PHOENIX SERVICE UNIT

PHOENIX, ARIZONA

MEDICATION FORMULARY

May 28, 2019

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) Behavioral Health, Primary Care Medicine & Internal Medicine providers.
     2) Limited to 30-day supply (with a 14-day supply for initial Rx).
     3) 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)

ACCU-CHEK AVIVA TEST STRIPS 50'S
  Synonym: CHEMSTRIPS, AVIVA
  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)
  Restricted to peri-operative use (up to 48 hours post)
    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)

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. See pharmacy or AHFS Drugs for guidelines.

ACYCLOVIR INJ 500MG VIAL
Synonym: ZOVIRAX
AHFS Type: ANTIVIRALS (8.18.00)

ADALIMUMAB INJ 40MG/0.8ML PEN
Synonym: HUMIRA
AHFS Type: DISEASE MODIFYING ANTI-RHEUMATIC AGENTS (92.36.00)
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 current or recent cancer or with systemic lupus erythematosus.
5) Patients must have a referral to Case Management for evaluation and use of alternate resources.
ADENOSINE INJ 6MG/2ML SYR
Synonym: ADENOCARD
AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)
NOTE: Located on crash cart

ALBUMIN HUMAN 25% INJ 12.5GM/50ML VIAL
AHFS Type: BLOOD DERIVATIVES (16.00.00)

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) 17GM
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

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.

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 ≤ 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 ≥30 to ≤ 60 ml/min: start alogliptin 12.5mg qday.
  - For CrCl ≥ 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 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 2ND 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 ACETATE EFFERVESCENT TAB
Synonym: DOMEBORO TABLETS, BURROWS’S SOLUTION TABLETS
AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)
NOTE: Must state concentration desired when prescribing. Usual concentration is 1-2 tablets per pint of water.

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 4.25%/DEXTROSE 5% INJ, 1000ML BAGS, 2000ML BAGS
Synonym: CLINIMIX (PPN SOLUTION)
AHFS Type: CALORIC AGENTS (40.20)

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)
NOTE: Amoxicillin 250mg tid approx = ampicillin 500mg qid

AMOXICILLIN 400MG/5ML ORAL SUSP
Synonym: AMOXIL
AHFS Type: PENICILLINS (8.12.16)
NOTE: Strength changed from 250mg/5ml to 400mg/5ml at April 2012 P&T meeting, with implementation delayed until depletion of 250mg/5ml strength.

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 2nd 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) 2nd 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).

AMPHETAMINE MIX XR 10MG (ADDERALL XR) CAP, 15MG XR CAP, 20MG XR CAP, 30MG XR CAP, 5MG XR CAP
Synonym: ADDERAL 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).

AMPHOTERICIN B Lipid Complex INJ 100MG VIAL
Synonym: Abelcet
AHFS Type: ANTIFUNGAL ANTIBIOTICS (8.14.28)
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’)2 INJ
* STORED IN THE 2nd FLOOR PHARMACY, ROOM TEMPERATURE, INJECTABLE SECTION, UNDER “C” *

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

ARIPIPRAZOLE 2MG TAB, 5MG TAB, 10MG TAB, 15MG TAB, 30MG TAB, 1MG/ML LIQUID
Synonym: ABILIFY
AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)
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.

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 for treatment of ADD or ADHD. May be prescribed or refilled by Primary Care/Internal Medicine with initial BH consult.

ATORVASTATIN 10MG TAB, 20MG TAB, 40MG TAB, 80MG TAB
Synonym: LIPITOR
AHFS Type: HMG-CoA REDUCTASE INHIBITORS (24.06.08)

ATROPINE SULF 1% OPTH OINT 3.5GM
AHFS Type: EENT PREPARATIONS, MYDRIATICS (52.24.00)
Restricted to Ophthalmology and Optometry or with ophthalmology/optometry consult.

ATROPINE SULF 1% OPTH 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)
Monitoring requirements:
1) CBC and CMP to be done at 1 to 2 weeks and 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 ≥ 3.5 k/µL, platelet count ≥ 150 k/µL, absolute lymphocyte count ≥ 500 k/µL, absolute neutrophil count ≥ 1000 k/µL, MCV ≤ 105 fl, and CrCl ≥ 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 1st/2nd line therapy for Sinusitis in penicillin allergic patients. 1st line if type 1 hypersensitivity, 2nd line if reaction is less severe (i.e. rash or hives). See PIMC Sinusitis treatment guidelines.
   b) Restricted to 3rd 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 pneumoniae 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 dose to the contact.
   d) Gonorrhea cervicitis, urethritis or pharyngitis:
      Use 1000 mg azithromycin po in combination with ceftriaxone 250 mg IM at time of treatment. Expedited partner therapy is done with azithromycin and cefixime 400 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)  
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 OPTH 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 OPTH 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)

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 Silver I 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.

BETHANECHOL 25MG TAB, 5MG TAB
   Synonym : URECHOLINE
   AHFS Type: PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS (12.04.00)

BEVACIZUMAB INJ 100MG/4ML VIAL
   Synonym : AVASTIN
   AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
   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.

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
Doxycycline 100 mg po bid x 14 days
Metronidazole 500 mg po bid 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 x14 days
* in penicillin allergic patients, substitute Metronidazole 500 mg po bid 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 bid x 14 days for amoxicillin

BORIC ACID 0.1%/CIPOFLOXACIN 0.23%/CLOTRIMAZOLE 0.23%/DEXAMETHASONE 0.02% POWDER
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)
NOTES: This product is procured from compounding pharmacy, used by EENT for otic fungal infections.

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 Silver #1. 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.

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
   AHFS Type: OPIATE PARTIAL AGONISTS (28:08.12)
   CIII Controlled Substance
   Restrictions: Prescribed to patients for treatment opioid use disorder:
   1) Patients must be enrolled in a medication-assisted treatment (MAT) program for opioid addiction. Patients not enrolled in these programs may be evaluated for treatment on a non-formulary, case-by-case basis.
   2) May only be prescribed by eligible physicians that have completed buprenorphine waiver training and have received a special “X” number issued by the Drug Enforcement Agency (DEA)
   3) Prescriptions are limited to a 28 day supply with no refill
   4) Buprenorphine alone is only approved for treatment of opioid use disorder in pregnant women.
BUPRENORPHINE/NALXONE 2MG/0.5MG, 8MG/2MG SL TAB
Synonym: SUBOXONE
AFHS Type: OPIATE PARTIAL AGONISTS (28:08.12)
CIII Controlled Substance
Restrictions: Prescribed to patients for treatment opioid use disorder:
1) Patients must be enrolled in a medication-assisted treatment (MAT) program for opioid addiction. Patients not enrolled in
these programs may be evaluated for treatment on a non-formulary, case-by-case basis.
2) May only be prescribed by eligible physicians that have completed buprenorphine waiver training and have received a special
"X" number issued by the Drug Enforcement Agency (DEA)
3) Prescriptions are limited to a 28 day supply with no refill
4) Buprenorphine alone is only approved for treatment of opioid use disorder in pregnant women.

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) Approved as an alternative therapy for treatment of depression in patients failing therapy with an SSRI or with an ADR to an
SSRI.
   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.
   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 : BUSPARI
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
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>AHFS Type</th>
<th>Synonym</th>
<th>Category Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcipotriene 0.005% Cream</td>
<td>NON-INDEXED THERAPEUTIC AGENTS</td>
<td>DOVONEX</td>
<td>MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS</td>
</tr>
<tr>
<td>Calcitriol 0.25mcg Cap</td>
<td>VITAMIN D</td>
<td>ROCALTROL</td>
<td></td>
</tr>
<tr>
<td>Calcium Acetate 667mg Gelcap</td>
<td>REPLACEMENT PREPARATIONS</td>
<td>PHOSLO</td>
<td></td>
</tr>
<tr>
<td>Calcium Carbonate 1250mg Tab</td>
<td>REPLACEMENT PREPARATIONS</td>
<td>TEGRETOL</td>
<td></td>
</tr>
<tr>
<td>Calcium Chloride 1GM/10ML Syr</td>
<td>REPLACEMENT PREPARATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcitrate (315mg Ca++) + Vit D 200U Tab</td>
<td>REPLACEMENT PREPARATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcium Gluconate 10% Inj</td>
<td>REPLACEMENT PREPARATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capecitabine (Xeloda) 500mg Tab</td>
<td>ANTINEOPLASTIC AGENTS</td>
<td>XELODA</td>
<td></td>
</tr>
<tr>
<td>Carbamazepine 100mg Chewable Tab, 200mg Tab</td>
<td>MISCELLANEOUS ANTICONVULSANTS</td>
<td>TEGRETOL</td>
<td></td>
</tr>
<tr>
<td>Carbamazepine 100mg/5ml Oral Susp</td>
<td>MISCELLANEOUS ANTICONVULSANTS</td>
<td>TEGRETOL</td>
<td></td>
</tr>
</tbody>
</table>

**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.
- Look Alike/Sound Alike Drug - Possible confusion with neutraPHOS:
  - PhosLO Use = To LOWER serum PHOSphorus
  - neutraPHOS Use = To RAISE serum phosphorus

**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.

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

**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)

**CARBAMAZEPINE 100MG/5ML ORAL SUSP**
- Synonym: TEGRETOL
- AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)
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)
For severe dry eyes when other therapy has been ineffective or not tolerated

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)
Restricted to Ophthalmology or Optometry for initial prescription for severe dry eyes when other therapy has been ineffective or not tolerated

CARVEDILOL 3.125MG TAB, 6.25MG TAB, 12.5MG TAB, 25MG TAB
Synonym: COREG
AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)
For use in heart failure.

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).

**CEFEPMIE 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)

**CEFROXIME 250MG TAB, 500MG TAB, 250MG/5ML ORAL SUSP**
Synonym: CEFTIN
AHFS Type: CEPHALOSPORINS (8.12.06)

**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.

CHLORAMPHENICOL 1%/FLUCONAZOLE 0.4%/SULFAMETHOXAZOLE 1% POWDER
Synonym: CSF POWDER
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)
NOTES: This product is procured from compounding pharmacy, used by ENT for mixed infections of the mastoid cavities and external auditory canal.

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 400, 1000, 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.

CHOLESTYRAMINE POWDER (LIGHT) 210GM
Synonym : QUESTRAN LIGHT
AHFS Type: BILE ACID SEQUESTRANTS (24.06.04)
NOTE: Provides 4gm per scoopful

CHOLESTYRAMINE 3% IN AQUAPHOR OINTMENT 2 OZ JAR
AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (84.92.00)
NOTES: For treatment of severe diaper dermatitis. This item is compounded by pharmacy.

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.

CILASTIN/IMIPENEM INJ 500MG VIAL
Synonym : PRIMAXIN, IMIPENEM
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 patient s with a history of severe beta-lactam allergy due to cross-reactivity
2) Usual dose 500mg q 6hrs
3) Adjust dosing for body weight <70kg and CrCl < 70mL/min
4) Avoid in patients with decreased seizure thresholds or pre-existing or contributing factors for seizures.

CILOSTAZOL 100MG TAB
Notes:

Agent of choice for intermittent claudication

CIPROFLOXACIN 0.3% OPTH OINT 3.5GM
Synonym: CIPRO, CILOXAN
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)

CIPROFLOXACIN 0.3% OPTH 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, 1MLVIAL
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
Synonym: NIMBEX
AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)
NOTE: For use in anesthesia in patients with significant renal or hepatic impairment. Stored in Refrigerator.

CISPLATIN 10MG INJ, 50MG INJ, 100MG VIAL
Synonym: PLATINOL
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
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 (HCO3)

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
- Doxycycline 100 mg po bid x 14 days
- Metronidazole 500 mg po bid 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 bid 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 bid 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 2017 shows 86% 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.

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)
Note: Concomitant use with omeprazole is not recommended. For patients who require treatment with a PPI, use of pantoprazole is recommended with separation of the doses by 12 hours. (P&T Jan 2010)

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.

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
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.

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.
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)
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)
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)
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 formula options including Celluvisc.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

CYPROHEPTADINE 4MG TAB
Synonym: PERIACTIN
AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

DANTROLENE 100MG CAP, 25MG CAP
Synonym: DANTRIUM
AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)

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.

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)

DESPRAMINE 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
AHFS type: ANTI-INFLAMMATORY AGENTS (84.06.00)

DEXAMETHASONE 0.5MG TAB, 4MG 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.

DEXAMETHASONE 20MG/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
Synonym: PRECEDEX
AHFS Type: ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISCELLANEOUS (28.24.92)
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 120ML
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
AHFS Type: CALORIC AGENTS (40.20.00)
DEXTROSE 50% INJ 50ML VIAL
AHFS Type: CALORIC AGENTS (40.20.00)

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)
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)
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.

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 INPATIEN PHARMACY REFRIGERATOR.

DIMERCAPROL 10% INJ
 Synonym: B.A.L.
 AHFS Type: HEAVY METAL ANTAGONISTS (64.00.00)
 NOTE: not routinely stocked

DINOPROSTONE 10MG VAG INSERT, 20MG VAG SUPPOS
 Synonym: CERVIDIL
 AHFS Type: OXYTOCICS (76.00.00)
 1) For OB/GYN use in cervical ripening, specifically for patients with a previous C-Section.
 2) Must be kept frozen. Three are kept in the medication refrigerator freezer on OB. The pharmacy supply is kept in the white #3 refrigerator freezer
 NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

DIPHENHYDRAMINE 25MG CAP, 12.5MG/5ML ORAL SOLN, 50MG/ML INJ
 Synonym: BENADRYL
 AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

DIPHTHERIA & TETANUS (PEDIATRIC)
 Synonym: TETANUS & DIPHTHERIA (PED), DT
 AHFS Type: TOXOIDS (80.08.00)
 Approved for use per ACIP (CDC) guidelines.

DIPHTHERIA/TETANUS/ACELLULAR PERTUSSIS (DtaP)
 Synonym: INFANRIX, DAPTOCELobtain
 AHFS Type: TOXOIDS (80.08.00)
 NOTE: For use in infants, per CDC recommendations. This is the pediatric strength DT with acellular pertussis. Located in Silver #2

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. This is the pediatric strength DT with Acellular Pertussis, Hepatitis B (recombinant) + IPV. Located in Silver #2

DIPHTHERIA/TETANUS/ACELLULAR PERTUSSIS/Polio (INACTIONATED)  
Synonym: KINRIX, QUADRACEL, DTaP-IPV  
AHFS type: TOXOIDS (80.08.00) + VACCINES (80.08.12)  
NOTE: For use in infants, per CDC recommendations. This is the pediatric strength DT with acellular pertussis + IPV. Located in Silver #2

DITROPA see OXYBUTYNYIN

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)

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.

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)  
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.

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 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.
EDETA 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

ELETRIPTAN 20MG TAB (6s), 40MG TAB (6s)  
Synonym: RELPAX  
AHFS Type: ANTIMIGRAINE AGENTS, SELECTIVE SEROTONIN AGONISTS (28.32.28)  
*3rd line triptan agent (after sumatriptan and rizatriptan) for treatment of migraine headache.  
NOTES:  
1) Concomitant administration with SSRI antidepressants and ergot alkaloids is not recommended.  
2) Cytochrome P450 inhibitors (CYP3A4) may increase the serum concentrations of eletriptan when given concomitantly.  
   Another triptan should be used in patients being treated with ketoconazole, itraconazole, nefazodone, clarithromycin,  
   ritonavir or nelfinavir & possibly verapamil.  
3) Usual maximum dose is 80mg in 24 hours. Initial first dose of 20mg to 40mg may be repeated in needed in 2 hours. Not to  
   exceed maximum recommended daily dose.

EMPAGLIFLOZIN 10MG TAB, 25MG TAB  
Synonym: JARDIANCE  
AHFS Type: Sodium-glucose Cotransporter 2 Inhibitors (68.20.18)  
Criteria for Use:  
1) Type 2 DM patients with established cardiovascular disease (coronary artery disease, cerebrovascular disease,  
   peripheral artery disease, or congestive heart failure)  
   AND  
   Contraindication, adverse effect, or sub-optimal glucose control on metformin at maximally tolerated dose for 3 months.  
2) Type 2 DM patients without established cardiovascular disease  
   AND  
   Suboptimal glucose control on at least two formulary oral diabetes agents.  
3) Limited to 1-month supply per fill.

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)  
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 for VTE prevention.  
5) Severe renal or hepatic impairment - dosage guidelines do not exist, use of LMWH is contraindicated.  
HIGH ALERT MEDICATION

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)  
BRISTOJECT

EPINEPHRINE 1:1000 INJ 1MG/1ML AMP  
Synonym: ADRENALIN  
AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)  
HIGH ALERT MEDICATION

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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)

EPCLUSA TAB
Synonym: SOFOSBUVIR/VELPATASVIR
AHFS Type: HCV ANTIVIRALS
Note: Restricted to Sage Clinic

ERGOCALCIFEROL 50,000 UNIT CAP, 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. Intraabdominal infection
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: E-MYCIN, ERYTHROCIN
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)  
1) The rate of infusion is guided by patient response  
HIGH ALERT MEDICATION

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)  
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 severe resistant 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 current or recent cancer or with systemic lupus erythematosus.

6) Patients must have a referral to Case Management for evaluation and use of alternate resources.

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)

Restricted to use in patients who:
   1) Have pre-existing moderate-severe acne -or
   2) Have ADRs or intolerance to 1st generation formulary OCPs (Norinyl), including weight gain, water retention, bloating or breast tenderness.

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, LOESTRIN, 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 ESTRADIOL0.035MG/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/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)
Restricted to Anesthesia Department use and by those providers privileged to provide moderate sedation (old term conscious sedation)

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)
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) Patients who have not reached goal cholesterol on atorvastatin 80mg/day.
    2) A dietary consult must be requested if not already done while patient on simvastatin.

FAMOTIDINE INJ 20MG/50ML PREMIX
Synonym: PEPCID
AHFS Type: Histamine H2-Antagonists (56.28.12)
NOTE: Added to formulary 3/21/12 due to unavailability of Ranitidine injection.
    Pharmacy authorized to substitute between formulary H2RA injection products.
    Usual dose (normal renal function) = 20mg IVPB q12h

FAT EMULSION 20% 500ML
Synonyms: Lipid Emulsion, Intralipid, Liposyn
AHFS Type: CALORIC AGENTS (40.20)
Uses:
    1) Calorie source for patients receiving parenteral nutrition
    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)  
   Pharmacy is authorized to move patients from Tricor brand of fenofibrate to Triglide brand.

FENTANYL TRANSDERMAL PATCH, 12 MCG/HR, 25MCG/HR, 50MCG/HR, 75MG/HR, 100MCG/HR  
   Synonym: DURAGESIC  
   AHFS Type: OPIATE AGONISTS (28.08.08)  
   CII Controlled substance. May not be refilled.  
   Restricted to pain clinic.  
   **SEE OPIOID RESTRICTIONS**

FENTANYL INJ 100MCG/2ML VIAL, 250MCG/5ML AMP, 2500MCG/50ML VIAL  
   Synonym: SUBLIMAZE  
   AHFS Type: OPIATE AGONISTS (28.08.08)  
   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)  
   CII Controlled Substance. Not dispensed for outpatient use.  
   Note: Compounded by Pharmacy. 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 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)
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 second 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).

**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)
FLUORESCIN/PROPARACAINE OPTH SOLN
Synonym: FLUCAINA
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)
Restricted to Ophthalmology and Optometry use in clinic.
NOTE: 1) Requires refrigeration before dispensing. Silver Refrig #1, drawer #9, 30 day expiration when stored at controlled room temp
2)Flourescein strips (without proparacaine) for use in other than Eye Clinic

FLUOROMETHOLONE 0.1% OPTH SUSB 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)
For use by Ophthamology 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 TABS, 5MG TAB
Synonym: PROLIXIN
AHFS Type: PHENOTHIAZINES (28.16.08.24)

FLURBIPROFEN 0.03% OPTH SOLN 2.5ML
Synonym: OCUFEN
AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)
Restricted to ophthalmology department use

FLUTICASONE 100/SALMETEROL 50 DISK 60s, 250/SALMETEROL 50 DISK 60S, 500/SALMETEROL 50 DISK 60s
Synonym: SALMETEROL/FLUTICASONE, FLUTICASONE/SALMETEROL, ADVAIR
AHFS Type: ADRENALS (68.04.00)
Restricted to:
1) 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).
2) Second line formulary choice for use in stepped care approach for patients who fail full dose treatment or have adverse reaction to Dulera (mometasone/formoterol) per P&T decision 11/2012.
3) Use by Pediatrics with a diagnosis of moderate persistent asthma (age 12 years or younger)

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)

FOLINIC ACID 5MG TAB

Synonym: LEUCOVORIN
AHFS Type: ANTIDOTES (92.12.00)
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.

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)
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.
HIGH ALERT MEDICATION

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/m², dacarbazine, carmustine, cyclophosphamide > 1500mg/m², 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) Typical dose for ESBL isolate should be 3gm every 72 hours x 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)
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: EOVIST
AHFS Type: Roentgenography Agents (36.68.00)
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 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 INJ, 80MG/2ML VIAL
Synonym: GARAMYCIN
AHFS Type: AMINOGLYCOSIDES (8.12.02)

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)

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 glipize 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)
Restricted to patients on Acarbose
NOTE: Recommended dose is 2 to 3 tablets at the first sign of hypoglycemia

GLUCOSE 40% GEL, 37.5GM TUBE
Synonym: Glucose-15
AHFS Type: CALORIC AGENTS (40.20.00)
For treatment of neonatal hypoglycemia. Each 37.5g tube contains 15g dextrose (d-glucose).

GLUCOVANCE 2.5MG/500MG, 5MG/500MG
Synonym: GLYBURIDE/METFORMIN
AHFS Type: MISCELLANEOUS ANTIDIABETIC AGENTS (68.20.92)
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/1.73m².
3) Starting metformin in patients with an eGFR between 30-45 ml/min/1.73m² 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/1.73m², assess the benefits and risks of continuing treatment. Discontinue metformin if the patient’s eGFR later falls below 30 ml/min/1.73m².
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/1.73m²; 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)

GUAIIFENESIN 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

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)

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

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) Stored in Silver Refrigerator #2

HEPATITIS-B IMMUNE GLOBULIN
Synonym : H-BIG
AHFS Type: SERUMS (80.04.00)
Approved for use per ACIP (CDC) 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)
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. Refrigerated.

HUMAN PAPILLOMAVIRUS VACCINE
Synonym: GARDASIL 9, HPV (9-valent)
AHFS Type: VACCINES (80.12.00)
Approved for use per ACIP (CDC) guidelines and for Sage Clinic patients up to age 45 years (as per FDA guidance). (Feb 2019)

HYALURONATE 23MG/ML INJ, OPH, SYR, 0.6ML
Synonym: HEALON
AHFS Type: MISCELLANEOUS EENT DRUGS (52.36.00)
For intraocular use by opthalmology 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.
   Note: use as an anti-tussive is considered a non-formulary use.
   **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 10% IN AQUAPHOR
   AHFS Type: ANTI-INFLAMMATORY AGENTS (84.06.00)
   For use in phonophoresis by Physical Therapy.
   NOTE: Compounded in the Pharmacy

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

HYDROPHTILIC 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.

Imipramine 10MG TAB, 25MG TAB, 50MG TAB
Synonym: TOFRANIL
AHFS Type: TRICYCLICS AND OTHER NOREPINEPHRINE-REUPTAKE INHIBITORS (28.16.04.28)

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 (trichloracetic 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).

Immune globulin (human) INJ
Synonym: GamaSTAN
AHFS Type: SERUMS (80.04.00)
For post exposure prophylaxis of hepatitis A, healthy persons aged 12 months to 40 years may receive hepatitis A vaccine.
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

Indigotindisulfonate 0.8% INJ 5ML
Synonym: INDIGO CARMINE
AHFS Type: KIDNEY FUNCTION (36.40.00)
* Note this agent has been on long term back order since 2016, unclear if it will become available again. For intra-operative evaluation of ureteral patency, substitute FLUORESCEIN 10% INJ.

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)
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 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.

INSULIN 70/30 (70N/30R) 10ML VIAL
Synonym: INSULIN 70/30
AHFS Type: INSULINS (68.20.08)

INSULIN ASPART U-100, 10ML VIAL, 3ML PREFILLED SYRINGE (PEN)
Synonym: NOVOLOG, NOVOLOG FLEX PEN
AHFS Category: 68.20.08 INSULINS
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
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)
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, 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)
Restrictions removed November P&T 2018
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)

INSULIN REGULAR U-100 (HUMAN) 10ML VIAL
AHFS Type: INSULINS (68.20.08)

INSULIN REGULAR U-500 (HUMAN) 20ML VIAL, HUMULIN-R KWIK PEN®
AHFS Type: INSULINS (68.20.08)
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)
Used for pulmonary embolism studies.

IOPAMIDOL 61% INJ 100ML VIAL
Synonym: ISOVUE-300, ISOVUE M-300
AHFS Category: ROENTGENOGRAPHY (36.68.00)
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)
Restricted to radiology, for use in hysterosalpingograms.

IOTHALAMATE MEGLUMINE 60% INJ
Synonym: CONRAY-60
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: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)
   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 100MG TAB, 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 (100 tablets of 100mg or ~33 tablets of 300mg). Antidote for overdose is injectable pyridoxine, stocked in 2nd floor pharmacy.

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)
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: STROMECTOL
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.

KETAMINE INJ 50MG/ML
Synonym: KETALAR
AHFS Type: UNCLASSIFIED AGENT 99.99.00
For use by Anesthesia or credentialed ED physicians

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 1st 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.
   Dosing (adult): *see adjustments for elderly, low body weight, and renal insufficiency below*
      1) Use the lowest effective dose for the shortest duration (max 5 days) to achieve goal.
      2) IM: 60mg as a single dose or 30mg q6h (max daily dose 120mg) for maximum of 5 days.
3) IV: 30mg as a single dose or 30mg q6h (max daily dose 120mg) for maximum of 5 days.

Dosing adjustments:
For elderly (>65 years), renal insufficiency (GFR 30-60 ml/min), or low body weight (<50kg) patients:
1) IM: 30mg as a single dose or 15mg q6h (max daily dose 60mg) for maximum of 5 days.
2) IV: 15mg as a single dose or 15mg q6h (max daily dose 60mg) for maximum of 5 days.

Dosing (pediatric age 2-16 years):
1) Do not exceed adult dosage.
2) Single dose treatment IM: 1 mg/kg (maximum 30mg)
3) Single dose treatment IV: 0.5 mg/kg (maximum 15mg)

Contraindications:
1) Hypersensitivity to aspirin or any other NSAID.
2) Concurrent aspirin or other NSAID therapy.
3) History of GI bleeding or perforation.
4) History of peptic ulcer disease.
5) Advanced renal disease or risk of renal failure. (Avoid in patients with CrCl < 30 ml/min)
6) Pregnancy (3rd trimester) / labor and delivery.
7) Nursing mothers
8) Prophylaxis before major surgery
9) Hemorrhagic diathesis or high risk of bleeding (e.g. hemophilia, severe thrombocytopenia)
10) Concomitant probenecid or pentoxifylline.
11) Epidural or intrathecal administration.

Warnings/Precautions:
1) Patients should be euvolemic prior to initiating therapy.
2) Risk of adverse cardiovascular events: use caution in patients with fluid retention, CHF, or hypertension.
3) Risk of renal toxicity: caution in patients with existing renal insufficiency, volume depletion, CHF, hepatic
dysfunction, patients taking diuretics or ACE inhibitors, and elderly.
4) Risk of GI toxicity: caution in patients taking anticoagulants or corticosteroids, or who smoke or use alcohol.
5) Withhold for ~24 hours prior to surgical or dental procedures.

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)

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: ANTICONVULSANTS, 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

LANOSPRAZOLE 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.

LANOSPRAZOLE 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. Located in Silver Refrig #1.

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.
NIOHS 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.
NIOHS Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

LEUPROLIDE ACETATE INJ 3.75MG VIAL
Synonym: LUPRON
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
Restricted to OB/GYN
NIOHS 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 levofoxacin during their hospitalization.
3. Salvage regimen for Helicobacter Pylori treatment (per P&T 7/2017):
   Levofoxacin 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 bid 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 in patients 35 years of age or older who are at low risk for sexually transmitted infections.

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.

LEVONORGESTREL 14 MCG/DAY IUD
Synonym: INTRAUTERINE DEVICE, IUD, SKYLA
AHFS Type: CONTRACEPTIVES (68.12.00)

LEVONORGESTREL 20 MCG/DAY IUD
Synonym: INTRAUTERINE DEVICE, IUD, LILETTA, 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.

LIDOCAINE 2% INJ 20ML VIAL  
AHFS Type: LOCAL ANESTHETICS (72.00.00)

LIDOCAINE 2% JELLY 5ML TUBE, 30ML TUBE  
Synonym: XYLOCAINE  
AHFS Type: LOCAL ANESTHETICS (72.00.00)

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  
AHFS Type: ANTIPRURITICS AND LOCAL ANESTHETICS (84.08.00)  
Restrictions:

1) Treatment of neuropathic pain with an inadequate response despite adequate trials, intolerance, contraindications, or risk factor for potentially serious adverse effects to at least two of the following:
   - Tricyclic antidepressant (amitriptyline, desipramine, or nortriptyline ≥ 50 mg/day)
   - Gabapentin ≥ 1800 mg/day
   - Duloxetine ≥ 60 mg/day

2) Treatment of nociceptive pain with an inadequate response despite adequate trials, intolerance, contraindications, or risk factor for potentially serious adverse effects to at least two of the following:
   - Acetaminophen
   - Any formulary non-steroidal anti-inflammatory drug
   - Capsaicin or Methyl Salicylate topical

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/ADRENALINE/TETRACAINE TOPICAL GEL  
Synonym: LAT GEL, LET GEL  
AHFS Type: LOCAL ANESTHETICS (72.00.00)  
Compounded product, obtained from Avella Pharmacy. Stored in refrigerator.

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 (~85%) than for tetracycline (96%) or trimethoprim/sulfa (99%).
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.

LIRAGLUTIDE INJ 6MG/ML PEN
Synonym: VICTOZA
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 liraglutide 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.

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.

**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 CI Cr <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/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)
- NOTES: Must be refrigerated (stored in silver #1 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
- 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.

**LOSARTAN 25MG, 50MG, 100MG TAB**
- Synonym: COZAR
- AHFS Type: ANGIOTENSIN II RECEPTOR ANTAGONISTS (24.32.08)
- Restricted to patients who are intolerant to formulary ACEI's (lisinopril, or ramipril).

**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**
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)

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. Fleet's 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)
NOTES:
HIGH-ALERT DRUG

MAGNESIUM SULFATE 40MG/ML INJ, 2GM/50ML BAG, 4GM/100ML BAG; 20GM/500ML BAG
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)
NOTES:
20gm/500ml infusion for use in OB ONLY (Pre-Eclampsia)
HIGH-ALERT DRUG

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 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.
To avoid potential confusion with other meningococcal vaccines, will be stored only in Pharmacy and Pediatric Clinic.

* There are two MenB vaccines that have been licensed by the FDA: 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)

**General MenB Vaccine Recommendations:**
MenB vaccination is recommended routinely by the CDC for people 10 years or older at increased risk for serogroup B meningococcal infections, including:
- People at risk due to disease outbreak
- Anyone whose spleen is damaged or has been removed
- Anyone with a rare immune system called “persistent complement component deficiency”, including people taking eculizumab (Soliris)
- Microbiologists who routinely work with N. meningitides isolates

Additionally, both vaccines can be given to anyone 16 - 23 years to provide short term protection against most strains of serogroup B meningococcal disease (16 - 18 years are the preferred ages).

MENINGOCOCCAL DIPHTHERIA TOXOID CONJ. VACCINE INJ
Synonym: MENACTRA, MenACWY
AHFS Type: VACCINES (80.12.00)
Approved for use per ACIP (CDC) guidelines. Includes serogroups A,C,Y, and W (quadrivalent).

MEPERIDINE INJ 25MG SYR, 50MG SYR
Synonym: DEMEROL
AHFS Type: OPIATE AGONISTS (28.08.08)
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.

HIGH ALERT MEDICATION

MEPIVACAINE 1.5% INJ. 30ML
Synonym: POLOCAINE  
AHFS Type: LOCAL ANESTHETICS (72.00.00)  
Restricted to Anesthesia, Surgery & OB-GYN services.

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/1.73m².  
3) Starting metformin in patients with an eGFR between 30-45 ml/min/1.73m² 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/1.73m², assess the benefits and risks of continuing treatment. Discontinue metformin if the patient’s eGFR later falls below 30 ml/min/1.73m².  
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/1.73m²; 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)
  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.
  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 1% 10ML INJ
  AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

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).

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).

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)
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: Usual adult dose: 500 mg q8h. 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)
NOTE: 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).

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)
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)
NOTE: Use per conscious sedation guidelines
HIGH ALERT MEDICATION
CIV Controlled Substance

MIDAZOLAM INJ 50MG/10ML VIAL
Synonym: VERSED
AHFS Type: BENZODIAZEPINES (28.24.08)
NOTE: Used in pharmacy for compounding.
HIGH ALERT MEDICATION
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) 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).
  2) COPD: Severe disease (Stage III or IV) with significant symptoms despite therapy with one or more long-acting bronchodilators.
  3) For use in patients 13 years & older.
  4) Advair-Dulera approximate dose equivalents:

<table>
<thead>
<tr>
<th>Advair diskus</th>
<th>Dulera</th>
</tr>
</thead>
<tbody>
<tr>
<td>500mcg/50mcg (60 doses) (1 inhalation bid)</td>
<td>200mcg/5mcg inhl aerosol (120 doses) (2 puffs bid)</td>
</tr>
<tr>
<td>250mcg/50mcg (60 doses) (1 inhalation bid)</td>
<td>100mcg/5mcg inhl aerosol (120 doses) (2 puffs bid)</td>
</tr>
</tbody>
</table>
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)
   CII Controlled substance. May not be refilled.
   NOTE: Extended release product, DO NOT CRUSH, CUT OR CHEW
   **SEE OPIOID RESTRICTIONS

MORPHINE I.R. 15MG IMMED RELEASE TAB, 30MG IR TAB
   AHFS Type: OPIATE AGONISTS (28.08.08)
   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)
   CII Controlled substance. Not dispensed for outpatient use.
   HIGH ALERT MEDICATION

MORPHINE INJ 30MG/30ML (1:1) PCA VIAL
   Synonym: PCA, MORPHINE
   AHFS Type: OPIATE AGONISTS (28.08.08)
   CII Controlled substance. Not dispensed for outpatient use.
   HIGH ALERT MEDICATION

MORPHINE ORAL SOLN 10MG/5ML U/D CUP
   Synonym: ROXANOL
   AHFS Type: OPIATE AGONISTS (28.08.08)
   CII Controlled substance. Not dispensed for outpatient use.

MORPHINE PF INJ 10MG/1ML VIAL, 10MG/10ML AMP/VIAL
   AHFS Type: Opiate Agonists (28.08.08)
   CII Controlled substance. Not dispensed for outpatient use.
   HIGH ALERT MEDICATION

MORPHINE 20MG/ML CONC ORAL SOLN
   AHFS Type: OPIATE AGONISTS (28.08.08)
   CII Controlled substance. May not be refilled.
   **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
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.

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.

NABUNETONE 500MG TAB, 750MG TAB
Synonym: RELAFEN
AHFS Type: OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.92)

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 AMP
Synonym: NARCAN
AHFS Type: OPIATE ANTAGONISTS (28.10.00)

NALOXONE INJ 1MG/1ML AMP
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) Restricted to Behavioral Health, Primary Care Medicine & Internal Medicine providers.  
2) Limited to 30-day supply (with a 14-day supply for initial Rx).  
3) 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 ≥ 0.4mg naloxone)  
   b. AND Are being actively treated in a comprehensive management program with psychosocial support.  
2) 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 OPHTH OINT 3.5GM  
Synonym: MAXITROL, DEXACIDIN, AK-TROL  
AHFS Type: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS, CORTICOSTEROIDS (52:08.08)  
Restricted to Ophthalmology and Optometry

NEO/POLYMYX/DEX OPHTH SUSP 5ML  
Synonym: MAXITROL, DEXACIDIN, AK-TROL  
AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS, CORTICOSTEROIDS (52:08.08)  
Restricted to Ophthalmology and Optometry

NEOMYCIN SULFATE 500MG TAB  
AHFS Type: AMINOGLYCOSIDES (8.12.02)

NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN 10ML  
Synonym: NEOMYCIN/POLYMYXIN/GRAMICIDIN, NEOSPORIN OPTHALMIC 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)

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  
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
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) Not recommended for male patients (insufficient tissue concentrations to treat occult prostatitis).
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)
NOTE: This is the standard PIMC nitroglycerin drip (contains 100 mcg/ml)
HIGH ALERT MEDICATION

NITROPRUSSIDE SOD INJ 50MG VIAL
Synonym: NIPRIDE, SODIUM NITROPRUSSIDE
AHFS Type: HYPOTENSIVE AGENTS (24.08.00)
HIGH ALERT MEDICATION

NOREPINEPHRINE INJ
Synonym: LEVARTERENOL, LEVOPHED
AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

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).
1) For IV administration:
Continuous infusion (typically 50 mcg/hr)
Dilute 1000 mcg in 100 ml NS (= 10 mcg/ml) and infuse at 5 ml/hr.
Initial bolus (typically 50 mcg) -
Dilute 50 mcg in 50 ml of NS and infuse over 10-15 minutes
-OR-
Infuse first 5 ml of 10 mcg/ml drip over 15 minutes (i.e. infuse at 20 ml/hr for 15 minutes, then reduce to 5 ml/hr.)

OLANZAPINE (ZYDIS) 5MG OD TAB
Synonym: ZYPREXA ZYDIS
AHFS Type: ATYPICAL ANTI PSYCHOTICS (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
- Doxycycline 100 mg po bid x 14 days
- Metronidazole 500 mg po bid 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 po bid x 14 days (or longer)
- Amoxicillin 1 gm po bid x 14 days*
- Clarithromycin 500 mg bid x 14 days
  * in penicillin allergic patients, substitute Metronidazole 500 mg po bid 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 1 gm po bid x 14 days*
- Omeprazole 20 mg po bid x 14 days (or longer)
  * in penicillin allergic patients, substitute Metronidazole 500 mg po bid x 14 days for amoxicillin

ONDANSETRON 4MG TAB, 8MG TAB, 4MG/5ML ORAL SOLUTION
Synonym: ZOFRAN
AHFS Type: ANTIEMETICS (56.22.00)
ONDANSETRON 4MG ORALLY DISINTEGRATING TABLETS  
Synonym: ZOFRAN  
AHFS Type: ANTIEMETICS (56.22.00)  
Note: Restricted to patients age 12 years and under.

ONDANSETRON INJ 4MG/2ML VIAL  
Synonym: ZOFRAN  
AHFS Type: ANTIEMETICS (56.22.00)

ORLISTAT 60MG CAP, 120MG CAP  
Synonym: ALLI, XENICAL  
AHFS Type: 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

OSEL TAMIVIR 30MG CAP, 45MG CAP, 75MG CAP, SUSPENSION (6MG/ML OR 15MG/ML DEPENDING ON AVAILABILITY)  
Synonym: TAMIFLU  
AHFS Type: NEURAMINIDASE INHIBITORS (8.18.28)

OXCARBAZEPINE 150MG TAB, 600MG TAB  
Synonym: TRILEPTAL  
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)  
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" 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 30 days 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:  
1) OTC drug, not dispensed to outpatients except as first-line for chronic rhinitis, acute sinusitis, Eustachian tube dysfunction, and allergies.  
2) May not be dispensed for patients less than 6 years old.  
3) ENT may prescribe without restriction  
4) Dental may prescribe for maxillary sinus perforations and maxillary osteotomies.

OXYTOCIN INJ 10 UNIT VIAL  
Synonym: PITOCIN  
AHFS Type: OXYTOCICS (76.00.00)  
NOTE: Available for IM use as concentrated injection 10units/ml.  Standardized IV solution is Oxytocin 30 units in 500ml NS.  This is stored on 4W and in the inpatient pharmacy.
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. Patients are to be cohort to achieve cost savings from splitting vials. Given as monthly injections (15mg/kg) monthly from November through April.

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:

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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.

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)

PENTOXYFYLLINE 400MG 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.

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
AHFS Type: ANOREXIGENIC AGENTS, AMPHETAMINE DERIVATIVES (28:20.08.04)
CIV Controlled Substance.
Restrictions:
1) For use in adults with BMI greater than or equal to 30 or 27 kg/m2 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 1/2 tab (18.75mg) daily for two weeks and may be increased up to 1 tab (37.5mg) daily thereafter.
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.

PHENTOLAMINE MESYLATE INJ
   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% OPHTH SOLN, 10% OPHTH 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)
   NOTE: Dilantin® brand of phenytoin is the specified formulary item (e.g. generics will not be purchased)

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
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 ≥2g/dL or administration of ≥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. 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.

PILOCARPIE 2% OPTH SOL, 4% OPTH SOL
AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)
Restricted to Ophthalmology and Optometry for initial prescription.

PILOCARPIE 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
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)
<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Synonym</th>
<th>AHFS Type</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNEUMOCOCCAL VACCINE INJ</td>
<td>Synonym:</td>
<td>AHFS Type:</td>
<td>Approved for use per ACIP (CDC) guidelines.</td>
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<tr>
<td></td>
<td>PNEUMOVAX (PPSV-23), PREVNAR (PCV-13)</td>
<td>VACCINES (80.12.00)</td>
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<tr>
<td>PODOFILOX 0.5% TOPICAL SOLN 3.5ML</td>
<td>Synonym:</td>
<td>AHFS Type:</td>
<td>NOTE: For use per CDC guidelines in the treatment of genital warts.</td>
</tr>
<tr>
<td></td>
<td>CONDYLOX</td>
<td>KERATOLYTIC AGENTS (84.28.00)</td>
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</tr>
<tr>
<td>POLIOVIRUS VACCINE INJ</td>
<td>Synonym:</td>
<td>AHFS Type:</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>IPV, IPOL</td>
<td>VACCINES (80.12.00)</td>
<td></td>
</tr>
<tr>
<td>POLYETHYLENE GLYCOL 3350 PWDR 510GM/BT, 238GM/BT</td>
<td>Synonym:</td>
<td>AHFS Type:</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>MIRALAX</td>
<td>CATHARTICS AND LAXATIVES (56.12.00)</td>
<td></td>
</tr>
<tr>
<td>POLYETHYLENE GLYCOL 3350/ELECTROLYTES PWDR 4000ML</td>
<td>Synonym:</td>
<td>AHFS Type:</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>GOLYTELY, NULYTELY, COLYTE, PEG 3350/ ELECTROLYTES</td>
<td>CATHARTICS AND LAXATIVES (56.12.00)</td>
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<tr>
<td></td>
<td>POLYTRIM</td>
<td>EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)</td>
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<tr>
<td>POLYVINYL ALC (refresh) OPH SOL 20ML/BX</td>
<td>Synonym:</td>
<td>AHFS Type:</td>
<td>Restricted to Ophthalmology and Optometry for initial prescription.</td>
</tr>
<tr>
<td></td>
<td>LUBRICANT OCULAR</td>
<td>MISCELLANEOUS EENT DRUGS (52.92.00)</td>
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<tr>
<td>PORACTANT ALFA INTRA-TRACHEAL SUSPENSION 240MG/3ML VIAL</td>
<td>Synonym:</td>
<td>AHFS Type:</td>
<td>For treatment of pre-term infants prior to transfer. Pharmacy will stock two vials in Second Floor Inpatient Pharmacy refrigerator.</td>
</tr>
<tr>
<td></td>
<td>CUROSURF</td>
<td>PULMONARY SURFACTANTS (48.36.00)</td>
<td></td>
</tr>
<tr>
<td>POTASSIUM ACETATE INJ 40MEQ/20ML VIAL</td>
<td>Synonym:</td>
<td>AHFS Type:</td>
<td>NOTE: For use in preparation of IV's. Stored ONLY in the Pharmacy</td>
</tr>
<tr>
<td></td>
<td>K-TAB, K+10, KAON CL-10</td>
<td>REPLACEMENT PREPARATIONS (40.12.00)</td>
<td></td>
</tr>
<tr>
<td>POTASSIUM CHLORIDE 10MEQ TAB</td>
<td>Synonym:</td>
<td>AHFS Type:</td>
<td>NOTE: Frequently available as wax matrix tab (does not dissolve) which may be noted as &quot;ghost&quot; in stool.</td>
</tr>
<tr>
<td></td>
<td>K-TAB, K+10, KAON CL-10</td>
<td>REPLACEMENT PREPARATIONS (40.12.00)</td>
<td></td>
</tr>
<tr>
<td>POTASSIUM CHLORIDE 20MEQ DISPERSIBLE TAB</td>
<td>Synonym:</td>
<td>AHFS Type:</td>
<td>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&amp;T action November 2015).</td>
</tr>
<tr>
<td></td>
<td>KLOR-CON M20</td>
<td>REPLACEMENT PREPARATIONS (40.12.00)</td>
<td></td>
</tr>
<tr>
<td>POTASSIUM CHLORIDE 20% ORAL SOLUTION</td>
<td>Synonym:</td>
<td>AHFS Type:</td>
<td>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&amp;T action November 2015).</td>
</tr>
<tr>
<td></td>
<td>KCL LIQUID</td>
<td>REPLACEMENT PREPARATIONS (40.12.00)</td>
<td></td>
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</tbody>
</table>
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)
NOTE: Concentrated KCL is only stocked for use in the pharmacy for preparation of IVs. A variety of large volume IVs pre-mixed 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.
HIGH ALERT MEDICATION

POTASSIUM PHOSPHATE INJ 45MM/15ML VIAL
Synonym: K-PHOS, PHOSPHORUS, POTASSIUM
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
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.
HIGH ALERT MEDICATION

POVIDONE IODINE 10% SOLN 240ML
Synonym: BETADINE
AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)
OTC DRUG, NOT DISPENSED TO OUTPATIENTS

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% OPTH 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: PREMPHASE, 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: PREMPHASE, 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.

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
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)

For intravenous use, the following safety measures must be followed:

a. Each dose must be diluted in a 50ml mini-bag
b. Each dose must be administered over 15 minutes or more
c. The drug must not be administered through a vein in the hand or wrist
d. The patient must be educated to notify nurse immediately of burning or pain during or after infusion

PROPARACAIN 0.5% OPTH SOLN 15ML  
Synonym: OPTHETIC  
AHFS Type: EENT PREPARATIONS, LOCAL ANESTHESICS (52.16.00)

NOT TO BE DISPENSED TO OUTPATIENTS

PROPOFOL INJ 200MG/20ML VIAL, 500MG/50ML VIAL, 1000MG/100ML VIAL  
Synonym: DIPRIVAN  
AHFS Type: GENERAL ANESTHETICS, MISCELLANEOUS (28.04.92)

Outpatient Use: Anesthesia or credentialed ED physicians following sedation guidelines.  
Inpatient Use: Continuous infusion for sedation of intubated patients.

HIGH ALERT MEDICATION

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)

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 target-specific anticoagulant (TSOAC) therapy/overdose. The pharmacy will keep ~ 5,000 units (the maximum dose) on hand. Refrigerated.

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:

<table>
<thead>
<tr>
<th>INR</th>
<th>KCentra Dose</th>
<th>Max Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 to 3.9</td>
<td>25 units/kg</td>
<td>2500 units</td>
</tr>
<tr>
<td>4 to 6</td>
<td>35 units/kg</td>
<td>3500 units</td>
</tr>
<tr>
<td>&gt; 6</td>
<td>50 units/kg</td>
<td>5000 units</td>
</tr>
</tbody>
</table>

5. For TSOACs (off label use):
   a. Apixaban, dabigatran, edoxaban, or rivaroxaban, recommended PCC-4 dose is 50 units/kg, to maximum of 5,000 units.
   b. Dabigatran is renally cleared and dialysis may be considered for patients with poor renal function and recent dabigatran administration.

PSEUDOEPHEDRINE 30MG/5ML ORAL LIQUID
   Synonym : SUDAFED
   AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)
   1) For inpatient use only. Do not stock in outpatient pharmacies
   2) May not be dispensed to patients age less than 6 years old (per P&T decision 3/2008)
   3) Not recommended for treatment of acute otitis media

PSEUDOEPHEDRINE 60MG TAB
   Synonym : SUDAFED
   AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)
   1) OTC drug, not dispensed to outpatients except as second-line therapy for chronic rhinitis, acute sinusitis, eustachian tube dysfunction, and allergies.
   2) May not be dispensed for patients less than 6 years old.
   3) Not recommended for use in acute otitis media (AOM).
   4) Dental may prescribe for iatrogenic oral-antral perforations

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 180MG SR TAB
   Synonym : MESTINON, REGONOL
   AHFS Type: PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS (12.04.00)
   NOTE: Tablets not routinely stocked.

PYRIDOSTIGMINE 5MG/ML INJ
   Synonym : MESTINON, REGONOL
   AHFS Type: PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS (12.04.00)

PYRIDOSTIGMINE 60MG TAB
   Synonym : MESTINON, REGONOL
   AHFS Type: PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS (12.04.00)
   NOTE: Tablets not routinely stocked.

PYRIDOXINE 100MG/ML INJ
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)
Restricted to Behavioral Health or Neurology
NOTE: For pediatric patients less than 12 years old, the following guidelines apply:
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.

RABIES IMMUNE GLOBULIN 10ML
Synonym: RABIES IMMUNE GLOBULIN, HUMAN
AHFS Type: SERUMS (80.04.00)
Approved for use per ACIP (CDC) guidelines.

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).
Refrigerated.

RALTEGRAVIR 400MG TAB
Synonym: ISENTRESS
AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)
Restricted to: Post-Exposture Prophylaxis (PEP)
Note: Initially only 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)

RANITIDINE 150MG TAB
Synonym: ZANTAC
AHFS Type: Histamine H2-Antagonists (56.28.12)

RANITIDINE 15MG/ML ORAL SYRUP
Synonym: ZANTAC
AHFS Type: Histamine H2-Antagonists (56.28.12)

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 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.

RISPERIDONE 1MG (WHITE) TAB, 2MG (ORANGE) TAB, 3MG (YELLOW) TAB, 4MG (GREEN) TAB
Synonym: RISPERDAL
AHFS Type: ATYPICAL ANTI PSYCHOTICS (28.16.08.04)
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.

RISPERIDONE CONSTA 25MG/2ML SYRINGE
Synonym: RISPERDAL CONSTA
AHFS Type: ATYPICAL ANTI PSYCHOTICS (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).

RITUXIMAB INJECTION 500MG VIAL, 100MG VIAL
Synonym: RITUXAN
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
Restricted to Hematology/Oncology and Rheumatology Departments.

RIVAROXABAN 10MG, 15MG, 20MG TAB
Synonym: XARELTO
AHFS Type: ANTICOAGULANTS (20.12.04)
Use Criteria:
1) Apixaban is first line direct-acting oral anticoagulant (DOAC) for new starts, and rivaroxaban is second line.
2) Patients established on therapy with rivaroxaban (whether prescribed by PIMC or outside prescriber) may continue therapy with rivaroxaban (March 2018 P&T).
3) Formulary use for either agent is restricted to FDA-approved indications.
4) Patients on DOAC agents must have PCP visit a minimum of every six months.
5) Rivaroxaban prescriptions are limited to a 30-day supply, due to cost.
6) 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  
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.

SELENIUM SULFIDE 2.5% LOTION 120ML  
Synonym: SELSUN  
AHFS Type: MISCELLANEOUS LOCAL ANTI-INFECTIVES (84.04.16)

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
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: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)
Guidelines for Viagra(tm) use at PIMC.
1) A screening review must be completed prior to prescribing sildenafil, which includes:
   a) Symptoms
   b) Score of the Sexual Health Inventory for Men
   c) CAGE questions and documentation of alcohol consumption.
   d) Review of medication use that may have sexual dysfunction as an adverse effect.
2) If the medication screen is positive, the physician should comment on appropriateness of discontinuing or altering the chronic therapy.
3) USE OF NITRATES IS AN ABSOLUTE CONTRAINDICATION FOR USE OF VIAGRA.
4) Options to Viagra therapy have been discussed
5) If one (1) of the CAGE questions or consumption question is "YES", the patient is to be referred for alcohol screening.
   The provider may write for the initial two tablets and 4 week reappointment. THE PRESCRIPTION WILL NOT BE FILLED UNTIL AFTER THE ALCOHOL SCREENING IF THE SCREEN IS NEGATIVE. IF THE SCREEN IS POSITIVE, THE PROVIDER WILL EVALUATE AND REFER THE PATIENT FOR FURTHER ASSESSMENT AND TREATMENT AS APPROPRIATE.
6) Dosing guidelines:
   a) If the screens are negative, the patient will be given four 50mg tablets. The patient will be instructed as follows: try the first 50mg when not planning on intercourse so there is no stress about performance (optional), then one attempt with 50mg, and if not effective an attempt with 2 x 50mg tablets. A 2-week follow-up telephone visit will be scheduled for evaluation of dose response.
   b) 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.
   c) The patient must be seen yearly to continue the medication.
   d) The patient may be given a prescription for additional medication if he wishes to buy it at an outside pharmacy.
   e) Patients from service units other than Phoenix Service unit will be given the test doses of medication. It is the responsibility of their home facility to distribute the chronic medication. Patients from other Service Units who come to PIMC for their chronic care may receive the chronic doses at PIMC.

SILVER NITRATE APPLICATOR
AHFS Type: KERATOLYTIC AGENTS (84.28.00)

SILVER 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)
OTC DRUG, NOT DISPENSED TO OUTPATIENTS

SIMETHICONE ORAL DROPS
Synonym: MYLICON
AHFS Type: ANTIFLATULANTS (56.10.00)
OTC DRUG, NOT DISPENSED TO OUTPATIENTS
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. Do not start new patients on simvastatin 80mg daily or increase dose to greater than 40mg daily.
   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: stocked in Main Pharmacy, and on crash cart in Nursery.

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)
NOTE: For treatment of SEVERE, SYMPTOMATIC hyponatremia. Must be infused slowly. Stored in Inpatient Pharmacy
Storage Room on 2nd Floor
HIGH ALERT MEDICATION

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 and Operating Room.

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)  
Restricted to ENT Department

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)
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.

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% (23% as of 2017 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; stability is 2-4 hours. 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

<table>
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<th>Pt Weight (kg)</th>
<th>10mg/kg/day</th>
<th>mL/day*</th>
<th>15mg/kg/day</th>
<th>mL/day*</th>
<th>20mg/kg/day</th>
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<td>1900</td>
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</table>

* 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
SULFAMETHOXAZOLE/TRIMETH SINGLE STR TAB
  Synonym: BACTRIM, SEPTRA, COTRIMOXAZOLE
  AHFS Type: MISCELLANEOUS ANTI-INFECTIVES (8.40.00)
  NOTE: 1 regular strength tab contains: trimethoprim 80 mg, sulfamethoxazole 400 mg

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.

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.

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)

TENECTEPLASE INJ 50MG VIAL
Synonym: TNKASE
AHFS Type: THROMBOLYTIC AGENTS (20.40.00)
HIGH ALERT MEDICATION

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: DIPtheria & TETANUS (ADULT), Td (Adult)
AHFS Type: TOXOIDS (80.08.00)
NOTE: Refrigerated. (Silver Refrigerator #2)
Approved for use per ACIP (CDC) guidelines.

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) guidelines. 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 use.
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: located in Silver I Refrigerator, drawer 13 in Main Pharmacy. 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

TIMOLOL 0.5% OPTH SOLN 5ML  
Synonym: TIMOPTIC  
AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)  
Restricted to Ophthalmology or Optometry for initial prescription.

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)
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.
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).

TRASTUZUMAB INJ 150MG VIAL
Synonym: HERCEPTIN
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
Restricted to Oncology clinic for treatment of metastatic breast cancer (HER-2+), and adjuvant treatment of Her-2+ breast cancer.

TRAVOPROST 0.0004% OPHTH 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: TRISENCE
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 Silver Refrigerator #1, drawer #9

TRIHEXYPHENIDYL 2MG TAB, 5MG TAB
Synonym: ARTANE
AHFS Type: ANTIPARKINSONIAN AGENTS, ANTICHOLINERGIC AGENTS (28:36.08)

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)
Restricted to: Pre-exposure Prophylaxis and Post-Exposure Prophylaxis (PEP)
NOTE:
1) For PrEP: No more than a 30 day supply will be dispensed at any time pursuant to CDC/PHS guidelines. Must have negative HIV within previous 7 days.
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.

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 CAP 125MG, 250MG  
Synonym: VANCOCIN  
AHFS Type: MISC. ANTIBIOTICS (8.12.28)  
Note: replaces extemporaneous compounded preparation per P&T November 2018

VANCOMYCIN INJ 500MG VIAL, 1GM VIAL, 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) For treatment of severe* Clostridium Difficile infection, or when metronidazole is contraindicated for milder cases. *Per IDSA guidelines, either WBC > 15,000/ mm3 or serum creatinine ≥ 1.5 times the pre-illness value  
   e) Prophylaxis, as recommended by the American Heart Association for endocarditis prior to certain procedures in patients at high risk of endocarditis.  
   f) 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 meticillin-resistant staphylococcus aureus (MRSA) or meticillin-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)

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)
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)
Restricted to use in the following situations:
1) Documented diagnosis of depression.
   a) Use in patients less than 16 years old requires a psychiatry consult.
   b) Must be seen by the same physician on a regular basis (every 1 to 2 months).
   c) Patient's response to therapy is documented.
2) Second line agent (must fail trial of fluoxetine or other SSRI) in the treatment of hot flashes associated with natural or surgical menopause or menopausal symptoms (e.g. from tamoxifen therapy).
3) Treatment of neuropathic pain.

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)
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, 3MG TAB, 4MG TAB, 5MG TAB, 6MG TAB, 7.5MG TAB
Synonym: COUMADIN
AHFS Type: ANTICOAGULANTS (20.12.04)
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.

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**WATER FOR INJECTION, STERILE, 10ML VI**

*Synonym:*

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

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**WITCH HAZEL LIQUID**

*Synonym: HAMMAMELIS WATER

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

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**ZINC OXIDE OINT 30GM**

AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

OTC DRUG, NOT DISPENSED TO OUTPATIENTS

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**ZINC SULFATE 220MG CAP (EQUALS 50MG ZN)**

AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)

NOTE: Contains 50mg elemental Zinc

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**ZIPRASIDONE 20MG CAP, 40MG CAP, 60MG CAP, 80MG CAP**

*Synonym: GEODON*

AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)

Restricted to Behavioral Health or Neurology

NOTE: 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.

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

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**ZOLEDRONIC ACID INJ 4MG/100ML BAG, 5MG/100ML BAG**

*Synonym: ZOMETRA (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 CI Cr < 60ml/min. May cause renal deterioration with repeated doses or when used with other potential nephrotoxic drugs.

2) Do not use if calculated CI Cr < 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.

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**ZOLPIDEM 5MG TAB, 10MG TAB**

*Synonym: AMBIEN*

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

CIV Controlled Substance.

**NOTE:**

a. Supply limit: 30 days per Rx

b. There is a potential for abuse with this agent.

c. The recommended dose for women is 5mg.

d. 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.

e. 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)
  Implementation is pending vaccine availability and training of staff. Zoster vaccine, live (Zostavax) will be utilized until education/training and E.H.R. forecast issues related to Shingrix vaccine are resolved.
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<table>
<thead>
<tr>
<th>AHFS* Classification</th>
<th>Medications on PIMC Formulary</th>
</tr>
</thead>
</table>
| **4.00 Antihistamine Drugs** | 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 |
| **8.00 Anti-Infective Agents** | 8.08 Anthelmintics  
Pyrantel 50mg/mL susp  
Ivermectin 3mg tab  
**8.12 Antibacterials**  
8.12.02 Aminoglycosides  
Gentamicin 20mg/2mL INJ, 80mg/2mL vial  
Neomycin Sulfate 500mg tab  
Streptomycin Sulfate INJ 1gm vial  
8.12.06 Cephalosporins  
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 Miscellaneous β-Lactams  
Aztreonam INJ 1gm vial  
Cilastatin/Imipenem INJ 500mg vial  
Ertapenem INJ 1gm vial  
8.12.12 Macrolides  
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 Penicillins  
Amoxicillin 250mg cap, 500mg cap, 400mg/5mL susp  
Amoxicillin/Clav 500mg tab, 875mg tab, 400mg/5mL 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  
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 |
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<tr>
<th>8.12.20 Sulphonamides</th>
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<tbody>
<tr>
<td>Sulfamethoxazole/Trimeth DS tab, INJ vial, susp, single strength tab</td>
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<tr>
<td>Sulfasalazine 500mg tab</td>
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<tr>
<td>8.12.24 Tetracyclines</td>
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<tr>
<td>Doxycycline 100mg tab, 50mg/mL oral syrup, INJ 100mg vial</td>
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<tr>
<td>Minocycline 100mg cap</td>
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<tr>
<td>8.12.28 Antibacterials, Miscellaneous</td>
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<tr>
<td>Clindamycin 150mg cap, 300mg cap, 75mg/5mL soln, INJ 900mg/6mL vial, 600mg/50ml bag, 900mg/50ml bag</td>
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<tr>
<td>Daptomycin INJ 500mg vial</td>
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<tr>
<td>Linezolid 600mg tab, INJ 600mg/300ml bag</td>
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<tr>
<td>Rifaximin 550mg tab</td>
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<td>Vancomycin Cap 125mg, 250mg</td>
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<tr>
<td>Vancomycin INJ 500mg vial, 1gm vial, 1gm/200ml premix bag</td>
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<tr>
<td>Vancomycin Intravitreal Inj 1mg/0.1ml syringe</td>
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<td>8.14 Antifungals</td>
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<tr>
<td>Amphotericin B Lipid Complex INJ 100mg vial</td>
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<tr>
<td>Fluconazole 100mg tab, 150mg tab, 200mg tab, INJ 200mg/100mL NS premix, 400mg/200mL NS premix</td>
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<tr>
<td>Griseofulvin 125mg/5mL microsize suspension</td>
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<tr>
<td>Nystatin 100,000 units/ml susp</td>
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<td>Terbinafine 250mg tab</td>
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<td>8.16 Antimycobacterials</td>
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<tr>
<td>Dapsone 100mg tab</td>
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<tr>
<td>Ethambutol 100mg tab, 400mg tab</td>
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<tr>
<td>Isoniazid 100mg tab, 300mg tab, INJ 100mg/mL, 50mg/5mL syrup</td>
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<tr>
<td>Pyrazinamide 500mg tab</td>
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<td>Rifampin 300mg cap</td>
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<td>8.18 Antivirals</td>
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<td>8.18.08 Antiretrovirals</td>
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<td>Raltegravir 400mg tab</td>
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<tr>
<td>Truvada tab (emtricitabine 200mg/tenofovir 300mg)</td>
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<td>8.18.24 Monoclonal Antibodies</td>
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<td>Palivizumab INJ 100mg/mL</td>
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<td>8.18.28 Neuroaminidase Inhibitors</td>
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<tr>
<td>Oseltamivir 30mg cap, 45mg cap, 75mg cap, 12mg/mL or 15mg/mL susp (depending on availability)</td>
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<td>8.18.32 Nucleosides and Nucleotides</td>
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<tr>
<td>Acyclovir 200mg/5mL suspension, INJ 500mg vial</td>
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<tr>
<td>Valacyclovir 500mg tab, 1000mg tab</td>
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<td>8.18.40 HCV Antivirals</td>
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<tr>
<td>Epclusa (sofosbuvir 400mg/velpatasvir 100mg)</td>
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<tr>
<td>Harvoni tab (ledipasvir 90mg/ sofosbuvir 400mg)</td>
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<td>Mavyret tab (glecaprevir 100mg/pibrentasvir 40mg)</td>
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<td>8.30 Antiprotozoals</td>
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<td>8.30.08 Antimalarials</td>
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<tr>
<td>Hydroxychloroquine 200mg tab</td>
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<td>8.30.92 Miscellaneous Antiprotozoals</td>
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<tr>
<td>Metronidazole 500mg tab, INJ 500mg/100mL NS Premix</td>
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<tr>
<td>Nitazoxanide 500mg tab, 100mg/5ml susp</td>
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<tr>
<td>8.36 Urinary Anti-infectives</td>
</tr>
<tr>
<td>Fosfomycin 3gm powder sachet</td>
</tr>
<tr>
<td>Methenamine Hippurate 1gm tab</td>
</tr>
<tr>
<td>10.00 Antineoplastic Agents</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>Anastrozole 1mg tab</td>
</tr>
<tr>
<td>Bevacizumab INJ 100mg/4mL vial</td>
</tr>
<tr>
<td>Capecitabine (Xeloda) 500mg tab</td>
</tr>
<tr>
<td>Cisplatin INJ 10mg, 50mg, 100mg vial</td>
</tr>
<tr>
<td>Cyclophosphamide 500mg tab, INJ 500mg</td>
</tr>
<tr>
<td>Doxorubicin INJ 10mg, 50mg</td>
</tr>
<tr>
<td>Etoposide INJ 100mg vial</td>
</tr>
<tr>
<td>Fluorouracil INJ 2.5gm/50mL vial</td>
</tr>
<tr>
<td>Letrozole 2.5mg tab</td>
</tr>
<tr>
<td>Leuprolide Acetate INJ 3.75mg vial</td>
</tr>
<tr>
<td>Megestrol Acetate 40mg tab, 40mg/ml susp</td>
</tr>
<tr>
<td>Methotrexate 2.5mg tab, INJ 50mg/2mL vial</td>
</tr>
<tr>
<td>Rituximab INJ 100mg, 500mg vial</td>
</tr>
<tr>
<td>Tamoxifen 10mg tab</td>
</tr>
<tr>
<td>Trastuzumab INJ 440mg vial</td>
</tr>
<tr>
<td>Vincristine INJ 2mg/2mL vial</td>
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</tbody>
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<table>
<thead>
<tr>
<th>12.00 Autonomic Drugs</th>
<th>12.04 Parasympathomimetic (Cholinergic) Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bethanechol 25mg tab, 5mg tab</td>
<td></td>
</tr>
<tr>
<td>Donepezil 5mg tab</td>
<td></td>
</tr>
<tr>
<td>Neostigmine methylsulfate 1:1000</td>
<td></td>
</tr>
<tr>
<td>Physostigmine Salicylate INJ 1mg/mL</td>
<td></td>
</tr>
<tr>
<td>Pyridostigmine 60mg tab, 180mg SR tab, INJ 5mg/mL</td>
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<table>
<thead>
<tr>
<th>12.08 Anticholinergic Agents</th>
<th>12.08.08 Antimuscarinics/ Antispasmodics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atropine Sulfate INJ 0.4mg/1mL vial, 1mg/10mL syr</td>
<td></td>
</tr>
<tr>
<td>Dicyclomine 10mg cap, 20mg tab</td>
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</tr>
<tr>
<td>Glycopyrrolate INJ 0.2mg/1mL vial</td>
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<tr>
<td>Ipratropium 0.02% U/D svn soln, 14.7gm inhaler</td>
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<tr>
<td>Scopolamine transderm patch</td>
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<tr>
<td>Tiotropium (Spiriva Respimat) 4gm inhaler</td>
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<tr>
<td>Albuterol 0.083% svn soln, 0.5% svn soln, 6.7gm inhaler</td>
<td>Phentolamine Mesylate INJ</td>
</tr>
<tr>
<td>Albuterol/Ipratropium 4gm inhaler (Combivent Respimat)</td>
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<tr>
<td>Dobutamine INJ 250mg/20mL</td>
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<tr>
<td>Dopamine INJ 200mg/5mL vial, 200mg/250mL D5W premix</td>
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<tr>
<td>Ephedrine Sulfate INJ 50mg/mL amp</td>
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<tr>
<td>Epinephrine 1:10,000 1mg/10mL syr, 1:1000 1mg/1mL amp, auto-inj 0.3mg/0.3mL syr, racemic 2.25% inh soln</td>
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<tr>
<td>Midodrine 5mg TAB</td>
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<tr>
<td>Norepinephrine INJ</td>
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<tr>
<td>Oxymetazoline 0.05% nasal spray</td>
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<tr>
<td>Phenylephrine 10mg/mL inj</td>
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</tr>
<tr>
<td>Pseudoephedrine 30mg/5mL liquid, 60mg tab</td>
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</tr>
<tr>
<td>Terbutaline INJ 1mg/ml</td>
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<tr>
<th>12.20 Skeletal Muscle Relaxants</th>
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<tbody>
<tr>
<td>Baclofen 10mg tab</td>
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<tr>
<td>Cisatracurium Besylate INJ</td>
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<tr>
<td>Cyclobenzaprine 10mg tab</td>
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<tr>
<td>Dantrolene 100mg cap, 25mg cap</td>
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<tr>
<td>Dantrolene lyophilized 250mg inj</td>
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<tr>
<td>Methocarbamol 750mg tab</td>
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</tbody>
</table>
### Autonomic Drugs, Miscellaneous

- Nicotine transdermal 7, 14, 21mg/day, polacrilex gum 2mg, polacrilex lozenge 2mg
- Varenicline 0.5mg, 1mg tab

### Blood Derivatives

- Albumin Human 25% INJ 12.5gm/50mL vial

### Blood Formation, Coagulation, and Thrombosis

#### 20.04 Antianemia Drugs
- Ferrous Gluconate 324mg tab
- Ferrous Sulfate 125mg/mL drops, 325mg tab
- Iron Sucrose Complex INJ 20mg/mL

#### 20.12 Antithrombotic Agents
- 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, 25,000 units/250mL premix bag
- Rivaroxaban 10mg tab, 15mg tab, 20mg tab
- Warfarin 1mg tab, 2mg tab, 3mg tab, 4mg tab, 5mg tab, 6mg tab, 7.5mg tab

#### 20.16 Hematopoietic Agents
- Darbepoetin INJ 200mcg/1mL vial
- Filgrastim INJ 300mcg/mL vial
- Pegfilgrastim-jmdb INJ 6mg/0.6mL syr

#### 20.24 Hemorrheologic Agents
- Pentoxyfylline 400mg tab

#### 20.28 Antihemorrhagic Agents

##### 20.28.08 Antithrombin Agents
- Prothrombin Complex Concentrate 4-Factor

##### 20.28.16 Hemostatics
- Tranexamic Acid 650mg tab, INJ 1gm/10ml vial

#### 24.00 Cardiovascular Drugs

#### 24.04 Cardiac Drugs

##### 24.04.04 Antiarrhythmic Agents
- 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

##### 24.04.08 Cardiotonic Agents
- Digoxin 0.05mg/mL soln, 0.125mg tab, 0.25mg tab, INJ 0.5mg/2mL amp

#### 24.06 Antilipemic Agents

##### 24.06.04 Bile Acid Sequestrants
Cholestyramine Powder (light)  
24.06.05 Cholesterol Absorption Inhibitors  
Ezetimibe 10mg tab  
24.06.06 Fibric Acid Derivatives  
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, INJ50mg/10mL vial  
24.12.12 Phosphodiesterase Inhibitors  
Sildenafil 25mg tab, 50mg tab, 100mg tab  
24.20 α-Adrenergic Blocking Agents  
Doxazosin 1mg tab, 2mg tab, 4mg tab, 8mg tab  
Prazosin 1mg cap, 5mg cap  
24.24 β-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  
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
<table>
<thead>
<tr>
<th>28.00 Central Nervous System Agents</th>
<th>28.04 General Anesthetics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renin-Angiotensin Aldosterone System Inhibitors, Misc</td>
<td></td>
</tr>
<tr>
<td>Sacubitril/ Valsartan 24mg/26mg tab, 49mg/51mg tab, 97mg/103mg tab</td>
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<tr>
<td>Etomidate INJ 20mg/10mL vial</td>
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<tr>
<td>Propofol INJ 200mg/20mL vial, 500mg/50mL vial, 1000mg/100mL vial</td>
<td></td>
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<tr>
<td>Sevoflurane 250mL</td>
<td></td>
</tr>
</tbody>
</table>

### 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, 2500mcg/50ml vial
- 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/ 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 amp, INJ 1mg/1mL amp, 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
Clonazepam 0.5mg tab, 1mg tab
Clonazepam 0.25mg, 0.5mg, 1mg, 2mg orally disintegrating tab
28.12.12 Hydantoins
Fosphenytoin INJ 100mg PE/2mL vial, 500mg PE/10mL vial
Phenytoin 100mg cap, 125mg/5mL susp, 30mg/5mL susp, 50mg chewable tab
28.12.20 Succinimides
Ethosuximide 250mg cap, 250mg/5mL soln
28.12.92 Anticonvulsants, Miscellaneous
Carbamazepine 100mg chewable tab, 200mg tab, 100mg/5mL susp
Divalproex 125mg sprinkle cap, 125mg tab
Divalproex ER 250mg tab, ER 500mg tab
Gabapentin 100mg cap, 300mg cap, 400mg cap, 600mg tab, 800mg tab
Lamotrigine 5mg chewable, 25mg tab, 100mg tab
Levetiracetam 500mg tab, 100mg/ml oral solution, 500mg/5mL INJ
Levetiracetam ER 500mg tab, ER 750mg tab
Magnesium Sulfate 50% INJ 1gm/2mL vial, 5gm/10mL vial
Magnesium Sulfate 40mg/mL INJ, 2gm/50mL, 4gm/100mL, 20gm/500mL bag
Oxcarbazepine 150mg tab, 600mg tab
Topiramate 25mg tab, 100mg tab, 15mg sprinkle cap, 25mg sprinkle cap
Valproate Sodium 500mg/5mL INJ
Valproic Acid 250mg cap, 250mg/5mL syrup
Zonisamide 25mg cap, 100mg cap

28.16 Psychotherapeutic Agents
28.16.04 Antidepressants
Amitriptyline 10mg tab, 25mg tab, 50mg tab
Bupropion 100mg SR tab, 150mg SR tab, 150mg XL tab, 300mg XL tab
Citalopram 10mg tab, 20mg tab, 40mg tab
Desipramine 25mg tab, 50mg tab
Doxepin 25mg cap, 50mg cap
Duloxetine 20mg cap, 30mg cap, 60mg cap
Escitalopram 10mg tab, 20mg tab
Fluoxetine 20mg cap, 20mg/5ml oral soln
Imipramine 10mg tab, 25mg tab, 50mg tab
Mirtzapine 15mg tab, 30mg tab
Nortriptyline 10mg cap, 25mg cap
Paroxetine 10mg tab, 20mg tab, 40mg tab
Sertraline 25mg tab, 50mg tab, 100mg tab
Trazodone 50mg tab, 100mg tab, 150mg tab
Venlafaxine 25mg tab, 37.5mg tab, 75mg tab, 100mg tab, XR 37.5mg cap, XR 75mg cap, XR 150mg cap
28.16.08 Antipsychotics
Aripiprazole 2mg tab, 5mg tab, 10mg tab, 15mg tab, 30 mg tab, 1mg/ml liquid
Chlorpromazine 100mg tab, 25mg tab, INJ 50mg/2mL
Clozapine 25mg tab, 100mg tab
Fluphenazine 1mg tab, 5mg tab
Haloperidol 0.5mg tab, 1mg tab, 2mg tab, 5mg tab, 2mg/ml soln, INJ 50mg/1mL amp, INJ 5mg/1mL amp
Olanzapine 5mg OD tab, 5mg tab, 10mg tab
Quetiapine 25mg tab, 100mg tab, 200mg tab, 400mg tab
Risperidone 1mg tab, 2mg tab, 3mg tab, 4mg tab, consta 25mg/2mL syr
Ziprasidone 20mg cap, 40mg cap, 60mg cap, 80mg cap

28.20 Anorexigenic Agents and Respiratory and Cerebral Stimulants
Amphet mix 5mg tab, 5mg XR cap, 10mg XR cap, 15mg XR cap, 20mg XR cap, 30mg XR cap, XR 5mg
Lisdexamfetamine 20mg cap, 30mg cap, 50mg cap, 70mg cap
### 28.20.08 Anorexigenic Agents
- Methylphenidate 5mg tab, 10mg tab
- Methylphenidate XR 18mg tab, XR 36mg tab, XR 27mg tab, XR 54mg tab

#### 28.24 Anxiolytics, Sedatives, and Hypnotics

##### 28.24.08 Benzodiazepines
- Diazepam 5mg tab, INJ 10mg syr, INJ 50mg/10mL vial, rectal gel 10mg/2mL, 20mg/4mL
- Lorazepam 0.5mg tab, 1mg tab, 2mg tab, INJ 2mg/mL vial, INJ 20mg/10mL vial
- Midazolam 2mg/mL syrup, INJ 2mg/2mL vial, INJ 50mg/5mL vial

##### 28.24.92 Anxiolytics, Sedatives, and Hypnotics; Miscellaneous
- Buspirone 10mg tab, 15mg tab, 5mg tab
- Dexmedetomidine INJ, 200mg/2ml vial
- Hydroxyzine 10mg tab, 25mg tab, 10mg/5mL syrup
- Zolpidem 5mg tab, 10mg tab

##### 28.28 Antimanic Agents
- Lithium carbonate ER 300mg tab, ER 450mg tab

##### 28.32 Antimigraine Agents

##### 28.32.28 Selective Serotonin Agonists
- Eletriptan 20mg tab, 40mg tab
- Rizatriptan 5mg, 20mg orally disintegrating tab
- Sumatriptan 25mg tab, 50mg tab, INJ 6mg/0.5mL, 5mg nasal spray

##### 28.36 Antiparkinsonian Agents
- Benzotropine 1mg tab, 2mg tab, 2mg/2ml INJ
- Bromocriptine 2.5mg tab, 5mg caps
- Carbidopa/Levodopa 10/100mg tab, 25/100mg tab, 25/250mg tab
- Carbidopa/Levodopa SR 25/100mg, 50/200mg tab
- Ropinirole 0.25mg tab, 1mg tab
- Trihexyphenidyl 2mg tab, 5mg tab

##### 28.36.20 Ergot Derivative Dopamine Receptor Agonists
- Cabergoline 0.5mg tab

##### 28.92 Central Nervous System Agents, Miscellaneous
- Acamprosate 333mg EC tab
- Atomoxetine 10mg cap, 18mg cap, 25mg cap, 40mg cap, 60mg cap
- Flumazenil INJ 0.5mg/5mL vial
- Memantine 5mg tab, 10mg tab, 2mg/ml oral solution

### 36.00 Diagnostic Agents

<table>
<thead>
<tr>
<th><strong>36.04 Adrenocortical Insufficiency</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosyntropin INJ 0.25mg vial</td>
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<thead>
<tr>
<th><strong>36.40 Kidney Function</strong></th>
</tr>
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<tbody>
<tr>
<td>Indigotindisulfonate 0.8% INJ</td>
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<thead>
<tr>
<th><strong>36.60 Thyroid Function</strong></th>
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<tbody>
<tr>
<td>Thyrotropin Alfa INJ</td>
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<thead>
<tr>
<th><strong>36.68 Roentgenography</strong></th>
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<tbody>
<tr>
<td>Barium Sulfate 2% Suspension</td>
</tr>
<tr>
<td>Diatrizoate Meglumine 66%/Diatrizoate Sodium 10% INJ</td>
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<tr>
<td>Gadoterate Dimeglumine 0.5mmol/mL INJ</td>
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<tr>
<td>Gadodextrate Disodium 181mg/ml INJ</td>
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<tr>
<td>Iodixanol 270mg/mL INJ</td>
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<td>Iopamidol 61% INJ</td>
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<tr>
<td>Iopamidol-M 61% INJ</td>
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<tr>
<td>Iothalamate meglumine 60% INJ</td>
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<thead>
<tr>
<th><strong>36.84 Tuberculosis</strong></th>
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<tbody>
<tr>
<td>Tuberculin, PPD</td>
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<td>Section</td>
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<tr>
<td>40.00 Electrolytic, Caloric, and Water Balance</td>
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<tr>
<td>44.00 Enzymes</td>
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<td>48.00 Respiratory Tract Agents</td>
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<tr>
<td>52.00 Eye, Ear, Nose, and Throat (EENT) Preparations</td>
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<td>-----------------------------------------------------</td>
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</tbody>
</table>
| **52.02 Antiallergic Agents**  
Cromolyn Sodium 4% ophth soln  
Ketotifen 0.025% ophth soln  
Olopatadine 0.1% ophth soln  

**52.04 Anti-infectives**  

52.04.04 Antibacterials  
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  
Polymyxin/Bacitracin ophth oint  
Polymyxin/trimethoprim ophth soln  
Prednisolone/Sulfacetamide ophth soln  
Vancomycin ophth soln  

52.04.20 Antivirals  
Trifluridine 1% ophth soln  

52.04.92 Anti-infectives, Miscellaneous  
Carbamide Peroxide 6.5% otic soln  
DSC otic powder  

**52.08 Anti-inflammatory Agents**  
Bromfenac 0.09% ophth soln  
Cyclosporine 0.05% ophth emul  
Difluprednate 0.05% ophth emul  
Flunisolide nasal 0.025% soln  
Fluorometholone 0.1% ophth soln  
Flurbiprofen 0.03% ophth soln  
Fluticasone nasal 0.05% spray  
Ketorolac 0.05% ophth soln  
Loteprednol 0.5% ophth susp  
Neo/Polymyx/Dex ophth oint, ophth susp  
Predisolone 1% ophth sol  
Prednisolone Phos 0.125% ophth soln  
Triamcinolone Acetonide Inj 40mg/ml (Preservative-free), 1 ml vial  

**52.16 Local Anesthetics**  
Cocaine 4% topical soln  
Dyclonine 2mg lozenges, 1% Oral-Topical Solution  
Proparacaine 0.5% ophth soln  
Tetracaine 4% topical soln  

**52.24 Mydriatics**  
Atropine Sulf 1% ophth oint, ophth soln  
Cyclopentolate 1% ophth soln  
Phenylephrine 2.5% ophth soln, 10% ophth soln  
Tropicamide 1% ophth soln  

**52.28 Mouthwashes and Gargles**  
1-1-1 Mouthwash (ben/Al-Mg/H2O)  
Hydrogen Peroxide 3% soln
### 52.32 Vasoconstrictors
- Oxymetazoline 0.05% nasal spray
- Phenylephrine 0.25% nasal spray
- Visine-A Oph soln

### 52.40 Antiglaucoma Agents
- 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
- Pilocarpine 1% ophth soln, 2% ophth soln, 4% ophth soln
- Timolol 0.5% ophth soln
- Travoprost 0.0004% ophth soln

### 52.92 EENT Drugs, Miscellaneous
- Acetic Acid 2% Otic Solution
- Boric Acid 0.1%/Ciprofloxacin 0.23%/Clotrimazole 0.23%/Dexamethasone 0.02% Powder
- 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)
- Chloramphenicol.1%/Fluconazole 0.4%/Sulfamethoxazole 1% Powder
- Dexamethasone 20mg/ml injection
- Fluorescein 10% INJ 5mL amp, ophth strip
- Fluorescein/Proparacaine ophth 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

### 56.00 Gastrointestinal Drugs

#### 56.04 Antacids and Adsorbents
- Aluminum & Magnesium Hydroxide & Simethicone susp
- Charcoal-Activated 25gm in water
- Charcoal-Activated 50gm with sorbitol
- Magnesium Oxide 400mg tab
- Milk of Magnesia

#### 56.08 Antidiarrhea Agents
- Bismuth Subsalicylate 262mg tab
- Lactobacillus Caplets
- Loperamide 1mg/5mL liquid, 2mg cap

#### 56.10 Antiflatulents
- Simethicone 80mg chew tab, oral drops

#### 56.12 Cathartics and Laxatives
- Bisacodyl 5mg tab, 10mg supp
- Docusate Sodium 100mg cap, 20mg/5mL syrup
- Glycerin supp
- Magnesium Citrate soln
- Mineral oil liquid, enema
<table>
<thead>
<tr>
<th>56.14 Cholelitholytic Agents</th>
<th>Ursodiol 300mg cap</th>
</tr>
</thead>
<tbody>
<tr>
<td>56.16 Digestants</td>
<td>Pancrelipase 5000 units DR cap, 20,000 units DR cap</td>
</tr>
<tr>
<td>56.22 Antiemetics</td>
<td>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, Prochlorperazine 10mg tab, 25mg supp, INJ 10mg/2mL vial</td>
</tr>
<tr>
<td>56.28 Antiulcer Agents and Acid Suppressants</td>
<td>56.28.12 Histamine H₂-Antagonists</td>
</tr>
<tr>
<td></td>
<td>56.28.28 Prostaglandins</td>
</tr>
<tr>
<td></td>
<td>56.28.32 Protectants</td>
</tr>
<tr>
<td></td>
<td>56.28.36 Proton-pump Inhibitors</td>
</tr>
<tr>
<td>56.32 Prokinetic Agents</td>
<td>Metoclopramide 10mg tab, 5mg/5mL syrup, INJ 10mg/2mL vial</td>
</tr>
<tr>
<td>56.36 Anti-inflammatory Agents</td>
<td>Mesalamine 375mg SR cap, 4gm/60mL enema</td>
</tr>
<tr>
<td>56.92 GI Drugs, Miscellaneous</td>
<td>Alvimopan 12mg cap, Orlistat 60mg cap, 120mg cap</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>60.00 Gold Compounds</th>
<th>None (Aurothioglucose removed from formulary 10/2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>64.00 Heavy Metal Antagonists</td>
<td>Deferoxamine 500mg INJ, Dimercaprol 10% INJ, Edetate Calcium Disod INJ 1000mg/5mL amp</td>
</tr>
<tr>
<td>68.00 Hormones and Synthetic Substitutes</td>
<td>68.04 Adrenals</td>
</tr>
</tbody>
</table>

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### 68.08 Androgens
- Testosterone Cypionate INJ 200mg/1 mL vial
- Testosterone 1% gel, 5gm packet
- Testosterone 2mg/24 hr patch, 4mg/24 hr patch

### 68.12 Contraceptives
- 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, Loestrin, Orsytia, 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/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 14mcg/day
  (Skyla, or equivalent)
- Intrauterine Device, Levonorgestrel 20mcg/day
  (Lilleta, Mirena, or equivalent)
- Levonorgestrel 1.5mg tab (Emergency Contraceptive)
  (Plan B, Next Choice, or equivalent)
- Norethindrone 0.35mg tab, 28’s
  (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 0.05mmg/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
- Liraglutide INJ 6mg/3ml pen
<table>
<thead>
<tr>
<th>68.20.08 Insulins</th>
<th>68.20.18 Sodium-glucose Cotransporter 2 (SGLT2 Inhibitors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin 70/30 (70N/30R) vial</td>
<td>Empagliflozin 10mg tab, 25mg tab</td>
</tr>
<tr>
<td>Insulin Aspart U-100 vial, 3mL prefilled syringe</td>
<td></td>
</tr>
<tr>
<td>Insulin Aspart Protamine 70% / Insulin Aspart 30%, 3mL prefilled syringe (pen)</td>
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<tr>
<td>Insulin Detemir U-100 vial, 3mL prefilled syringe (pen)</td>
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</tr>
<tr>
<td>Insulin Glargine U-100 vial, 3mL prefilled syringe (pen)</td>
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<tr>
<td>Insulin NPH U-100 vial</td>
<td></td>
</tr>
<tr>
<td>Insulin Regular U-100 vial</td>
<td></td>
</tr>
<tr>
<td>Insulin Regular U-500 vial, 3 ml prefilled syringe</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>68.20.20 Sulfonylureas</th>
<th>68.20.28 Thiazolidinediones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glipizide 5mg tab, 10mg tab, XL 2.5mg tab, XL 5mg tab, XL 10mg tab</td>
<td>Pioglitazone 15mg tab, 30mg tab, 45mg tab</td>
</tr>
<tr>
<td>Glyburide 5mg tab</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>68.20.92 Antidiabetic Agents, Miscellaneous</th>
<th>68.22 Antihypoglycemic Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acarbose 100mg tab, 25mg tab, 50mg tab</td>
<td>Glucagon INJ 1mg/mL emergency kit</td>
</tr>
<tr>
<td>Glucovance 2.5mg/500mg, 5mg/500mg</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>68.36 Thyroid and Antithyroid Agents</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Levothyroxine 0.025, 0.05, 0.075, 0.088, 0.1, 0.112, 0.125, 0.15, 0.175mg tabs, INJ 100mcg</td>
<td></td>
</tr>
<tr>
<td>Liothyronine 5mcg tab, 25mcg tab</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>72.00 Local Anesthetics</th>
<th>76.00 Oxytocics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bupivacaine 0.5% INJ</td>
<td>Methylergonovine INJ 0.2mg/mL vial, 0.2mg tab</td>
</tr>
<tr>
<td>Bupivacaine-MPF 0.5% INJ</td>
<td>Oxytocin INJ 10unit vial</td>
</tr>
<tr>
<td>Bupivacaine 0.75% spinal INJ</td>
<td></td>
</tr>
<tr>
<td>Bupivacaine 0.25%/Epi 1:200,000 INJ, 0.5%/Epi 1:200,000 INJ</td>
<td></td>
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<tr>
<td>Lidocaine 1% INJ</td>
<td></td>
</tr>
<tr>
<td>Lidocaine 2% INJ</td>
<td></td>
</tr>
<tr>
<td>Lidocaine 1% w/Epi INJ</td>
<td></td>
</tr>
<tr>
<td>Lidocaine 2% w/Epi INJ</td>
<td></td>
</tr>
<tr>
<td>Lidocaine-MPF 1% INJ, 2% INJ</td>
<td></td>
</tr>
<tr>
<td>Lidocaine 2% jelly, 4% topical soln</td>
<td></td>
</tr>
<tr>
<td>Lidocaine viscous 2% oral topical soln</td>
<td></td>
</tr>
<tr>
<td>Lidocaine/Adrenaline/Tetracaine topical gel</td>
<td></td>
</tr>
<tr>
<td>Lidocaine/Prilocaine top cream</td>
<td></td>
</tr>
<tr>
<td>Ropivacaine 0.2% INJ, 0.5% INJ</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>80.00 Serums, Toxoids, and Vaccines</th>
<th>80.04 Serums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antivenin - Centruroides (Scorpion) Immune F(ab')2 INJ “ANASCORP®”</td>
<td></td>
</tr>
<tr>
<td>Antivenin - Lactodectus Mactans (Black Widow Spider) INJ</td>
<td></td>
</tr>
<tr>
<td>Hepatitis-B Immune Globulin INJ</td>
<td>Immune Globulin (Human) INJ</td>
</tr>
<tr>
<td>Rabies Immune Globulin INJ</td>
<td></td>
</tr>
<tr>
<td>Tetanus Immune Globulin 250 units INJ</td>
<td></td>
</tr>
</tbody>
</table>

**80.08 Toxoids**
- Diptheria & Tetanus (DT) - pediatric
- Diptheria/Tetanus/Acellular Pertussis (DTaP)
- Diptheria/Tetanus/Acellular Pertussis/Hep-B/Polio (inactivated) combined
- Diptheria/Tetanus/Acellular Pertussis/Polio (inactivated)
- Tetanus & Diphtheria toxoids INJ (Td) – adult
- Tetanus/diphtheria/acellular pertussis (Tdap)

**80.12 Vaccines**
- Hepatitis-A vaccine 720 units/0.5mL and 1440 units/mL INJ
- Hepatitis-B vaccine INJ 20 mcg/ml (Adult), 10 mcg/0.5 mL (Pediatric)
  - OR 5 mcg/0.5 mL (Pediatric)
- HPV vaccine INJ (9-valent)
- Influenza Vaccine, Inactive INJ
- Influenza Vaccine, LIVE (nasal)
- Measles/Mumps/Rubella vaccine INJ
- Meningococcal Serogroup B Vaccine INJ
- Meningococcal Diptheria Toxoid Conjugate vaccine INJ
- Meningococcal polysaccharide Vaccine INJ
- Pneumococcal vaccine INJ (PCV13 and PPSV23)
- Poliovirus vaccine (IPV) INJ
- Rabies vaccine, human diploid INJ
- Rotavirus vaccine, LIVE, oral pentavalent
- Varicella vaccine, single dose vial INJ
- Zoster vaccine, recombinant INJ

**84.00 Skin and Mucous Membrane Agents**

**84.04 Anti-infectives**

**84.04.04 Antibacterials**
- 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 1 mg (dental use)
- Mupirocin 2% oint

**84.04.08 Antifungals**
- Clotrimazole 1% cream, 1% topical soln, 1% vaginal cream, 10 mg 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
### 84.08 Antipruritics and Local Anesthetics
- Hydrocortisone 1% cream, 1% oint, 2.5% oint, 100mg enema
- Hydrocortisone 10% in Aquaphor
- Hydrocortisone/Pramoxine rectal foam
- Triamcinolone 0.1% Dental Paste

### 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
- Trichloracetic 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

### 84.80 Sunscreen Agents
- Sunblock lotion SPF-30 (or higher)

### 84.92 Skin and Mucous Membrane Agents, Miscellaneous
- Aquaphor (generic) oint
- Becaplermin gel 0.01%
- Calcipotriene 0.005% cream
- Capsaicin 0.025% cream
- Cholestyramine 3% in Aquaphor oint
- 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

### 86.00 Smooth Muscle Relaxants
- Oxybutynin 5mg tab, 10mg XL tab

### 86.12 Genitourinary Smooth Muscle Relaxants
- Theophylline 100mg SR tab, 200mg SR cap, 300mg SR cap

### 88.00 Vitamins
- Vitamin A 10,000IU cap
- Vitamin A Palmitate 5000IU

### 88.08 Vitamin B Complex
| Cyanocobalamin 1000mcg tab, INJ 1000mcg/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 |

### 88.12 Vitamin C
- Ascorbic Acid 500mg tab

### 88.16 Vitamin D
- Calcitriol 0.25mcg cap
- Cholecalciferol 400, 1000, 50,000 units tab
- Ergocalciferol 50,000 unit cap, 8,000 units/mL oral soln

### 88.24 Vitamin K Activity
- Phytonadione 1mg/0.5mL INJ, 5mg tab, INJ 10mg/mL amp

### 88.28 Multivitamin Preparations
- Multivit w/Minerals & FA tab
- Multivitamin INJ
- Multivitamin, ophthalmic with lutein and zeaxanthine gelcaps
- Multivitamin oral susp
- Multivitamin tab
- Vitamin B&C Complex

## 92.00 Miscellaneous Therapeutic Agents

### 92.08 5-α-Reductase Inhibitors
- Finasteride 5mg tab

### 92.12 Antidotes
- Acetylcysteine INJ 6gm/30ml vial
- Folinic Acid 5mg tab
- Fomepizole INJ 1.5gm/1.5mL vial
- Methylene Blue 1% INJ 10mL
- Pralidoxime Chloride 1g/20mL
- Sodium Thiosulfate INJ 25% (12.5gm/50mL vial)
- Sugammadex INJ 100mg/mL

### 92.14 Antigout Agents
- Allopurinol 100mg tab, 300mg tab
- Colchicine 0.6mg tab

### 92.20 Biologic Response Modifiers
- Thalidomide 50mg cap

### 92.24 Bone Resorption Inhibitors
- Alendronate 35mg tab, 70mg tab
- zoledronic Acid INJ 4mg/100ml bag, 5mg/100ml bag

### 92.36 Disease-Modifying Antirheumatic Agents
- Adalimumab INJ 40mg/0.8mL pen
- Etanercept INJ 25mg/mL vial, syr, 50mg/ml pen, cartridge
- Infliximab-abda INJ 100mg
- Leflunomide 20mg tab, 100mg tab

### 92.44 Immunosuppressive Agents
- Azathioprine 50mg tab
- Cyclosporine (Neoral) 100mg cap, 100mg/mL soln, 25mg cap
- Mycophenolate 250mg cap
- Tacrolimus 0.5mg cap, 1mg cap

### 92.92 Other Miscellaneous Therapeutic Agents
- Botulinum Toxin Type A
- Melatonin 3mg tab
- Octreotide INJ 50mcg, 200mcg, 500mcg, 1000mcg/mL
- Perflu tren Lipid Microspheres Inj, 2ml vial
| 96.00 Pharmaceutical Aids | Tamsulosin 0.4mg ER cap  
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Acetone</td>
<td>pharmaceutical aids</td>
</tr>
<tr>
<td>Alcohol, Ethyl 95%</td>
<td></td>
</tr>
<tr>
<td>Glycerin, USP</td>
<td></td>
</tr>
</tbody>
</table>

| 99.00 Non-indexed Therapeutic Agents | Acetic Acid 2% otic soln, vaginal jelly  
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Acetylcysteine 600mg cap</td>
<td></td>
</tr>
<tr>
<td>Accu-Chek Aviva test strips</td>
<td></td>
</tr>
<tr>
<td>Alcohol, Dehydrated INJ 1mL amp</td>
<td></td>
</tr>
<tr>
<td>Alcohol, Isopropyl 70%</td>
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<tr>
<td>Aluminum Acetate Effervescent tab</td>
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<tr>
<td>Aluminum Chloride 20% soln</td>
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<tr>
<td>Balanced Salt Soln</td>
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</tr>
<tr>
<td>Benzoin Compound Tincture spray</td>
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<tr>
<td>Cadexomer Iodine gel</td>
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<tr>
<td>Calamine lotion</td>
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<tr>
<td>Carboprost Tromethamine INJ</td>
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<tr>
<td>Cetaphil Skin Cleanser</td>
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</tr>
<tr>
<td>Cholestyramine 3% in Aquaphor Ointment</td>
<td></td>
</tr>
<tr>
<td>Ferric Subsulfate soln</td>
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</tr>
<tr>
<td>Hydrophilic oint</td>
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<tr>
<td>Imiquimod 5% cream 3gm/box</td>
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</tr>
<tr>
<td>Ketamine INJ 50mg/mL</td>
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</tr>
<tr>
<td>Lubricant Surg Foil Pak</td>
<td></td>
</tr>
<tr>
<td>Lubricant, Surgical 120gm</td>
<td></td>
</tr>
<tr>
<td>Nifedipine 0.2% in KY Jelly</td>
<td></td>
</tr>
<tr>
<td>Pilocarpine 5mg tab</td>
<td></td>
</tr>
<tr>
<td>Povidone Iodine 10% soln</td>
<td></td>
</tr>
</tbody>
</table>
| Sodium Hypochlorite 0.25% Topical Solution | Topical Solution  
| Water for Injection, Sterile, 10mL vial |                                                                                                |
| Witch Hazel liquid                  |                                                                                                |
| Zinc Oxide oint                     |                                                                                                |
## IV SOLUTION

<table>
<thead>
<tr>
<th>Solution</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dextrose 5%/Water</td>
<td>100ml, 250ml, 500ml, 1000ml</td>
</tr>
<tr>
<td>Dextrose 10% Water</td>
<td>500ml, 1000ml</td>
</tr>
<tr>
<td>D5/0.225% NS</td>
<td>1000ml</td>
</tr>
<tr>
<td>D5/0.225% NS with 20mEq KCl</td>
<td>1000ml</td>
</tr>
<tr>
<td>D5/0.45% NS</td>
<td>250ml†, 1000ml</td>
</tr>
<tr>
<td>D5/0.45% NS with 20mEq KCl</td>
<td>1000ml</td>
</tr>
<tr>
<td>D5/0.45% NS with 40mEq KCl</td>
<td>1000ml</td>
</tr>
<tr>
<td>D5/0.9% NS</td>
<td>1000ml</td>
</tr>
<tr>
<td>D5/0.9% NS with 20mEq KCl</td>
<td>1000ml</td>
</tr>
<tr>
<td>D5/0.9% NS with 40mEq KCl</td>
<td>1000ml</td>
</tr>
<tr>
<td>D5/0.9% NS with 40mEq KCl</td>
<td>1000ml</td>
</tr>
<tr>
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</tr>
<tr>
<td>D5/0.9% NS with 40mEq KCl</td>
<td>1000ml</td>
</tr>
<tr>
<td>Dextrose 10%/0.9% NS*</td>
<td>1000ml</td>
</tr>
<tr>
<td>Lactated Ringers</td>
<td>500ml, 1000ml</td>
</tr>
<tr>
<td>D5 &amp; Lactated Ringers</td>
<td>1000ml</td>
</tr>
<tr>
<td>0.45% NS</td>
<td>1000ml</td>
</tr>
<tr>
<td>0.45% NS with 20 mEq KCl</td>
<td>1000ml</td>
</tr>
<tr>
<td>0.9% NS</td>
<td>50ml, 100ml, 250ml, 500ml, 1000ml</td>
</tr>
<tr>
<td>0.9% NS with 20mEq KCl</td>
<td>1000ml</td>
</tr>
<tr>
<td>0.9% NS with 40mEq KCl</td>
<td>1000ml</td>
</tr>
<tr>
<td>ADDvantage™ D5W</td>
<td>250ml</td>
</tr>
<tr>
<td>Mini-Bag Plus™ 0.9% NS</td>
<td>100ml</td>
</tr>
<tr>
<td>Dobutamine 250mg in D5W*</td>
<td>250ml</td>
</tr>
<tr>
<td>Dopamine 400mg in D5W</td>
<td>250ml</td>
</tr>
<tr>
<td>Heparin 25,000 units in D5W*</td>
<td>250ml</td>
</tr>
<tr>
<td>Magnesium Sulfate 20gm*</td>
<td>500ml</td>
</tr>
<tr>
<td>Mannitol 20%*</td>
<td>500ml</td>
</tr>
<tr>
<td>Fat Emulsion 10% and 20%*</td>
<td>500ml</td>
</tr>
<tr>
<td>Potassium Chloride 10mEq</td>
<td>100ml</td>
</tr>
<tr>
<td>Potassium Chloride 20mEq</td>
<td>100ml</td>
</tr>
<tr>
<td>Sodium Chloride (Hypertonic) 3%*</td>
<td>500ml</td>
</tr>
</tbody>
</table>

## IRRIGATION SOLUTION

<table>
<thead>
<tr>
<th>Solution</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetic Acid 0.25%</td>
<td>1000ml</td>
</tr>
<tr>
<td>Lactated Ringers</td>
<td>3000ml</td>
</tr>
<tr>
<td>Sodium Chloride 0.9% (NS)</td>
<td>1000ml</td>
</tr>
<tr>
<td>Sterile Water</td>
<td>1000ml, 3000ml</td>
</tr>
</tbody>
</table>

† Used by NIH Research Ward only
* Pharmacy Purchased Item (all others purchased/stocked by Materials Management)