-STEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.04)

METOCLOPRAMIDE 10MG TAB

Synonym: REGLAN

AHFS Type: PROKINETIC AGENTS (56.32.00)

NOTE: Manufacturers must add a boxed warning about the risk of tardive dyskinesia associated with high dose or long-term use. The symptoms are rarely reversible and there is no known treatment.

- 1) A dietary consult is recommended for patients with gastroparesis
- 2) Confirmation of the gastroparesis diagnosis by GI is recommended BEFORE embarking on long-term treatment with metoclopramide.
- 3) The prescribing physician must document patient discussion and education (through use of Metoclopramide order templates).

METOCLOPRAMIDE 5MG/5ML ORAL SYRUP

Synonym: REGLAN

AHFS Type: PROKINETIC AGENTS (56.32.00)

METOCLOPRAMIDE INJ 10MG/2ML VIAL

Synonym: REGLAN

AHFS Type: PROKINETIC AGENTS (56.32.00)

NOTE: Protect from light. May turn yellow on prolonged exposure.

METOLAZONE 2.5MG TAB, 5MG TAB, 10MG TAB

Synonym: ZAROXOLYN

AHFS Type: THIAZIDE-LIKE DIURETICS (40.28.24)

METOPROLOL 25MG TAB, 50MG TAB

Synonym: LOPRESSOR

AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)

METOPROLOL-XR (SUSTAINED-ACTION) 25MG TAB, 50MG TAB, 200MG TAB

Synonym: TOPROL-XR

AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)

METOPROLOL INJ 5MG/5ML AMP

Synonym: LOPRESSOR

AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)

HIGH ALERT MEDICATION

METRONIDAZOLE 0.75% LOTION 59ML

AHFS Type: MISCELLANEOUS ANTI-INFECTIVES (8.40.00)

Restricted to treatment of Rosacea complicated by dry skin.

METRONIDAZOLE 1% GEL 60GM

Synonym: METROGEL

AHFS Type: MISCELLANEOUS ANTI-INFECTIVES (8.40.00)

Restricted to treatment of acne rosacea or rosacea blepharitis.

METRONIDAZOLE 500MG TAB

Synonym: FLAGYL

AHFS Type: ANTIPROTOZOALS (8.30.92)

METRONIDAZOLE INJ 500MG/100ML NS PREMIX

Synonym: FLAGYL

AHFS Type: ANTIPROTOZOALS (8.30.92)

NOTE: Reduce dose in patients with severe liver impairment or CNS disease (e.g. seizure disorder).

METRONIDAZOLE VAGINAL GEL

Synonym: METROGEL

AHFS Type: MISCELLANEOUS LOCAL ANTI-INFECTIVES (84.04.16)

Restrictions:

- 1) For optional treatment of bacterial vaginosis in patients known or suspected to be alcohol users or abusers. The dose is 1 applicatorful QD (hs) or BID for 5 days. (BID dosage has slightly higher treatment success rate).
- 2) For maintenance therapy for patients with recurrent BV, as defined as three documented episodes in the previous 12 months. The dose is 1 applicatorful twice weekly for 4-6 months.

MICONAZOLE 2% CREAM 142GM

Synonym: BAZA

AHFS Type: ANTIFUNGALS (84.04.08)

Restricted to: Use as a barrier ointment around draining wounds (with fungal infection), and use in incontinent patients



**MICONAZOLE 2% POWDER 85GM**

Synonym: MICATIN

AHFS Type: ANTIFUNGALS (84.04.08)

NOTE: For use in ostomy and panus fold fungal infections

**MIDAZOLAM 2MG/ML ORAL SYRUP**

Synonym: VERSED

AHFS Type: BENZODIAZEPINES (28.24.08)

HIGH ALERT MEDICATION

For pre-procedure use only (ambulatory surgery, dental surgery or procedure room).

Pharmacy prepares in 10mg/5ml oral syringes.

CIV Controlled Substance

**MIDAZOLAM INJ 2MG/2ML VIAL**

Synonym: VERSED

AHFS Type: BENZODIAZEPINES (28.24.08)

HIGH ALERT MEDICATION

NOTE: CIV Controlled Substance

**MIDAZOLAM INJ 50MG/10ML VIAL**

Synonym: VERSED

AHFS Type: BENZODIAZEPINES (28.24.08)

HIGH ALERT MEDICATION

NOTE: Used in pharmacy for compounding. CIV Controlled Substance

**MIDODRINE 5MG TABLET**

Synonym: PROAMANTINE

AHFS Type: ALPHA-1-ADRENERGIC AGONIST (12.12.04)

**MILK OF MAGNESIA**

Synonym: MOM

AHFS Type: ANTACIDS AND ADSORBENTS (56.04.00)

OTC DRUG, NOT DISPENSED TO OUTPATIENTS

**MINERAL OIL**

AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

**MINERAL OIL ENEMA**

Synonym: FLEETS OIL RETENTION ENEMA

AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

**MINOCYCLINE MICROSPHERES 1MG**

Synonym: ARESTIN

AHFS Type: Skin & Mucous Membrane Antibacterials (84.04.04)

NOTE: for use by Dental in the treatment of periodontitis with deep pockets that do not respond to scaling and root planing and treatment for periodontal surgery or extraction is not planned.

**MINOCYCLINE 100MG CAP**

Synonym: MINOCIN

AHFS Type: TETRACYCLINES (8.12.24)

Restricted to Dermatology for severe acne (failure to doxycycline or erythromycin).

**MINOXIDIL 2.5MG TAB, 10MG TAB**

Synonym: LONITEN

AHFS Type: HYPOTENSIVE AGENTS (24.08.00)

Restricted to use in patients with refractory hypertension.

**MIRTAZAPINE 15MG TAB, 30MG TAB**

Synonym: REMERON

AHFS Type: ANTIDEPRESSANTS, MISCELLANEOUS (28.16.04.92)

Patients under 16 years of age must have a Behavioral Health consult.

**MISOPROSTOL 100MCG TAB, 200MCG TAB**

Synonym: CYTOTEC

AHFS Type: MISCELLANEOUS GI DRUGS (56.40.00)

Restricted to Women and Infants Service Line providers (Obstetricians and Certified Nurse Midwives)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

**MOMETASONE FUROATE 220MCG INHALATION**

Synonym: ASMANEX

AHFS Type: ADRENALS (68:04)

**MOMETASONE FUROATE 100MCG/FORMOTEROL 5MCG 120s, MOMETASONE FUROATE 200MCG/FORMOTEROL 5MCG, 120 sprays INHALATION**

Synonym: DULERA

AHFS Type: ADRENALS (68.04.00)

Restricted to:

- 1) Second line formulary choice for use in stepped care approach for patients who fail full dose treatment or have adverse reaction to Wixela (fluticasone/ salmeterol) per P&T decision 11/2021.
- 2) Asthma: Stepped care approach per NIH Asthma Treatment Guidelines (inadequate control with intermediate dose inhaled corticosteroid, e.g. mometasone 400mcg (2 puffs)/day or fluticasone 220mcg/day or greater).
- 3) COPD: Severe disease (Stage III or IV) with significant symptoms despite therapy with one or more long-acting bronchodilators.
- 4) For use in patients 13 years & older.
- 5) Wixela-Dulera approximate dose equivalents:

<b>Wixela Inhub</b>	<b>Dulera</b>
500mcg/50mcg (60 doses)(1 inhalation bid)	200mcg/5mcg inhl aerosol (120 doses)(2 puffs bid)
250mcg/50mcg (60 doses) (1 inhalation bid)	100mcg/5mcg inhl aerosol (120 doses) (2 puffs bid)
100mcg/50mcg (60 doses) (1 inhalation bid)	100mcg/5mcg inhl aerosol (120 doses) (2 puffs bid)

**MONTELUKAST 4MG CHEW TAB, 5MG CHEW TAB, 10MG TAB**

Synonym : SINGULAIR

AHFS Type: LEUKOTRIENE MODIFIERS (48.10.24)

For use in mild asthma or as additive treatment in moderate/severe asthma (stepped care approach is recommended).

**MORPHINE ER 15MG (MS CONTIN) TAB, 30MG TAB, 60MG TAB**

Synonym: MS-CONTIN

AHFS Type: OPIATE AGONISTS (28.08.08)

HIGH ALERT MEDICATION

CII Controlled substance. May not be refilled.

NOTE: Extended release product, DO NOT CRUSH, CUT OR CHEW

[\\*\\*SEE OPIOID RESTRICTIONS](#)

**MORPHINE I.R. 15MG IMMEDIATE RELEASE TAB, 30MG IR TAB**

AHFS Type: OPIATE AGONISTS (28.08.08)

HIGH ALERT MEDICATION

CII Controlled substance. May not be refilled.

[\\*\\*SEE OPIOID RESTRICTIONS](#)

**MORPHINE INJ 2MG/ML SYR, 4MG/ML SYR, 10MG/ML SYR**

AHFS Type: OPIATE AGONISTS (28.08.08)

HIGH ALERT MEDICATION

CII Controlled substance. Not dispensed for outpatient use.

MORPHINE INJ 30MG/30ML (1:1) PCA VIAL

Synonym: PCA, MORPHINE

AHFS Type: OPIATE AGONISTS (28.08.08)

HIGH ALERT MEDICATION

CII Controlled substance. Not dispensed for outpatient use.

MORPHINE ORAL SOLN 10MG/5ML U/D CUP

Synonym: ROXANOL

AHFS Type: OPIATE AGONISTS (28.08.08)

HIGH ALERT MEDICATION

CII Controlled substance. Not dispensed for outpatient use.

MORPHINE CONCENTRATED ORAL SOLN 20MG/ML

Synonym: ROXANOL

AHFS Type: OPIATE AGONISTS (28.08.08)

HIGH ALERT MEDICATION

CII Controlled substance. Not dispensed for outpatient use. Restricted to inpatient use per comfort care protocol

MORPHINE PF INJ 10MG/1ML VIAL, 10MG/10ML AMP/VIAL

AHFS Type: Opiate Agonists (28.08.08)

HIGH ALERT MEDICATION

CII Controlled substance. Not dispensed for outpatient use. [\\*\\*SEE OPIOID RESTRICTIONS](#)

MOXIFLOXACIN 0.5% OPHTH SOLN 3ML

Synonym: VIGAMOX

AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)

Restricted to Ophthalmology and Optometry or upon Ophthalmology/Optometry recommendation.

MULTIVIT W/MINERALS & FA TAB

Synonym: MULTIVITAMIN, VITAMIN, PRENATAL VITAMIN, PRENATAL MULTIVITAMIN, NATALINS, STUARTNATAL, FILIBON FA, STUARTNATAL 1+1

AHFS Type: MULTIVITAMIN PREPARATIONS (88.28.00)

NOTE: Each tablet will contain at least 0.8mg of folic acid and each tablet contains 27mg of elemental iron

MULTIVITAMIN INJECTION

Synonym: MVI-12

AHFS Type: MULTIVITAMIN PREPARATIONS (88.28.00)

Used for PPN only

MULTIVITAMIN, OPHTHALMIC WITH LUTEIN AND ZEAXANTHIN GELCAPS

Synonym: AREDS 2 FORMULA, PRESERVISION

AHFS Type: MULTIVITAMIN PREPARATIONS (88.28.00)

Initial prescription restricted to Eye Clinic providers for treatment of age-related macular degeneration.

MULTIVITAMIN ORAL LIQUID

Synonym: POLY-VI-SOL, VITAMIN, MULTIVITAMIN

AHFS Type: MULTIVITAMIN PREPARATIONS (88.28.00)

For pediatric patients or adult patients unable to swallow vitamin tablets.

NOTE: Contains 10MCG (400IU) vitamin D per 1 mL. Pharmacy may autosubstitute for plain Vitamin D drops depending on availability.

MULTIVITAMIN TAB

Synonym: MULTIVITAMIN TAB, MVI, HEXAVITAMIN

AHFS Type: MULTIVITAMIN PREPARATIONS (88.28.00)

OTC DRUG, NOT DISPENSED TO OUTPATIENTS except for pregnant women who are intolerant to PNV (take with 1mg FA).

MUPIROCIN 2% OINT 22GM

Synonym: BACTROBAN

AHFS Type: ANTIBIOTICS (84.04.04)

MYCOPHENOLATE 250MG

Synonym: CELLCEPT

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

Restricted to: Use in solid organ transplant patients under the care of a transplant specialist, and Rheumatology Service

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

NABUMETONE 500MG TAB, 750MG TAB

Synonym: RELAFEN

AHFS Type: OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.04.92)

NADOLOL 20MG TAB, 40MG TAB

AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)

Approved for use in patients with portal hypertension and documented gastroesophageal varices to prevent either first or recurrent variceal bleeding.

NOTE: Usual adult starting dose is 40mg daily. Elderly patients starting dose is 20mg daily.

\*\*\*Requires dose reduction for significant renal impairment

NAFCILLIN INJ 1GM VIAL

Synonym: UNIPEN

AHFS Type: PENICILLINS (8.12.16)

NALBUPHINE HCL INJ 100MG/10ML VIAL

Synonym: NUBAIN

AHFS Type: OPIATE PARTIAL AGONISTS (28.08.12)

NALOXONE INJ 0.4MG/1ML, 2mg/2ml syringe

Synonym: NARCAN

AHFS Type: OPIATE ANTAGONISTS (28.10.00)

NALOXONE NASAL SPRAY 4MG/0.1ML

Synonym: NARCAN

AHFS Type: OPIATE ANTAGONISTS (28.10.00)

NALTREXONE HCL 50MG TAB

Synonym: REVIA

AHFS Type: OPIATE ANTAGONISTS (28.10.00)

Restrictions:

1) Limited to 30-day supply.

2) Follow-up may be by visit in the clinic or telephone encounter.

Documentation of the pattern of ETOH use and psychosocial treatment is required with each revisit.

NALTREXONE EXTENDED-RELEASE INJ, SUSP

Synonym: VIVITROL

AHFS Type: OPIATE ANTAGONISTS (28.10.00)

Restrictions:

1) For use in patients to prevent relapse to opioid dependence:

a. Who have undergone opioid detoxification program and have been opioid-free at least 7-10 days

i. confirmed by either a UDS

ii. or naloxone challenge (IV, SQ or IM  $\geq$  0.4mg naloxone)

2) For use in patient with alcohol use disorder:

a. Restricted to Behavioral Health, Primary Care and Internal Medicine

b. Must have demonstrated naltrexone tolerance with at least 7 day trial of oral naltrexone tablets

NOTE: Not dispensed to outpatients, for health-care provider administration only.

NAPROXEN 250MG TAB, 500MG TAB

Synonym: NAPROSYN

AHFS Type: OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.04.92)

NEO/POLYMYX/DEX OPTH OINT 3.5GM

Synonym: MAXITROL, DEXACIDIN, AK-TROL

AHFS Type: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS, CORTICOSTEROIDS (52:08.08)

All steroid ophthalmic preparations are restricted to use by Ophthalmology or Optometry or with consult.

NEO/POLYMYX/DEX OPTH SUSP 5ML

Synonym: MAXITROL, DEXACIDIN, AK-TROL

AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS, CORTICOSTEROIDS (52:08.08)

All steroid ophthalmic preparations are restricted to use by Ophthalmology or Optometry or with consult.

NEOMYCIN SULFATE 500MG TAB

AHFS Type: AMINOGLYCOSIDES (8.12.02)

NEOMYCIN/POLYMYXIN/GRAMICIDIN OPTH SOLN 10ML

Synonym: NEOMYCIN/POLYMYXIN/GRAMICIDIN, NEOSPORIN OPHTHALMIC SOLUTION

AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)

NEOSTIGMINE METHYLSULFATE 1:1000

Synonym: PROSTIGMIN

AHFS Type: PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS (12.04.00)

NETARSUDIL 0.02% OPTH SOLN

Synonym: RHOPRESSA

AHFS Type: ANTI-GLAUCOMA AGENTS (54.40.92)

Restricted to:

- 1) Ophthalmology
- 2) Not for monotherapy, should be combined with prostaglandin analog
- 3) Must have failed at least one other formulary agent (i.e. dorzolamide, dorzolamide/timolol, or brimonidine)

NICARDIPINE 20MG/200ML PREMIX

Synonym: CARDENE

AHFS Type: CALCIUM-CHANNEL BLOCKING AGENTS (24.28.00)

NICOTINE (TRANSDERMAL) 7MG/DAY, 14MG/DAY, 21MG/DAY

Synonym: NICODERM, HABITROL, NICOTROL

AHFS Type: MISCELLANEOUS AUTONOMIC DRUGS (12.92.00)

Restricted:

- 1) Patients may start patches after the patient has enrolled in the tobacco cessation clinic.
- 2) Patients may continue to receive patches as long as they continue to follow up with the pharmacy Tobacco Cessation Clinic and they are making a reasonable effort towards quitting tobacco.
- 3) Admitted patients who need withdrawal support while in the hospital may be treated and monitored by pharmacy and the attending physician. The decision to continue the patch after discharge will be based on their compliance with the patch, motivation to quit, and their enrollment in the tobacco cessation clinic after discharge. A reasonable amount of patches may be provided to the patient if a Tobacco Cessation pharmacist is unable to address the patient's needs prior to discharge.

NICOTINE POLACRILEX GUM 2MG, 4MG

Select SYNONYM: NICORETTE

AHFS CODE: MISCELLANEOUS AUTONOMIC DRUGS (12.92.00)

Restricted to Pharmacy Tobacco Cessation Clinic providers for patients who are:

- 1) Enrolled in the Pharmacy Tobacco Cessation Clinic.
- 2) May be used as an adjunctive medication along with nicotine patch for breakthrough cravings (every 1-2 hours as needed), or as a sole NRT treatment as directed based on assessment by the pharmacy.
- 3) For patients who have successfully quit through the PIMC Pharmacy Tobacco Cessation Clinic, but temporarily need some assistance to help stay quit, the clinic allows for dispensing of one box of nicotine gum or lozenges one or two times per 6 months without being admitted back into the clinic. If patients need additional refills of NRTs within 6 month period, then patients should be rescheduled into the tobacco cessation clinic for reassessment.
- 4) Inpatient – may be used for nicotine withdrawal and monitored by pharmacy and attending physician. Dispensed upon discharge if needed for patients enrolled in the Tobacco Cessation Clinic.

NICOTINE POLACRILEX LOZENGE 2MG, 4MG

Select SYNONYM: COMMIT

AHFS Type: MISCELLANEOUS AUTONOMIC DRUGS (12.92.00)

Restricted to Pharmacy Tobacco Cessation Clinic providers for patients unable to use nicotine gum and are:

- 1) Enrolled in the Pharmacy Tobacco Cessation Clinic.
- 2) May be used as an adjunctive medication along with nicotine patch for breakthrough cravings (every 1-2 hours as needed), or as a sole NRT treatment as directed based on assessment by the pharmacy.
- 3) For patients who have successfully quit through the PIMC Pharmacy Tobacco Cessation Clinic, but temporarily need some assistance to help stay quit, the clinic allows for dispensing of one box of nicotine gum or lozenges one or two times per 6 months without being admitted back into the clinic. If patients need additional refills of NRTs within 6 month period, then patients should be rescheduled into the tobacco cessation clinic for reassessment.
- 4) Inpatient – may be used for nicotine withdrawal and monitored by pharmacy and attending physician. Dispensed upon discharge if needed for patients enrolled in the Tobacco Cessation Clinic.

NIFEDIPINE 10MG CAP

Synonym: PROCARDIA

AHFS Type: CALCIUM-CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES (24.28.08)

NOTE: the 10mg cap is not approved for use in hypertension (see October 1998 P&T Minutes). Approved for use in angina & tocolysis.

NIFEDIPINE 0.2% IN KY JELLY

AHFS Category: NON-INDEXED THERAPEUTIC AGENTS (99.00)

(Compounded in Pharmacy)

For treatment of anal fissure.

NIFEDIPINE XL 30MG TAB , 60MG TAB, 90MG TAB

Synonym: PROCARDIA, ADALAT

AHFS Type: CALCIUM-CHANNEL BLOCKING AGENTS (24.28.00)

NITAZOXANIDE 500MG TAB, 100MG/5ML SUSPENSION

Synonym: ALINIA

AHFS Type: MISCELLANEOUS ANTIPROTOZOALS (8.30.92)

NOTE: Restricted to diarrheal illness in the setting of proven cryptosporidium infection.

NITROFURANTOIN 100MG MACRO CAP

Synonym: MACROBID, NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS

AHFS Type: URINARY ANTI-INFECTIVES (8.36.00)

NOTE:

- 1) Not recommended for patients less than 12 years old (use nitrofurantoin suspension)
- 2) Generally, not recommended for male patients (insufficient tissue concentrations to treat occult prostatitis) EXCEPT 7 day treatment may be used for uncomplicated UTI with no signs of prostatitis or signs/symptoms of systemic infection
- 3) Not recommended for patients with creatinine clearance < 30ml/min.
- 4) In pregnancy, should not be used at term (38-42 weeks gestation), during labor, or when onset of labor is imminent, due to risk of hemolytic anemia in the neonate.
- 5) Recommended dosage:  
Treatment - 100mg po BID x 5 days  
Prophylaxis - 100mg daily
- 6) Can be used for simple UTI (cystitis) caused by ESBL isolate with susceptibility confirmed to nitrofurantoin.

NITROFURANTOIN 25MG/5ML ORAL SUSP

Synonym: FURADANTIN

AHFS Type: URINARY ANTI-INFECTIVES (8.36.00)

NOTE:

- 1) Must be dispensed in glass bottles
- 2) Recommended dosage:  
Treatment - 5-7 mg/kg/day divided qid  
Prophylaxis – 1mg/kg/day

NITROGLYCERIN 0.4MG SL TAB

Synonym: NITROSTAT

AHFS Type: VASODILATING AGENTS (24.12.00)

NITROGLYCERIN 2% OINT 60GM

Synonym : NITRO-BID, NITROL

AHFS Type: VASODILATING AGENTS (24.12.00)

NOTE: Approximately 80 inches per 60 gm tube; approximately 15mg per inch

NITROGLYCERIN INJ 25MG/250ML D5W PREMIX, 50MG/10ML VIAL

Synonym: TRIDIL

AHFS Type: VASODILATING AGENTS (24.12.00)

HIGH ALERT MEDICATION

NOTE: This is the standard PIMC nitroglycerin drip (contains 100 mcg/ml)

NITROPRUSSIDE SOD INJ 50MG VIAL

Synonym: NIPRIDE, SODIUM NITROPRUSSIDE

AHFS Type: HYPOTENSIVE AGENTS (24.08.00)

HIGH ALERT MEDICATION

NOREPINEPHRINE INJ 4MG/4ML VIAL, 4MG/250ML PREMIX

Synonym : LEVARTERENOL, LEVOPHED

AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

HIGH ALERT MEDICATION

NORETHINDRONE 0.35MG TAB

Synonym : NORA-BE

AHFS Type: CONTRACEPTIVES (68.12.00)

NOTE: Package of 28

NORTRIPTYLINE 10MG CAP, 25MG CAP

Synonym: PAMELOR, AVENTYL

AHFS Type: TRICYCLICS AND OTHER NOREPINEPHRINE-REUPTAKE INHIBITORS (28.16.04.28)

NYSTATIN CREAM 15GM, 30GM

Synonym: NILSTAT, MYCOSTATIN

AHFS Type: ANTIFUNGALS (84.04.08)

NYSTATIN ORAL SUSP 100,000 UNITS/ML

Synonym: MYCOSTATIN, NILSTAT

AHFS Type: ANTIFUNGAL ANTIBIOTICS (8.12.04)

OCTREOTIDE INJ 100MCG/1ML AMP

Synonym: SANDOSTATIN

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

1) Restricted to:

- a) Enterocutaneous fistula
- b) Metastatic carcinoid
- c) Vasoactive intestinal peptide secreting tumor
- d) Acute Gastrointestinal hemorrhage

NOTE: Recommended routes of administration are SQ injection or IV infusion. Not recommended for IV push administration (risk of hypotension and bradycardia).

ODEFSEY

Synonym : RILPIVIRINE/EMTRICITABINE/TENOFOVIR ALAFENAMIDE

AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)

RESTRICTED: SAGE CLINIC or 30 days with no refills for continuation of care.

OFLOXACIN 0.3% OPHTHALMIC SOLN

Synonym: OCUFLOX

AHFS Type: QUINOLONES (8.22.00)

Note: Can be used instead of Moxifloxacin, which is the preferred agent from outside ophth. surgicenters

**OLANZAPINE (ZYDIS) 5MG OD TAB**

Synonym: ZYPREXA ZYDIS

AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)

Restricted to: Behavioral Health, and Emergency Department for direct administration to the patient pending definitive patient management by Behavioral Health.

**OLANZAPINE 5MG TAB, 10MG TAB**

Synonym: ZYPREXIA

AHFS Type: ANTIPSYCHOTIC AGENTS (28.16.08)

Restricted to Behavioral Health or Neurology

For pediatric patients less than 12 years old, the following guidelines apply (effective 10/05):

- 1) First time Rx's limited to child psychiatrists or developmental pediatricians.
- 2) In emergencies, a one-week initial Rx can be provided by any medical provider with documentation of the emergent need for the medication and a recommendation for a follow-up assessment by child psychiatry.
- 3) Refills and ongoing titration or switches within class are NOT limited to child psychiatry once the patient has been started on an atypical anti-psychotic.

**OLOPATADINE 0.1% OPTH SOLN 5ML**

Synonym: PATANOL

AHFS Type: EENT PREPARATIONS, ANTIALLERGIC AGENTS (52:02)

Restricted to Ophthalmology and Optometry for initial prescription.

**OMEPRAZOLE 20MG CAP**

Synonym: PRILOSEC

AHFS Type: 56.28.36 Proton-pump Inhibitors

**PIMC *Helicobacter Pylori* treatment regimens:**

**4 DRUG REGIMEN**

Tetracycline 500 mg po qid x 14 days  
Metronidazole 500 mg po qid x 14 days  
Bismuth Subsalicylate 524 mg po qid x 14 days  
Omeprazole 20 mg po bid x 14 days (or longer)

**3 DRUG REGIMEN†**

Omeprazole 20 mg bid x 14 days (or longer)  
Amoxicillin 1gm po bid x 14 days\*  
Clarithromycin 500 mg bid x 14 days  
\* in penicillin allergic patients, substitute Metronidazole 500 mg po tid x 14 days for Amoxicillin  
† Increasing resistance of *H. Pylori* to clarithromycin has been documented in the U.S., including regional data for Arizona, which makes successful eradication with this regimen less likely. In patients who have received ANY macrolide in the past, the three-drug regimen is not recommended as first line, instead the 4-drug regimen should be used.

**SALVAGE REGIMEN**

Levofloxacin 500 mg po qday x 14 days  
Amoxicillin 1gm po bid x 14 days\*  
Omeprazole 20 mg po bid x 14 days (or longer)  
\* in penicillin allergic patients, substitute Metronidazole 500 mg po tid x 14 days for amoxicillin

**ONDANSETRON 4MG TAB, 8MG TAB, 4MG/5ML ORAL SOLUTION**

Synonym: ZOFTRAN

AHFS Type: ANTIEMETICS (56.22.00)

**ONDANSETRON 4MG ORALLY DISINTEGRATING TABLETS**



Synonym: ZOFRAN  
AHFS Type: ANTIEMETICS (56.22.00)

ONDANSETRON INJ 4MG/2ML VIAL  
Synonym: ZOFRAN  
AHFS Type: ANTIEMETICS (56.22.00)

ORLISTAT 60MG CAP, 120MG CAP  
Synonym: ALLI, XENICAL  
AHFS Type: 56.40.00 MISCELLANEOUS GI DRUGS  
Patients treated with orlistat must be enrolled in a medically supervised weight loss program, to include attending weight loss support group meetings and monthly visits with a provider.  
NOTE: 2 x 60mg capsules are preferred due to cost when available

OSELTAMIVIR 30MG CAP, 45MG CAP, 75MG CAP, SUSPENSION (6MG/ML OR 15MG/ML DEPENDING ON AVAILABILITY)  
Synonym: TAMIFLU  
AHFS Type: NEURAMINIDASE INHIBITORS (8.18.28)  
NOTE: Capsules can be opened and sprinkled on soft foods or dissolved in small amount of liquid for pediatric patients

OXCARBAZEPINE 150MG TAB, 600MG TAB  
Synonym: TRILEPTAL  
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)  
Restricted to Behavioral Health.  
Restricted to Neurology as an alternate to carbamazepine or for patients unable to tolerate carbamazepine.  
NOTE: May cause significant hyponatremia - monitor serum Na if symptomatic or if patient placed on diuretics.  
**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

OXYBUTYNIN 5MG TAB, 10MG XL TAB  
Synonym: DITROPAN  
AHFS Type: GENITOURINARY SMOOTH MUSCLE RELAXANTS (86.12.00)  
NOTE: The 10mg XL tablet is the formulary agent of choice for "overactive bladder". If an immediate release (IR) and an extended release (ER) formulation are available, then ER formulations should preferentially be prescribed over IR formulations because of lower rates of dry mouth. Per for patients unable to tolerate the 5mg IR tablets. This agent must be tried before requesting use of a non-formulary agent (e.g. tolterodine, preferred nonformulary agent). Frequency of adverse reactions are similar between the non-formulary agents & oxybutynin XL dosage form. P&T committee 8/2009

OXYcodone 5MG TAB (SHORT ACTING)  
AHFS Type: OPIATE AGONISTS (28.08.08)  
CII Controlled substance. May not be refilled.  
Continued prescriptions:  
1) Limited to maximum of 60 tablets per MONTH per patient (to provide 1 to 2 rescue doses per day). Use of quantities > 60 per month requires a non-formulary approval.  
2) Patients requiring opioids for greater than 60 days in a 90 day period should be placed on a pain Medication Management Agreement  
3) Urine drug screens should detect oxycodone at clinically appropriate levels (e.g.100 nanogram/ml).

[\\*\\*SEE OPIOID RESTRICTIONS](#)

OXYMETAZOLINE 0.05% NASAL SPRAY 3 ML , 15ML  
Synonym: AFRIN  
AHFS Type: EENT PREPARATIONS, VASOCONSTRICTORS (52.32.00)  
Restricted to: May not be dispensed for patients less than 6 years old.

OXYTOCIN INJ 10 UNIT VIAL, 500ML PREMIX  
Synonym: PITOCIN  
AHFS Type: OXYTOCICS (76.00.00)  
HIGH ALERT MEDICATION  
NOTE: Available for IM use as concentrated injection 10units/ml. Standardized IV solution is Oxytocin 30 units in 500ml NS.  
**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

PALIVIZUMAB INJ 100MG/ML

Synonym: SYNAGIS

AHFS Type: MONOCLONAL ANTIBODIES (08.18.24)

NOTE: For use in premature infants at risk for developing severe RSV disease. Special considerations for native American children per AAP. Patients are to be cohorted to achieve cost savings from splitting vials. Given as monthly injections (15mg/kg) monthly from November through April.

PALONOSETRON INJ 0.25MG/5ML

Synonym: ALOXI

AHFS Type: 5-HT3 RECEPTOR ANTAGONISTS (56.22.20)

Restricted to Oncology Department for patients with highly emetogenic chemotherapy regimens, failures to ondansetron or severe delayed nausea.

PANCRELIPASE TAB 5,000 UNITS DR CAP, 20,000 UNITS DR CAP

Synonym: ZENPEP, PANCREATIN

AHFS Type: DIGESTANTS (56.16.00)

NOTE: Delayed Release Capsules contain:

5,000 Strength		20,000 Strength	
Lipase	5,000 units	Lipase	20,000 units
Protease	17,000 units	Protease	68,000 units
Amylase	27,000 units	Amylase	109,000 units

PANTOPRAZOLE INJ 40MG VIAL

Synonym : PROTONIX

AHFS Type: 56.28.36 Proton-pump Inhibitors

PANTOPRAZOLE 20MG TAB, 40MG TAB

Synonym : PROTONIX

AHFS Type: 56.28.36 Proton-pump Inhibitors

Pantoprazole is preferred PPI for patients taking clopidogrel (Plavix) who also need treatment with a PPI (P&T Jan 2010).

PAROXETINE 10MG TAB, 20MG TAB, 40MG TAB

Synonym: PAXIL

AHFS Type: SELECTIVE SEROTONIN-REUPTAKE INHIBITORS (28.16.04.20)

Patients under 16 years of age must have a Behavioral Health consult.

Warning: An increased risk of teratogenicity exists when used in pregnant women. Patients to be advised of this risk.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

PEGFILGRASTIM-jmdb INJ 6MG/0.6ML SYR

Synonym: FULPHILA

AHFS Type: HEMATOPOIETIC AGENTS (20.16.00)

Restricted to Oncology use for primary prophylaxis of febrile neutropenia inpatients with chemotherapy and/or radiation-induced neutropenia.

PENICILLIN-G BENZATHINE INJ 2.4 MIL UNIT SYR, 1.2 MIL UNIT SYR, 600,000 UNIT SYRINGE

Synonym : BICILLIN LA

AHFS Type: PENICILLINS (8.12.16)

Note: For treatment of syphilis use 2.4 MU SYR

PENICILLIN-G POT INJ 3 MILLION UNIT/50ML PREMIX BAG, 5 MILLION UNIT VI, 20 MILLION UNIT VI

Synonym : PENICILLIN G POTASSIUM

AHFS Type: PENICILLINS (8.12.16)

PENICILLIN VK 250MG TAB

Synonym: PENICILLIN VK, PEN VK

AHFS Type: PENICILLINS (8.12.16)

PENICILLIN VK 250MG/5ML ORAL SOLN

Synonym: PENICILLIN VK, PEN VK

AHFS Type: PENICILLINS (8.12.16)

NOTE: Must be refrigerated after reconstitution. (stable for 14 days)

PENTOXIFYLLINE 400MG SA TAB

Synonym: TRENTAL

AHFS Type: HEMORRHEOLOGIC AGENTS (20.24.00)

PERFLUTREN LIPID MICROSPHERES INJ, 2ML VIAL

Synonym: DEFINITY

AHFS Type: OTHER MISCELLANEOUS THERAPEUTIC AGENTS (92.92.00)

For use to enhance echocardiography imaging. Store in 2<sup>nd</sup> floor inpatient pharmacy refrigerator

PERMETHRIN CREME RINSE 59ML

Synonym: NIX

AHFS Type: SCABICIDES AND PEDICULICIDES (84.04.12)

PERMETHRINS 5% CREAM (Elimite) 60GM

Synonym: ELIMITE

AHFS Type: SCABICIDES AND PEDICULICIDES (84.04.12)

PETROLATUM, LIQUID

Synonym: SKIN MOISTURIZER, KERI LOTION, SKIN LOTION

AHFS Type: EMOLLIENTS, DEMULCENTS, AND PROTECTANTS (84.24.00)

OTC DRUG, NOT DISPENSED TO OUTPATIENTS

NOTE: Generic 2oz bottle available for inpatient use

PETROLATUM, WHITE 30GM, 454 GM

Synonym: VASELINE

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

NOTE: Emollient of choice for patients with eczema.

PHENAZOPYRIDINE 100MG TAB

Synonym: PYRIDIUM

AHFS Type: ANTIPRURITICS AND LOCAL ANESTHETICS (84.08.00)

NOTE: May turn urine reddish-orange

Contraindicated in glomerulonephritis, severe hepatitis, uremia, pyelonephritis during pregnancy and impaired renal function (est. Ccr < 50ml/min).

PHENOBARBITAL 15MG TAB, 30MG TAB, 100MG TAB

AHFS Type: BARBITURATES (28.12.04)

CIV Controlled Substance

NOTES:

A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.

Controlled substance III or IV may not be authorized for more than 5 refills.

PHENOBARBITAL 20MG/5ML ORAL ELIXIR

AHFS Type: BARBITURATES (28.12.04)

CIV Controlled Substance

NOTES:

A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.

Controlled substance III or IV may not be authorized for more than 5 refills.

PHENOBARBITAL INJ 130MG/1ML VIAL

AHFS Type: BARBITURATES (28.12.04)

CIV Controlled Substance. Not dispensed to outpatients.

PHENTERMINE 37.5MG TAB

Synonym: ADIPEX B

AHFS Type: ANOREXIGENIC AGENTS, AMPHETAMINE DERIVATIVES (28:20.08.04)

CIV Controlled Substance.

REMS drug: must provide the patient with the Medication Guide and the Risk of Birth Defects

Restrictions:

- 1) For use in adults with BMI greater than or equal to 30 or 27 kg/m<sup>2</sup> with comorbid risk factors.
- 2) Patients must be enrolled in a medically supervised weight loss or professionally-directed lifestyle modification program.
- 3) New starts should begin with 3.75mg/23mg daily for two weeks and may be increased up to 7.5mg/46mg daily thereafter for 12 weeks.
  - a. If >3% weight loss not achieved after 12 weeks, may titrate to max dose of 15mg/92mg daily
- 4) The first three months of prescribing must be under the provider direct supervision (nurse or diabetes educator visits may also fulfill this requirement) and limited to a 28 day supply with no refills.
- 5) Efficacy and safety should be assessed monthly the first three months and then every 3 months thereafter.
  - a. If after 3 months of use weight loss is less than 5%, phentermine is considered ineffective and should be discontinued.
  - b. After the efficacy and safety is demonstrated, a 28 day supply with up to two refills is allowable.

PHENTERMINE/ TOPIRAMATE ER 3.75MG/23MG, 7.5MG/46MG, 11.25MG/69MG, 15MG/92MG CAP

Synonym: QYSMIA

AHFS Type: ANOREXIGENIC AGENTS, AMPHETAMINE DERIVATIVES (28:20.08.04)

CIV Controlled Substance.

REMS drug: must provide the patient with the Medication Guide and the Risk of Birth Defects

Restrictions:

- 6) For use in adults with BMI greater than or equal to 30 or 27 kg/m<sup>2</sup> with comorbid risk factors.
- 7) Patients must be enrolled in a medically supervised weight loss or professionally-directed lifestyle modification program.
- 8) New starts should begin with 3.75mg/23mg daily for two weeks and may be increased up to 7.5mg/46mg daily thereafter for 12 weeks.
  - a. If >3% weight loss not achieved after 12 weeks, may titrate to max dose of 15mg/92mg daily
- 9) The first three months of prescribing must be under the provider direct supervision (nurse or diabetes educator visits may also fulfill this requirement) and limited to a 28 day supply with no refills.
- 10) Efficacy and safety should be assessed monthly the first three months and then every 3 months thereafter.
  - a. If after 3 months of use weight loss is less than 5%, phentermine is considered ineffective and should be discontinued.
  - b. After the efficacy and safety is demonstrated, a 28 day supply with up to two refills is allowable.

PHENTOLAMINE MESYLATE INJ 5MG/2ML VIAL

Synonym: REGITINE

AHFS Type: SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS (12.16.00)

PHENYLEPHRINE 0.25% NASAL SPRAY 15ML

Synonym: NEO-SYNEPHRINE

AHFS Type: EENT PREPARATIONS, VASOCONSTRICTORS (52.32.00)

OTC DRUG, NOT DISPENSED TO OUTPATIENTS

PHENYLEPHRINE 10MG/ML INJ 1ML

Synonym: NEO-SYNEPHRINE

AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

HIGH ALERT MEDICATION

PHENYLEPHRINE 2.5% OPTH SOLN, 10% OPTH SOLN

Synonym: NEO-SYNEPHRINE

AHFS Type: EENT PREPARATIONS, MYDRIATICS (52.24.00)

Restricted to Ophthalmology and Optometry

PHENYTOIN 100MG CAP

Synonym: DILANTIN

AHFS Type: HYDANTOINS (28.12.12)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

PHENYTOIN 125MG/5ML ORAL SUSP, 30MG/5ML SUSP

Synonym: DILANTIN

AHFS Type: HYDANTOINS (28.12.12)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

**PHENYTOIN 50MG CHEW TAB**

Synonym: DILANTIN

AHFS Type: HYDANTOINS (28.12.12)

NOTE: tablets are chewable

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

**PHOSPHORUS 250MG POWDER CONCENTRATE**

Synonym: NEUTRA-PHOS

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

NOTE: LOOK ALIKE/SOUND ALIKE ISSUE - possible confusion with PhosLO (Calcium acetate)

NeutraPHOS use = to RAISE serum PHOSphorus

phosLO use = to LOWER serum phosphorus

Contains 250 mg phosphorus per packet (equivalent to approximately 8mM)

**PHYSOSTIGMINE SALICYLATE 1MG/ML INJ**

Synonym: ANTILIRIUM

AHFS Type: PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS (12.04.00)

**PHYTONADIONE 1MG/ 0.5ML INJECT**

Synonym: AQUA-MEPHYTON, VITAMIN K-1

AHFS Type: VITAMIN K ACTIVITY (88.24.00)

NOTE: Neonatal concentration

**PHYTONADIONE 5MG TAB**

Synonym: MEPHYTON, VITAMIN K-1

AHFS Type: VITAMIN K ACTIVITY (88.24.00)

**PHYTONADIONE INJ 10MG/ML AMP**

Synonym: AQUA-MEPHYTON, VITAMIN K-1

AHFS Type: VITAMIN K ACTIVITY (88.24.00)

NOTE: Use of large doses of parenteral phytonadione in warfarin patients may cause relative warfarin resistance and may result in prolonged inability to provide therapeutic anticoagulation to these patients.

Phytonadione may be administered PO or IV (slow IV administration in 25 to 50mL NS over 15 to 30 minutes). SC administration is unpredictable and not recommended

Criteria for major bleed includes any 1 or more of the following factors: bleeding at a critical site, hemodynamic instability and/or overt bleeding with Hgb drop  $\geq 2$ g/dL or administration of  $\geq 2$  units of packed RBCs.

The following guidelines are provided for use of phytonadione in patients with prolonged INRs:

- 1) Recommend consulting with Pharmacy Anticoagulation service.
- 2) For patients without signs of bleeding with INR > therapeutic range, but < 10, no vitamin K recommended. Hold warfarin until INR declines. Consider adjusting dose as appropriate.
- 3) For patients without signs of bleeding and INR > 10, consider low dose oral vitamin K 2.5mg. Check INR in 24 hours and consider resuming warfarin at a lower dose with more frequent monitoring.
- 4) For patients with non-major bleed at any INR elevation, consider administration of vitamin K 2.5-5mg PO or IV. Hold warfarin, check INR in 24 hours, and consider resuming warfarin at a lower dose with more frequent monitoring.
- 5) For patients with major or life threatening bleed at any INR elevation, administer 5-10mg IV vitamin K (maximum infusion rate: 1mg/minute). Administration of 4F-PCC (Kcentra) is recommended as vitamin K does not immediately correct coagulopathy. If 4F-PCC is unavailable, plasma may be used as an alternative. Once stable, consider resuming warfarin at a lower dose with more frequent monitoring, or consider switching to a DOAC if indicated.

**PILOCARPINE 2% OPTH SOL, 4% OPTH SOL**

AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)

Restricted to Ophthalmology and Optometry for initial prescription.

**PILOCARPINE 5MG TAB**

Synonym: SALAGEN

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

Restricted to use in patients with severe mucosal drying (oral, vaginal & ocular) due to rheumatoid arthritis (Sjogren's syndrome).

**PIOGLITAZONE 15MG TAB, 30MG TAB, 45MG TAB**

Synonym: ACTOS

AHFS Type: MISCELLANEOUS ANTIDIABETIC AGENTS (68.20.92)

**NOTES:**

For use in patients with Type 2 DM.

Should not be used for the following:

1. Class III, IV heart failure or development while on pioglitazone (Class I/II heart failure requires vigilant monitoring of fluid status and avoidance of pioglitazone is recommended).
2. Jaundice while on drug or liver enzyme elevation (ALT/AST > 2.5 X upper limit of normal).

**PIPERACILLIN/TAZOBACTAM INJ 2.25GM VIAL, 3.375GM VIAL, 4.5GM VIAL, PREMIX**

Synonym: ZOSYN

AHFS Type: PENICILLINS (8.12.16)

Note: Caution drug-drug interaction with vancomycin leading to supratherapeutic vancomycin levels and acute kidney injury.

Restricted to the following indications:

- Intra-abdominal infection
- Complicated skin/skin structure infections, including cellulitis in patients with DM
- Suspected or proven pseudomonas infection – any source
- Complicated/high-risk pneumonia (e.g. recent hospitalization/antibiotics, nursing home patient, suspected aspiration)
- Febrile neutropenia
- Empiric treatment of severe sepsis of unknown cause

**PIROXICAM 20MG CAP**

Synonym: FELDENE

AHFS Type: OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.04.92)

**PNEUMOCOCCAL VACCINE INJ**

Synonym: PREVNAR 20 (PCV-20), PREVNAR (PCV-13)

AHFS Type: VACCINES (80.12.00)

Approved for use per ACIP (CDC) guidelines. Refrigerated.

NOTE: PCV-13 is restricted to pediatric patients.

**PODOFILOX 0.5% TOPICAL SOLN 3.5ML**

Synonym: CONDYLOX

AHFS Type: KERATOLYTIC AGENTS (84.28.00)

**POLIOVIRUS VACCINE INJ**

Synonym: IPV, IPOL

AHFS Type: VACCINES (80.12.00)

NOTE: Approved for use per ACIP (CDC) guidelines. Refrigerated. Multi-dose vial – per CDC vial is exempted from the 28 day MDV policy and may be used until the expiration on the vial.

**POLYETHYLENE GLYCOL 3350 PWDR 510GM/BT, 238GM/BT**

Synonym: MIRALAX

AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

**POLYETHYLENE GLYCOL 3350/ELECTROLYTES PWDR 4000ML**

Synonym: GOLYTELY, NULYTELY, COLYTE, PEG 3350/ ELECTROLYTES

AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

**POLYMYXIN/TRIMETHOPRIM OPTH SOLN 10ML**

Synonym: POLYTRIM

AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)

NOTE: Preferred agent for treatment of suspected external eye infections. (P&T 8/2008)

**POLYVINYL ALC (refresh) OPH SOL 20ML/BX**

Synonym: LUBRICANT OCULAR

AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

**PORACTANT ALFA INTRA-TRACHEAL SUSPENSION 240MG/3ML VIAL**

Synonym: CUROSURF

AHFS Type: PULMONARY SURFACTANTS (48.36.00)

For treatment of pre-term infants prior to transfer. Pharmacy will stock two vials in Second Floor Inpatient Pharmacy refrigerator.

**POTASSIUM ACETATE INJ 40MEQ/20ML VIAL**

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

NOTE: For use in preparation of IV's. Stored ONLY in the Pharmacy

HIGH ALERT MEDICATION

**POTASSIUM CHLORIDE 10MEQ TAB**

Synonym: K-TAB, K+10, KAON CL-10

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

NOTE: Frequently available as wax matrix tab (does not dissolve) which may be noted as "ghost" in stool.

**POTASSIUM CHLORIDE 20MEQ DISPERSIBLE TAB**

Synonym: K-LOR-CON M20

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

Note: due to significant price increase and current unavailability of potassium chloride oral solution, pharmacy is authorized to substitute this product for potassium chloride oral solution (per P&T action November 2015).

**POTASSIUM CHLORIDE 20% ORAL SOLUTION**

Synonym: KCL LIQUID

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

Note: due to significant price increase and current unavailability of potassium chloride oral solution, pharmacy is authorized to substitute dispersible tablets for potassium chloride oral solution (per P&T action November 2015).

**POTASSIUM CHLORIDE 20MEQ PACKET**

Synonym: K-LOR

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

Note: due to dramatic increase in price in powder packets, potassium chloride 20% oral solution will be substituted unless price of powder falls significantly. (Per P&T decision July 2015).

**POTASSIUM CHLORIDE INJ 2mEq/ml, 30ML VIAL**

Synonym: KCL

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

HIGH ALERT MEDICATION

NOTE: Concentrated KCL is only stocked for use in the pharmacy for preparation of IVs. A variety of large volume IVs premixed with potassium are available for use on the patient care units. In addition KCl 10mEq per 100ml is available for routine use on the floors per guidelines. KCl 20mEq per 100ml may be used in the ICU. See hospital P&P (Intravenous Electrolytes) for further information.

**POTASSIUM PHOSPHATE INJ 45MM/15ML VIAL**

Synonym: K-PHOS, PHOSPHORUS, POTASSIUM

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

HIGH ALERT MEDICATION

- 1) Concentrated potassium phosphate is ONLY stocked in the pharmacy for preparation of IVs.
- 2) KPhos inj contains 3mM Phosphorus/ml (each ml also contains 4.4mEq of Potassium)
- 3) Premixed IV solutions with potassium phosphate are not available commercially. Pharmacy will prepare IV solutions for administration in the following standardized concentrations for convenience, safety and familiarity:  
15mM KPhos in 250ml of 0.9% sodium chloride (contains 22mEq K+)  
30mM KPhos in 500ml of 0.9% sodium chloride (contains 44mEq K+)
- 4) The maximum rate of administration of phosphate should be 5mM/hour (15mM over 3 hours of 30mM over 6 hours).
- 5) See (Intravenous Electrolytes) of the Hospital Policy & Procedures for additional information.

**POVIDONE IODINE 10% SOLN 240ML**

Synonym: BETADINE

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)  
NOTE: OTC DRUG, NOT ROUTINELY DISPENSED TO OUTPATIENTS  
Restricted to: Surgery department for treatment of open wounds

PRALIDOXIME CHLORIDE 1G/20ML

Synonym: PROTOPAM  
AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

PRAMIPEXOLE 0.125MG, 0.25MG, 1MG TAB

Synonym: MIRAPEX  
AHFS type: ANTIPARKINSONIAN AGENTS, DOPAMINE RECEPTOR AGONISTS, NONERGOT-DERIVATIVE  
DOPAMINE RECEPTOR AGONISTS (28:36.20.08)

PRAVASTATIN 10MG TAB, 20MG TAB, 40MG TAB, 80MG TAB

Synonym: Pravachol  
AHFS type: HMG-CoA Reductase Inhibitors (24.06.08)

PRAZOSIN 1MG CAP, 5MG CAP

Synonym: Minipress  
AHFS Type: ALPHA-ADRENERGIC BLOCKING AGENTS (24.20.00)  
Added to formulary 6/2012 for treatment of Post-Traumatic Stress Disorder.  
Doxazosin is preferred formulary alpha-blocker for treatment of hypertension.

PREDNISOLONE ACETATE 1% OPTH SOL

Synonym: PRED FORTE, PREDFORTE  
AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)  
All steroid ophthalmic preparations are restricted to use by Ophthalmology or Optometry or with consult.

PREDNISOLONE ACETATE 0.125% OPHTH SOLN 5ML

Synonym: INFLAMASE  
AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)  
All steroid ophthalmic preparations are restricted to use by Ophthalmology or Optometry or with consult.

PREDNISONE 1MG TAB, 5MG, 10MG TAB, 20MG TAB

Synonym: DELTASONE  
AHFS Type: ADRENALS (68.04.00)

PREDNISOLONE 15MG/5ML ORAL SYRUP

AHFS Type: ADRENALS (68.04.00)

PREDNISOLONE/SULFACETAMIDE OPH SOLN 10ML

Synonym: SULFACETAMIDE & PREDNISOLONE OPH SOLN, BLEPHAMIDE  
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)  
All steroid ophthalmic preparations are restricted to use by Ophthalmology and Optometry only or with consult.  
Approved for use for otitis externa.

PREMPHASE 0.625/5MG TAB

Synonym: PREMPHASE, ESTROGEN/MEDROXYPROGESTERONE .625/5  
AHFS Type: ESTROGENS (68.16.00)  
Each tablet contains:  
0.625 mg estrogen x 14 days card #1  
0.625 mg estrogen + 5mg medroxyprogesterone card #2  
**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

PREMPRO 0.3/1.5MG TAB

Synonym: ESTROGEN/MEDROXYPROGESTERONE  
AHFS Type: ESTROGENS (68.16.00)  
NOTE: Approved for use in hormone replacement therapy.  
Each tablet contains: Ethinyl estradiol 0.3mg + medroxyprogesterone 1.5mg provided in a 28 day compact.



**PREMPRO 0.625/2.5MG TAB**

Synonym: ESTROGEN/MEDROXYPROGESTERONE 0.625/2.5

AHFS Type: ESTROGENS (68.16.00)

Each tablet contains:

0.625 mg estrogen + 2.5mg medroxyprogesterone provided as 2 x 14 day cards

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

**PREZCOBIX**

Synonym : DARUNAVIR/ COBICISTAT

AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)

NOTE: Do not use darunavir/cobicistat in combination with abacavir and lamivudine in patients with a pre-antiretroviral therapy  
HIV RNA  $\geq 100,000$  copies/mL

RESTRICTED: SAGE CLINIC or 30 days with no refills for continuation of care.

**PRIMIDONE 50MG TAB, 250MG TAB**

Synonym: MYSOLINE

AHFS Type: BARBITURATES (28.12.04)

**PROBENECID 500MG TAB**

Synonym: BENEMID

AHFS Type: URICOSURIC AGENTS (40.40.00)

**PROCHLORPERAZINE 10MG TAB**

Synonym: COMPAZINE

AHFS Type: ANTIEMETICS (56.22.00)

Restricted to patients not responding to or intolerant of promethazine.

**PROCHLORPERAZINE 25MG SUPP**

Synonym: COMPAZINE

AHFS Type: ANTIEMETICS (56.22.00)

**PROCHLORPERAZINE INJ 10MG/2ML VIAL**

Synonym: COMPAZINE

AHFS Type: ANTIEMETICS (56.22.00)

**PROGESTERONE IN OIL 50MG/ML INJ 10ML**

AHFS Type: PROGESTINS (68.32.00)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

**PROMETHAZINE 12.5MG SUPPOS, 25MG SUPPOS**

Synonym : PHENERGAN

AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

**PROMETHAZINE 25MG TAB**

Synonym : PHENERGAN

AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

**PROMETHAZINE 6.25MG/5ML ORAL SYRUP**

Synonym : PHENERGAN

AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

**PROMETHAZINE INJ 25MG/ML AMP**

Synonym : PHENERGAN

AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

HIGH ALERT MEDICATION

Restricted to: Promethazine injection is restricted to I.M. ONLY

- The pharmacist must contact the prescriber & present alternatives when promethazine is ordered by the IV route.
- Pharmacy may auto-substitute prochlorperazine when an order has been written for IV promethazine & the MD cannot be reached.
- Promethazine 12.5 – 25mg = Prochlorperazine 5 – 10mg

NOTE: IV removed from the formulary August 2020 P&T Committee due to ISMP safety alert

PROPARACAINE 0.5% OPTH SOLN 15ML

Synonym : OPHTHETIC

AHFS Type: EENT PREPARATIONS, LOCAL ANESTHETICS (52.16.00)

NOT TO BE DISPENSED TO OUTPATIENTS

PROPOFOL INJ 200MG/20ML VIAL, 500MG/50ML VIAL, 1000MG/100ML VIAL

Synonym : DIPRIVAN

HIGH ALERT MEDICATION

AHFS Type: GENERAL ANESTHETICS, MISCELLANEOUS (28.04.92)

Outpatient Use: Anesthesia or credentialed ED physicians following sedation guidelines.

Inpatient and ED Use: Continuous infusion for sedation of intubated patients.

PROPRANOLOL 10MG TAB, 40MG TAB

Synonym : INDERAL

AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)

PROPRANOLOL INJ 1MG/1ML AMP

Synonym : INDERAL

AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)

HIGH ALERT MEDICATION

PROPRANOLOL LA 80MG CAP, 120MG CAP

Synonym : INDERAL LA

AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)

Restricted to use for prophylaxis of migraine headaches.

PROPYLTHIOURACIL 50MG TAB

Synonym : PTU

AHFS Type: ANTITHYROID AGENTS (68.36.08)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

PROTAMINE SULFATE INJ 50MG/5ML VIAL

AHFS Type: ANTIHEPARIN AGENTS (20.12.08)

PROTHROMBIN COMPLEX CONCENTRATE-4 FACTOR INJECTION ~ 1000 unit vial

Synonym: KCENTRA, 4F-PCC

AHFS Type: HEMOSTATICS (20.28.16)

Restrictions:

Formulary use is restricted to treatment of life-threatening hemorrhage secondary to warfarin or direct oral anticoagulant (DOAC) therapy/overdose. The pharmacy will keep ~ 5,000 units (the maximum dose) on hand. Must notify supervisor if product is used. Refrigerated in Main Pharmacy.

NOTE: Contraindicated for use in patients with HIIT as the product contains heparin.

Guidelines for use - adapted from Mayo Clinic Protocol - see 12/2015 P&T Minutes

1. Discontinue anticoagulant
2. Obtain hematology consultation if feasible
3. Obtain baseline labs: CBC, PT/INR, PTT, Fibrinogen, and Thrombin  
\*Thrombin only if bleeding related to dabigatran (Pradaxa)
4. For Warfarin:
  - a. Give 10mg phytonadione (Vitamin K) vial slow IV infusion over 1 hr. (Consider lower dose or withholding of Vitamin K if re-anticoagulation desired after bleeding stabilized).
  - b. PCC-4 dose is based on INR:

<u>INR</u>	<u>KCentra Dose</u>	<u>Max Dose</u>
2 to 3.9	25 units/kg	2500 units
4 to 6	35 units/kg	3500 units
> 6	50 units/kg	5000 units

5. For DOACs (off label use):
- Apixaban, dabigatran, edoxaban, or rivaroxaban, recommended PCC-4 dose is 50 units/kg, to maximum of 5,000 units.
  - Dabigatran is renally cleared and dialysis may be considered for patients with poor renal function and recent dabigatran administration.

**PSEUDOEPHEDRINE 60MG TAB**

Synonym : SUDAFED

AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

Restricted to: may not be dispensed for patients less than 6 years old.

**PSYLLIUM HYDRO MUCILLOID 2883GM/BT**

Synonym : METAMUCIL

AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

NOTE: powder = 14 oz. (contains anhydrous dextrose).

**PYRANTEL PAMOATE 50MG/ML ORAL SUSP**

Synonym : ANTIMINTH

AHFS Type: ANTHELMINTICS (8.08.00)

NOTE: Usual dose is 1ml/10 lb body weight (11mg/kg) up to a maximum of 20 ml (1 gm).

**PYRAZINAMIDE 500MG TAB**

Synonym : PZA

AHFS Type: ANTITUBERCULOSIS AGENTS (8.16.00)

**PYRIDOSTIGMINE 5MG/ML INJ**

Synonym : MESTINON, REGONOL

AHFS Type: PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS (12.04.00)

**PYRIDOXINE 100MG/ML INJ**

Synonym : VITAMIN B6

AHFS Type: VITAMIN B COMPLEX (88.08.00)

**PYRIDOXINE 50MG TAB**

Synonym : VITAMIN B-6, VITAMIN B6

AHFS Type: VITAMIN B COMPLEX (88.08.00)

**QUETIAPINE 25MG, 100MG TAB, 200MG TAB, 400MG TAB**

Synonym: SEROQUEL

AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)

Initial prescriptions should be written by a behavioral health provider. Other providers may prescribe for continuation of therapy.

**RABIES IMMUNE GLOBULIN 10ML**

Synonym : RABIES IMMUNE GLOBULIN, HUMAN

AHFS Type: SERUMS (80.04.00)

NOTE: Refrigerated. Approved for use per ACIP (CDC) guidelines. Within Maricopa County, most bites do not require post-exposure treatment. Call 602-747-7111 (24 hours a day) for consultation.

**RABIES VACCINE, HUMAN DIPLOID**

AHFS Type: VACCINES (80.12.00)

Approved for use per ACIP (CDC) guidelines.

A 4 dose series (day 0, 3, 7 & 14 is recommended for immunocompetent patients). The 5-dose series (days 0, 3, 7, 14 & 28) is recommended for patients with altered immunocompetence (See MMWR 3/19/2010 vol 59, RR-2). Within Maricopa County, most bites do not require post-exposure treatment. Call 602-747-7111 (24 hours a day) for consultation.

Refrigerated.

**RALTEGRAVIR 400MG TAB**

Synonym: ISENTRESS

AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)

HIGH ALERT MEDICATION

Restricted to: Post-Exposure Prophylaxis (PEP) and treatment of HIV infection among patients with contraindications for first-line agents

Note: For PEP, initially only a 5 day supply will be dispensed, patient to follow up with Positive Care team for additional supply if full 28-day course is needed.

**RAMIPRIL 2.5MG CAP, 5MG CAP, 10MG CAP**

Synonym: ALTACE

AHFS Type: ANTIOTENSIN-CONVERTING ENZYME INHIBITORS (24.32.04)

**RIBOFLAVIN 100MG TAB**

AHFS Type: VITAMIN B COMPLEX (88.08.00)

NOTES: For migraine prophylaxis, especially in patients who are refractory to other agents. Preferred dose is 400mg once daily.

**RIFAMPIN 300MG CAP**

Synonym: RIFADIN, RIMACTANE

AHFS Type: ANTITUBERCULOSIS AGENTS (8.16.00)

**RIFAPENTIN 150MG TAB**

Synonym: PRIFTIN

AHFS Type: ANTITUBERCULOSIS AGENTS (8.16.00)

**RIFAXIMIN 550MG TAB**

Synonym: XIFAXIN

AHFS Type: MISCELLANEOUS ANTIBIOTICS (8.12.28)

Restricted to prevention of hepatic encephalopathy (HE) recurrence in patients who have been hospitalized with HE despite treatment with lactulose. Note: Continued concomitant lactulose therapy may be appropriate.

LIMITED TO 30 DAY SUPPLY

**RISPERIDONE 1MG (WHITE) TAB, 2MG (ORANGE) TAB, 3MG (YELLOW) TAB, 4MG (GREEN) TAB**

Synonym: RISPERDAL

AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)

Initial prescriptions should be written by a behavioral health provider. Other providers may prescribe for continuation of therapy.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

**RISPERIDONE CONSTA 25MG/2ML SYRINGE**

Synonym: RISPERDAL CONSTA

AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)

Restricted to Behavioral Health

- 1) Not approved for use in patients less than 12 years old.
- 2) Use in adolescents (12 years through 18 years old) is restricted to Child Psychiatry ONLY.
- 3) Use requires documentation of failure of daily treatment AND negative outcomes related to this non-compliance (e.g. recurrent hospitalization for psychiatric illness, arrest, drug/ETOH relapse).
- 4) An oral antipsychotic at an effective dose is overlapped for the first 3 weeks.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

**RITUXIMAB INJECTION 500MG VIAL, 100MG VIAL**

Synonym: RUXIENC, TRUXIMA

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

HIGH ALERT MEDICATION

Restricted to Hematology/Oncology and Rheumatology Departments.

**RITUXIMAB/HYALURONIDASE INJECTION 1,400MG/23,400 UNITS, 1,600MG/26,800 UNITS**

Synonym: RITUXAN HYCELA

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

Restricted to Hematology/Oncology Departments.

Note: Must have documented tolerance to IV rituximab, usually given as first dose in lymphoma treatment regimen

**RIVAROXABAN 10MG, 15MG, 20MG TAB**

Synonym: XARELTO

AHFS Type: ANTICOAGULANTS (20.12.04)

## HIGH ALERT MEDICATION

### Use Criteria:

- 1) Apixaban is first line direct-acting oral anticoagulant (DOAC) for new starts, and rivaroxaban is second line.
- 2) Rivaroxaban is first line treatment for venothromboembolism prophylaxis for hospitalized and/or recently discharged patients.
- 3) Patients established on therapy with rivaroxaban (whether prescribed by PIMC or outside prescriber) may continue therapy with rivaroxaban (March 2018 P&T).
- 4) Formulary use for either agent is restricted to FDA-approved indications.
- 5) Patients on DOAC agents must have PCP visit a minimum of every six months.
- 6) Rivaroxaban prescriptions are limited to a 30-day supply, due to cost.
- 7) Apixaban prescriptions are limited to a 90-day supply.

## RIZATRIPTAN 5MG, 10MG ORALLY DISINTEGRATING TABLETS

Synonym: MAXALT-MLT

AHFS Type: ANTIMIGRAINE AGENTS, SELECTIVE SEROTONIN AGONISTS (28.32.28)

- 1) Second line triptan agent, for use in patients who had inadequate response or adverse reaction to sumatriptan.
- 2) Concomitant administration with SSRI antidepressants, MAO Inhibitors, and ergot alkaloids is not recommended.

### Dosing:

- Usual maximum dose is 30mg in 24 hours. Initial first dose of 5mg to 10mg may be repeated if needed in 2 hours. Not to exceed maximum recommended daily dose.
- Propranolol may increase serum levels of rizatriptan. In patients receiving propranolol, reduce dose of rizatriptan to 5mg.
- Approved for use in children age 6-17 years: 5mg as single dose if weight less than 40kg, 10mg as single dose if weight 40kg or greater. Safety and efficacy of multiple doses in a 24 hour period has not been established for pediatric patients.

## ROCURONIUM INJ 50MG/5ML VIAL

Synonym : ZEMURON

AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)

HIGH ALERT MEDICATION

## ROPINIROLE 0.25MG TAB, 1MG TAB

Synonym : REQUIP

AHFS Type: ANTIPARKINSONIAN AGENTS, DOPAMINE RECEPTOR AGONISTS, NONERGOT-DERIVATIVE DOPAMINE RECEPTOR AGONISTS (28.36.20.08)

## ROPIVACAINE 0.2% INJ 100ML PREMIX

Synonym : NAROPIN

AHFS Type: LOCAL ANESTHETICS (72.00.00)

For anesthesia use only for epidural drips

## ROPIVACAINE 0.5% INJ 20ML

Synonym : NAROPIN

AHFS Type: LOCAL ANESTHETICS (72.00.00)

For anesthesia use only for peripheral nerve blocks/regional anesthesia.

## ROSUVASTATIN 5MG TAB, 10MG TAB, 20MG TAB, 40MG TAB

Synonym : CRESTOR

AHFS Type: HMG-CoA REDUCTASE INHIBITORS (24.06.08)

## ROTAVIRUS VACCINE, LIVE, ORAL PENTAVALENT

Synonym : ROTATEQ

AHFS Type: VACCINES (80.12.00)

NOTES: Approved for use per ACIP (CDC) guidelines. Refrigerated.

## SACUBITRIL/VALSARTAN 24MG/26MG TAB, 49MG/51MG TAB, 97MG/103MG TAB

Synonym: ENTRESTO

AHFS Type: RENIN-ANGIOTENSIN ALDOSTERONE SYSTEM INHIBITORS, MISC (24.32.92)

Restricted to: Restricted to patients with heart failure

NOTE: Must have 36 hour washout period when switching to or from an ACE inhibitor

SALICYLIC ACID 17% TOP SOLN 15ML

Synonym : DUOFILM WART REMOVER

AHFS Type: KERATOLYTIC AGENTS (84.28.00)

SALICYLIC ACID 40% PLASTER

AHFS Type: KERATOLYTIC AGENTS (84.28.00)

SALSALATE 500MG TAB, 750MG TAB

Synonym: DISALCID

AHFS Type: NONSTEROIDAL ANTI-INFLAMMATORY AGENTS, SALICYLATES (28.08.04.24)

SCOPOLAMINE TRANSDERM PATCH

Synonym : TRANSDERM-SCOP

AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)

Restricted to:

1. PIMC consultants flying to other service units.
2. Treatment of gastroparesis related nausea and vomiting when first line agents are ineffective, not tolerated, or contraindicated.
3. Prophylaxis of post-operative nausea and vomiting in high-risk patients.
4. Inpatient use per comfort care protocol

SELENIUM SULFIDE 2.5% LOTION 120ML

Synonym : SELSUN

AHFS Type: MISCELLANEOUS LOCAL ANTI-INFECTIVES (84.04.16)

SEMAGLUTIDE INJ 2MG/1.5ML, 4MG/3ML, 8MG/3ML PEN

Synonym: OZEMPIC

AHFS Type: 68.20.06 Incretin Mimetics (68.20.06)

Criteria for Use:

- 1) Diagnosis of Type 2 DM with suboptimal control on current therapy of:
  - a. Metformin or other non-insulin monotherapy at maximally tolerated dose for 3 months, or
  - b. Insulin
- 2) An educational handout will be provided to the patient when semaglutide is initiated, describing use of the pen, titration, and potential adverse effects.
- 3) Follow-up HBA1C after three to four months of therapy to evaluate response and appropriateness of continuation. Patients with inadequate response should be referred to DCOE for evaluation of possible barriers to adherence and dietary adherence, or therapy should be discontinued.
- 4) Limited to 1-month quantity per fill.

SENNA 8.6MG TAB

Synonym : Senna-lax, Senokot

AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

SERTRALINE 25MG TAB, 50MG TAB, 100MG TAB

Synonym: ZOLOFT

AHFS Type: SELECTIVE SEROTONIN-REUPTAKE INHIBITORS (28.16.04.20)

Patients under 16 years of age must have a Behavioral Health consult.

SEVELAMER \*CARBONATE\* 800MG TAB, 2.4GM POWDER PACKET

Synonym: Renvela

AHFS CODE: 40.18.19

For treatment of hyperphosphatemia in patients with end stage renal disease (CKD Stage V) on hemodialysis.

SEVOFLURANE 250ML

Synonym : ULTANE

AHFS Type: GENERAL ANESTHETICS (28.04.00)

SILDENAFIL 25MG TAB, 50MG TAB, 100MG TAB

Synonym : VIAGRA

AHFS Type: VASODILATING AGENTS, **PHOSPHODIESTERASE INHIBITORS (24.12.12)**

Guidelines for Viagra(tm) use at PIMC.

- 1) USE OF NITRATES IS AN ABSOLUTE CONTRAINDICATION FOR USE OF VIAGRA
- 2) Dosing guidelines: When an effective dose is found, the patient will be given 12 tablets with a refill every 3 months (90 days) (the pharmacy will indicate the earliest refill date on the Rx label). THERE WILL BE NO EARLY REFILLS OR REFILLS FOR LOST MEDICATION.

#### SILVER NITRATE APPLICATOR

AHFS Type: KERATOLYTIC AGENTS (84.28.00)

Note: Clinic/hospital use only

#### metro SULFADIAZINE 1% CREAM 50GM, 400GM

Synonym : SILVADENE, SULFADIAZINE SILVER

AHFS Type: MISCELLANEOUS LOCAL ANTI-INFECTIVES (84.04.16)

#### SIMETHICONE 80MG CHEW TAB

Synonym: MYLICON

AHFS Type: ANTIFLATULANTS (56.10.00)

#### SIMETHICONE ORAL DROPS

Synonym: MYLICON

AHFS Type: ANTIFLATULANTS (56.10.00)

NOTES: Drops = 40mg/0.6ml

#### SIMVASTATIN 5MG TAB, 10MG TAB, 20MG TAB, 40MG TAB

Synonym: ZOCOR

AHFS Type: HMG-CoA REDUCTASE INHIBITORS (24.06.08)

HMG-CoA reductase inhibitor (statin) of choice for use in treatment of hyperlipidemia following NCEP guidelines.

NOTES:

- 1) Doses should be given once daily in the evening
- 2) Serious drug interactions may increase the risk of myopathy (updated June 2011):
  - a. Simvastatin is contraindicated in patients receiving: gemfibrozil, itraconazole, ketoconazole, posaconazole, erythromycin, clarithromycin, telithromycin, HIV protease inhibitors, nefazodone, cyclosporine, and danazol.
  - b. Do not exceed 10mg simvastatin daily in patients receiving verapamil or diltiazem.
  - c. Do not exceed 20mg simvastatin daily in patients receiving amiodarone, amlodipine or ranolazine.
  - d. If a patient needs more than 40mg, change to a high intensity statin.
  - e. Maintain patients on simvastatin 80mg daily only if they have been receiving that dose for at least 12 months without evidence of muscle toxicity.
  - f. Patients should avoid large quantities of grapefruit juice (greater than 1 quart/day).

#### SODIUM ACETATE 2MEQ/ML INJ

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

#### SODIUM BICARB INJ 4.2% 5MEQ/10ML SYR

AHFS Type: ALKALINIZING AGENTS (40.08.00)

NOTE: on pediatric crash cart in ED and ISS

#### SODIUM BICARBONATE 650MG TAB

AHFS Type: ALKALINIZING AGENTS (40.08.00)

NOTE: 650MG = 7.7 mEq/tab

#### SODIUM BICARBONATE INJ 50MEQ/50ML VIAL

AHFS Type: ALKALINIZING AGENTS (40.08.00)

NOTE: Available in prefilled syringe on crash carts & 50ml vial (single use).

#### SODIUM CHLORIDE 0.9% INJ 10ML SYRINGE

Synonym: NORMAL SALINE FLUSH

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

NOTE: Stocked and distributed by Materials Management department.

**SODIUM CHLORIDE 3% INJ 500ML**

Synonym: 3% SODIUM CHLORIDE

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

HIGH ALERT MEDICATION

NOTE: For treatment of SEVERE, SYMPTOMATIC hyponatremia. Must be infused slowly. Stored in Inpatient Pharmacy Storage Room on 2nd Floor

**SODIUM CHLORIDE 5% OPTH OINT 3.5GM**

AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

Ophthalmology use only

**SODIUM CHLORIDE 5% OPTH SOLN 15ML**

AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

Ophthalmology use only.

**SODIUM CHLORIDE INJECTION, USP 4 mEq/ml**

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

NOTE: Concentrated Electrolyte (4mEq/ml or 23.4%). For use in Pharmacy IV Room ONLY, for preparation of specialized IV solutions.

**SODIUM CHLORIDE NASAL SPRAY**

Synonym: OCEAN, NORMAL SLINE NASAL SPRAY

AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

**SODIUM CHLORIDE/ALOE VERA NASAL GEL**

Synonym: AYR NASAL GEL

AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

Restricted to ENT for procedure use.

Stocked in Main Pharmacy, Operating Room, and Specialty Pharmacy for clinic use.

**SODIUM CHLORIDE/SODIUM BICARBONATE SINUS RINSE, KIT (Bottle/50 pkts); REFILL (100 pkts).**

Synonym: NEILMED SINUS RINSE

AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

**SODIUM HYPOCHLORITE TOPICAL SOLUTION 0.25%, 0.125%**

Synonym: DAKIN'S SOLUTION HALF-STRENGTH (0.25%), QUARTER-STRENGTH (0.125%), HY-SEPT

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

Note:

The 0.25% strength is for routine use for wound packing.

The 0.125% strength is for use with instill vac.

**SODIUM PHOSPHATE ENEMA 133ML**

Synonym: FLEET'S ENEMA

AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

Solution in disposable squeeze bottle

Adult size = 133ml

Pediatric size = 66ml

**SODIUM PHOSPHATE INJ 45MM/15ML VIAL**

Synonym: NAPHOS

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

NOTES: Stocked in the pharmacy for preparation of large volume IV solutions. See P&P Chapter I, Section C-2.34 "Intravenous Electrolytes" for additional information on phosphorus replacement.

**SODIUM POLYSTYRENE SULFONATE SUSP**

Synonym: KAYEXALATE

AHFS Type: POTASSIUM-REMOVING AGENTS (40.18.18)

NOTE: suspension = 15gm/60ml in 25% sorbitol. Usual oral dose is 15 gm 2-6 times/day in 25% sorbitol solution. Usual rectal dose is 15-60 gm 2-6 times/day retained for 60 minutes. It is recommended that a cleansing tap water enema be used before and after each dose.



SODIUM THIOSULFATE INJ 25% (12.5 GM/50 ML VIAL)

Synonym: Sodium Hyposulfate

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

Stored in limited quantity, for treatment of cyanide toxicity.

SOTALOL 80MG TAB

Synonym: BETAPACE

AHFS Type: CARDIOVASCULAR DRUGS (24.00.00)

Restricted to cardiology or cardiology consult

SPIRONOLACTONE 25MG TAB, 100MG TAB

Synonym : ALDACTONE

AHFS Type: MINERALOCORTICOID (ALDOSTERONE) RECEPTOR ANTAGONISTS (24.32.20)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

STREPTOMYCIN SULFATE INJ 1 GRAM VIAL

AHFS Type: AMINOGLYCOSIDES (8.12.02)

NOTE: Item with on/off availability from wholesaler. When available, will be maintained in Emergency Stockpile.

SUCCINYLCHOLINE 20MG/ML INJ

Synonym: ANECTINE

AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)

HIGH ALERT MEDICATION

SUCRALFATE 1GM TAB

Synonym: CARAFATE

AHFS Type: Protectants (56.28.32)

SUCRALFATE 1GM/10ML ORAL SUSP

Synonym: CARAFATE

AHFS Type: Protectants (56.28.32)

Restricted to inpatient use only.

SUGAMMADEX 100MG/ML INJ

Synonym: BRIDION

AHFS Type: ANTIDOTES (92.12.00)

Restricted to Anesthesia Department, indicated for the reversal of neuromuscular blockade induced by rocuronium bromide and vecuronium bromide in adults undergoing surgery.

SULFAMETHOXAZOLE/TRIMETH DS TAB

Synonym: BACTRIM DS, SEPTRA DS, COTRIMOXAZOLE DS, TRIMETHOPRIM/SULFAMETHOXAZOLE

AHFS Type: MISCELLANEOUS ANTI-INFECTIVES (8.40.00)

NOTE:

- 1) A DS tablet contains: trimethoprim 160mg, sulfamethoxazole 800mg
- 2) Use with caution in patients with pre-existing renal insufficiency. Trimethoprim decreases tubular secretion of creatinine (without decreasing GFR). Trimethoprim/sulfa may lead to hyperkalemia, especially in patients with pre-existing renal insufficiency, or in those patients taking ACE inhibitors.
- 3) For uncomplicated cystitis, empiric use of SMX/TMP is discouraged due to E. Coli resistance rates of > 20% (22% as of 2020 PIMC antibiogram). Suggested agents for empiric use are nitrofurantoin or cefuroxime (or cefdinir if cefuroxime is unavailable).
- 4) Preferred first line agent for empiric or confirmed MRSA skin and soft tissue infections. If patient BMI > 40, may use 2 DS tablets by mouth BID instead of 1 DS tablet by mouth BID.

SULFAMETHOXAZOLE/TRIMETH INJ VIAL

Synonym: BACTRIM, SEPTRA

AHFS Type: MISCELLANEOUS ANTI-INFECTIVES (8.40.00)

NOTE: per 10 ml: trimethoprim 160 mg, sulfamethoxazole 800 mg. Administer 10ml in 250ml D5W over 60-90 minutes; mix in PVC free bag & deliver and administer immediately, do not refrigerate. Dose may be up to 15-20mg/kg/day of trimethoprim.

Dose is calculated based on **trimethoprim** component. Total daily dose is divided into either q6h or q8h dosing. See dosing table below.

#### DOSING CHART FOR TRIMETHOPRIM / SULFAMETHOXAZOLE

Pt Weight (kg)	10mg/kg/day		15 mg/kg/day		20 mg/kg/day	
	mg/day	mL/day*	mg/day	mL/day*	mg/day	mL/day*
40	400	25	600	38	800	50
45	450	28	675	42	900	56
50	500	31	750	47	1000	62
55	550	34	825	51	1100	69
60	600	37	900	56	1200	75
65	650	40	975	61	1300	81
70	700	43	1075	66	1400	88
75	750	46	1125	70	1500	94
80	800	49	1200	75	1600	100
85	850	52	1275	80	1700	106
90	900	55	1350	84	1800	112
95	950	58	1425	89	1900	119

\* mL/day has been rounded to the nearest whole number

#### SULFAMETHOXAZOLE/TRIMETH ORAL SUSP

Synonym : BACTRIM SUSP, SEPTRA SUSP, COTRIMOXAZOLE SUSP

AHFS Type: MISCELLANEOUS ANTI-INFECTIVES (8.40.00)

NOTE: Contains per 5mL: Trimethoprim 40mg and Sulfamethoxazole 200mg

Pediatric dose: 8-12mg/kg/day of trimethoprim

#### SULFASALAZINE 500MG TAB

Synonym : AZULFIDINE

AHFS Type: SULFONAMIDES (8.24.00)

#### SULINDAC 200MG TAB

Synonym: CLINORIL

AHFS Type: OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.04.92)

#### SUMATRIPTAN 25MG TAB, 50MG TAB

Synonym : IMITREX

AHFS Type: ANTIMIGRAINE AGENTS, SELECTIVE SEROTONIN AGONISTS (28.32.28)

Restricted to treatment of migraine headaches.

1) MAXIMUM DAILY DOSE is 300mg

2) Tablets should not be cut in half with half tablet retained for a later dose, because of potential stability issues.

#### SUMATRIPTAN INJ 6MG/0.5ML REFILL KIT

Synonym : IMITREX

AHFS Type: ANTIMIGRAINE AGENTS, SELECTIVE SEROTONIN AGONISTS (28.32.28)

#### SUMATRIPTAN NASAL SPRAY 5MG

Synonym : IMITREX

AHFS Type: ANTIMIGRAINE AGENTS, SELECTIVE SEROTONIN AGONISTS (28.32.28)

#### SUNBLOCK LOTION SPF 30 OR GREATER

Synonym : UVA GUARD, SHADE

AHFS Type: SUNSCREEN AGENTS (84.80.00)

Restricted to chronic illness (e.g., Lupus, Rosacea) in which sun exposure should be avoided.

NOTE: SPF may vary depending on availability. Dermatology prefers a product with octocrylene if available.

#### SYM TUZA

Synonym : DARUNAVIR/ COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE

AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)

RESTRICTED: SAGE CLINIC or 30 days with no refills for continuation of care.

**TACROLIMUS 0.1% OINT 60GM**

Synonym : PROTOPIC

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

Restricted to Dermatology for use in the following conditions:

- 1) Severe atopic dermatitis that has failed a trial of topical steroids.
- 2) Treatment of vitiligo (especially on eyelids, face & other sensitive areas)

NOTE: 0.03% for pediatric patients. Not Routinely stocked due to high cost and infrequent anticipated use.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

**TACROLIMUS 0.5MG CAP, 1MG CAP**

Synonym : PROGRAF

AHFS Type: IMMUNOSUPPRESSIVE AGENTS (92.44.00)

Restricted to use in solid organ transplant patients under the care of a transplant specialist, and Rheumatology service.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

**TADALAFIL 5 MG TAB**

Synonym: CIALIS

AHFS Type: VASODILATING AGENTS, PHOSPHODIESTERASE INHIBITORS (24.12.12)

Guidelines for use:

- 1) USE OF NITRATES IS AN ABSOLUTE CONTRAINDICATION
- 2) USE OF GUANYLATE CYCLASE STIMULATORS (eg, riociguat) IS AN ABSOLUTE CONTRAINDICATION

**TAMOXIFEN 10MG TAB**

Synonym : NOLVADEX

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

**TAMSULOSIN 0.4MG CAP, ER**

Synonym: FLOMAX

AHFS Category: ALPHA-ADRENERGIC BLOCKING AGENTS (12.16.04)

**TAZAROTENE 0.5%, 1% CREAM**

Synonym: TAZORAC

AHFS Type: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.92)

Restricted to dermatology clinic. For acne indication only, 2<sup>nd</sup> line agent after failure or intolerance to tretinoin.

**TERBINAFINE 250MG TAB**

Synonym : LAMISIL

AHFS Type: ANTIFUNGAL ANTIBIOTICS (8.14.04)

Approved for treatment of superficial fungal infections including onychomycosis of the finger nail and toe nail.

**TERBINAFINE 1% CREAM, 30 GM TUBE**

Synonym: LAMISIL

AHFS Type: ANTIFUNGALS (84.04.08)

For treatment of resistant fungal infections.

**TERBUTALINE 1MG/ML INJ 1ML**

Synonym : BRETHINE, BRICANYL

AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

**TESTOSTERONE CYPIONATE INJ 200MG/1ML VIAL**

Synonym : DEPO-TESTOSTERONE

AHFS Type: ANDROGENS (68.08.00)

NOTE: Due to difficulty in procurement, different salts may be stocked (propionate, enanthate or cypionate).

Pharmacy to dispense 22g needles to patients who self-inject.

Controlled Substance, Schedule III

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

TESTOSTERONE PATCH 2MG/24HRS, 4MG/24HRS

Synonym : ANDRODERM PATCH

AHFS Type: ANDROGENS (68.08.00)

NOTE: For use in men with proven hypogonadism, and female to male transgender patients.

Controlled drug class C-III

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

TESTOSTERONE GEL 1%, 5 GM PACKETS

Synonym : ANDROGEL

AHFS Type: ANDROGENS (68.08.00)

NOTE: For use in men with proven hypogonadism, and female to male transgender patients.

Controlled drug class C-III

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

TETANUS & DIPHTHERIA TOXOIDS (ADULT) INJ

Synonym: DIPHTHERIA & TETANUS (ADULT), Td (Adult)

AHFS Type: TOXOIDS (80.08.00)

NOTE: Refrigerated. Approved for use per ACIP (CDC) guidelines. Not routinely stocked, can substitute Tdap.

TETANUS/DIPHTHERIA/ACELLULAR PERTUSSIS VACCINE, INJ

Synonym: Tdap, ADACEL, BOOSTRIX

AHFS Type: TOXOIDS (80.08.00)

NOTE: For adolescent and adult use per ACIP (CDC) guidelines. Refrigerated.

TETANUS IMMUNE GLOB 250 UNITS

Synonym: TIG, HYPERTET

AHFS Type: SERUMS (80.04.00)

NOTE: Approved for use per ACIP (CDC) guidance and the package insert. Give 500 units or alternate dose per package insertelines. Administer active tetanus containing vaccine as soon as the patient's condition has stabilized. Refrigerated.

TETRACAINE 4% TOPICAL SOLN, 120mL

Synonym: PONTOCAINE

AHFS Type: LOCAL ANESTHETICS (52.16.00)

Note: This product is procured from a compounding pharmacy for ENT clinic us; Unavailable as of May 2022

TETRACYCLINE 500MG CAP

Synonym: SUMYCIN

AHFS Type: TETRACYCLINES (8.12.24)

Restricted to H.pylori treatment.

THALIDOMIDE 50MG CAP

Synonym: THALOMID

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

Restricted to Oncology for use in patients with myelodysplasia or other selected tumors.

NOTE: Not routinely stocked.

Must be used following S.T.E.P.S. (System for Thalidomide Education and Prescribing Safety) rules as established by the manufacturer, including:

- a) Registration of the institution (done)
- b) Full consent & patient education before start of therapy
- c) Registration of the patient with the manufacturer
- d) Recording patient dispensing with the manufacturer
- e) Patient must be on effective birth control

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

THEOPHYLLINE 100MG SR CAP, 200MG SR CAP, 300MG SR CAP

Synonym: THEO-DUR, SLO-BID, THEODUR

AHFS Type: RESPIRATORY SMOOTH MUSCLE RELAXANTS (86.16.00)

THIAMINE 50MG, 100MG TABS

Synonym: VITAMIN B1  
AHFS Type: VITAMIN B COMPLEX (88.08.00)

THIAMINE INJ 100MG/ML VIAL  
Synonym: VITAMIN B1  
AHFS Type: VITAMIN B COMPLEX (88.08.00)

THROMBIN 20,000 UNIT TOPICAL  
Synonym: THROMBOSTAT  
AHFS Type: HEMOSTATICS (20.12.16)  
NOTE: Depending on availability, may stock either 10,000unit or 20,000unit strength.

THYROTROPIN ALFA INJECTION  
Synonym: THYROGEN  
AHFS Type: THYROID FUNCTION (36.60.00)  
Restricted to Endocrinology  
NOTE: stored in Main Pharmacy Refrigerator, drawer 7

TICAGRELOR 60MG, 90MG TABS  
Synonym: BRILINTA  
AHFS Type: PLATELET-AGGREGATION INHIBITORS (20.12.18)  
Restricted to:  

- 1) Initial prescription restricted to cardiology or by cardiology consult
- 2) Approved in patient with a history of MI
- 3) And/or status post revascularization procedure
- 4) ED administration in patients with ACS (STEMI) after direct consultation with Cardiology

TIMOLOL 0.5% OPTH SOLN 5ML  
Synonym : TIMOPTIC  
AHFS Type: ANTIPROTOZOALS, MISCELLANEOUS (8.30.92)  
Restricted to Ophthalmology or Optometry for initial prescription.

TINIDAZOLE 500MG TAB  
Synonym : TINDAMAX  
AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)  
Restricted to female treatment for trichomoniasis.

TIOTROPIUM RESPIMAT 4 GM INHALER  
Synonym: SPIRIVA RESPIMAT  
AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)  
Restricted to patients with a diagnosis of COPD that has been confirmed by pulmonary function tests.

TIZANIDINE 4MG TAB  
Synonym: Zanaflex  
AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)

TOPIRAMATE 25MG TAB, 100MG TAB  
Synonym: TOPAMAX  
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)  
**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

TOPIRAMATE 15MG SPRINKLE CAP, 25MG SPRINKLE CAP  
Synonym: TOPAMAX  
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)  
**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

TRAMADOL HCL 50MG TAB  
Synonym: ULTRAM  
AHFS Type: OPIATE AGONISTS (28.08.08)  
CIV Controlled Substance

NOTES:

- 1) Quantity dispense limit per prescription = 30 day supply (PIMC restriction, not DEA requirement)
- 2) A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.
- 3) Controlled substance III or IV may not be authorized for more than 5 refills.
- 4) Maximum recommended daily dose = 400mg, therefore maximum pharmacy dispense quantity is 240 tablets per prescription (8 tablets per day x 30 days).
- 5) Drug interaction risk (risk of serotonin syndrome) - do not exceed 200mg/day in patients taking SSRI's or SNRI's. Use caution with other serotonergic drugs, e.g. TCA's, triptans, trazodone, and others.
- 6) Seizure risk - use with caution in patients with a history of seizures, and patients on agents that may lower seizure threshold, e.g. tricyclic antidepressants, neuroleptics, cyclobenzaprine.
- 7) Contraindicated for the treatment of post-tonsillectomy/adenoidectomy pain in patients younger than 18.
- 8) Not recommended in adolescents 12 to 18 years of age who are obese or have obstructive sleep apnea or severe lung disease.
- 9) Breastfeeding is not recommended while taking tramadol.

**\*\*SEE OPIOID RESTRICTIONS**

TRANEXAMIC ACID 650MG TAB, 1 GM/10ML INJ

Synonym: CYCLOKAPRON

AHFS Type: HEMOSTATIC AGENTS (20.28.16)

Administration: Dilute in 50ml 0.9% NaCl and infuse over 20 minutes (100mg/min). Alternatively, may dilute in 10mL NS and give IV push over at least 10 minutes

TRASTUZUMAB INJ 150MG VIAL

Synonym: HERCEPTIN, OGIVRI, ONTRUZANT, KANJINTI, TRAZIMERA

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

HIGH ALERT MEDICATION

Restricted to Oncology clinic for treatment of metastatic breast cancer (HER-2+), and adjuvant treatment of Her-2+ breast cancer.

TRAVOPROST 0.0004% OPTH DROPS

Synonym : TRAVATAN Z

AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)

Restricted to Ophthalmology or Optometry for initial prescription.

TRAZODONE 50MG TAB, 100MG TAB, 150MG TAB

Synonym: DESYREL

AHFS Type: SEROTONIN MODULATORS (28.16.04.24)

TRETINOIN 0.025% CREAM, 0.05% CREAM, 0.1% CREAM\*

Synonym : RETIN A

AHFS Type: CELL STIMULANTS AND PROLIFERANTS (84.16.00)

Note: 0.025% cream available in 20gm and 45gm tubes, 0.05% cream available in 45gm tubes.

\*0.1% strength is restricted to Dermatology

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

TRETINOIN 0.025% GEL 15GM

Synonym : RETIN A

AHFS Type: CELL STIMULANTS AND PROLIFERANTS (84.16.00)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

TRIAMCINOLONE ACETONIDE 10MG/ML INJ 5ML

Synonym : ARISTOCORT, KENALOG

AHFS Type: ADRENALS (68.04.00)

TRIAMCINOLONE ACETONIDE INJ 40MG/ML INJ 5ML

Synonym : ARISTOCORT, KENALOG, ARISTOCORT-FORTE

AHFS Type: ADRENALS (68.04.00)

TRIAMCINOLONE ACETONIDE INJ 40MG/ML (PRESERVATIVE-FREE), 1ML VIAL

Synonym: TRIESENCE

AHFS Type: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)

Restricted to ophthalmology.

TRIAMCINOLONE 0.1% CREAM & OINTMENT

Synonym : ARISTOCORT, KENALOG

AHFS Type: ANTI-INFLAMMATORY AGENTS (84.06.00)

TRIAMCINOLONE 0.1% DENTAL PASTE

Synonym: KENALOG IN ORABASE

AHFS Type: ANTI-INFLAMMATORY AGENTS (84.06.00)

TRICHLORACETIC ACID 15ML

AHFS Type: KERATOLYTIC AGENTS (84.28.00)

CAUSTIC - See MSDS sheets for accidental exposure.

For treatment of vaginal warts or any genital warts in pregnancy.

TRIFLUOPERAZINE 2MG TAB, 5MG TAB

Synonym : STELAZINE

AHFS Type: ANTIPSYCHOTIC AGENTS (28.16.08)

TRIFLURIDINE 1% OPHTH SOLN

Synonym : VIROPTIC

AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIVIRALS (52:04.20)

Restricted to: Ophthalmology or Optometry or with consult.

NOTE: Located in Specialty Pharmacy Refrigerator

TRIHENYPHENIDYL 2MG TAB, 5MG TAB

Synonym: ARTANE

AHFS Type: ANTIPARKINSONIAN AGENTS, ANTICHOLINERGIC AGENTS (28:36.08)

TRIUMEQ

Synonym: DOLUTEGRAVIR/ABACAVIR/LAMIVUDINE

AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)

NOTE: HLA B5701 testing must be documented prior to initiation of therapy

TROPICAMIDE 1% OPHTH SOLN

Synonym : MYDRIACYL

AHFS Type: MYDRIATICS (52.24.00)

TRUVADA TAB

Synonym : TENOFOVIR/EMTRICITABINE, EMTRICITABINE/TENOFOVIR

AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)

HIGH ALERT MEDICATION

Restricted to: Pre-exposure Prophylaxis, Post-Exposure Prophylaxis (PEP) and treatment of HIV infection among patients with contraindications to first-line agents.

NOTE:

- 1) For PrEP: With documentation of negative HIV within the previous 7 days, may dispense a 30 day supply with 2 refills pursuant to CDC/PHS guidelines. A negative HIV test must be completed prior to every subsequent renewal (30 day supply with 2 refills) No additional testing is needed for refills, however if you note non-adherence or poor refill history send a notice to SAGE clinicpharmacists.  
<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>
- 2) For PEP: Initially only 5 day supply will be dispensed in combination with raltegravir, patient to follow up with Sage Clinic team for additional supply if full 28-day course is needed.

TUBERCULIN, PPD 5 T.U. 10 TEST

Synonym: PPD

AHFS Type: TUBERCULOSIS (36.84.00)

ULIPRISTAL ACETATE 30MG TAB

Synonym: ELLA

AHFS Type: CONTRACEPTIVES (68.12.00)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**  
**NOTE: Use of this agent will conform to IHS policy for emergency contraception**

UMECLIDINIUM/ VILANTEROL 62.5/25MCG INHALER

Synonym: ANORO ELLIPTA

AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)

Restricted to: treatment of mild to severe COPD, not for use in asthma.

UREA 10% (AND 4% AHA) CREAM 142GM

Synonym: ATRAC-TAIN

AHFS Type: KERATOLYTIC AGENTS (84.28.00)

URSODIOL 300MG CAP

Synonym: ACTIGALL

AHFS Type: 56.14 CHOLELITHOLYTIC AGENTS

VALACYCLOVIR 500MG TAB, 1000MG TAB

Synonym: VALTREX

AHFS Type: ANTIVIRAL AGENTS (8.18)

NOTE: high alert due to look-alike/sound-alike similar agent, valGANCiclovir (for CMV prophylaxis/treatment). E.H.R listings will show as valACYclovir per ISMP recommendations.

VALPROATE SODIUM INJ 500MG/5ML VIAL

Synonym: DEPACon

AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

VALPROIC ACID 250MG CAP

Synonym: DEPAKENE

AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

VALPROIC ACID 250MG/5ML ORAL SYRUP

Synonym: DEPAKENE

AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

VALSARTAN 80MG TAB, 160MG TAB

Synonym: DIOVAN

AHFS Type: ANGIOTENSIN II RECEPTOR ANTAGONISTS (24.32.08)

NOTE: Second line choice for ARB (for those who are intolerant to losartan).

VANCOMYCIN ORAL 125MG, 250MG CAP, 50MG/ML SOLN

Synonym: VANCOCIN, FIRVANQ

AHFS Type: MISC. ANTIBIOTICS (8.12.28)

NOTE: replaces extemporaneous compounded preparation per P&T November 2018

First line treatment of \* Clostridium Difficile infection \*Per IDSA guidelines 2017

VANCOMYCIN INJ 500MG VIAL, 1GM VIAL, 750MG/150ML PREMIX BAG, 1GM/200ML PREMIX BAG

Synonym: VANCOCIN

AHFS Type: MISC. ANTIBIOTICS (8.12.28)

To help prevent and control Nosocomial Vancomycin-Resistant Enterococci, the following guidelines are recommended :

- 1) Appropriate or Acceptable use:
  - a) Empiric therapy for MRSA in hospitalized patients with complicated skin/skin structure infections pending culture data.
  - b) For treatment of serious infections due to beta-lactam- resistant gram-positive microorganisms. It should be noted that Vancomycin crosses the blood-brain barrier less efficiently than most penicillins.
  - c) For treatment of infections due to gram-positive microorganisms in patients with serious allergy to beta-lactam antimicrobials.



- d) Prophylaxis, as recommended by the American Heart Association for endocarditis prior to certain procedures in patients at high risk of endocarditis.
  - e) Prophylaxis for major surgical procedures involving implantation of prosthetic materials or devices, e.g. cardiac and vascular procedures. at institutions with a high rate of infections due to methicillin-resistant staphylococcus aureus (MRSA) or methicillin-resistant staphylococcus epidermidis (MRSE). A single dose administered before surgery is sufficient unless the procedures lasts more than 6 hours, in which case the dose should be repeated. Prophylaxis should be discontinued after a maximum of 2 doses
- 2) Discouraged:
- a) Routine surgical prophylaxis other than in a patient with life-threatening allergy to beta-lactam antibiotics.
  - b) Empiric antimicrobial therapy for a febrile neutropenic patient, unless there is strong evidence at the outset that the patient has an infection due to gram-positive microorganisms, and the prevalence of MRSA in the hospital is substantial.
  - c) Treatment in response to a single blood culture positive for coagulase-negative staphylococci if other blood cultures drawn in the same time frame are negative, indicating likely contamination.
  - d) Continued empiric use for presumed infections in patients whose cultures are negative for beta-lactamase resistant gram-positive microorganisms.
  - e) Systemic or local prophylaxis for infection or colonization of indwelling central or peripheral intravascular catheters.
  - f) Selective decontamination of the gastrointestinal tract.
  - g) Eradication of MRSA colonization.
  - h) Primary treatment of AAC
  - i) Routine prophylaxis of very-low-birthweight infants.
  - j) Routine prophylaxis for patients on continuous ambulatory peritoneal dialysis or hemodialysis.
  - k) Treatment (chosen for dosing convenience) of infections due to beta-lactam sensitive gram-positive microorganisms.
  - l) Use of vancomycin solution for topical application or irrigation.

#### VANCOMYCIN INTRAVITREAL INJECTION 1MG/0.1ML SYRINGE

Synonym: VANCOCIN

AHFS Type: MISC. ANTIBIOTICS (8.12.28)

Restricted to ophthalmology for treatment of endophthalmitis. Purchased from compounding pharmacy and stored in freezer until use.

#### VANCOMYCIN 50MG/ML OPHTHALMIC DROPS

Synonym: VANCOMYCIN

AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)

Restricted to Ophthalmology or Optometry. Must obtain from outside compounding pharmacy due to PIMC IV room restrictions, allowable only to compound low-risk compounded sterile preparations (CSPs) with 12 hour beyond use date (BUD) (eye drops are considered medium risk CSPs)

#### VARENICLINE TABLET 0.5MG, 1MG

Synonym: CHANTIX

AHFS Type: AUTONOMIC DRUGS (12.92.00)

Restrictions:

1. Restricted to use by Pharmacy Tobacco Cessation clinic as a second line agent for patients who cannot tolerate Nicotine Replacement Therapy or bupropion OR have previously failed on either or both of these treatments and still have the desire to quit.
2. An initial brief interview assessing the patient's baseline mood/depression status will be completed prior to initiation of the medication. This will include inquiries about stable versus unstable mood disorders, concomitant behavioral health medications, and assessment of current suicidal thoughts or attempts in the past. If any question arises about a patient's mood disorder, the patient's provider will be contacted and consulted with prior to varenicline initiation.
3. Providers should speak with patients about seeking medical attention if they experience new or worsening symptoms of cardiovascular disease while taking varenicline.

#### VARICELLA VACCINE, LIVE

Synonym: VARIVAX

AHFS Type: VACCINES (80.12.00)

NOTE: Approved for use per ACIP (CDC) guidelines.

\*Must be stored frozen (equal to or less than 5 degrees F) and used within 30 minutes after reconstitution.

VASOPRESSIN INJ 20UNITS/1ML VIAL

Synonym: PITRESSIN

AHFS Type: PITUITARY (68.28.00)

HIGH ALERT MEDICATION

VECURONIUM INJ 10MG/10ML VIAL

Synonym: NORCURON

AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)

HIGH ALERT MEDICATION

VENLAFAXINE (IMMED. RELEASE) 25MG TAB, 37.5MG TAB, 75MG TAB, 100MG TAB

Synonym: EFFEXOR

AHFS Type: SELECTIVE SEROTONIN AND NOREPINEPHRINE-REUPTAKE INHIBITORS (28.16.01.16)

Note: Patients under 16 years of age must have a Behavioral Health consult.

VENLAFAXINE XR 37.5MG CAP, 75MG CAP, 150MG CAP

Synonym: EFFEXOR XR

AHFS Type: SELECTIVE SEROTONIN AND NOREPINEPHRINE-REUPTAKE INHIBITORS (28.16.01.16)

Note: Patients under 16 years of age must have a Behavioral Health consult.

VERAPAMIL 80MG TAB

Synonym: CALAN

AHFS Type: CALCIUM-CHANNEL BLOCKING AGENTS, MISCELLANEOUS (24.28.92)

VERAPAMIL SR 180MG TAB, 240MG TAB

Synonym: CALAN SR

AHFS Type: CALCIUM-CHANNEL BLOCKING AGENTS, MISCELLANEOUS (24.28.92)

VERAPAMIL INJ 5MG/2ML VIAL

Synonym: CALAN

AHFS Type: CALCIUM-CHANNEL BLOCKING AGENTS, MISCELLANEOUS (24.28.92)

VINCRIStINE INJ 2MG/2ML VIAL

Synonym: ONCOVIN

AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

HIGH ALERT MEDICATION

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

VISINE-A OPH SOL 15ML

Synonym: NAPHAZOLINE/PHENIRAMINE

AHFS Type: EENT PREPARATIONS, VASOCONSTRICTORS (52.32.00)

Restricted to:

- 1) Diagnosis of allergic conjunctivitis

NOTE: Limit duration of treatment to 4 days when prescribed by non-Eye providers (due to risk of rebound).(P&T 8/2008; repeated discussion in P&T 9/2013)

- 2) Suggest Ketotifen (Zaditor) for patients with chronic allergic conjunctivitis who are not being evaluated by ophthalmology.

VITAMIN A 10,000IU CAP

AHFS Type: VITAMIN A (88.04.00)

VITAMIN A PALMITATE 10,000 UNIT CAPSULES

AHFS Type: VITAMIN A (88.04.00)

Restricted to Ophthalmology use for retinitis pigmentosa.

VITAMIN A&D OINT 60GM

AHFS Type: BASIC OINTMENTS AND PROTECTANTS (84.24.12)

VITAMIN B 12 see CYANOCOBALAMIN INJ 1000MCG/1ML VIAL

VITAMIN B & C COMPLEX, FULL SPECTRUM

Synonym: MULTIVITAMIN B & C COMPLEX

AHFS Type: MULTIVITAMIN PREPARATIONS (88.28.00)

Note: Replaces Nephro-vite® per P&T 12/2018, auto substitution permitted

WARFARIN 1MG TAB, 2MG TAB, 2.5 TAB, 3MG TAB, 4MG TAB, 5MG TAB, 6MG TAB, 7.5MG TAB

Synonym: COUMADIN

AHFS Type: ANTICOAGULANTS (20.12.04)

HIGH ALERT MEDICATION

- 1) A dietary consult must be ordered for all patients starting on warfarin therapy. The dietary consult will provide information about vitamin K containing foods.
- 2) A current INR must be available and used to monitor all patients receiving warfarin. The physician is responsible for documentation of the INR for patients not being followed through Pharmacy Anticoagulation Clinic.
- 3) A maximum of a 42 day supply may be dispensed to stable patients on chronic warfarin therapy (P&T 2/2015)
- 4) For inpatients, an EHR order set must be used for the initial order (including patients on warfarin prior to admission).
- 5) See hospital wide policy "IV-C-3.00 Anticoagulation Therapy" for additional information

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

WATER FOR INJECTION, STERILE, 10ML VI

Synonym:

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

WITCH HAZEL LIQUID

Synonym: HAMMAMELIS WATER

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

ZINC OXIDE 16% OINT 60GM

Synonym: BOUDREAUX'S BUTT PASTE

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

ZINC OXIDE 20% OINT 30GM

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

OTC DRUG, NOT DISPENSED TO OUTPATIENTS

ZINC SULFATE 220MG CAP (EQUALS 50MG ZN)

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

NOTE: Contains 50mg elemental Zinc

ZIPRASIDONE 20MG CAP, 40MG CAP, 60MG CAP, 80MG CAP

Synonym: GEODON

AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)

Initial prescriptions should be written by a behavioral health provider. Other providers may prescribe for continuation of therapy.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

ZOLEDRONIC ACID INJ 4MG/100ML BAG, 5MG/100ML BAG

Synonym: ZOMETA (4MG STRENGTH), RECLAST (5MG STRENGTH)

AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

NOTES:

- 1) Serum creatinine should be evaluated before each dose, and electrolytes, including magnesium and phos should be monitored regularly. Requires dose decrease with ClCr < 60ml/min. May cause renal deterioration with repeated doses or when used with other potential nephrotoxic drugs.
- 2) Do not use if calculated ClCr < 35 ml/min (mfg update 9/2011)
- 3) Due to risk of osteonecrosis of the jaw, a dental exam and preventative dentistry should be performed, whenever possible, prior to placing patients on chronic bisphosphonate therapy. The dental visit will be considered "medically necessary", which will allow the patients to be placed on a priority list for timely dental appointments and follow-up.

**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

ZOLPIDEM 5MG TAB, 10MG TAB

Synonym: AMBIEN

AHFS Type: ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISCELLANEOUS (28.24.92)

CIV Controlled Substance.

NOTE:

1. Supply limit: 30 days per Rx
2. There is a potential for abuse with this agent.
3. The recommended dose for women is 5mg.
4. A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.
5. Controlled substance III or IV may not be authorized for more than 5 refills.

ZONISAMIDE 25MG CAP, 100MG CAP

Synonym: ZONEGRAN

AHFS Type: ANTICONVULSANTS, MISCELLANEOUS (28.12.92)

ZOSTER VACCINE, RECOMBINANT

Synonym: SHINGRIX

AHFS Type: VACCINES (80.12.00)

NOTE: Approved for use per ACIP (CDC) guidelines. Refrigerated, Complete dose includes 1 vial lyophilized powder antigen reconstituted with 1 vial of liquid adjuvant.

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## Appendix I: Formulary Agents by Class

<b>AHFS*</b> <b>Classification</b> <small>*American Hospital Formulary Service</small>	<b>Medications on PIMC Formulary</b>
<b>4.00 Antihistamine Drugs</b>	Actifed Tab Cetirizine 10mg tab, 1mg/mL syrup Chlorpheniramine 4mg tab Cyproheptadine 4mg tab Diphenhydramine 25mg cap, 12.5mg/5mL soln, 50mg/mL INJ vial Fexofenadine 180mg XR tab Loratadine 10mg tab, 5mg/5mL soln Promethazine 25mg tab, 6.25mg/5mL syrup, 12.5mg, 25mg suppository, 25mg/mL INJ ampyrant
<b>8.00 Anti-Infective Agents</b>	8.08 Anthelmintics Pyrantel 50mg/mL susp Ivermectin 3mg tab <b>8.12 Antibacterials</b> 8.12.02 <i>Aminoglycosides</i> Gentamicin 20mg/2mL INJ, 80mg/2mL vial Neomycin Sulfate 500mg tab Streptomycin Sulfate INJ 1gm vial 8.12.06 <i>Cephalosporins</i> Cefadroxil 500mg tab Cefazolin Inj 1gm vial, 500mg vial, 1gm/50ml premix bag Cefdinir 300mg tab, 250mg/5ml susp Cefepime Inj 1gm vial, 2gm vial Cefixime 400mg tab Ceftazidime Intravitreal Injection 2.25mg/0.1ml syringe Ceftriaxone INJ 1gm vial, 250mg vial, 125mg vial, 2 gm vial, 500mg vial Cefuroxime 250mg tab, 500mg tab, 250mg/5mL susp Cephalexin 250mg cap, 500mg cap, 250mg/5mL susp 8.12.07 <i>Miscellaneous <math>\beta</math>-Lactams</i> Aztreonam INJ 1gm vial Ertapenem INJ 1gm vial Meropenem INJ 500mg, 1gm vial 8.12.12 <i>Macrolides</i> Azithromycin 100mg/5mL susp, 200mg/5mL susp, 250mg tab, 600mg tab, INJ 500mg Clarithromycin 500mg tab Erythromycin 200mg/5mL susp, 250mg tab, INJ 500mg vial 8.12.16 <i>Penicillins</i> Amoxicillin 250mg cap, 500mg cap, 400mg/5mL susp Amoxicillin/Clav 500mg tab, 875mg tab, 400mg/5mL susp, 600mg/5mL ES susp Ampicillin INJ 1gm vial, 250mg vial, 500mg vial Ampicillin/Sulbactam INJ 1.5gm vial, 3gm vial Dicloxacillin 250mg cap Nafcillin INJ 1 gm vial Pen-G Benzathine INJ 1.2 mil unit syr, 600,000 unit syr Pen-G Pot INJ 5 million unit vial, 20 million unit vial Penicillin VK 250mg Tab, 250mg/5mL soln Piperacillin/Tazobactam INJ 2.25gm vial, 3.375gm vial, 4.5gm vial

**8.12.18 Quinolones**

Ciprofloxacin 250mg tab, 500mg tab, 750mg tab, INJ 400mg/200mL bag  
Ofloxacin Ophth Soln 0.3%  
Levofloxacin 250mg tab, 500mg tab, 750mg tab, INJ 500mg/20mL vial,  
500mg/100ml bag, 750mg/150ml bag

**8.12.20 Sulfonamides**

Sulfamethoxazole/Trimeth DS tab, INJ vial, susp, single strength tab  
Sulfasalazine 500mg tab

**8.12.24 Tetracyclines**

Doxycycline 100mg tab, 50mg/mL oral syrup, INJ 100mg vial  
Minocycline 100mg cap  
Tetracycline 500mg cap

**8.12.28 Antibacterials, Miscellaneous**

Clindamycin 150mg cap, 300mg cap, 75mg/5mL soln, INJ 900mg/6mL vial,  
600mg/50ml bag, 900mg/50ml bag  
Daptomycin INJ 500mg vial  
Linezolid 600mg tab, INJ 600mg/300ml bag  
Rifaximin 550mg tab  
Vancomycin Cap 125mg, 250mg  
Vancomycin Soln 50mg/mL  
Vancomycin INJ 500mg vial, 750mg/150ml premix bag, 1gm vial, 1gm/200ml premix  
bag  
Vancomycin Intravitreal Inj 1mg/0.1ml syringe

**8.14 Antifungals**

Amphotericin B Lipid Complex INJ 100mg vial  
Fluconazole 100mg tab, 150mg tab, 200mg tab, INJ 200mg/100mL NS premix,  
400mg/200mL NS premix  
Griseofulvin 125mg/5mL microsize suspension  
Nystatin 100,000 units/ml susp  
Terbinafine 250mg tab

**8.16 Antimycobacterials**

Dapsone 100mg tab  
Ethambutol 100mg tab, 400mg tab  
Isoniazid 100mg tab, 300mg tab, INJ 100mg/mL, 50mg/5mL syrup  
Pyrazinamide 500mg tab  
Rifampin 300mg cap

**8.18 Antivirals**

**8.18.08 Antiretrovirals**

Biktarvy tab (bictegravir 50mg/emtricitabine 200mg/tenofovir 25mg)  
Dovato tab (dolutegravir 50 mg/lamvidudine 300mg)  
Genvoya tab (elvitegravir 150 mg/cobicistat 150 mg/emtricitabine 200 mg/tenofovir  
alafenamide 10 mg)  
Juluca tab (dolutegravir 50 mg/rilpivirine 25 mg)  
Odefsey (emtricitabine 200 mg/rilpivirine 25 mg/tenofovir alafenamide 25 mg)  
Prezcobix (darunavir 800 mg/cobicistat 150 mg)  
Symtuza (darunavir 800 mg/cobicistat 150 mg/emtricitabine 200 mg/tenofovir  
alafenamide 10 mg)  
Tivicay (dolutegravir 50mg)  
Raltegravir 400mg tab  
Triumeq tab (abacavir 600mg/dolutegravir 50mg/lamivudine 300mg)  
Truvada tab (emtricitabine 200mg/tenofovir 300mg)

**8.18.24 Monoclonal Antibodies**

Palivizumab INJ 100mg/mL

**8.18.28 Neuroaminidase Inhibitors**

	<p>Oseltamivir 30mg cap, 45mg cap, 75mg cap, 12mg/mL or 15mg/mL susp (depending on availability)</p> <p><b>8.18.32 Nucleosides and Nucleotides</b></p> <p>Acyclovir 200mg/5ml suspension, INJ 500mg vial</p> <p>Valacyclovir 500mg tab, 1000mg tab</p> <p><b>8.18.40 HCV Antivirals</b></p> <p>Epclusa (sofosbuvir 400mg/velpatasvir 100mg)</p> <p>Harvoni tab (ledipasvir 90mg/ sofosbuvir 400mg)</p> <p>Mavyret tab (glecaprevir 100mg/pibrentasvir 40mg)</p> <p><b>8.30 Antiprotozoals</b></p> <p><b>8.30.08 Antimalarials</b></p> <p>Hydroxychloroquine 200mg tab</p> <p><b>8.30.92 Miscellaneous Antiprotozoals</b></p> <p>Metronidazole 500mg tab, INJ 500mg/100mL NS Premix</p> <p>Nitazoxanide 500mg tab, 100mg/5ml susp</p> <p>Tinidazole 500mg tab</p> <p><b>8.36 Urinary Anti-infectives</b></p> <p>Fosfomycin 3gm powder sachet</p> <p>Methenamine Hippurate 1gm tab</p> <p>Nitrofurantoin 100mg macro cap, 25mg/5mL susp</p>
<b>10.00 Antineoplastic Agents</b>	<p>Anastrozole 1mg tab</p> <p>Bevacizumab INJ 100mg/4mL vial</p> <p>Capecitabine (Xeloda) 500mg tab</p> <p>Cisplatin INJ 10mg, 50mg, 100mg vial</p> <p>Cyclophosphamide 500mg tab, INJ 500mg</p> <p>Doxorubicin INJ 10mg, 50mg</p> <p>Etoposide INJ 100mg vial</p> <p>Exemestane 25mg tab</p> <p>Fluorouracil INJ 2.5gm/50mL vial</p> <p>Letrozole 2.5mg tab</p> <p>Leuprolide Acetate INJ 3.75mg vial</p> <p>Megestrol Acetate 40mg tab, 40mg/ml susp</p> <p>Methotrexate 2.5mg tab, INJ 50mg/2mL vial</p> <p>Rituximab-pvvr INJ 100mg, 500mg vial</p> <p>Rituximab/Hyaluronidase INJ 1400mg/23400 units, 1600mg/26800 units</p> <p>Tamoxifen 10mg tab</p> <p>Trastuzumab INJ 440mg vial</p> <p>Vincristine INJ 2mg/2mL vial</p>
<b>12.00 Autonomic Drugs</b>	<p><b>12.04 Parasympathomimetic (Cholinergic) Agents</b></p> <p>Donepezil 5mg tab</p> <p>Neostigmine methylsulfate 1:1000</p> <p>Physostigmine Salicylate INJ 1mg/mL</p> <p>Pyridostigmine INJ 5mg/mL</p> <p><b>12.08 Anticholinergic Agents</b></p> <p><b>12.08.08 Antimuscarinics/ Antispasmodics</b></p> <p>Atropine Sulfate INJ 0.4mg/1mL vial, 1mg/10mL syr</p> <p>Dicyclomine 10mg cap, 20mg tab</p> <p>Glycopyrrolate INJ 0.2mg/1mL vial</p> <p>Ipratropium 0.02% U/D svn soln, 14.7gm inhaler</p> <p>Scopolamine transderm patch</p> <p>Tiotropium (Spiriva Respimat) 4gm inhaler</p> <p>Umeclidinium/Vilanterol 62.5/25mcg inhaler</p> <p><b>12.12 Sympathomimetic (Adrenergic) Agents</b></p>



	<p> Albuterol 0.083% svn soln, 0.5% svn soln, 17gm inhaler  Albuterol/Ipratropium 4gm inhaler (Combivent Respimat)  Dobutamine INJ 250mg/20mL  Dopamine INJ 200mg/5mL vial, 400mg/250mL D5W premix  Ephedrine Sulfate INJ 50mg/mL amp  Epinephrine 1:10,000 1mg/10mL syr, 1:1000 1mg/1mL amp, auto-inj 0.15mg/0.3ml  syr, auto-inj 0.3mg/0.3mL syr, racemic 2.25% inh soln  Midodrine 5mg TAB  Norepinephrine INJ  Oxymetazoline 0.05% nasal spray  Phenylephrine 10mg/mL inj  Pseudoephedrine 60mg tab  Terbutaline INJ 1mg/ml </p> <p><b>12.16 Sympatholytic (Adrenergic Blocking) Agents</b></p> <p>Phentolamine Mesylate INJ</p> <p><b>12.20 Skeletal Muscle Relaxants</b></p> <p> Baclofen 10mg tab  Cisatracurium Besylate INJ  Cyclobenzaprine 10mg tab  Dantrolene lyophilized 250mg inj  Methocarbamol 750mg tab  Rocuronium INJ 50mg/5mL vial  Succinylcholine INJ 20mg/ML  Tizanidine 4mg tab  Vecuronium INJ 10mg/10mL vial </p> <p><b>12.92 Autonomic Drugs, Miscellaneous</b></p> <p> Nicotine transdermal 7, 14, 21mg/day, polacrilex gum 2mg, 4mg, polacrilex lozenge  2mg, 4mg  Varenicline 0.5mg, 1mg tab </p>
<b>16.00 Blood Derivatives</b>	Albumin Human 25% INJ 12.5gm/50mL vial

<b>20.00 Blood Formation, Coagulation, and Thrombosis</b>	<b>20.04 Antianemia Drugs</b> <i>20.04.04 Iron Preparations</i> Ferrous Gluconate 324mg tab Ferrous Sulfate 1apixab 5mg/mL drops, 325mg tab Iron Sucrose Complex INJ 20mg/mL <b>20.12 Antithrombotic Agents</b> <i>20.12.04 Anticoagulants</i> Apixaban 2.5mg tab, 5mg tab Enoxaparin INJ 30mg, 40mg, 60mg, 80mg, 100mg, 120mg, 150mg syringes Fondaparinux INJ 2.5mg, 5mg, 7.5mg, 10mg syringes Heparin Flush INJ 100 units/mL vial (5mL prefilled syringes) Heparin INJ 5,000 units/0.5ml syringe, 10,000 units/1mL vial, 25,000units/250mL premix bag Rivaroxaban 10mg tab, 15mg tab, 20mg tab Warfarin 1mg tab, 2mg tab, 2.5mg tab, 3mg tab, 4mg tab, 5mg tab, 6mg tab, 7.5mg tab <i>20.12.14 Platelet-reducing Agents</i> <i>20.12.18 Platelet-Aggregation Inhibitors</i> Clopidogrel 75mg tab Ticagrelor 60mg, 90mg tab <b>20.16 Hematopoietic Agents</b> Darbepoetin INJ 40mcg, 60mcg, 100mcg syr, 200mcg/1mL vial Filgrastim INJ 300mcg/mL vial, 480mcg/mL vial Pegfilgrastim-jmdb INJ 6mg/0.6mL syr <b>20.24 Hemorrhologic Agents</b> Pentoxifylline 400mg SA tab <b>20.28 Antihemorrhagic Agents</b> <i>20.28.08 Antiheparin Agents</i> Protamine Sulfate INJ 50mg/5mL vial <i>20.28.16 Hemostatics</i> Aminocaproic Acid 5gm/20mL inj Prothrombin Complex Concentrate 4-Factor Thrombin 20,000 unit topical Tranexamic Acid 650mg tab, INJ 1gm/10ml vial <i>20.40 Thrombolytic Agents</i> Alteplase Activase 100mg vial Alteplase Cathflo 2mg vial
<b>24.00 Cardiovascular Drugs</b>	<b>24.04 Cardiac Drugs</b> <i>24.04.04 Antiarrhythmic Agents</i> Adenosine INJ 6mg/2mL syr Amiodarone 200mg tab, INJ 150mg/3mL vial Flecainide 50mg tab, 100mg tab, 150mg tab Lidocaine 2% INJ 100mg/5mL syr <i>24.04.08 Cardiotonic Agents</i> Digoxin 0.05mg/mL soln, 0.125mg tab, 0.25mg tab, INJ 0.5mg/2mL amp <b>24.06 Antilipemic Agents</b> <i>24.06.04 Bile Acid Sequestrants</i> Cholestyramine Powder (light) <i>24.06.05 Cholesterol Absorption Inhibitors</i> Ezetimibe 10mg tab <i>24.06.06 Fibric Acid Derivatives</i> Fenofibrate 50mg tab, 160mg tab Gemfibrozil 600mg tab

*24.06.08 HMG-CoA Reductase Inhibitors*

Atorvastatin 10mg tab, 20mg tab, 40mg tab, 80mg tab  
Pravastatin 10mg tab, 20mg tab, 40mg tab, 80mg tab  
Rosuvastatin 5mg tab, 10mg tab, 20mg tab, 40mg tab  
Simvastatin 5mg tab, 10mg tab, 20mg tab, 40mg tab

**24.08 Hypotensive Agents**

Clonidine 0.1mg tab, 0.2mg tab, 0.3mg tab, INJ 100mcg/mL  
Guanfacine 1mg tab, 2mg tab  
Guanfacine ER 1mg tab, 2mg tab  
Hydralazine 10mg tab, 25mg tab, INJ 20mg/mL  
Methyldopa 250mg tab, 500mg tab  
Minoxidil 2.5mg tab, 10mg tab  
Nitroprusside Sod INJ 50mg vial

**24.12 Vasodilating Agents**

Alprostadil INJ 500mcg/1ml ampule  
Isosorbide Dinitrate 10mg tab, 20mg tab  
Isosorbide Mononitrate 30mg XR tab, 60mg XR tab, 120mg XR tab  
Nitroglycerin 0.4mg sl tab, 2% oint, INJ 25mg/250mL D5W premix, INJ 50mg/10mL vial

*24.12.12 Phosphodiesterase Inhibitors*

Sildenafil 25mg tab, 50mg tab, 100mg tab  
Tadalafil 5mg tab

**24.20  $\alpha$ -Adrenergic Blocking Agents**

Doxazosin 1mg tab, 2mg tab, 4mg tab, 8mg tab  
Prazosin 1mg cap, 5mg cap

**24.24  $\beta$ -Adrenergic Blocking Agents**

Atenolol 25mg tab, 50mg tab, 100mg tab  
Carvedilol 3.125mg tab, 6.25mg tab, 12.5mg tab, 25mg tab  
Esmolol INJ 2500mg/250mL bag  
Labetalol 200mg tab, INJ 100mg/20mL vial  
Metoprolol 25mg tab, 50mg tab, INJ 5mg/mL amp  
Metoprolol XR 25mg tab, 50mg tab, 200mg tab  
Nadolol 20mg tab, 40mg tab  
Propranolol 10mg tab, 40mg tab, LA 80mg cap, LA 120mg cap, INJ 1mg/mL amp  
Sotalol 80mg tab

**24.28 Calcium-Channel Blocking Agents**

Amlodipine 10mg tab, 2.5mg tab, 5mg tab  
Diltiazem 60mg tab, 120mg XR cap, 180mg XR cap, 240mg XR cap,  
Inj 25mg/5mL vial  
Nicardipine 20mg/200ml premix  
Nifedipine 10mg cap, XL 30mg tab, XL 60mg tab, XL 90mg tab  
Verapamil 80mg tab, SR 180mg tab, SR 240mg tab, INJ 5mg/2mL vial

**24.32 Renin-Angiotensin-Aldosterone System Inhibitors**

*24.32.04 Angiotensin-Converting Enzyme Inhibitors*

Enalaprilat INJ 2.5mg/2mL vial  
Lisinopril 5mg tab, 10mg tab, 20mg tab, 40mg tab  
Ramipril 2.5mg cap, 5mg cap, 10mg cap

*24.32.08 Angiotensin II Receptor Antagonists*

Losartan 25mg tab, 50mg tab, 100mg tab  
Valsartan 80mg tab, 160mg tab

*24.32.20 Mineralocorticoid (Aldosterone) Receptor Antagonists*

Spironolactone 25mg tab, 100mg tab

*24.32.92 Renin-Angiotensin Aldosterone System Inhibitors, Misc*

Sacubitril/ Valsartan 24mg/26mg tab, 49mg/51mg tab, 97mg/103mg tab

## **28.00 Central Nervous System Agents**

### **28.04 General Anesthetics**

Etomidate INJ 20mg/10mL vial  
Propofol INJ 200mg/20mL vial, 500mg/50mL vial, 1000mg/100ml vial  
Sevoflurane 250mL

### **28.08 Analgesics and Antipyretics**

#### *28.08.04 Nonsteroidal Anti-inflammatory Agents*

Aspirin 120mg supp, 300mg supp, 600mg supp, 325mg EC tab, 325mg tab, 81mg EC tab, 81mg tab  
Celecoxib 100mg cap, 200mg cap  
Diclofenac 1% Gel, 100 gm tube  
Ibuprofen 100mg/5mL susp, 200mg tab, 400mg tab, 600mg tab, 800mg tab  
Indomethacin 25mg cap  
Ketorolac INJ 30mg/1mL vial/syringe, 60mg/2mL vial  
Meloxicam 7.5mg, 15mg tab  
Methylsalicylate 15% and Menthol 10% Analgesic Balm  
Nabumetone 500mg tab, 750mg tab  
Naproxen 250mg tab, 500mg tab  
Piroxicam 20mg cap  
Salsalate 500mg tab, 750mg tab  
Sulindac 200mg tab

#### *28.08.08 Opiate Agonists*

APAP/Codeine 12mg/5mL soln, 300mg/30mg tab  
APAP/OXYcodone 325mg/5mg tab  
Codeine Sulfate 30mg tab  
Fentanyl 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr patch  
Fentanyl INJ 100mcg/2ml vial, 250mcg/5mL amp  
Fentanyl PCA INJ 10mcg/ml  
HYDROcodone 7.5mg/Acetaminophen 325mg per 15ml solution  
HydroMORPHONE INJ 0.5mg/0.5mL syr, 1mg/mL syr  
Meperidine INJ, 25mg syr, 50mg syr  
Morphine ER 15mg tab, ER 30mg tab, ER 60mg tab, IR 15mg tab, IR 30mg tab, INJ  
INJ 2mg/mL syr, 4mg/mL syr, 10mg/mL syr, INJ 30mg/30ml PCA vial, 10mg/5mL soln, 20mg/mL soln  
Morphine PF INJ 10mg/1mL vial, 10mg/10mL amp/vial  
OXYcodone 5mg tab  
Tramadol 50mg tab

#### *28.08.12 Opiate Partial Agonists*

Buprenorphine 2mg, 8mg tab  
Buprenorphine extended-release 100mg, 300mg vial  
Buprenorphine/ Naloxone 2mg/0.5mg, 8mg/2mg SL tab  
Butorphanol INJ 2mg/1mL vial  
Nalbuphine INJ 100mg/10mL vial

#### *28.08.92 Analgesics and Antipyretics, Miscellaneous*

Acetaminophen 160mg/5mL susp, 325mg tab, 80mg tab, 120mg supp, 325mg supp, 650mg supp, INJ 1000mg/100ml vial

### **28.10 Opiate Antagonists**

Naloxone INJ 0.4mg/1mL, Nasal Spray 4mg/0.1mL  
Naltrexone 50mg tab  
Naltrexone extended-release INJ, susp

### **28.12 Anticonvulsants**

#### *28.12.04 Barbiturates*

Phenobarbital 15mg tab, 30mg tab, 100mg tab, 20mg/5mL elixir, INJ 130mg/1mL vial  
Primidone 50mg tab, 250mg tab

#### *28.12.08 Benzodiazepines*

	<p>Clonazepam 0.5mg tab, 1mg tab</p> <p>Clonazepam 0.25mg, 0.5mg, 1mg, 2mg orally disintegrating tab</p> <p><b>28.12.12 Hydantoins</b></p> <p>Fosphenytoin INJ 100mg PE/2mL vial, 500mg PE/10ml vial</p> <p>Phenytoin 100mg cap, 125mg/5mL susp, 30mg/5mL susp, 50mg chewable tab</p> <p><b>28.12.20 Succinimides</b></p> <p>Ethosuximide 250mg cap, 250mg/5ml soln</p> <p><b>28.12.92 Anticonvulsants, Miscellaneous</b></p> <p>Carbamazepine 100mg chewable tab, 200mg tab, 100mg/5mL susp</p> <p>Divalproex 125mg sprinkle cap, 125mg tab</p> <p>Divalproex ER 250mg tab, ER 500mg tab</p> <p>Gabapentin 100mg cap, 300mg cap, 400mg cap, 600mg tab, 800mg tab</p> <p>Lamotrigine 5mg chewable, 25mg tab, 100mg tab</p> <p>Levetiracetam 500mg tab, 100mg/ml oral solution, 500mg/5ml INJ</p> <p>Levetiracetam ER 500mg tab, ER 750mg tab</p> <p>Magnesium Sulfate 50% INJ 1gm/2ml vial, 5gm/10mL vial</p> <p>Magnesium Sulfate 40mg/mL INJ, 2gm/50mL, 4gm/100mL, 20gm/500mL bag</p> <p>Oxcarbazepine 150mg tab, 600mg tab</p> <p>Topiramate 25mg tab, 100mg tab, 15mg sprinkle cap, 25mg sprinkle cap</p> <p>Valproate Sodium 500mg/5ml INJ</p> <p>Valproic Acid 250mg cap, 250mg/5mL syrup</p> <p>Zonisamide 25mg cap, 100mg cap</p> <p><b>28.16 Psychotherapeutic Agents</b></p> <p><b>28.16.04 Antidepressants</b></p> <p>Amitriptyline 10mg tab, 25mg tab, 50mg tab</p> <p>Bupropion 100mg SR tab, 150mg SR tab, 150mg XL tab, 300mg XL tab</p> <p>Citalopram 10mg tab, 20mg tab, 40mg tab</p> <p>Desipramine 25mg tab, 50mg tab</p> <p>Doxepin 25mg cap, 50mg cap</p> <p>Duloxetine 20mg cap, 30mg cap, 60mg cap</p> <p>Escitalopram 10mg tab, 20mg tab</p> <p>Fluoxetine 20mg cap, 20mg/5ml oral soln</p> <p>Mirtazapine 15mg tab, 30mg tab</p> <p>Nortriptyline 10mg cap, 25mg cap</p> <p>Paroxetine 10mg tab, 20mg tab, 40mg tab</p> <p>Sertraline 25mg tab, 50mg tab, 100mg tab</p> <p>Trazodone 50mg tab, 100mg tab, 150mg tab</p> <p>Venlafaxine 25mg tab, 37.5mg tab, 75mg tab, 100mg tab, XR 37.5mg cap, XR 75mg cap, XR 150mg cap</p> <p><b>28.16.08 Antipsychotics</b></p> <p>Aripiprazole 2mg tab, 5mg tab, 10mg tab, 15mg tab, 30 mg tab, 1mg/ml liquid</p> <p>Aripiprazole Lauroxil 441mg/1.6ml, 662/2.4ml, 882/3.2ml, 1064/3.9ml</p> <p>Chlorpromazine 100mg tab, 25mg tab, INJ 50mg/2mL</p> <p>Clozapine 25mg tab, 100mg tab</p> <p>Fluphenazine 1mg tab, 5mg tab</p> <p>Haloperidol 0.5mg tab, 1mg tab, 2mg tab, 5mg tab, 2mg/ml soln, INJ 50mg/1mL amp, INJ 5mg/1mL amp</p> <p>Lurasidone 20mg tab, 40mg tab, 60mg tab, 120mg tab</p> <p>Olanzapine 5mg OD tab, 5mg tab, 10mg tab</p> <p>Quetiapine 25mg tab, 100mg tab, 200mg tab, 400mg tab</p> <p>Risperidone 1mg tab, 2mg tab, 3mg tab, 4mg tab, consta 25mg/2mL syr</p> <p>Ziprasidone 20mg cap, 40mg cap, 60mg cap, 80mg cap</p> <p><b>28.20 Anorexigenic Agents and Respiratory and Cerebral Stimulants</b></p>
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	<p>Amphet mix 5mg tab, 5mg XR cap, 10mg XR cap, 15mg XR cap, 20mg XR cap, 30mg XR cap, XR 5mg</p> <p>Lisdexamfetamine 20mg cap, 30mg cap, 50mg cap, 70mg cap</p> <p>Methylphenidate 5mg tab, 10mg tab</p> <p>Methylphenidate XR 18mg tab, XR 36mg tab, XR 27mg tab, XR 54mg tab</p> <p><b>28.20.08 Anorexigenic Agents</b></p> <p>Phentermine 15mg, 37.5mg</p> <p>Phentermine/ Topiramate 3.75mg/23mg, 7.5mg/46mg, 11.25mg/69mg, 15mg/92mg ER cap</p> <p><b>28.24 Anxiolytics, Sedatives, and Hypnotics</b></p> <p><b>28.24.08 Benzodiazepines</b></p> <p>Diazepam 5mg tab, INJ 10mg syr, INJ 50mg/10mL vial, rectal gel 10mg/2mL, 20mg/4mL</p> <p>Lorazepam 0.5mg tab, 1mg tab, 2mg tab, INJ 2mg/mL vial, INJ 20mg/10mL vial</p> <p>Midazolam 2mg/mL syrup, INJ 2mg/2mL vial, INJ 50mg/5mL vial</p> <p><b>28.24.92 Anxiolytics, Sedatives, and Hypnotics; Miscellaneous</b></p> <p>Buspirone 10mg tab, 15mg tab, 5mg tab</p> <p>Dexmedetomidine INJ, 200mcg/2ml vial, 200mcg/50ml bag</p> <p>Hydroxyzine 10mg tab, 25mg tab, 10mg/5mL syrup</p> <p>Zolpidem 5mg tab, 10mg tab</p> <p><b>28.28 Antimanic Agents</b></p> <p>Lithium carbonate ER 300mg tab, ER 450mg tab</p> <p><b>28.32 Antimigraine Agents</b></p> <p><b>28.32.28 Selective Serotonin Agonists</b></p> <p>Rizatriptan 5mg, 20mg orally disintegrating tab</p> <p>Sumatriptan 25mg tab, 50mg tab, INJ 6mg/0.5mL, 5mg nasal spray</p> <p><b>23.32.92 Antimigraine Agents, Misc</b></p> <p>Erenumab-aooe 70mg, 140mg inj</p> <p><b>28.36 Antiparkinsonian Agents</b></p> <p>Benzotropine 1mg tab, 2mg tab, 2mg/2ml INJ</p> <p>Bromocriptine 2.5mg tab, 5mg caps</p> <p>Carbidopa/Levodopa 10/100mg tab, 25/100mg tab, 25/250mg tab</p> <p>Carbidopa/Levodopa SR 25/100mg, 50/200mg tab</p> <p>Pramipexole 0.125, 0.25, 1mg tab</p> <p>Ropinirole 0.25mg tab, 1mg tab</p> <p>Trihexyphenidyl 2mg tab, 5mg tab</p> <p><b>28.36.20 Ergot Derivative Dopamine Receptor Agonists</b></p> <p>Cabergoline 0.5mg tab</p> <p><b>28.92 Central Nervous System Agents, Miscellaneous</b></p> <p>Acamprosate 333mg EC tab</p> <p>Atomoxetine 10mg cap, 18mg cap, 25mg cap, 40mg cap, 60mg cap</p> <p>Flumazenil INJ 0.5mg/5mL vial</p> <p>Memantine 5mg tab, 10mg tab, 2mg/ml oral solution</p>
<b>36.00 Diagnostic Agents</b>	<p>Isosulfan Blue INJ 10mg/mL</p> <p><b>36.04 Adrenocortical Insufficiency</b></p> <p>Cosyntropin INJ 0.25mg vial</p> <p><b>36.40 Kidney Function</b></p> <p>None</p> <p><b>36.60 Thyroid Function</b></p> <p>Thyrotropin Alfa INJ</p> <p><b>36.68 Roentgenography</b></p> <p>Barium Sulfate 2% Suspension</p> <p>Diatrizoate Meglumine 66%/Diatrizoate Sodium 10% INJ</p>

	<p>Gadoterate Dimeglumine 0.5mmol/mL INJ  Gadoxetate Disodium 181mg/ml INJ  Iodixanol 270mg/mL INJ  Iopamidol 61% INJ  Iopamidol-M 61% INJ  Iothalamate meglumine 60% INJ</p> <p><b>36.84 Tuberculosis</b>  Tuberculin, PPD</p>
<b>40.00 Electrolytic, Caloric, and Water Balance</b>	<p><b>40.08 Alkalinizing Agents</b>  Bicitra soln  Polycitra-K soln  Sodium Bicarb INJ 4.2% 5mEq/10mL syr, 650mg tab, INJ 50mEq/50mL vial</p> <p><b>40.10 Ammonia Detoxicants</b>  Lactulose soln</p> <p><b>40.12 Replacement Preparations</b>  Calcium Acetate 667mg gelcap  Calcium Carbonate 1250mg tab  Calcium Chloride INJ 1gm/10mL syr  Calcitrate (315mg Ca++) +Vit D 200U tab  Calcium Gluconate INJ 10%  Phosphorus 250mg powder concentrate  Potassium Acetate 40mEq/20mL vial  Potassium Chloride 10mEq tab, 20mEq dispersible tab, 20% Soln, 20mEq packet, INJ 2mEq/mL 30mL vial  Potassium Phosphate INJ 45mm/15mL vial  Sodium Acetate INJ 2mEq/mL  Sodium Chloride 0.9% INJ 10mL SYR  Sodium Chloride 3% INJ 500mL  Sodium Chloride INJ 4mEq/mL  Sodium Phosphate INJ 45mm/15mL vial  Zinc Sulfate 220mg cap</p> <p><b>40.18 Ion-Removing Agents</b>  <i>40.18.18 Potassium-removing Agents</i>  Sodium Polystyrene Sulfonate susp  <i>40.18.19 Phosphate-removing Agents</i>  Sevelamer *Carbonate* 800mg tab, 2.4gm powder packet</p> <p><b>40.20 Caloric Agents</b>  Amino Acids 5%/Dextrose 15%, 1000mL bag, 2000mL bag  Amino Acids 4.25%/Dextrose 5%, 1000mL bag, 2000mL bag  Dextrose 50% INJ 25gm/50mL syr, INJ 50mL vial  Fat Emulsion 20% INJ 500ml bag  Glucose 5gm tab  Glucose 40% gel, 37.5g tube</p> <p><b>40.28 Diuretics</b>  Bumetanide 1mg tab, 2mg tab, INJ 1mg/4mL vial, INJ 2.5mg/10mL vial  Chlorothiazide INJ 500mg vial  Chlorthalidone 25mg tab  Furosemide INJ 10mg/mL, INJ 100mg/10mL, 10mg/mL soln, 20mg tab, 40mg tab  Hydrochlorothiazide 25mg tab, 50mg tab  Mannitol 25% INJ  Maxzide 75/50mg tab  Metolazone 2.5mg tab, 5mg tab, 10mg tab</p> <p><b>40.36 Irrigating Solutions</b></p>

	Acetic Acid 0.25% irrig <b>40.40 Uricosuric Agents</b> Probenecid 500mg tab
<b>44.00 Enzymes</b>	Hyaluronidase 200 units/1ml INJ
<b>48.00 Respiratory Tract Agents</b>	<b>48.08 Antitussives</b> Dextromethorphan 15mg/5mL w/ Guaifenesin cough syrup <b>48.10 Anti-inflammatory Agents</b> <i>48.10.24 Leukotriene Modifiers</i> Montelukast 4mg chew tab, 5mg chew tab, 10mg tab <b>48.16 Expectorants</b> Guaifenesin LA 600mg tab <b>48.24 Mucolytic Agents</b> Acetylcysteine 20% inhalation/oral soln <b>48.36 Surfactants</b> Poractant Alfa Intratracheal Suspension 240mg/3ml vial
<b>52.00 Eye, Ear, Nose, and Throat (EENT) Preparations</b>	<b>52.02 Antiallergic Agents</b> Cromolyn Sodium 0.4% ophth soln Ketotifen 0.025% ophth soln Olopatadine 0.1% ophth soln <b>52.04 Anti-infectives</b> <i>52.04.04 Antibacterials</i> Ciprofloxacin 0.3% ophth oint, 0.3% ophth soln, 6% otic suspension Neomycin/polymyxin/hydrocortisone otic soln, otic susp Erythromycin ophth oint Gentamicin 0.3% ophth soln, ophth oint Gentamicin 13.5mg/ml fortified ophth soln Moxifloxacin 0.5% ophth soln Neomycin/Polymyxin/Gramicidin ophth soln Ofloxacin ophth soln Polymyxin/Bacitracin ophth oint Polymyxin/trimethoprim ophth soln Prednisolone/Sulfacetamide ophth soln Vancomycin ophth soln <i>52.04.20 Antivirals</i> Trifluridine 1% ophth soln <i>52.04.92 Anti-infectives, Miscellaneous</i> Carbamide Peroxide 6.5% otic soln <b>52.08 Anti-inflammatory Agents</b> Bromfenac 0.09% ophth soln Budesonide nasal spray 32mcg/spray Budesonide Nebs 0.25/2mL, 0.5mg/2mL Cyclosporine 0.05% ophth emul Difluprednate 0.05% ophth emul Flunisolide nasal 0.025% soln Fluocinolone acetonide 0.01% otic oil 20mL Fluorometholone 0.1% ophth soln Fluticasone nasal 0.05% spray Ketorolac 0.05% ophth soln Loteprednol 0.5% ophth susp Neo/Polymyx/Dex ophth oint, ophth susp Prednisolone 1% ophth sol Prednisolone Acetate 0.125% ophth soln Triamcinolone Acetonide Inj 40mg/ml (Preservative-free), 1 ml vial



	<p><b>52.16 Local Anesthetics</b>  Cocaine 4% topical soln  Dyclonine 2mg lozenges, 1% Oral-Topical Solution  Proparacaine 0.5% ophth soln  Tetracaine 4% topical soln</p> <p><b>52.24 Mydriatics</b>  Atropine Sulf 1% ophth oint, ophth soln  Cyclopentolate 1% ophth soln  Phenylephrine 2.5% ophth soln, 10% ophth soln  Tropicamide 1% ophth soln</p> <p><b>52.28 Mouthwashes and Gargles</b>  1-1-1 Mouthwash (ben/Al-Mg/H<sub>2</sub>O)  Hydrogen Peroxide 3% soln</p> <p><b>52.32 Vasoconstrictors</b>  Oxymetazoline 0.05% nasal spray  Phenylephrine 0.25% nasal spray  Visine-A Oph soln</p> <p><b>52.40 Antiglaucoma Agents</b>  Acetazolamide 250mg tab, 500mg SR cap, INJ 500mg vial  Acetylcholine CL intraocular soln 1:100  Betaxolol-S 0.25% ophth soln  Brimonidine 0.15%, 0.2% ophth soln  Dorzolamide 2% ophth soln  Dorzolamide/Timolol ophth soln  Lantanoprost ophth soln  Methazolamide 50mg tab  Netardusil  Pilocarpine 2% ophth soln, 4% ophth soln  Timolol 0.5% ophth soln  Travoprost 0.0004% ophth soln</p> <p><b>52.92 EENT Drugs, Miscellaneous</b>  Acetic Acid 2% Otic Solution  Carboxymethylcellulose 0.5% ophth (Refresh Plus – Preservative-free)  Carboxymethylcellulose 0.5%/Glycerin 1%/Polysorbate 80 0.5%  (Refresh Optive Advantage, Preservative-free)  Carboxymethylcellulose 1% ophth (Celluvisc)  Dexamethasone 24mg/ml injection  Fluorescein 10% INJ 5mL amp, ophth strip  Fluorescein Sodium/ Benoxinate HCL 0.25% soln  Fluorouracil (5-FU) 10mg/mL  Hyaluronate 23mg/mL INJ, oph, syr  Hypromellose 0.3% ophth solution  Lubricant, Ocular oint 3.5gm, drops 15mL  Polyvinyl Alcohol (Refresh) ophth soln  Sodium Chloride Nasal Spray  Sodium Chloride/Aloe Vera Nasal Gel  Sodium Chloride 5% ophth oint, ophth soln  Sodium Chloride/Sodium Bicarbonate Nasal Rinse, Kit/Packets</p>
<b>56.00 Gastrointestinal Drugs</b>	<p><b>56.04 Antacids and Adsorbents</b>  Aluminum &amp; Magnesium Hydroxide &amp; Simethicone susp  Charcoal-Activated 25gm in water  Charcoal-Activated 50gm with sorbitol  Magnesium Oxide 400mg tab  Milk of Magnesia</p>

	<p><b>56.08 Antidiarrhea Agents</b>  Bismuth Subsalicylate 262mg tab  Lactobacillus Caplets  Loperamide 1mg/7.5mL liquid, 2mg cap</p> <p><b>56.10 Antiflatulents</b>  Simethicone 80mg chew tab, oral drops</p> <p><b>56.12 Cathartics and Laxatives</b>  Bisacodyl 5mg tab, 10mg supp  Docusate Sodium 100mg cap, 20mg/5mL syrup  Glycerin supp  Magnesium Citrate soln  Mineral oil liquid, enema  Nulytely-cherry flavor  Polyethylene Glycol 3350 powdr  Psyllium Hydro Mucilloid  Senna Tablets  Sodium Phosphate enema</p> <p><b>56.14 Cholelitholytic Agents</b>  Ursodiol 300mg cap</p> <p><b>56.16 Digestants</b>  Pancrelipase 5000 units DR cap, 20,000 units DR cap</p> <p><b>56.22 Antiemetics</b>  Doxylamine 10mg/Pyridoxine 10mg Delayed-Release Tablets  Fosaprepitant INJ 150mg vial  Meclizine 25mg chewable tab  Ondansetron 4mg tab, 8mg tab, 4mg orally disintegrating tab, 4mg/5mL Solution, INJ 4mg/2mL vial  Palonosetron 0.25mg/5mL vial  Prochlorperazine 10mg tab, 25mg supp, INJ 10mg/2mL vial</p> <p><b>56.28 Antiulcer Agents and Acid Suppressants</b>  <i>56.28.12 Histamine H<sub>2</sub>-Antagonists</i>  Famotidine 20mg/50ml inj  Famotidine 20 mg tabs, susp  <i>56.28.28 Prostaglandins</i>  Misoprostol 100mcg tab, 200mcg tab  <i>56.28.32 Protectants</i>  Sucralfate 1gm tab, 1gm/10mL susp  <i>56.28.36 Proton-pump Inhibitors</i>  Lansoprazole 15mg cap, 30mg cap, 3mg/ml Suspension (Kit for Reconstitution)  Omeprazole 20mg cap  Pantoprazole INJ 40mg vial, 20mg tab</p> <p><b>56.32 Prokinetic Agents</b>  Metoclopramide 10mg tab, 5mg/5mL syrup, INJ 10mg/2mL vial</p> <p><b>56.36 Anti-inflammatory Agents</b>  Mesalamine 375mg SR cap, 4gm/60mL enema</p> <p><b>56.92 GI Drugs, Miscellaneous</b>  Alvimopan 12mg cap  Orlistat 60mg cap, 120mg cap</p>
<b>60.00 Gold Compounds</b>	None (Aurothioglucose removed from formulary 10/2013)
<b>64.00 Heavy Metal Antagonists</b>	Deferoxamine 500mg INJ Dimercaprol 10% INJ Edetate Calcium Disod INJ 1000mg/5mL amp

<p><b>68.00 Hormones and Synthetic Substitutes</b></p>	<p><b>68.04 Adrenals</b>            Betamethasone INJ 30mg/5mL vial            Dexamethasone 0.5mg tab, 4mg tab, 6mg tab, 1mg/ml oral solution (Intensol), 0.5mg/5ml oral solution, INJ 4mg/mL, 10mg/mL            Fludrocortisone 0.1mg tab            Fluticasone 100/Salmeterol 50 disk, 250/Salmeterol 50 disk, 500/Salmeterol 50 disk            Fluticasone 44mcg inhaler, 110mcg inhaler, 220mcg inhaler            Hydrocortisone 5mg tab, 10mg tab, 20mg tab, INJ 100mg/2mL vial            Methylprednisolone Acetate INJ 40mg/1mL vial, 80mg/1mL vial            Methylprednisolone Sod Succinate INJ 40mg, 125mg, 500mg, 1GM vial            Mometasone Furoate 220mcg inhaler            Mometasone 100/Formoterol 5, Mometasone 200/Formoterol 5 inhaler, 120 sprays            Prednisolone 15mg/5mL syrup            Prednisone 1mg tab, 5mg tab, 10mg tab, 20mg tab            Triamcinolone Acet INJ 10mg/mL, INJ 40mg/mL</p> <p><b>68.08 Androgens</b>            Testosterone Cypionate INJ 200mg/1 mL vial            Testosterone 1% gel, 5gm packet            Testosterone 2mg/24 hr patch, 4mg/24 hr patch</p> <p><b>68.12 Contraceptives</b>            Condoms, Latex, Lubricated            Contraceptive foam, jelly            Diaphragm, Contoured            Ethinyl Estradiol 0.03mg/Desogestrel 0.15mg Monophasic tab, 28's (Desogen, Emoquette, Reclipsen, or equivalent)            Ethinyl Estradiol /Desogestrel Triphasic tab, 28's (Ortho-Tri Cyclen, Trinessa, Trivora, or equivalent)            Ethinyl Estradiol 0.03mg/Drospirenone 3mg tab, 28's (Ocella, Yasmin, or equivalent)            Ethinyl Estradiol/Etonorgestrel Vaginal Ring (Nuvaring)            Ethinyl Estradiol 0.02mg/Levonorgestrel 0.2mg tab, 28's (Levlite , Orsythia, Sronyx, or equivalent)            Ethinyl Estradiol 0.03mg/Levonorgestrel 0.15mg tab, 91's (Jolessa, or equivalent)            Ethinyl Estradiol 0.035mg/Norethindrone 1mg tab, 28's (Cyclafem 1/35, Norinyl 1/35, Ortho Novum 1/35, or equivalent)            Ethinyl Estradiol 0.02mg/Norethindrone 1mg/Ferrous Fumarate 75mg tab, 28's (Loestrin FE)            Ethinyl Estradiol/Norelgestromin Patch (Xulane, or equivalent)            Ethinyl Estradiol 0.03mg/Norgestrel 0.3mg tab, 28's (Lo-ovral, Cryselle, or equivalent)            Etonogestrel Implant (Nexplanon, or equivalent)            Intrauterine Device, Copper (Paragard, or equivalent)            Intrauterine Device, Levonorgestrel 19.5mcg/day (Kyleena, or equivalent)            Intrauterine Device, Levonorgestrel 20mcg/day (Mirena, or equivalent)            Levonorgestrel 1.5mg tab (Emergency Contraceptive) (Plan B, Next Choice, or equivalent)            Norethindrone 0.35mg tab, 28's</p>
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(Nora-BE, or equivalent)

Ulipristal Acetate 30mg tab (Emergency Contraceptive)

### **68.16 Estrogens and Antiestrogens**

Clomiphene (clomid) 50mg tab

Estradiol 1mg tab, 2mg tab, patch 0.05mg/day, patch 0.1mg/day

Estradiol Valerate INJ 100mg/5mL vial

Estrogens, conj 0.3mg tab, 0.625mg tab, 1.25mg tab, vag cr 0.625mg/gm, INJ 25mg

Estrogens, Esterified and Methyltestosterone (Covaryx) Tab

Premphase 0.625/5mg tab

Prempro 0.3/1.5mg tab, 0.65/2.5mg tab

### **68.18 Gonadotropins**

Chorionic Gonadotropin 10,000units/10mL

### **68.20 Antidiabetic Agents**

#### *68.20.04 Biguanides*

Metformin 500mg tab, 850mg tab, 1000mg tab, XR 500mg tab

#### *68.20.05 Dipeptidyl Peptidase Inhibitors*

Alogliptin 6.25mg tab, 12.5mg tab, 25mg tab

#### *68.20.06 Incretin Mimetics*

Semaglutide INJ 2mg/1.5ml, 2mg/3ml pen

#### *68.20.08 Insulins*

Insulin 70/30 (70N/30R) vial

Insulin Aspart U-100 vial, 3mL prefilled syringe

Insulin Aspart Protamine 70% / Insulin Aspart 30%, 3mL prefilled syringe (pen)

Insulin Detemir U-100 vial, 3mL prefilled syringe (pen)

Insulin Glargine U-100 vial, 3mL prefilled syringe (pen)

Insulin NPH U-100 vial

Insulin Regular U-100 vial

Insulin Regular U-500 vial, 3 ml prefilled syringe

Insulin Human 100 units/100mL NS Premix

#### *68.20.18 Sodium-glucose Cotransporter 2 (SGLT2 Inhibitors)*

Empagliflozin 10mg tab, 25mg tab

#### *68.20.20 Sulfonylureas*

Glipizide 5mg tab, 10mg tab, XL 2.5mg tab, XL 5mg tab, XL 10mg tab

Glyburide 5mg tab

#### *68.20.28 Thiazolidinediones*

Pioglitazone 15mg tab, 30mg tab, 45mg tab

#### *68.20.92 Antidiabetic Agents, Miscellaneous*

Acarbose 100mg tab, 25mg tab, 50mg tab

Glucovance 2.5mg/500mg, 5mg/500mg

### **68.22 Antihypoglycemic Agents**

Glucagon INJ 1mg/mL emergency kit

### **68.28 Pituitary**

Desmopressin 0.1mg tab, 0.2mg tab, 0.01% nasal solution

Vasopressin INJ 20units/1mL

### **68.32 Progestins**

Medroxyprogesterone 10mg tab, 2.5mg tab, INJ 150mg/mL

Progesterone in Oil 50mg/mL INJ

### **68.36 Thyroid and Antithyroid Agents**

#### *68.36.04 Thyroid Agents*

Levothyroxine 0.025, 0.05, 0.075, 0.088, 0.1, 0.112, 0.125, 0.15, 0.175mg tabs,

INJ 100mcg

Liothyronine 5mcg tab, 25mcg tab

#### *68.36.08 Antithyroid Agents*

Methimazole 10mg tab

	Propylthiouracil 50mg tab
<b>72.00 Local Anesthetics</b>	Bupivacaine 0.5% INJ Bupivacaine-MPF 0.5% INJ Bupivacaine 0.75% spinal INJ Bupivacaine 0.25%/Epi 1:200,000 INJ, 0.5%/Epi 1:200,000 INJ Lidocaine 1% INJ Lidocaine 2% INJ Lidocaine 1% w/Epi INJ Lidocaine 2% w/Epi INJ Lidocaine-MPF 1% INJ, 2% INJ Lidocaine 2% jelly, 4% topical soln Lidocaine viscous 2% oral topical soln Lidocaine/Prilocaine top cream Ropivacaine 0.2% INJ, 0.5% INJ
<b>76.00 Oxytocics</b>	Methylergonovine INJ 0.2mg/mL vial, 0.2mg tab Oxytocin INJ 10unit vial
<b>80.00 Serums, Toxoids, and Vaccines</b>	<b>80.04 Serums</b> Antivenin - Centruroides (Scorpion) Immune F(ab') <sub>2</sub> INJ "ANASCORP®" Antivenin - Lactodectus Mactans (Black Widow Spider) INJ Hepatitis-B Immune Globulin INJ Immune Globulin (Human) INJ Rabies Immune Globulin INJ Tetanus Immune Glob 250units INJ <b>80.08 Toxoids</b> Diptheria/Tetanus/Acellular Pertussis (DtaP) Diptheria/Tetanus/Acellular Pertussis/Hep-B/Polio (inactivated) combined Diptheria/Tetanus/Acellular Pertussis/Polio (inactivated) Tetanus & Diptheria toxoids INJ (Td) – adult Tetanus/diphtheria/acellular pertussis (Tdap) <b>80.12 Vaccines</b> COVID-19 vaccine, INJ Haemphilus Influenza Type B, INJ Hepatitis-A vaccine 720units/0.5mL and 1440units/mL INJ Hepatitis-B vaccine INJ 20mcg/ml (Adult), 10mcg/0.5ml (Pediatric) OR 5mcg/0.5ml (Pediatric) HPV vaccine INJ (9-valent) Influenza Vaccine, Inactive INJ Influenza Vaccine, LIVE (nasal) JYNNEOS Vaccine INJ Measles/Mumps/Rubella vaccine INJ Meningococcal Serogroup B Vaccine INJ Meningococcal Diptheria Toxoid Conj vaccine INJ Pneumococcal vaccine INJ (PCV13 and PCV20) Poliovirus vaccine (IPV) INJ Rabies vaccine, human diploid INJ Rotavirus vaccine, LIVE, oral pentavalent Varicella vaccine, single dose vial INJ Zoster vaccine, recombinant INJ
<b>84.00 Skin and Mucous Membrane Agents</b>	<b>84.04 Anti-infectives</b> <b>84.04.04 Antibacterials</b> Bacitracin oint Benzoyl peroxide 5%/Clindamycin 1.2% gel Clindamycin 1% gel

Clindamycin 1% lotion  
 Metronidazole 0.75% lotion, 1% gel, vaginal gel  
 Minocycline Microspheres 1mg (dental use)  
 Mupirocin 2% oint  
**84.04.08 Antifungals**  
 Ciclopirox Nail Lacquer  
 Clotrimazole 1% cream, 1% topical soln, 1% vaginal cream, 10mg troche  
 Gentian Violet 1% top soln  
 Ketoconazole 2% cream, shampoo  
 Miconazole 2% cream, 2% powder  
 Nystatin cream  
 Terbinafine 1% cream  
**84.04.12 Scabicides and Pediculicides**  
 Permethrin crème rinse  
 Permethrins 5% cream  
**84.04.92 Local Anti-infectives, Miscellaneous**  
 Chlorhexidine oral rinse 0.12%  
 Selenium Sulfide 2.5% lotion  
 Silver Sulfadiazine 1% cream  
**84.06 Anti-inflammatory Agents**  
 Clobetasol 0.05% cream, 0.05% oint, 0.05% scalp soln  
 Desonide 0.05% cream, lotion, oint  
 Fluocinonide 0.05% cream, 0.05% oint, 0.05% topical soln  
 Hydrocortisone 1% cream, 1% oint, 2.5% oint, 100mg enema  
 Hydrocortisone/Pramoxine rectal foam  
 Triamcinolone 0.1% Dental Paste  
**84.08 Antipruritics and Local Anesthetics**  
 Benzocaine 10mg/Menthol 2mg oral lozenge  
 Benzocaine 20%/Menthol 0.5% top spray  
 Ethyl Chloride Spray  
 Hemorrhoidal supp  
 Hemorrhoidal-HC supP  
 Lidocaine 5% Ointment  
 Lidocaine 5% Patch  
 Phenazopyridine 100mg tab  
**84.16 Cell Stimulants and Proliferants**  
 Tretinoin 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream  
**84.24 Emollients, Demulcents, and Protectants**  
 Ammonium Lactate 12% Lotion  
 Biafine emulsion topical  
 Lanolin  
 Petrolatum Liquid, White  
 Vitamin A&D oint  
**84.28 Keratolytic Agents**  
 Benzoyl peroxide gel, 5% (aqueous base)  
 Salicylic Acid 17% top soln, 40% plaster  
 Silver Nitrate applicator  
 Trichloroacetic Acid  
 Urea 10% (and 4% AHA) cream  
**84.32 Keratoplastic Agents**  
 Coal Tar 0.5% shampoo  
**84.50 Depigmenting and Pigmenting Agents**  
 Hydroquinone 4% cream

	<b>84.80 Sunscreen Agents</b> Sunblock lotion SPF-30 (or higher) <b>84.92 Skin and Mucous Membrane Agents, Miscellaneous</b> Aquaphor (generic) oint Becaplermin gel 0.01% Calcipotriene 0.005% cream Capsaicin 0.025% cream Collagenase oint Fluorouracil 1% cream, 5% cream Granulex spray Isotretinoin 40mg cap Nifedipine in KY Jelly 5mg/30gm Podofilox 0.5% top soln Tacrolimus 0.1% oint Tazarotene 0.5% cream, 1% cream
<b>86.00 Smooth Muscle Relaxants</b>	<b>86.12 Genitourinary Smooth Muscle Relaxants</b> Oxybutynin 5mg tab, 10mg XL tab <b>86.16 Respiratory Smooth Muscle Relaxants</b> Theophylline 100mg SR tab, 200mg SR cap, 300mg SR cap
<b>88.00 Vitamins</b>	<b>88.04 Vitamin A</b> Vitamin A 10,000IU cap Vitamin A Palmitate 10,000IU <b>88.08 Vitamin B Complex</b> Cyanocobalamin 1,000mcg tab, INJ 1,000mcg/1mL Folic Acid 1mg tab Hydroxocobalamin INJ 5gm/2mL vial kit Pyridoxine 100mg/mL INJ, 50mg tab Riboflavin 100mg tab Thiamine 50mg, 100mg tab, INJ 100mg/mL vial <b>88.12 Vitamin C</b> Ascorbic Acid 500mg tab <b>88.16 Vitamin D</b> Calcitriol 0.25mcg cap Cholecalciferol 10mcg (400IU), 25mcg (1000IU), 1,250mcg (50,000IU) tab Cholecalciferol 10mcg (400IU)/mL drops Ergocalciferol 1,250mcg (50,000 unit cap), 8,000units/mL oral soln <b>88.24 Vitamin K Activity</b> Phytonadione 1mg/0.5mL INJ, 5mg tab, INJ 10mg/mL amp <b>88.28 Multivitamin Preparations</b> Multivit w/Minerals & FA tab Multivitamin INJ Multivitamin, ophthalmic with lutein and zeaxanthine gelcaps Multivitamin oral susp Multivitamin tab Vitamin B&C Complex
<b>92.00 Miscellaneous Therapeutic Agents</b>	<b>92.08 5-<math>\alpha</math>-Reductase Inhibitors</b> Finasteride 5mg tab <b>92.12 Antidotes</b> Acetylcysteine INJ 6gm/30ml vial Fomepizole INJ 1.5gm/1.5mL vial Leucovorin 5mg tab (Folinic Acid) Methylene Blue 0.5%, 1% INJ 10mL Pralidoxime Chloride 1g/20mL

	<p>Sodium Thiosulfate INJ 25% (12.5gm/50mL vial)  Sugammadex INJ 100mg/mL</p> <p><b>92.16 Antigout Agents</b>  Allopurinol 100mg tab, 300mg tab  Colchicine 0.6mg tab</p> <p><b>92.20 Biologic Response Modifiers</b>  Thalidomide 50mg cap</p> <p><b>92.24 Bone Resorption Inhibitors</b>  Alendronate 35mg tab, 70mg tab  Zoledronic Acid INJ 4mg/100ml bag, 5mg/100ml bag</p> <p><b>92.36 Disease-Modifying Antirheumatic Agents</b>  Adalimumab Citrate-free INJ 40mg/0.8mL pen  Etanercept INJ 25mg/mL vial, syr, 50mg/ml pen, cartridge  Infliximab-abda INJ 100mg  Leflunomide 10mg tab, 20mg tab</p> <p><b>92.44 Immunosuppressive Agents</b>  Azathioprine 50mg tab  Cyclosporine (Neoral) 100mg cap, 100mg/mL soln, 25mg cap  Mycophenolate 250mg cap  Tacrolimus 0.5mg cap, 1mg cap</p> <p><b>92.92 Other Miscellaneous Therapeutic Agents</b>  Botulinum Toxin Type A  Melatonin 3mg tab  Octreotide INJ 50mcg, 200mcg, 500mcg, 1,000mcg/mL  Perflutren Lipid Microspheres Inj, 2ml vial  Tamsulosin 0.4mg ER cap</p>
<b>96.00 Pharmaceutical Aids</b>	<p>Acetone  Alcohol, Ethyl 95%  Glycerin, USP</p>
<b>99.00 Non-indexed Therapeutic Agents</b>	<p>Acetic Acid vaginal jelly  Acetylcysteine 600mg cap  Alcohol, Dehydrated INJ 1mL amp  Alcohol, Isopropyl 70%  Aluminum Chloride 20% soln  Balanced Salt Soln  Benzoin Compound Tincture spray  Cadexomer Iodine gel  Calamine lotion  Carboprost Tromethamine INJ  Cetaphil Skin Cleanser  Ferric Subsulfate soln  Freestyle Libre Continuous Glucose Sensor, Reader  Guide-me Accucheck test strips  Hydrophilic oint  Imiquimod 5% cream 3gm/box  Ketamine INJ 50mg/mL, 100mg/mL  Lubricant Surg Foil Pak  Lubricant, Surgical 120gm  Menthol and Zinc Oxide Ointment  Nifedipine 0.2% in KY Jelly  Pilocarpine 5mg tab  Povidone Iodine 10% soln  Sodium Hypochlorite 0.25% Topical Solution, 0.125% Topical Solution</p>



	Water for Injection, Sterile, 10mL vial Witch Hazel liquid Zinc Oxide 16%, 20% oint
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## PIMC Formulary Approved IV and Irrigating Solutions Oct 2012

### **IV SOLUTION**

### **VOLUME(S)**

Dextrose 5%/Water	100ml, 250ml, 500ml, 1000ml
Dextrose 10% Water	500ml, 1000ml
D5/0.225% NS	1000ml
D5/0.225% NS with 20mEq KCl	1000ml
D5/0.45% NS	250ml†, 1000ml
D5/0.45% NS with 20mEq KCl	1000ml
D5/0.45% NS with 40mEq KCl	1000ml
D5/0.9% NS	1000ml
D5/0.9% NS with 20mEq KCl	1000ml
D5/0.9% NS with 40mEq KCl	1000ml
Dextrose 10%/0.9% NS*	1000ml
Lactated Ringers	500ml, 1000ml
D5& Lactated Ringers	1000ml
0.45% NS	1000ml
0.45% NS with 20 mEq KCl	1000ml
0.9% NS	50ml, 100ml, 250ml, 500ml, 1000ml
0.9% NS with 20mEq KCl	1000ml
0.9% NS with 40mEq KCl	1000ml
ADDvantage™ D5W	250ml
Mini-Bag Plus™ 0.9% NS	100ml
Dobutamine 250mg in D5W*	250ml
Dopamine 400mg in D5W	250ml
Heparin 25,000 units in D5W*	250ml
Magnesium Sulfate 20gm*	500ml
Mannitol 20%*	500ml
Fat Emulsion 10% and 20%*	500ml
Potassium Chloride 10mEq	100ml
Potassium Chloride 20mEq	100ml
Sodium Chloride (Hypertonic) 3%*	500ml

### **IRRIGATION SOLUTION**

### **VOLUME(S)**

Acetic Acid 0.25%	1000ml
Lactated Ringers	3000ml
Sodium Chloride 0.9% (NS)	1000ml
Sterile Water	1000ml, 3000ml

† Used by NIH Research Ward only

\* Pharmacy Purchased Item (all others purchased/stocked by Materials Management)

# Opioid Restrictions- April 2021

## **For all opioids, including acetaminophen/codeine and tramadol**

1. Initial prescription for CII controlled substance is limited to a 5 day supply and may not exceed 90 morphine milligram equivalents (MME) per day
  - a. The above limits do not apply to the following:
    - i. Active oncology diagnosis,
    - ii. Hospice care,
    - iii. End-of-life care (other than hospice),
    - iv. Palliative care,
    - v. Children on opioid wean at time of hospital discharge,
    - vi. Skilled nursing facility care,
    - vii. Traumatic injury, excluding post-surgical procedures, and
    - viii. Chronic conditions for which the provider has received prior authorization, typically after consultation with a board-certified, fellowship-trained pain specialist.
  - b. Initial prescription following a surgical procedure is limited 14 day supply or a maximum of 40 tablets. Refill for short acting opioid medications for post-surgical procedures are limited to no more than a 5-day supply.
  - c. Prescriptions exceeding more than 40 tablets must be reviewed on a non-formulary basis.
2. PDMP:
  - a. Providers and/or pharmacists should review PDMP data when opioid prescriptions for acute pain exceed 7 days, ranging from every prescription to every 3 months
  - b. PDMP must be reviewed prior to filling outside prescriptions for controlled substances
3. Naloxone:
  - a. Consider naloxone prescribing with all patients on chronic opioids prescriptions and highly recommended for patients that exceed 50 MME/day.
4. UDS:
  - a. Confirmatory urine drug tests are recommended at initiation of the treatment agreement and periodically every 6-12 months or more frequently if clinically indicated
5. Treatment Agreement:
  - a. All patients on chronic opioid treatment (daily or near daily use of an opioid for >60 days over the past 90 day period) must have a treatment agreement signed and on file in the patient's medical record.
  - b. The pain or chronic opioid treatment agreement must be updated and signed annually.
    - i. Documentation Process for Pain Agreements:
      1. EHR→Note: PIMC Pain Agreement → Complete Note Template→ Sign Note Template
      2. Pain Agreement notification will now be present in EHR→ Visit Elements→Crisis Alerts
    - ii. Recommended Documentation for rescinded Pain Agreements:
      1. EHR→Note: PIMC Pain Agreement Rescinded→ Complete Note Template→ Sign Note Template
      2. Rescinded Pain Agreement notification will now be present in EHR→ Visit Elements→Crisis Alerts

# PIMC Recommended Guidelines for Treatment of Pediatric Lymphadenitis – May 2022

## Cervical Lymphadenitis

Cervical lymphadenitis, defined as an acute symptomatic enlargement of the cervical lymph nodes, is a very common condition in children of all ages. Acute lymphadenitis can develop over a few days but may persist for weeks to months. Most cases are self-limited and can safely be monitored for spontaneous resolution. Causes and management of lymphadenitis depends on several factors, including whether the inflamed/enlarged lymph node(s) are bilateral or unilateral:

- Acute **bilateral** lymphadenitis – usually caused by self-limited viral upper respiratory infection and requires no specific antibiotic treatment
- Acute **unilateral** lymphadenitis – usually caused by *Staphylococcus aureus* or group A *Streptococcus* (GAS) and requires treatment much more commonly than bilateral diseases – consider MRSA. If patient with unilateral disease appears well and is afebrile, measure the area and monitor (they likely do not need antibiotic treatment)

## Treatment Recommendations

First-line recommendation:

Drug	Dosing	Notes
Clindamycin	30 mg/kg/day divided in 3 doses	

Alternative regimens:

Drug	Dosing	Notes
Amoxicillin/Clavulanate	<b>45 mg amoxicillin/kg/day</b> of 400 mg amoxicillin/57 mg clavulanate/5mL formulation divided bid	
*Sulfamethoxazole/trimethoprim (suspension)	1 ml/kg/day divided bid	<b>Add</b> if no improvement after 48-72 hours

\* Does not cover GAS so cannot use as monotherapy

**Duration of treatment:** 10 to 14 days; may take 4-6 weeks for lymph nodes to regress

**If appropriate doses as above are not ordered, pharmacy will automatically adjust dose to the above and extend therapy as necessary as per approval of P&T committee.**

## REFERENCES:

1. Dulin MF, Kennard TP, Leach L. Management of cervical lymphadenitis in children. Clinical Inquiries, 2008 (MU). 2008.
2. Healy CM, Isaacson GC, Edwards MS. Cervical Lymphadenitis in Children: Diagnostic Approach and Initial Management. Waltham, MA: UpToDate. 2018.

## **PIMC Recommended Guidelines for Treatment of Pediatric Odontogenic Infections – May 2022**

### **Treatment Recommendations:**

<b>Clinical Presentation</b>	<b>Management</b>	<b>Antibiotic Recommendation</b>
1. No swelling, no fever, a draining sinus tract may or may not be present	The patient should be seen at dental clinic within 48 hours	No antibiotics recommended
2. Swelling present, but limited to small area of vestibule or alveolus	The patient should be seen at dental clinic within 48 hours	Amoxicillin 40 mg/kg/day divided in 3 daily doses  or  Penicillin VK 50 mg/kg/day divided in 4 daily doses
3. Swelling present and includes a large area of the vestibule and/or alveolus (e.g. including more than two teeth), or if the swelling is extraoral, or if the patient is febrile	The patient should be seen at dental clinic	Clindamycin 25 mg/kg/day divided in 3 daily doses  Consider admission for IV antibiotics when infection/swelling has advanced to adjacent compartments
4. If there is any swelling and the patient will not be seen at dental clinic within 48 hours	Give antibiotics	Clindamycin 25 mg/kg/day divided in 3 daily doses

Follow up with dental clinic as appropriate.

**If appropriate doses as above are not ordered, pharmacy will automatically adjust dose to the above and extend therapy as necessary as per approval of P&T committee.**

## **PIMC Recommended Guidelines for Treatment of Pediatric Otitis Media – May 2022**

### **Diagnosis Evaluation:**

- Bulging of the tympanic membrane (TM) **or** new onset of otorrhea (drainage of fluid from the ear)
  - Recent (less than 48 hours) onset of ear pain or intense erythema of the TM

### **Management:**

#### **Observation Period:**

- Consider watch and wait in patient greater than 2 years of age and recheck in 48 hours. If not improving then give antibiotics
- May also consider **SNAP** (Safety Net Antibiotic Prescription): writing a prescription that can be filled after 48 hours but before 5 days of issue if patient has not improved
  - Stress to parent that if treatment is started, they **MUST** finish the course of antibiotics

AAP/AAFP recommendations for observation versus antibiotics in the management of acute otitis media:

<b>Age</b>	<b>Certain diagnosis*</b>	<b>Uncertain diagnosis</b>
<6 months	Antibacterial therapy	Antibacterial therapy
6 months to 2 years	Antibacterial therapy	Antibacterial therapy is severe illness; observation option if non-severe illness
≥2 years	Antibacterial therapy if severe illness; observation option if non-severe illness	Observation option

\*A certain diagnosis meets all three criteria: rapid onset, signs and symptoms of middle ear inflammation, AND signs of middle ear effusion.

Severe illness is considered moderate to severe otalgia for at least 48 hours or fever  $\geq 39^{\circ}\text{C}$  ( $102.2^{\circ}\text{F}$ ); Non-severe illness is considered mild otalgia and fever  $< 39^{\circ}\text{C}$  in the past 24 hours. Observation is only appropriate when follow-up can be ensured and antibacterial agents started promptly if symptoms persist or worsen.

**Antibiotic Treatment:**  
First-Line Recommendation:

Drug	Dosing	Notes
Amoxicillin	80-90 mg/kg/day (maximum of 3 grams/day) divided bid to tid	If a patient has received amoxicillin within the last 30 days, has fever to 102°F, has concurrent purulent conjunctivitis, or has a history of recurrent OM unresponsive to amoxicillin may go to second-line agent.

Second-line Recommendation:

Drug	Dosing	Notes
Amoxicillin/clavulanate	80-90 mg amoxicillin/kg/day and 6.4 mg clavulanate/kg/day	Use amoxicillin 600 mg/ clavulanate 42.9 mg/5 mL suspension (Weight-based quick orders are available in EHR)  *Use amoxicillin 400mg/5mL or 600mg/5mL ES in child less than 3 months old OR has renal issues

\*Infants  $\geq 2$  months (off-label indication): 90 mg/kg/day amoxicillin component PO divided every 12 hours for 10 days was recommended for severe otitis media in the 2004 clinical practice guidelines; however, this age group is not addressed in the most current guidelines by the American Academy of Pediatrics (AAP). The FDA-approved labeling states that safety and efficacy have not been established in infants younger than 3 months of age.

LexiComp: Infants  $\geq 2$  months and Children: Oral: 80 to 90 mg/kg/day in divided doses every 12 hours; variable duration of therapy, if  $< 2$  years of age or severe symptoms (any age): 10-day course

Alternatives for Penicillin Allergy:

Drug	Dosing	Notes
Cefuroxime	30 mg/kg/day divided bid (max dose 1 gram/day)	
Cefdinir	14 mg/kg/day in 1 or 2 equal doses (bid)	
Clindamycin	30-40 mg/kg/day in 3 divided doses	

*Ceftriaxone (Rocephin) is overused in the treatment of otitis media. If you think a patient needs ceftriaxone, consult a pediatrician.*

**Duration of treatment:**

<b>Age and severity</b>	<b>Duration of treatment</b>
Age >2 years and those with severe symptoms	10 days
Age 2 to 5 years with mild or moderate symptoms	7 days
Age 6 and over with mild or moderate symptoms	5-7 days

**If appropriate doses as above are not ordered, pharmacy will automatically adjust doses to the above and extend therapy as necessary per approval of P&T committee.**

**Treatment of pain:**

- The management of pain should be addressed regardless of the use of antibiotics
- Consider if antibiotic therapy does not provide symptomatic relief in the first 24 hours.
  - Pain and fever may persist even after 3-7 days

**Options for pain management:**

1. Acetaminophen 10-15 mg/kg every 4 hours prn
2. Ibuprofen 5-10mg/ kg every 6 hours prn

Decongestants (i.e. pseudoephedrine) and antihistamines are not indicated in the treatment of otitis media.

**REFERENCES:**

1. Lieberthal AS, Carroll AE, Chonmaitree T, Ganiats TG, Hoberman A, Jackson MA, Joffe MD, Miller DT, Rosenfeld RM, Sevilla XD, Schwartz RH. The diagnosis and management of acute otitis media. Pediatrics. 2013 Mar 1;131(3):e964-99.
2. Pelton S, Isaacson GC. Acute otitis media in children: treatment. UptoDate. Waltham (MA): UptoDate. 2019.



# **PIMC Recommended Guidelines for Treatment of Pediatric Community Acquired Pneumonia- May 2022**

Community acquired pneumonia (CAP) is a common and potentially serious acute infection of the lung parenchyma. It can be caused by many pathogens, most prominently viruses and bacteria, but a pathogen-specific diagnosis can be difficult to make in children because sputum representing lower respiratory secretions can rarely be obtained, especially in the outpatient setting. When caring for an infant or child with presumed CAP, treatment will be empirical in the vast majority of cases.

Empiric oral antimicrobial therapy should provide effective treatment for the pathogens most likely to cause lower respiratory tract infection. Providers need to consider the patient's age, immunization status, past medical history and clinical presentation when selecting anti-infective agents. Viral etiologies predominate during early childhood and present with gradual onset of lower respiratory tract symptoms preceded by URI symptoms. Clinically, the child with viral lower respiratory tract illness is not toxic in appearance and has diffuse findings on auscultation. In school-aged children and adolescents, atypical bacterial pathogens such as *Mycoplasma pneumonia* and *Chlamydia pneumonia* may also give rise to a slow progression of lower respiratory tract symptoms. Children with atypical pneumonia caused by these organisms are characteristically not toxic in appearance and constitutional symptoms (headache, fever, malaise, chills, sore throat) may predominate over respiratory symptoms. Atypical pneumonia has been seen in the preschool population, but there is a high rate of spontaneous clinical resolution of the infection without need for antibiotic therapy in this younger age group.

In contrast to both viral LRTI and atypical pneumonia, bacterial CAP causes more severe infection, with abrupt onset and moderate to severe respiratory distress. All age groups are at risk for bacterial CAP. Several different organisms can cause CAP, but ***Streptococcus pneumonia* is the most prominent invasive pathogen in previously healthy, appropriately immunized infants and children.** Other less common pathogens include *Haemophilus influenzae*, *Streptococcus pyogenes* (group A strep), and *Staphylococcus aureus*. *H. influenzae* type B is uncommon due to the universal recommendation of Hib vaccine, and non-typable *H. influenzae* is uncommon in the absence of chronic lung disease. Group A strep is an infrequent cause of CAP but may cause severe necrotizing pneumonia. *S. aureus* is also less common, but incidence is on the rise in the United States. This pathogen can cause severe CAP resulting in necrotizing or cavitary infiltrates or empyema. Pneumonia suspected to be caused by *S. aureus* is most often treated initially in the inpatient setting.

## **Diagnostic Evaluation**

The clinical diagnosis of pneumonia can be made in children with fever and historical or examination evidence of an infectious process with symptoms or signs of respiratory distress. When present, certain clinical findings increase the likelihood of pneumonia. These include tachypnea,\* nasal flaring, grunting, retractions, rales, and decreased breath sounds.

\*The absence of tachypnea is helpful in excluding pneumonia; the absence of the other signs is not.

### **Chest radiography**

Routine chest radiographs are **not** necessary for patients with suspected CAP who are well enough to be treated in the outpatient setting.

Indications for CXR include:

1. Suspected or documented hypoxemia
2. Significant respiratory distress
3. Failed initial antibiotic therapy
4. Concern for “occult pneumonia” (ambiguous clinical findings, fever > 5 days, prolonged cough)
5. Hospital admission – all patients hospitalized for management of CAP should have CXR to document presence, size, and character of infiltrates and to identify complications of pneumonia (parapneumonic effusions, necrotizing pneumonia, and pneumothorax).

### **Blood work**

Blood culture and CBC should not be routinely performed in nontoxic, fully immunized children with CAP managed in the outpatient setting.

Blood work should be obtained in children who fail to demonstrate clinical improvement and in those who have progressive symptoms or clinical deterioration after initiation of antibiotic therapy. Blood work will also benefit infants less than 6 months of age (who have not received 2-, 4-, and 6-months Hib and PCV vaccinations) as they are at greater risk.

## **Treatment Recommendations**

The Infectious Disease Society of America established evidence-based guidelines for the management of infants and children with CAP. **The expert panel recommended that high-dose amoxicillin be used as first-line therapy for previously healthy, appropriately immunized children 3 months to 18 years of age with mild to moderate CAP suspected to be of bacterial origin.** There is not an oral cephalosporin that provides activity against *S. pneumonia* at the site of infection equal to that of high-dose amoxicillin. In addition, significant macrolide resistance exists in currently isolated strains of *S. pneumonia*; therefore, macrolides **ARE NOT** recommended as empiric therapy when pneumococcal CAP is suspected.

For children  $\geq 5$  years of age with presumed bacterial pneumonia who do not have clinical, laboratory or radiographic evidence that distinguishes bacterial pneumonia from atypical pneumonia, a macrolide may be **ADDED** to amoxicillin if the patient is not clinically improving. The IDSA recommendations have been incorporated into PIMC guidelines for treatment and are outlined on the following page.

## Infants < 6 months → CONSULT PEDIATRICS

Indication for treatment	Infants ≥ 6 months to 5 years	5 years to 18 years
First line for presumed <b>viral</b> CAP	No antibacterial agent; consider treatment for influenza as appropriate	
First line for presumed <b>bacterial</b> CAP	Amoxicillin 90mg/kg/day divided <b>TID</b> * to a maximum of 4g/day	
First line for <b>non-immunized</b>	Amoxicillin-clavulanate <sup>+</sup> 90mg/kg/day divided BID to a maximum of 4g/day	
Suspicion of <b>atypical pneumonia</b>	<b>Recall: high rate of spontaneous resolution</b> If treatment warranted, Azithromycin (10mg/kg on day one, followed by 5mg/kg once daily on days 2-5 to a maximum of 500 mg on day 1 followed by 250 mg on days 2-5	Azithromycin (10 mg/kg on day one, followed by 5mg/kg once daily on days 2-5 to a maximum of 500 mg on day 1 followed by 250 mg on days 2- 5.
Alternative if <b>allergy</b> to first line (Type I hypersensitivity)	3 <sup>rd</sup> generation cephalosporin (cefdinir) or clindamycin	

\*For *S. pneumoniae* with MICs for penicillin ≥ 2.0 µg/mL, TID dosing is more effective.

<sup>+</sup>Clavulanate dose of 6.4mg/kg/day. Augmentin ES (600mg amoxicillin/42.9mg clavulanate/5mL suspension) is available on PIMC formulary.

**If appropriate doses as above are not ordered, pharmacy will automatically adjust dose to the above and extend therapy as necessary as per approval of P&T committee.**

### REFERENCE:

1. IDSA, I. D. S. o. A. B., JS; Byington, CL; Shah, SS; Alverson, B; Carter, ER; Harrison, C; Kaplan, SL; Mace, SE; McCracken Jr, GH; Moore, MR; St Peter, SD; Stockwell, JA; and Swanson, JT. The Management of Community-Acquired Pneumonia in Infants and Children Older Than 3 Months of Age: Clinical Practice Guidelines by the Pediatric Infectious Diseases Society and the Infectious Diseases Society of America. Clinical Infectious Diseases, 53(7), 2011 / CCHMC

# PIMC Recommended Guidelines for Treatment of Pediatric Sinusitis – May 2022

The vast majority of acute rhinosinusitis cases are viral. In children, approximately 6 to 13 percent of these are complicated by the development of a secondary bacterial sinusitis. Common bacteria that may cause infection include *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Moraxella catarrhalis*, and *Streptococcus pyogenes*.

## Diagnostic Evaluation

Acute bacterial sinusitis clinical presentation and diagnosis criteria are shown below:

Persistent Symptoms	Severe Symptoms	Worsening Symptoms
Nasal discharge/congestion and/or cough for $\geq 10$ days without improvement	Temperature $\geq 38.5^{\circ}\text{C}$ ( $\geq 101.3^{\circ}\text{F}$ ) with purulent rhinorrhea for at least 3 days	Worsening of nasal congestion or rhinorrhea, cough, and fever after a 3- to 4-day period of improved symptoms

## Treatment Recommendations

### First Line Treatment Recommendations:

Amoxicillin

- High dose: 80-90 mg/kg/day divided equally into two doses
- Maximum of 2 g/dose
- Duration of treatment: antibiotics should be administered for a minimum of 10 days

### Second Line Treatment Recommendations\*:

Drug	Dose		Major Side Effect
Amoxicillin/Clavulanate (Augmentin) <i>Duration: 10 days</i>	Amoxicillin component: 80-90 mg/kg/day divided equally into two doses  Clavulanate component: <b><i>Please use weight-based order set to obtain high dose amoxicillin with appropriate clavulanate dosing to help decrease diarrhea side effect.</i></b>		Diarrhea
Cefdinir (Omnicef)** <i>Duration: 10 days</i>	<b><math>\geq 6</math> months</b> 14 mg/kg orally once a day up to a maximum of 600 mg/day	<b><math>\geq 13</math> years</b> 600 mg orally every 24 hours	May turn stools orange – counsel family members on the difference between cefdinir side effect and bloody stools

\*Macrolides (e.g., azithromycin) are **no longer recommended** for empiric therapy due to high rates of resistance among *S. pneumoniae* per both the IDSA and AAP.

\*\*Cefdinir is an acceptable substitution in Type 1 and non-Type 1 penicillin allergy.

**Treatment Failure:**

- Considered if symptoms worsen or do not improve after 72 hours of initial management.
- If this occurs with amoxicillin, then change to Augmentin.
- If a patient relapses within 2 weeks of treatment and initial treatment was successful for mild symptoms, the same antibiotic may be reinitiated for another course.

**Adjunctive (Symptomatic) Treatment:**

- AAP completed a Cochrane review of these adjunctive treatments and found **no** appropriately designed studies to determine the effectiveness of the following interventions:
  - Nasal saline irrigation/lavage (not spray)/Neti Pots
  - Analgesics: acetaminophen or NSAIDS
  - Topical/oral decongestants and/or antihistamines are **not** recommended with moderate to strong evidence per ISDA and AAP.
- Intranasal corticosteroids (although recommended primarily in patients with a history of allergic rhinitis)

**If appropriate doses as above are not ordered, pharmacy will automatically adjust dose to the above and extend therapy as necessary as per approval of P&T committee**

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## **PIMC Recommended Guidelines for Treatment of Pediatric Acute Group A Streptococcal (GAS) Tonsillopharyngitis – May 2022**

Group A streptococcus tonsillopharyngitis is an infection of the oropharynx caused by *Streptococcus pyogenes*. Patients commonly are between ages 5 to 15 years, have a history of strep pharyngitis exposure, and are affected in the winter or early spring months.

GAS pharyngitis commonly presents as sudden onset of:

- sore throat, tonsillar exudate patches, tender cervical adenopathy, nausea, vomiting, abdominal pain, fever, headache, tonsillopharyngeal inflammation, palatal petechiae, anterior cervical adenitis, scarlatiniform rash.<sup>1,2</sup>

Signs and symptoms lasting over seven days usually is not GAS related since GAS tonsillopharyngitis spontaneously resolves within two to five days.

### **Diagnostic Evaluation<sup>2</sup>**

GAS pharyngitis clinical diagnosis can be established by rapid antigen detection test (RADT) and/or throat culture in conjunction with clinical presentation indicative of GAS. Negative (but not positive) RADTs should be confirmed with throat culture in children and adolescents.

Testing is not recommended for patients under 3 years of age, patients who present overt viral pharyngitis symptoms, or asymptomatic household contacts of acute GAS pharyngitis patients.

### **Treatment Recommendations**

Goals of therapy are to<sup>1</sup>:

- Reduce nonsuppurative complications (acute rheumatic fever) by initiating treatment within nine days of symptom onset
- Diminish rate of infectivity and close contact transmission, which is approximately 35% without treatment
- Decrease time and severity of signs/symptoms
- Prevent abscesses, lymphadenitis, mastoiditis

#### **First Line Treatment Recommendations<sup>1-5</sup>:**

<b>Drug</b>	<b>Pediatric Dose</b>	<b>Advantage</b>	<b>Disadvantage</b>
<b>Oral Amoxicillin</b> <i>Duration: 10 days</i>	50 mg/kg/day divided into two doses to a maximum of 1 g/day	<b>Treatment of choice</b> More palatable for children Better GI absorption Active against otitis media pathogens (sometimes concurrent) at higher doses	

<b>Oral Penicillin V</b> <i>Duration: 10 days</i>	<b>≤ 27 kg</b> 250 mg two to three times daily for 10 days*	<b>≥ 27 kg</b> 500 mg two to three times daily for 10 days*	Established efficacy and safety Narrow spectrum Inexpensive	Less palatable for children Must be taken on empty stomach
<b>IM Penicillin G Benzathine (Bicillin L-A)</b> <i>Single dose</i>	<b>≤ 27 kg</b> 600,000 units IM once	<b>≥ 27 kg</b> 1.2 million units IM once	Single dose Better option if patient cannot complete 10-day course or has increased rheumatic fever risk Only therapy shown to prevent initial attacks of ARF Bactericidal for 21-28 days	Injection discomfort

\*Evidence supports twice daily or three times daily oral penicillin V for streptococcal pharyngitis<sup>3</sup>.

### Alternative Treatment Recommendations<sup>1,2,5\*\*</sup>:

Drug	Pediatric Dose		Advantage	Disadvantage
<b>Cephalexin</b> <i>Duration: 10 days</i>	40 mg/kg/day orally in two equally divided doses to a maximum of 1 g/day		Alternative therapy for recurrent GAS infection Acceptable substitution in penicillin hypersensitivity but not in anaphylaxis May have better cure rates than penicillin Narrow spectrum cephalosporin preferred over broad spectrum	Not recommended first line More expensive More possible resistance in 2 <sup>nd</sup> or 3 <sup>rd</sup> generation cephalosporins
<b>Clindamycin</b> <i>Duration: 10 days</i>	<b>≤ 70 kg</b> 21 mg/kg/day orally in three equally divided doses	<b>≥ 70 kg</b> 600 mg orally three times daily	Good alternative for beta- lactam hypersensitivity/anaphylaxis Resistance is 1% in the US	
<b>Azithromycin</b> <i>Duration: 5 days</i>	12 mg/kg/day orally once daily to a maximum of 500 mg/day		Good alternative for beta- lactam hypersensitivity/anaphylaxis Once daily regimen may improve adherence Shorter regimen of 5 days rather than 10 is FDA approved <i>and</i> IDSA endorsed***	Not preferred

\*\*No sulfonamides or tetracyclines recommended due to increased rate of resistance and failure to eradicate GAS from posterior pharynx

\*\*\*Although cefdinir and cefpodoxime are also FDA approved for 5-day regimens, IDSA does not endorse this dosing duration for cephalosporins due to inadequacies of the supporting studies<sup>2</sup>

### **Adjunctive Therapy for Fever/Pain<sup>2</sup>:**

Analgesics and antipyretics including acetaminophen and ibuprofen can be useful to manage symptoms such as pain and fever and are appropriate in conjunction with an indicated antibiotic. Such symptoms can last up to 7 days. Adjunctive treatment recommendations listed below:

1. Acetaminophen 15 mg/kg orally every 4 hours as needed
2. Ibuprofen 10 mg/kg orally every 6 hours as needed

**If appropriate doses as above are not ordered, pharmacy will automatically adjust doses to the above and extend therapy as necessary per approval of P&T committee.**

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1. Pichichero M. Treatment and prevention of streptococcal tonsillopharyngitis. In Sexton D, Edwards M, Baron E, eds., UpToDate; 2013.
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PIMC Adult Outpatient Guideline for Urinary Tract Infections (UTIs)		
Category	Acute Uncomplicated Cystitis	Acute Uncomplicated Pyelonephritis
	Symptomatic bladder infection in an adult <u>female</u> (<65 years) with a normal genitourinary tract	Symptomatic kidney infection in an adult <u>female</u> (<65 years) with a normal genitourinary tract
Signs and Symptoms	<b>General symptoms:</b> frequency, urgency, dysuria, or suprapubic pain	<b>General symptoms</b> + costovertebral angle pain, tenderness, or fever (absence of nausea or vomiting)
Culture and Susceptibility (C&S)	Urine C&S <u>not</u> required; consider if risk factor for <b>multi-drug resistance</b>	Urine C&S <u>required</u>
Treatment Considerations	1. PO tolerability 2. Allergies 3. Risk factor for <b>multi-drug resistance</b> : history of antibiotic exposure $\leq 90$ days, history of hospitalization $\leq 90$ days, or presence of invasive device	
Recommended <u>Empiric</u> Treatment	Empiric antibiotics  1. Nitrofurantoin 100mg PO BID x5 days 2. Cefuroxime 500mg PO BID x7 days (OR Cefdinir 300mg PO BID x5 days if cefuroxime is unavailable)	Start with empiric antibiotics, then tailor treatment based on C&S results  1. Ciprofloxacin 500mg PO BID x7 days + ceftriaxone 1g IM/IV x1 dose OR gentamicin 5mg/kg IV x1 dose 2. Cefuroxime 500mg PO BID x14 days + ceftriaxone 1g IM/IV x1 dose
Alternative <u>Empiric</u> Treatment	1. *Ciprofloxacin 250mg PO BID x3 days 2. Amoxicillin-clavulanate 875mg PO BID x5 days  <i>*Ciprofloxacin is restricted in uncomplicated cystitis</i>	
Tailored Treatment Based on C&S Results	<ul style="list-style-type: none"> <li>Cephalexin 500mg PO BID x10 days</li> <li>TMP-SMX 1 DS PO BID x3 days</li> <li>*Fosfomycin 3g PO x1 dose</li> </ul> <i>*Fosfomycin is non-formulary</i>	<ul style="list-style-type: none"> <li>Cephalexin 1000mg BID x14 days + ceftriaxone 1g IM/IV x1 dose OR gentamicin 5mg/kg IV x1 dose</li> <li>TMP-SMX 1 DS PO BID x14 days</li> </ul>

<b>Key Points [references]</b>	<ul style="list-style-type: none"> <li>▪ <b>Complicated UTI:</b> male, pregnant, catheterization ≤48 hours, elderly (≥65 years), abnormal genitourinary tract, or immunocompromised [1, 7]</li> <li>▪ Empiric treatment options are a reflection of local <b>E.coli antibiotic susceptibilities:</b> TMP-SMX (71%), cephalothin (52%), amoxicillin-clavulanate (79%), ciprofloxacin (82%), cefuroxime (89%), and nitrofurantoin (89%)</li> <li>▪ If diagnostic uncertainty regarding cystitis versus pyelonephritis, avoid use of agents such as nitrofurantoin and fosfomycin due to inadequate renal tissue concentrations [1]</li> <li>▪ Use 30 mL/min as the CrCl cut-off for nitrofurantoin [6]</li> <li>▪ If <b>ESBL+</b>, consider nitrofurantoin or fosfomycin as appropriate [5]</li> <li>▪ If <b>Enterococcus faecalis</b>, consider nitrofurantoin or fosfomycin as appropriate [8]</li> <li>▪ Fluoroquinolones are discouraged for cystitis due to a concern for fluoroquinolone resistance, a concern about the association with increased rates of MRSA, and a concern for C. difficile [1]</li> <li>▪ Broad spectrum beta-lactam antibiotics are discouraged due to concern for ESBL+ resistance [1]</li> </ul>
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Updated: November 2015

# PIMC Outpatient Empiric Skin & Soft Tissue Infection Protocol

Indication	Dose & Regimen
<b>Purulent SSTI:</b> <ul style="list-style-type: none"> <li>Cutaneous Abscess</li> <li>Furuncle</li> <li>Carbuncle</li> <li>Inflamed epidermoid cysts</li> </ul>	<b>Empiric or Confirmed MRSA:</b> <ul style="list-style-type: none"> <li>TMP/SMX 160 mg /800 mg (1 DS tab) PO BID x 10 days <ul style="list-style-type: none"> <li>If BMI &gt; 40, use 2 DS tabs PO BID <b>OR</b></li> </ul> </li> <li>Doxycycline 100 mg PO BID x 10 days <b>OR</b></li> <li>Clindamycin 300 mg – 450 mg PO TID x 10 days <ul style="list-style-type: none"> <li>If BMI &gt; 40, use 450 mg – 600 mg PO TID</li> </ul> </li> </ul>
	<b>Confirmed MSSA:</b> <ul style="list-style-type: none"> <li>Cephalexin 500 mg PO TID to QID x 10 days <b>OR</b></li> <li>Dicloxacillin 500 mg PO TID to QID x 10 days <b>OR</b></li> <li>Clindamycin 300 mg – 450 mg PO TID x 10 days</li> </ul>
<b>Erysipelas &amp; Cellulitis:</b> <b>Non-Diabetic, Extremities</b> <ul style="list-style-type: none"> <li>Mild</li> <li>Non-purulent</li> <li>No sepsis, AMS or hemodynamic instability</li> </ul>	<ul style="list-style-type: none"> <li>Amoxicillin 500 mg PO TID x 10 days <b>OR</b></li> <li>Penicillin VK 500 mg PO QID x 10 days</li> </ul>
	<b>Penicillin Rash, Unlikely True Allergy:</b> <ul style="list-style-type: none"> <li>Cephalexin 500 mg PO QID x 10 days</li> </ul>
	<b>True Penicillin Allergy (e.g. anaphylaxis):</b> <ul style="list-style-type: none"> <li>Clindamycin 300 - 450 mg PO QID x 10 days</li> </ul>
	<b>Empiric, MRSA Strongly Suspected:</b> <ul style="list-style-type: none"> <li>TMP/SMX 160 mg/800 mg PO BID x 10 days <b>OR</b></li> <li>Doxycycline 100 mg PO BID x 10 days <b>OR</b></li> <li>Clindamycin 300 – 450 mg PO QID x 10 days</li> </ul>
<b>Erysipelas &amp; Cellulitis:</b> <b>Diabetic</b>	<ul style="list-style-type: none"> <li>TMP/SMX 160 mg/800 mg PO BID x 5 days <b>PLUS</b> one of the following: <ul style="list-style-type: none"> <li>Cephalexin 500 mg PO QID <b>OR</b> Pen VK 500 mg PO QID</li> </ul> </li> </ul> <b>Penicillin Allergy:</b> <ul style="list-style-type: none"> <li>TMP/SMX 160 mg/800 mg PO BID <b>PLUS</b> Clindamycin 300 – 450 mg PO TID x 5 days</li> </ul>
<b>Bite Wounds:</b> <b>(Dog, Cat, &amp; Human)</b>	<ul style="list-style-type: none"> <li>Amox/Clav 875 mg/125 mg PO BID x 5 days <b>[prophylaxis]</b></li> <li>Amox/Clav 875 mg/125 mg PO BID x 10 days <b>[treatment]</b></li> </ul> <b>Penicillin Allergy:</b> <ul style="list-style-type: none"> <li>Doxycycline 100 mg PO BID x 5 days <b>PLUS</b> metronidazole 500 mg PO TID <b>OR</b></li> <li>Metronidazole 500 mg PO TID x 5 days <b>PLUS</b> one of the following: <ul style="list-style-type: none"> <li>TMP/SMX 160 mg/800 mg PO BID <b>OR</b> Ciprofloxacin 500 mg PO BID</li> </ul> </li> <li>Clindamycin 300 mg PO QID x 5 days <b>PLUS</b> one of the following: <ul style="list-style-type: none"> <li>Doxycycline 100 mg PO BID <b>OR</b> Ciprofloxacin 500 mg PO BID</li> </ul> </li> </ul>
<b>Cat Scratch Disease:</b>	<b>Patients &gt; 45 kg:</b> <ul style="list-style-type: none"> <li>Azithromycin 500 mg on day 1, 250 mg daily on days 2-5</li> </ul>
<b>Diabetic Foot:</b> <b>Mild Infection</b>	<b>MRSA &amp; Strep:</b> <ul style="list-style-type: none"> <li>TMP/SMX 160 mg/800 mg PO BID <b>PLUS</b> Cephalexin 500 mg PO QID x 14 days <b>OR</b></li> <li>Doxycycline 100 mg PO BID <b>PLUS</b> Cephalexin 500 mg PO QID x 14 days</li> </ul>
	<b>Broad Coverage:</b> <ul style="list-style-type: none"> <li>TMP/SMX 160 mg/800 mg PO BID <b>PLUS</b> Amox/Clav 875 mg/125 mg PO BID x 14 days <b>OR</b></li> <li>Doxycycline 100 mg PO BID <b>PLUS</b> Amox/Clav 875 mg/125 mg PO BID x 14 days</li> </ul>

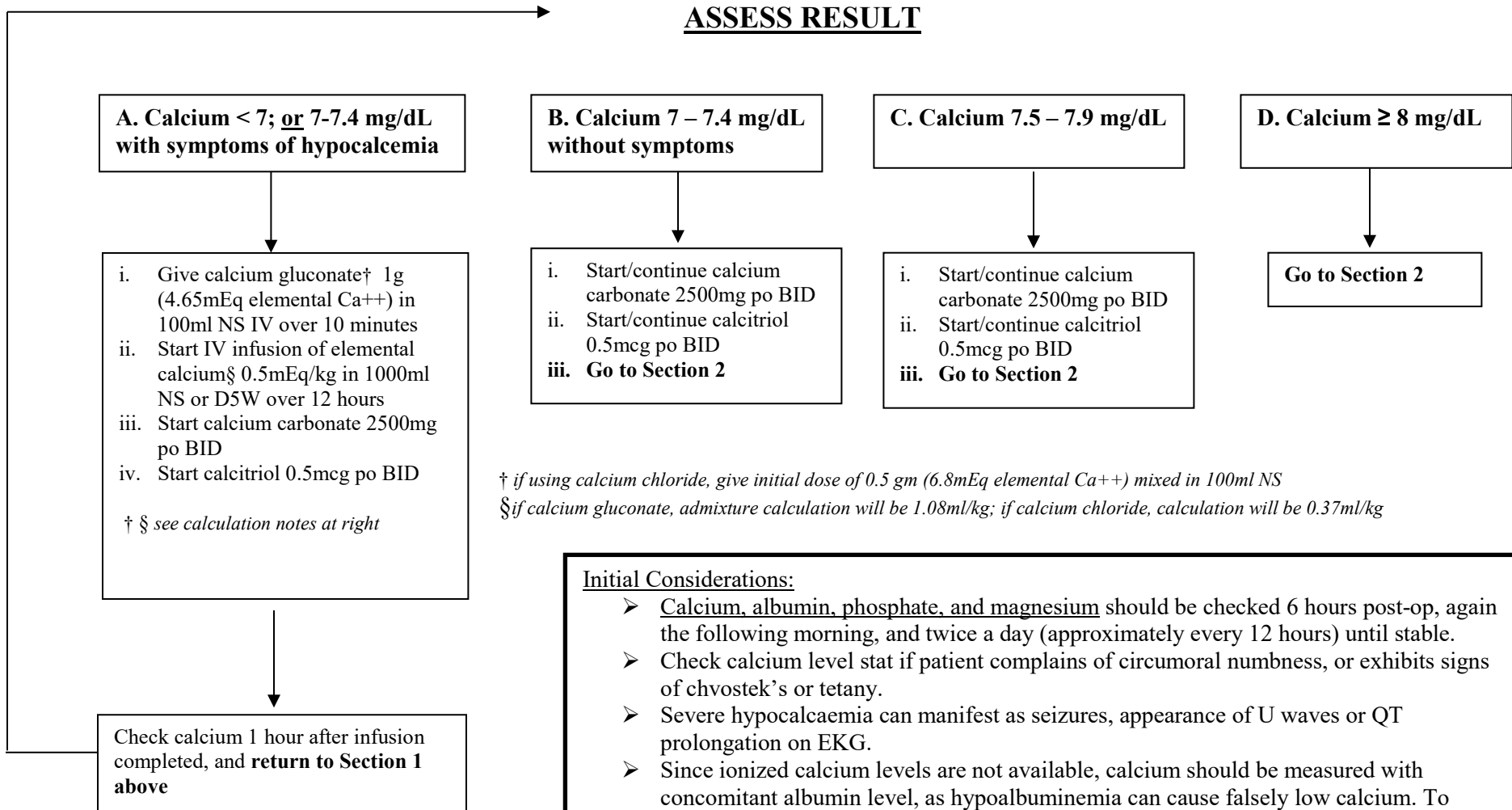
**\*\*Medications are listed in order of preferred use (higher on the list = more preferred) within each disease state\*\***

Sources: Clinical Practice Guidelines for Skin and Soft Tissue Infections: 2014 Update [IDSA]. Clin Inf Dis 2014 59: 10 to 52. Sanford Guide to Antimicrobial Therapy 2017. PIMC 2015 to 2017 Antibigram. Last revised: 6/28/2018

# Appendix I: Post-Thyroidectomy Calcium Monitoring Guidelines – *Section 1*

## Initial Corrected\* calcium level (6 hours post-op)

### ASSESS RESULT



† if using calcium chloride, give initial dose of 0.5 gm (6.8mEq elemental Ca++) mixed in 100ml NS

§if calcium gluconate, admixture calculation will be 1.08ml/kg; if calcium chloride, calculation will be 0.37ml/kg

#### Initial Considerations:

- Calcium, albumin, phosphate, and magnesium should be checked 6 hours post-op, again the following morning, and twice a day (approximately every 12 hours) until stable.
- Check calcium level stat if patient complains of circumoral numbness, or exhibits signs of chvostek's or tetany.
- Severe hypocalcaemia can manifest as seizures, appearance of U waves or QT prolongation on EKG.
- Since ionized calcium levels are not available, calcium should be measured with concomitant albumin level, as hypoalbuminemia can cause falsely low calcium. To correct the calcium for the albumin, the following formula should be used:

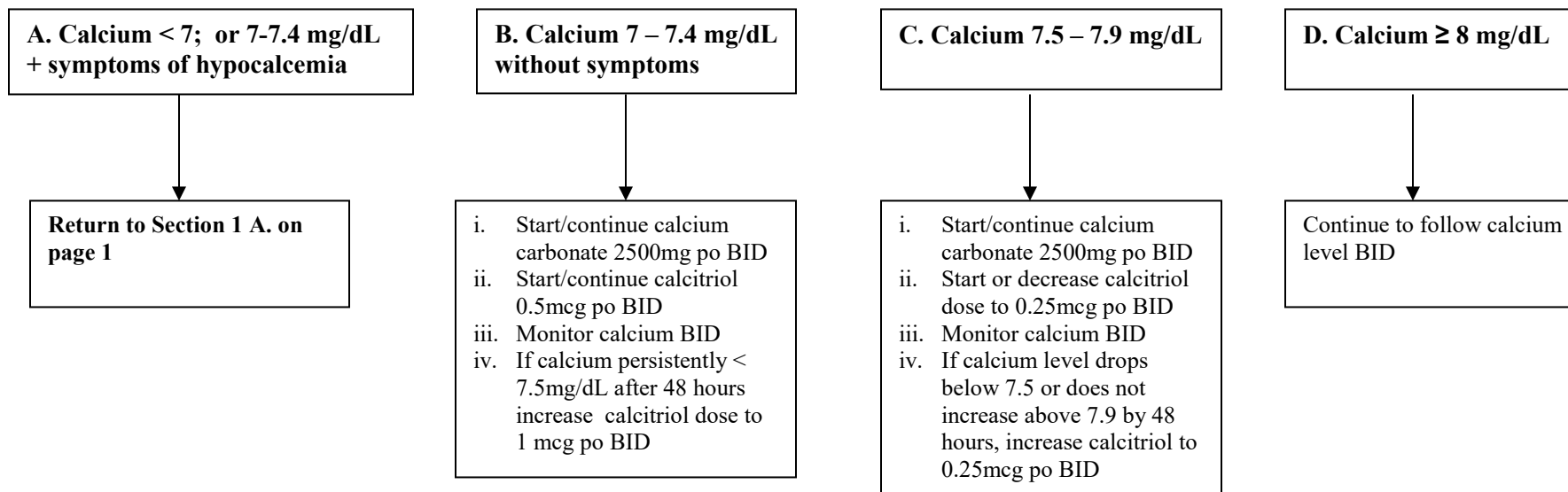
**\* Corrected calcium = measured calcium + [0.8 x (4.0 – measured albumin)]**

**All calcium levels in this guideline are assumed to be corrected calcium levels**

# Appendix I: Post-Thyroidectomy Calcium Monitoring Guidelines – *Section 2*

## Corrected calcium level on post-op day 1 and Q12H thereafter

### ASSESS RESULT



#### Follow-up Considerations:

- If calcium levels fall below 7 mg/dL or patient develops symptoms at any time, return to Section 1 A.
- If calcium levels are ≥ 8.5 mg/dL on two consecutive checks, and patient is on calcitriol, decrease dose by 50%.
- Patient may be discharged if calcium 8.0 mg/dL or higher or has remained stable and patient is without symptoms (at discretion of provider)
- Patients discharged on calcium carbonate only should have follow-up calcium level drawn in one week.
- Patients discharged on calcium and calcitriol should have follow-up calcium drawn 2 days and 7 days after discharge.

#### Additional Notes:

- Magnesium should be monitored and replaced as needed (significant hypomagnesemia (magnesium levels < 1.1 mg/dL) can inhibit parathyroid hormone release.
- Hyperphosphatemia is primarily managed with phosphate binders (such as calcium carbonate); elevated phosphate suggests hypoparathyroidism as parathyroid hormone is needed for renal phosphate clearance.