PHOENIX SERVICE UNIT

PHOENIX, ARIZONA

MEDICATION FORMULARY

October 18, 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)

ACETYLCHELINE CL INTRAOCULAR SOLN 1:100
 Synonym: MIOCHOL-E
 AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)

ACETYLCYSTEINE 600MG CAP
 Synonym: ACETADOTE
 AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)
 Restricted to:
 1) For prophylaxis of contrast-induced nephropathy.
 2) Patients must receive at a minimum brief periodic substance use cessation counseling or psychotherapy. To ensure follow-up and compliance with cessation, each prescription will be limited to a 30-day supply with 2 refills.
 NOTE: **Studies indicate this may be most effective in patients 21 years of age and younger.**

ACETYLCYSTEINE 20% INHALATION/ORAL SOLN 30ML
 Synonym: MUCOMYST
 AHFS Type: MUCOLYTIC AGENTS (48:24), MISCELLANEOUS THERAPEUTIC AGENTS, ANTIDOTES (92:12)
 NOTE: Also used for oral treatment of acetaminophen overdose. See pharmacy for dose and administration recommendations.

ACETYLCYSTEINE INJ 6GM/30ML VIAL
 Synonym: ACETADOTE
 AHFS Type: ANTIDOTES (92.12.00)

ACTIFED TAB
 Synonym: ACTIFED, TRIPROLIDINE & PSEUDOEPHEDRINE
 AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)
 OTC DRUG, NOT DISPENSED TO OUTPATIENTS except chronic rhinitis, sinusitis, and allergies.
 Not to be dispensed to children less than 6 years old.

ACYCLOVIR 200MG/5ML SUSPENSION
 Synonym: ZOVIRAX
 AHFS Type: ANTIVIRALS (8.18.00)
 NOTE: Doses must be reduced for renal insufficiency. 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)
 HIGH ALERT MEDICATION
 Restricted to:
 1) Treatment of Rheumatoid Arthritis, Psoriatic Arthritis, Psoriasis, Plaque Psoriasis, or Ankylosing Spondylitis, Crohn’s disease, ulcerative colitis, uveitis, and hidradenitis suppurativa in patients with aggressive disease who have failed or were intolerant to conventional DMARDs.
 2) Initial prescription dispensed at PIMC will be restricted to rheumatology or dermatology. For pediatric patients, initial prescription will be reviewed by a pediatrician who will verify that appropriate workup was performed.
 3) Patients must receive the following screening tests to rule out tuberculosis, coccidiomycosis, and histoplasmosis: Tuberculin skin test (TST) or Interferon-gamma release assay (IGRA), cocci serology, and histoplasmosis serology (if patient has lived in a histoplasmosis endemic area). Chest radiography may also be considered when clinically indicated in patients with risk factors, even with a negative result on TST or IGRA
 4) Contraindicated in patients with 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: DRYSOL
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)
   HIGH ALERT MEDICATION

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

AMPICILLIN INJ 1GM VIAL, 250MG VIAL, 500MG VIAL  
AHFS Type: PENICILLINS (8.12.16)  

AMPICILLIN/SULBACTAM INJ 1.5GM VIAL, 3GM VIAL  
Synonym: UNASYN  
AHFS Type: PENICILLINS (8.12.16)  
Note: Preferred first line agent for treatment of diabetic skin and soft tissue infections for non-penicillin allergic patients.  

ANASTROZOLE 1MG TAB  
Synonym: ARIMIDEX  
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)  
Restricted to Oncology Service for treatment of breast cancer.  
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.  

ANTIVENIN, CENTRUROIDES (Scorpion) IMMUNE F(ab’): INJ  
* STORED IN THE 2nd FLOOR PHARMACY, ROOM TEMPERATURE, INJECTABLE SECTION, UNDER “SCORPION” *  
Synonym: ANASCORP  
AHFS Type: SERUMS (80.04.00)  
Note: Restricted:  
1. Use of scorpion antivenin is restricted to grade III or IV envenomation defined as skeletal nerve dysfunction (e.g. writhing, jerking of extremities, fasciculation) and/or cranial nerve dysfunction (e.g. nystagmus, blurred vision, slurred speech, hyper-salivation);  
2. Initial dose is 1 vial, UNLESS the patient has respiratory compromise, in which case the initial dose is 3 vials.  
3. After the initial dose (of 1 or 3 vials), additional doses of 1 vial may be considered at 30 minute intervals if symptoms have not resolved.  
Storage: Room Temperature, 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)

**HIGH ALERT MEDICATION**

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

ATROPINE SULF 1% OPHTH SOLN 15ML
AHFS Type: EENT PREPARATIONS, MYDRIATICS (52.24.00)
Restricted to Ophthalmology and Optometry or with ophthalmology/optometry consult.

ATROPINE SULFATE INJ 0.4MG/1ML VIAL
AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)

ATROPINE SULFATE INJ 1MG/10ML SYR
AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)

AZATHIOPRINE 50MG TAB
Synonym : IMURAN
AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)
HIGH ALERT MEDICATION
Monitoring requirements:
1) CBC and CMP 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 OPHTH OINTMENT 500 UNITS/GRAM, 3.5 GM  
Synonym: AK-Tracin, Ocutracin  
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES (52.04.04)  
Notes:  
1. Due to cost, plain bacitracin ointment is restricted to patients who have allergy or intolerance of bacitracin/polymyxin (Polysporin) ophthalmic ointment.  
2. Plain bacitracin will be stocked only in Specialty Pharmacy.

BACITRACIN/NEOMYCIN/POLYMYXIN TOPICAL OINT 30GM  
Synonym: NEOMYCIN/POLYMYXIN/BACITRACIN, TRIPLE ANTIBIOTIC OINTMENT  
AHFS Type: ANTIBIOTICS (84.04.04)

BACITRACIN/POLYMYXIN OPHTH OINTMENT 3.5 GM  
Synonym: POLYSPORIN  
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52.04.04)

BACLOFEN 10MG TAB  
Synonym: LIORESAL  
AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)

BALANCED SALT SOLUTION  
Synonym: BSS  
AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

BARIUM SULFATE 2% SUSPENSION, 96% SUSPENSION, 98% SUSPENSION  
Synonym: READI-CAT 2 (2%), E-Z PAQUE (96%), E-Z-HD BARIUM (98%)  
AHFS Type: ROENTGENOGRAPHY (36.68.00)  
HIGH ALERT MEDICATION

BECAPLERMIN GEL 0.01% 15GM  
Synonym: REGRANEX  
AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)  
Restricted to Surgery, Podiatry, and Wound Care team use.  
1) Must be refrigerated. Originally packaged with 6 months dating. If not refrigerated, is stable for 30 days at up to 86 degrees F. Stability above this temp is unknown.  
2) For outpatients or discharges, dispense in a cooler with ice pack & be sure that the patient has appropriate refrigeration at home.
3) NOTE: Not routinely stocked in the pharmacy due to short dating & expense. If we have some, it will be in the 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)

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.

BENZOYLPEROXIDE 5% GEL, AQUEOUS BASE 60GM
AHFS Type: KERATOLYTIC AGENTS (84.28.00)
NOTE: OTC – other strengths, sizes, or formulations are non-formulary.

BENZOYLPEROXIDE 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% OPTH SUSP 5ML
Synonym: BETOPOC-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)
HIGH ALERT MEDICATION
Restricted to Ophthalmology for Intravitreal injection per Intravitreal Avastin Injection Protocol for patients with proliferative diabetic retinopathy, diabetic macular edema, macular edema due to retinal vein occlusion or persistent pseudophakic cystoid macular edema refractive to conventional medical treatment.

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

**BIAFINE EMULSION TOPICAL 90GM**
AHFS Type: BASIC OINTMENTS AND PROTECTANTS (84.24.12)
Restricted to treatment of radiation dermatitis.

**BICITRA ORAL SOLN (SODIUM CITRATE)**
Synonym: BICITRA, SODIUM CITRATE & CITRIC ACID
AHFS Type: ALKALINIZING AGENTS (40.08.00)
Each ml contains 1 mEq sodium ion and is equivalent to 1 mEq bicarbonate.

**BIKTARVY**
Synonym: BICTEGRAVIR/EMTRICITABINE/TENOFOVIR
AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)

**BISACODYL 5MG TAB**
Synonym: DULCOLAX
AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

**BISACODYL SUPPOS 10MG**
Synonym: DULCOLAX
AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

**BISMUTH SUBSALICYLATE 262MG TAB**
Synonym: PEPTO BISMOL
AHFS Type: ANTIDIARRHEA AGENTS (56.08.00)

**PIMC Helicobacter Pylori treatment regimens:**

**4 DRUG REGIMEN**
- 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

**BORIC ACID 0.1%/CIPROFLOXACIN 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% OPTH SOLN 5ML, 0.2% OPTH 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% OPTH 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 : BUSPAR
AHFS Type: ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISCELLANEOUS (28.24.92)
Restricted to the specific diagnosis of Generalized Anxiety Disorder, which is characterized by a 6 month duration of excessive worry or concern and accompanied by at least 6 physical symptoms.

BUTORPHANOL INJ 2MG/1ML VIAL
Synonym : STADOL
AHFS Type: OPIATE PARTIAL AGONISTS (28.08.12)
CIV Controlled Substance
NOTE: Butorphanol 2mg IM is approximately equivalent in analgesic potency to morphine 10mg IM or meperidine 80mg IM.

CABERGOLINE 0.5MG TAB
Synonym: DOSTINEX
AHFS Type: ANTIPARKINSONIAN AGENTS, DOPAMINE RECEPTOR AGONISTS, ERGOT-DERIVATIVE DOPAMINE RECEPTOR AGONISTS (28.36.20.04)
Restrictions:
   1) Initial prescription is restricted to endocrinology – prescriptions may be renewed by other prescribers.
   2) Titrations of dosage above 0.5mg twice weekly is restricted to endocrinology.

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

CADEXOMER IODINE GEL 40GM
Synonym : IODOSORB
AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)
NOTE: For use in infected wounds with moderate to heavy drainage.
Restricted to:
1) Podiatry, Surgery or Wound clinics
2) Small venous stasis ulcers and diabetic skin infections
3) Wounds < 10 cm in diameter

CALAMINE LOTION 120ML
AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)
OTC DRUG, NOT DISPENSED TO OUTPATIENTS

CALCIPOTRIENE 0.005% CREAM 60G
Synonym: DOVONEX
AHFS Category: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.92)
NOTE: Initial prescription restricted to dermatology. Ointment and solution formulations (both 0.005%) are approved for use but not routinely stocked. PIMC Indications: psoriasis, morphea, prurigo nodularis, vitiligo.

CALCITRIOL 0.25MCG CAP
Synonym: ROCALTROL
AHFS Type: VITAMIN D (88.16.00)

CALCIUM ACETATE 667MG GELCAP
Synonym: PHOSLO
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
Restricted to use as a phosphate binder in renal patients.
NOTE: LOOK ALIKE/SOUND ALIKE DRUG - Possible confusion with neutraPHOS
PhosLO use = To LOWER serum PHOSphorus
neutraPHOS use = to RAISE serum phosphorus
Contains 169mg (8.45mEq) elemental calcium per capsule. Replaced tablet formulation 11/2003.

CALCIUM CARBONATE 1250MG TAB
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
NOTE: 1250mg calcium carbonate contains 500mg elemental Ca

CALCIUM CHLORIDE INJ 1GM/10ML SYR
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
NOTE: Contains 13.5mEq elemental Ca per 10ml

CALCITRATE (315MG CA++) + VIT D 200U TAB
Synonym: CALCITRATE WITH VITAMIN D
AHFS type: 40.12.00
Recommended for the following patients:
1) Patients with achlorhydria
2) Patients receiving chronic proton pump inhibitor therapy
3) Those who fail to respond to or are intolerant of calcium carbonate
NOTE: contains calcium citrate + cholecalciferol (315mg Ca++ and 200 units vitamin D/tab)

CALCIUM GLUCONATE 10% INJ
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
Each 10ml contains 4.5mEq elemental calcium

CAPECITABINE (XELODA) 500MG TAB
Synonym: XELODA
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
HIGH ALERT MEDICATION
Restricted to Oncology use for patients with advanced or metastatic breast cancer or metastatic colorectal cancer.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

CAPSAICIN 0.025% CREAM 60GM
Synonym: ZOSTRIX
AHFS Type: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.36.00)

CARBAMAZEPINE 100MG CHEWABLE TAB, 200MG TAB
Synonym: TEGRETOL
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)
HIGH ALERT MEDICATION
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

CARBAMAZEPINE 100MG/5ML ORAL SUSP
Synonym: TEGRRETOL
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)
HIGH ALERT MEDICATION
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

CARBAMIDE PEROXIDE 6.5% OTIC SOLN 15ML
Synonym: DEBROX
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, MISCELLANEOUS (52.04.92)

CARBIDOPA/LEVODOPA 10/100MG TAB, 25/100MG TAB, 25/250MG TAB
Synonym: SINEMET
AHFS Type: ANTIPARKINSONIAN AGENTS, DOPAMINE PRECURSORS (28:36.16)

CARBIDOPA/LEVODOPA SUSTAINED-ACTION 25/100MG TAB, 50/200MG TAB
Synonym: SINEMET CR
AHFS Type: ANTIPARKINSONIAN AGENTS, DOPAMINE PRECURSORS (28:36.16)

CARBOPROST TROMETHAMINE INJ
Synonym: HEMABATE
AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)
NOTE: should be refrigerated at 2-8 degrees C (36-48 degrees F).
Manufacturer in-house stability studies have shown that:
1) Hemabate retains at least 90% of it's labeled potency when brought to room temperature for periods of up to 9 days. If at room temperature for a period exceeding 9 days, potency cannot be assured.
2) Hemabate, when brought to room temperature for a period of not more than 3 days, and then returned to refrigerated temperature, will maintain at least 90% of its labeled potency through the labeled expiration date.
Per conversation with Upjohn Medical and Drug Information Division, February 11, 2000.

CARBOXYMETHYLCELLULOSE 0.5% OPHTH 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% OPHTH 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% OPHTH 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).

CEFEPI ME 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)
Restricted to:

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

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

CELECOXIB 100MG CAP, 200MG CAP
Synonym: CELEBREX  
AHFS Type: NONSTEROIDAL ANTI-INFLAMMATORY AGENTS, CYCLOOXYGENASE-2 (COX-2) INHIBITORS (28.08.04.08)

Contraindications include:
1) Use in setting of CABG surgery.
2) Hypersensitivity to sulfonamide drugs.
3) Hypersensitivity to aspirin or other NSAID’s.

Use in patients with certain other risk factors should be avoided unless benefit outweighs risk:
1) Coronary artery disease (i.e. history of MI, PTCA, CABG, or chronic angina).
2) Congestive heart failure.
3) Severe hepatic impairment.
4) Severe renal impairment.

CEPHALEXIN 250MG CAP, 500MG CAP  
Synonym: KEFLEX  
AHFS Type: CEPHALOSPORINS (8.12.06)

CEPHALEXIN 250MG/5ML ORAL SUSP  
Synonym: KEFLEX  
AHFS Type: CEPHALOSPORINS (8.12.06)

CETAPHIL SKIN CLEANSER 473ML  
AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

CETIRIZINE 10MG TAB, 1MG/ML ORAL SYRUP  
Synonym: ZYRTEC  
AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

CHARCOAL-ACTIVATED 25GM IN WATER  
Synonym: ACTIDOSE-AQUA  
AHFS Type: ANTACIDS AND ADSORBENTS (56.04.00)

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

CHARCOAL-ACTIVATED 50GM WITH SORBITOL  
Synonym: ACTIDOSE WITH SORBITOL  
AHFS Type: ANTACIDS AND ADSORBENTS (56.04.00)

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

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

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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

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
Synonym: PLETAL
AHFS Type: PLATELET-AGGREGATION INHIBITORS (20:12:18)

NOTES:
Agent of choice for intermittent claudication

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

CIPROFLOXACIN 0.3% OPHTH SOLN 10ML
Synonym: CILOXAN
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)

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

OPHTHALMIC USE
No restrictions.

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

CIPROFLOXACIN 6% OTIC SUSPENSION, 1ML VIAL
Synonym: OTIPRIO
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)
Restricted to ENT Service, for intra-tympanic administration in pediatric patients, during tympanostomy tube placement

CIPROFLOXACIN 250MG TAB, 500MG TAB, 750MG TAB
Synonym: CIPRO
AHFS Type: QUINOLONES (8.22.00)
Note: For uncomplicated cystitis, ciprofloxacin is restricted to allergy, intolerance, failure, or documented resistance to firstline agents nitrofurantoin AND cefuroxime (or cefdinir if cefuroxime is unavailable).

CIPROFLOXACIN 400MG/200ML INJ
Synonym: CIPRO
AHFS Type: QUINOLONES (8.22.00)

CISATRACURIUM BESYLATE INJ
Synonym: NIMBEX
AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)
HIGH ALERT MEDICATION
NOTE: For use in anesthesia in patients with significant renal or hepatic impairment. Stored in Refrigerator

CISPLATIN 10MG INJ, 50MG INJ, 100MG VIAL
Synonym: PLATINOL
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
HIGH ALERT MEDICATION
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

CITALOPRAM 10MG TAB, 20MG TAB, 40MG TAB
Synonym: CELEXA
AHFS Type: SELECTIVE SEROTONIN REUPTAKE INHIBITORS (28.16.04.20)
Patients under 16 years of age must have a Behavioral Health consult.

CITRIC ACID/POTASSIUM CITRATE ORAL SOLN
Synonym: POLYCITRA-K, CYTRA-K  
AHFS Type: ALKALINIZING AGENTS (40.08.00)  
NOTE: Each ml contains 2meq potassium ion, and is equivalent to 2meq bicarbonate (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 po 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
- Levofoxacin 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  
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
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  
Synonym: DELFEN FOAM, KOROMEX FOAM  
AHFS Type: CONTRACEPTIVES (68.12.00)

CONTRACEPTIVE JELLY 81GM  
Synonym: ORTHO JELLY, KOROMEX  
AHFS Type: CONTRACEPTIVES (68.12.00)

CORTENEMA see HYDROCORTISONE 100MG ENEMA

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

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

COSYNTROPIN INJ 0.25MG VIAL  
Synonym: CORTROSYN  
AHFS Type: ADRENOCORTICAL INSUFFICIENCY (36.04.00)

COTRIMOXAZOLE see SULFAMETHOXAZOLE/TRIMETH

COVARYX HS TAB  
Synonym: ESTROGENS ESTR. & METHYLTESTOSTERONE  
AHFS Type: ESTROGENS (68.16.00)  
1) Restricted to the OB/GYN Department for menopausal symptoms and associated sexual dysfunction.  
Each tablet contains 0.625mg of esterified estrogen and 1.25mg of methyltestosterone  
**NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.**

CROMOLYN SODIUM 0.4% OPHTHALMIC DROPS  
Synonym: CROLOM  
AHFS Type: EENT PREPARATIONS, ANTIALLERGIC AGENTS (52:02)  
Restricted to treatment of allergic conjunctivitis

CYANOCOBALAMIN 1000MCG TAB  
Synonym: VIT B-12, VITAMIN B-12  
AHFS Type: VITAMIN B COMPLEX (88.08.00)

CYANOCOBALAMIN INJ 1000MCG/1ML VIAL  
Synonym: VITAMIN B 12  
AHFS Type: VITAMIN B COMPLEX (88.08.00)

CYCLOBENZAPRINE 10MG TAB  
Synonym: FLEXERIL  
AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)

CYCLOGYL see CYCLOPENTOLATE 1% OPH SOL

CYCLOPENTOLATE 1% OPH SOL  
Synonym: CYCLOGYL  
AHFS Type: EENT PREPARATIONS, MYDRIATICS (52.24.00)

CYCLOPHOSPHAMIDE 500MG INJ  
Synonym: CYTOXAN  
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
HIGH ALERT MEDICATION
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

CYCLOPHOSPHAMIDE 50MG TAB
Synonym: CYTOXAN
AHFS Type: ANTIINEOPLASTIC AGENTS (10.00.00)
HIGH ALERT MEDICATION

CYCLOSPORINE (NEORAL) 100MG CAP
Synonym: NEORAL
AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)
HIGH ALERT MEDICATION

CYCLOSPORINE (NEORAL) 100MG/ML SOLN 50ML
Synonym: NEORAL
AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

CYCLOSPORINE (NEORAL) 25MG CAP
Synonym: NEORAL
AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

CYCLOSPORINE 0.05% OPTH EMUL 12.8ML
Synonym: RESTASIS
AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)
All prescriptions (new and refills) restricted to Eye Clinic providers for use in patients with inflammatory dry eye disease or Sjogren's syndrome who have not responded to other formulary alternatives including Celluvisc.

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

DANTROLENE 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)

DESIPRAMINE 25MG TAB, 50MG TAB
Synonym: NORPRAMIN
AHFS Type: TRICYCLICS AND OTHER NOREPINEPHRINE-REUPTAKE INHIBITORS (28.16.04.28)
NOTE: Recommended as adjunctive agent for use in treatment of neuropathic pain in the following dose: 25mg daily x 3d, 50mg daily x 3d, 75mg daily x 3d, then 100mg daily to complete a 1 month trial. Maximum recommended dose is 200mg/day

DESMOPRESSIN 0.1MG TAB, 0.2MG TAB
Synonym: DDAVP
AHFS Type: PITUITARY (68.28.00)
Restricted to Primary Nocturnal Enuresis in patients who have failed a trial of behavior modification.

DESMOPRESSIN 0.01% NASAL SOLUTION
Synonym: DDAVP
AHFS Type: PITUITARY (68.28.00)
NOT for use in nocturnal enuresis.

DESONIDE 0.05% CREAM, LOTION & OINTMENT
Synonym: Desowen, Tridesilon
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.

DDEXAMETHASONE 0.5MG/5ML ORAL SOLUTION
Synonym: DECADRON
AHFS Type: ADRENALS (68.04.00)
Restrictions:
1) The 0.5mg/5ml strength is limited to prescribing by Dental or Oncology prescribers as a “swish and spit” treatment for aphthous ulcers.
2) For systemic use, the 1mg/ml dexamethasone “Intensol” will be used when a liquid dexamethasone formulation is required.
3) The 0.5mg/5ml strength will be stocked only in the Specialty Services Pharmacy.

DEXMEDETOMIDINE 200MCG/2ML VIAL, 200MCG/50ML BAG
Synonym: PRECEDEX
AHFS Type: ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISCELLANEOUS (28.24.92)
HIGH ALERT MEDICATION
NOTE:
1) Mechanically ventilated patients at high risk for delirium.
2) Mechanically ventilated patients having difficulty being extubated.
3) Procedural sedation when sedative and analgesic sparing properties desired.
4) Alcohol Withdrawal managed in ICU and refractory to standard benzodiazepine treatment.

DEXTROMETHORPHAN (15MG/5ML) W/ GUAIFENESIN COUGH SYRUP 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)
  HIGH ALERT MEDICATION

DEXTROSE 50% INJ 50ML VIAL
  AHFS Type: CALORIC AGENTS (40.20.00)
  HIGH ALERT MEDICATION

DIAPHRAGM, CONTOURED
  Synonym: CAYA
  AHFS Type: CONTRACEPTIVES (68.12.00)

DIATRIZOATE MEGLUMINE 66%/DIATRIZOATE SODIUM 10% ORAL SOLUTION
  Synonym: GASTROGRAFIN
  AHFS Type: ROENTGENOGRAPHY (36.68.00)
  HIGH ALERT MEDICATION
  Used as alternative to barium when suspicion of or concern for perforation.

DIAZEPAM 10MG SYRINGE, 50MG/10ML VIAL
  Synonym: VALIUM
  AHFS Type: BENZODIAZEPINES (28.24.08)
  CIV Controlled Substance. Not dispensed to outpatients.
  NOTE: The 10ml vial is for ICU use ONLY.

DIAZEPAM 10MG/2ML, 20MG/4ML RECTAL GEL
  Synonym: DIASTAT
  AHFS Type: BENZODIAZEPINES (28.24.08)
  CIV Controlled Substance.
  Restricted to Neurology or Emergency Department for treatment of status epilepticus & for treatment of breakthrough seizures.
  NOTES:
  A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.
  Controlled substance III or IV may not be authorized for more than 5 refills.

DIAZEPAM 5MG TAB
  Synonym: VALIUM
  AHFS Type: BENZODIAZEPINES (28.24.08)
  CIV Controlled Substance
  NOTES:
  A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.
  Controlled substance III or IV may not be authorized for more than 5 refills.

DIAZEPAM 5MG/5ML ORAL SOLN
  Synonym: VALIUM
  AHFS Type: BENZODIAZEPINES (28.24.08)
  CIV Controlled Substance
  NOTES:
  A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.
  Controlled substance III or IV may not be authorized for more than 5 refills.
DICLOFENAC 1% GEL, TOPICAL
Synonym: VOLTAREN
AHFS Type: OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.04.92)
Restricted to patients who:
1. Have documented adverse effect to oral NSAID's, OR
2. Have high risk conditions for adverse effects from oral NSAID's:
   a. Age 75 years or older
   b. Pre-existing gastrointestinal conditions
   c. Chronic use of corticosteroids, anticoagulants, or anti-platelet agents (besides daily aspirin)
   d. Mild to moderate renal insufficiency (GFR 30-60ml/min)
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
DIPHTHERIA & TETANUS (PEDIATRIC)
Synonym : TETANUS & DIPHTHERIA (PED), DT
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 (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 (INACTIVATED)
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 N see OXYBUTYNNIN

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

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.

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.

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

DOCU SATE SODIUM 100MG CAP
Synonym: COLACE, DOSS
AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

DOCU SATE 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% OPTH SOLN 5ML  
Synonym: TRUSOPT  
AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)  
Restricted to Ophthalmology and Optometry for initial prescription.

DORZOLAMIDE/TIMOLOL OPTH 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 (28.16.28)

DOXORUBICIN 10MG INJ, 50MG INJ  
Synonym: ADRIAMYCIN  
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)  
HIGH ALERT MEDICATION  

DOXYCYCLINE 100MG TAB, ORAL SYRUP 50MG/5ML  
Synonym: VIBRAMYCIN  
AHFS Type: TETRACYCLINES (8.12.24)

DOXYCYCLINE INJ 100MG VIAL  
Synonym: VIBRAMYCIN  
AHFS Type: TETRACYCLINES (8.12.24)

DOXYLAMINE 10MG/PYRIDOXINE 10MG DELAYED-RELEASE TABLETS  
Synonym: DICLEGIS  
AHFS Type: ANTIEMETICS, MISCELLANEOUS (56.92.22)  
Restricted to treatment of nausea and vomiting of pregnancy. Initial prescription is limited to 30 tablets.

DRYSOL  see ALUMINUM CHLORIDE

DSC OTIC POWDER 3GM  
Synonym: DIFLUCAN/SULFA/CHLOROMYCETIN  
AHFS Type: EENT PREPARATIONS, MISCELLANEOUS ANTI-INFECTIVES (52.04.92)  
NOTE: For clinic use (insufflation) in patients with chronic external otitis refractory to other formulary medications. Contains:  
Chloramphenicol 1gm  
Sulfanilamide 1gm  
Fluconazole 400mg  
Provided in sterile vial containing 3gm total powder. Manufactured by compounding pharmacy. Requires 10 day lead time for procurement.

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.

EDETATE CALCIUM DISOD INJ 1000MG/5ML AMP
Synonym: EDTA, CALCIUM DISODIUM VERSEN TATE
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)
HIGH ALERT MEDICATION
Dosage & Administration:
1) **TREATMENT** - 1mg/kg SQ every 12 hours for 5 days (minimum) and until NR greater than 2 for two consecutive days.
2) Co-Administration of warfarin, unless contraindicated.
3) **PROPHYLAXIS** - 40mg sq qday for gynecologic or abdominal surgery with cancer.
4) **PROPHYLAXIS** – 30mg sq daily (for CrCl<30ml/min) or 40mg sq qday for VTE prevention.
5) Severe renal or hepatic impairment - dosage guidelines do not exist, use of LMWH is contraindicated.

EPHEDRINE SULFATE INJ 50MG/ML AMP
   AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)
   HIGH ALERT MEDICATION

EPINEPHRINE 1:10,000 INJ 1MG/10ML SYR
   Synonym: ADRENALIN
   AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)
   HIGH ALERT MEDICATION
   BRISTOJECT

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

EPINEPHRINE AUTO-INJ 0.3MG/0.3ML SYR
   Synonym: EPI-PEN
   AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)
   HIGH ALERT MEDICATION

EPINEPHRINE AUTO-INJ JR 0.15MG/0.3ML SYR
   Synonym: EPI-PEN JR
   AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)
   HIGH ALERT MEDICATION

EPINEPHRINE RACEMIC 2.25% INH SOLN
   Synonym: VAPONEFRIN
   AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

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: ERYTHROMYCIN
   AHFS Type: MACROLIDES (8.12.12)
   NOTE: Provided as the Ethylsuccinate Salt

ERYTHROMYCIN 250MG TAB
   Synonym: E-MYCIN, ERYTHROCIN
ERYTHROMYCIN EYE OINT 3.5GM

AHFS Type: EENT PREPARATIONS, ANTI-INFECTIONS, ANTIBACTERIALS (52:04.04)
NOTE: 0.5%

ERYTHROMYCIN LACTOBIONATE INJ 500MG VIAL

AHFS Type: MACROLIDES (8.12.12)
Restricted to:
1) Inpatient treatment of gastroparesis.
2) Procedures requiring gastric emptying stimulation.

ESCITALOPRAM 10MG TAB, 20MG TAB
Synonym: LEXAPRO
AHFS Type: SELECTIVE SEROTONIN-REUPTAKE INHIBITORS (28.16.04.20)
Patients under 16 years of age must have a Behavioral Health consult.

ESMOLOL INJ 2500MG/250ML BAG, 100MG/10ML VIAL
Synonym: BREVIBLOC
AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)
HIGH ALERT MEDICATION
Note: The rate of infusion is guided by patient response

ESTRADIOL 1MG TAB, 2MG TAB
Synonym: ESTRACE
AHFS Type: ESTROGENS (68.16.00)

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

ESTRADIOL PATCH (estraderm) 0.05MG/DAY, 0.1MG/DAY
Synonym: ESTRADIOL TRANSDERMAL 0.05, ESTRADERM, ALORA
AHFS Type: ESTROGENS (68.16.00)
Hormone replacement therapy and restricted to:
1) Intolerance to oral conjugated estrogens -or
2) Flare of gall bladder disease -or
3) Estrogen induced hypertension

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

ESTRADIOL VALERATE INJ 100MG/5ML VIAL
Synonym: DELESTROGREN
AHFS Type: ESTROGENS (68.16.00)

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

ESTROGENS, CONJ 0.3MG TAB, 0.625MG TAB, 1.25MG TAB
Synonym: PREMARIN
AHFS Type: ESTROGENS (68.16.00)

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

ESTROGENS, CONJ VAG CR 0.625MG/GM 42.5GM
Synonym: PREMARIN
AHFS Type: ESTROGENS (68.16.00)
NOTE: Usual dose is 1 gram (providing 0.625mg conj. estrogens)

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

ESTROGENS, CONJ. 25MG INJ
Synonym: ESTROGENIC SUBSTANCES, PREMARIN
AHFS Type: ESTROGENS (68.16.00)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

ESTROGENS ESTR. & METHYLTESTOSTERONE
Synonym: COVARYX HS
AHFS Type: ESTROGENS (68.16.00)
5) Restricted to the OB/GYN Department for menopausal symptoms and associated sexual dysfunction.
6) Each tablet contains 0.625mg of esterified estrogen and 1.25mg of methyltestosterone

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

ETANERCEPT INJ 25MG/ML VIAL, SYR, 50MG/ML SURE-CCLICK SYR, 50MG/ML ENBREL MINI CARTRIDGE
Synonym: ENBREL
AHFS Type: DISEASE MODIFYING ANTI-RHEUMATIC AGENTS (92.36.00)
HIGH ALERT MEDICATION
Restricted to:
1) Rheumatology: For treatment of Rheumatoid Arthritis, Psoriatic Arthritis, or Ankylosing Spondylitis, and Plaque Psoriasis in patients with aggressive disease who have failed or were intolerant to conventional DMARDs.
2) Dermatology: For treatment of patients with 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 ESTRADIOL 0.035MG/NORETHINDRONE 1MG TAB, 28’S
Synonym: CYCLAFEM 1/35, NORINYL 1/35, ORTHO NOVUM 1/35
AHFS Type: CONTRACEPTIVES (68.12.00)
Contains 21 consecutive tabs with norethindrone 1mg & ethinyl estradiol 35 mcg followed by 7 inert tabs.

ETHINYL ESTRADIOL/NORELGESTROMIN PATCH
Synonym: XULANE
AHFS Type: CONTRACEPTIVES (68.12.00)
Note: Each patch releases 20mcg ethinyl estradiol and 150mcg norelgestromin per day.
Patches can be worn for 7 consecutive days & should be changed on the same "patch change day" each week.

ETHINYL ESTRADIOL 0.03MG/NORGESTREL 0.3MG TAB, 28’S
Synonym: LO-OVRAL, CRYSELLE
AHFS Type: CONTRACEPTIVES (68.12.00)
Each 28 tab pack contains 21 consecutive tabs with norgestrel 0.3mg and ethinyl estradiol 30 mcg followed by 7 inert tabs.

ETHYL CHLORIDE SPRAY
AHFS Type: ANTIPRURITICS AND LOCAL ANESTHETICS (84.08.00)
NOTE: spray bottle 100 gm

ETOMIDATE INJ 20MG/10ML VIAL
Synonym : AMIDATE
AHFS Type: GENERAL ANESTHETICS, MISCELLANEOUS (28.04.92)
HIGH ALERT MEDICATION
Restricted to Anesthesia Department use and by those providers privileged to provide moderate sedation (old term conscious sedation)

ETONOGESTREL IMPLANT
Synonym : NEXPLANON
AHFS Type: CONTRACEPTIVES (68.12.00)
1) Requires use of informed consent.
2) Insertion and removal may only be done by trained, privileged providers.

ETOPOSIDE 100MG INJ. 5ML VIAL
Synonym : VEPESID, VP-16
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
HIGH ALERT MEDICATION
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

EXEMESTANE 25MG TAB
Synonym: AROMASIN
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
Restricted to Oncology Service for treatment of breast cancer.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

EZETIMIBE 10MG TAB
Synonym: ZETIA
AHFS Type: CHOLESTEROL ABSORPTION INHIBITORS (24.06.05)
Restricted to:
   1) 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)
HIGH ALERT MEDICATION
CII Controlled substance. May not be refilled.
Restricted to pain clinic.
**SEE OPIOID RESTRICTIONS**

FENTANYL INJ 100MCG/2ML VIAL, 250MCG/5ML AMP, 2500MCG/50ML VIAL
Synonym: SUBLIMAZE
AHFS Type: OPIATE AGONISTS (28.08.08)
HIGH ALERT MEDICATION
CII Controlled substance. Not dispensed for outpatient use.
Note: 2500mcg/50mL vial is for Pharmacy compounding use only.

FENTANYL INJ 10MCG/ML PCA SYRINGE
Synonym: SUBLIMAZE
AHFS Type: OPIATE AGONISTS (28.08.08)
HIGH ALERT MEDICATION
CII Controlled Substance. Not dispensed for outpatient use.
Note: Compounded by Pharmacy. 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)

FLUORESCEIN/PROPARACAINE OPHTH SOLN  
Synonym: FLUCaine  
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) Fluorescein strips (without proparacaine) for use in other than Eye Clinic

FLUOROMETHOLONE 0.1% OPHTH SUSP 15ML  
Synonym: FML, FLUOR-OP  
AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)  
Restrictions:  
1) Ophthalmic use restricted to Ophthalmology and Optometry  
2) Otic use in patients with external ear disease - preferred agent when used in combination with ciprofloxacin ophth. drops. Recommended dose is 2 drops in affected ear canal bid. (per P&T meeting December 2008).

FLUOROURACIL (5-FU) 10MG/ML  
Synonym: 5FU  
AHFS Type: MISCELLANEOUS EENT DRUGS (52.36.00)  
HIGH ALERT MEDICATION  
For use by Ophthalmology only for eye injections.  
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

FLUOROURACIL 1% CREAM  
Synonym: 5FU, EFUDEX, FLUOROPLEX  
AHFS Type: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.36.00)  
Restricted to Dermatology for the treatment of actinic keratoses.  
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

FLUOROURACIL 5% CREAM 40GM  
Synonym: 5FU, EFUDEX  
AHFS Type: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.36.00)  
Restricted to Dermatology for use in the treatment of actinic keratoses.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

FLUOROURACIL INJ 2.5GM/50ML VIAL
Synonym: 5FU
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

FLUOXETINE 20MG CAP, 20MG/5ML ORAL SOLN
Synonym: PROZAC
AHFS Type: SELECTIVE SEROTONIN-REUPTAKE INHIBITORS (28.16.04.20)
Patients under 16 years of age must have a Behavioral Health consult.

FLUPHENAZINE 1MG TABS, 5MG TAB
Synonym: PROLIXIN
AHFS Type: PHENOTHIAZINES (28.16.08.24)

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

FLUTICASONE 100/SALMETEROL 50 INHUB 60s, 250/SALMETEROL 50 INHUB 60S, 500/SALMETEROL 50 INHUB 60s
Synonym: SALMETEROL/FLUTICASONE, FLUTICASONE/SALMETEROL, ADVAIR, WIXELA
AHFS Type: ADRENALS (68.04.00)
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)
NOTE: P&T approved autosubstitution of Advair with generic version Wixela, 8/2019

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

FOMEPIZOLE INJ 1.5GM/1.5ML VIAL
Synonym: Antizol
AHFS type: ANTIDOTES (92.00.00)
NOTE: For the treatment of ethylene glycol (antifreeze) and methanol (wood alcohol) poisoning. Loading dose 15mg/kg given IV. Maintenance dose of 10mg/kg IV every 12 hours for 4 doses, then 15mg/kg IV every 12 hours thereafter until ethylene glycol or methanol concentrations are undetectable or are under 20mg/dL. The patient should also be asymptomatic and have a normal pH. Administer each dose as a slow infusion over 30 minutes.

FONDAPARINUX INJ 2.5MG, 5MG, 7.5MG, 10MG SYRINGE
   Synonym: Arixtra
   AHFS Type: ANTICOAGULANTS (24.12.04)
   HIGH ALERT MEDICATION
   NOTE:
   1) Restricted to patients with documented or suspected heparin-induced thrombocytopenia (HIT) accompanied by thromboembolic complications requiring prophylactic or therapeutic anticoagulation.
   2) The "Fondaparinux Order Sheet" (or E.H.R. template) must be used for ordering and monitoring guidance.

FOSAPREPITANT INJ 150MG VIAL
   Synonym: EMEND
   AHFS Type: ANTIEMETICS (56.22.00)
   Restricted to prevention of chemotherapy induced nausea & vomiting in patients:
   1) Receiving highly emetogenic chemotherapy drugs (cisplatin > 50mg/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)
HIGH ALERT MEDICATION
For enhancement of Magnetic Resonance Imaging
Note: Risk of nephrogenic systemic fibrosis (NSF) is highest in patients with impaired renal function (GFR < 30 ml/min) or acute kidney injury. Use with extreme caution and only if potential benefit outweighs risk.

GADOXETATE DISODIUM 181MG/ML INJ 10ML VIAL
Synonym: EOVIST
AHFS TYPE: Roentgenography Agents (36.68.00)
HIGH ALERT MEDICATION
For enhancement of Magnetic Resonance Imaging of the liver.
Note: Contraindicated in patients with estimated creatinine clearance less than 30ml/min or with acute kidney injury.

GEMFIBROZIL 600MG TAB
Synonym: LOPID
AHFS Type: FIBRIC ACID DERIVATIVES (24.06.06)

GENTAMICIN 0.1% CREAM 15GM
Synonym: GARAMYCIN
AHFS Type: AMINOGLYCOSIDES (8.12.02)
NOTE: Topical cream usage requires culture and sensitivity.

GENTAMICIN 0.3% OPHTH SOLN 5ML
Synonym: GARAMYCIN
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)
Restricted to:
1) Ophthalmology department
2) ENT departments
3) And for otitis externa failures to cortisporin 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
1) Usual dose is 5mg to 10mg/day (given as single daily dose). If a patient does not respond to 10mg/day, there is little chance than an increased dose will be effective (75% of hypoglycemic effect is obtained at 10mg/day).
2) Maximum daily dose is 20mg/day.
3) To help avoid possible confusion and error, order as GLUCOTROL XL, not as glipizide XL.

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

GLUCOSE 5GM TAB
Synonym: BD GLUCOSE TABS
AHFS Type: CALORIC AGENTS (40.20.00)
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: GYBURLIDE/METFORMIN
AHFS Type: MISCELLANEOUS ANTIDIABETIC AGENTS (68.20.92)
HIGH ALERT MEDICATION
NOTES: Recommended precautions (FDA labeling changes April 2016):
1) Before starting metformin, obtain the patient’s eGFR.
2) Metformin is contraindicated in patients with an eGFR < 30 ml/min/1.73m².
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)

GLYCOPHYRROLATE 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/TRYPISIN 90U AEROSOL,TOP
AHFS Type: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.92)
NOTE: Restricted to Wound Care Clinic and Surgery Service

GRISEOFULVIN 125MG/5ML MICROSIZE SUSPENSION
AHFS Type: ANTIFUNGAL ANTIBIOTICS (8.14.92)

GUAIFENESIN LA 600MG TAB
Synonym: HUMIBID
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)

HALOPERIDOL DECANOATE INJ 50MG/1ML AMP
   Synonym: HALDOL
   AHFS Type: BUTYROPHENONES (28.16.08)

HARVONI TAB
   Synonym: LEDIPASVIR/SOFOSBUVIR
   AHFS 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)
   or
   HEPLISAV-B 20MCG/0.5ML (ADULT ONLY)
AHFS Type: VACCINES (80.12.00)
Approved for use per ACIP (CDC) guidelines. The brands RECOMBIVAX-HB and ENGERIX-B are considered interchangeable by CDC, even though the concentrations are different. HEPISLAV is a recombinant product and for adult use only. 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 ophthalmology in selected cataract procedures.

HYALURONIDASE 200 UNITS/1ML INJ
Synonym: VITRASE
AHFS Type: ENZYMES (44.00.00)
Note: Used for treatment of extravasation of vesicant agents. Stored in inpatient pharmacy refrigerator.

HYDRAZINE 10MG TAB, 25MG TAB, 50MG TAB, 100MG TAB
Synonym: APRESOLINE
AHFS Type: HYPOTENSIVE AGENTS (24.08.00)

HYDRAZINE 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)

HYDROCORTISONE 1% CREAM 28.35GM
AHFS Type: ADRENALS (68.04.00)

HYDROCORTISONE 1% OINT, 2.5% OINT
AHFS Type: ADRENALS (68.04.00)

HYDROCORTISONE 100MG ENEMA
Synonym: CORTENEMA
AHFS Type: ADRENALS (68.04.00)
Limited for use after gastroenterologist evaluation

HYDROCORTISONE 5 MG TAB, 10MG TAB, 20MG TAB
HYDROCORTISONE INJ 100MG/2ML VIAL
Synonym: SOLU-CORTEF
AHFS Type: ADRENALS (68.04.00)

HYDROCORTISONE/PRAMOXINE RECTAL FOAM 10GM
Synonym: HYDROCORTISONE 1%/PRAMOXINE1% FOAM, PROCTOFOAM HC
AHFS Type: ADRENALS (68.04.00)
NOTE: contains 1% pramoxine 1% hydrocortisone
Limited for use after gastroenterologist evaluation

HYDROGEN PEROXIDE 3% SOLN 480ML
AHFS Type: EENT PREPARATIONS, MOUTHWASHES AND GARGLES (52.28.00)

HYDROMORPHONE INJ 0.5MG/0.5ML SYR, 1MG/ML SYR
Synonym: DILAUDID
AHFS Type: OPIOID AGONIST (28.08.08)
CII Controlled Substance. Not dispensed for outpatient use.
HIGH ALERT MEDICATION

HYDROPHILIC OINTMENT
AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

HYDROQUINONE 4% CREAM 30GM
Synonym: ELDOQUIN
AHFS Type: DEPIGMENTING AGENTS (84.50.04)
Use with sunscreen

HYDROXYCHLOROQUINE 200MG TAB
Synonym: PLAQUENIL
AHFS Type: ANTIMALARIAL AGENTS (8.30.08)
Note: An annual ophthalmology evaluation is recommended for patients receiving hydroxychloroquin chronically. The initial exam should be obtained near the end of the first year of treatment after it has been determined that the patient tolerates the drug.

HYDROXYCOCOBALAMIN 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)
HIGH ALERT MEDICATION
Criteria for use:
1) For treatment of Ankylosing Spondylitis, Crohn’s disease, Plaque Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis.
2) Initial prescription at PIMC is restricted to providers in Rheumatology and Dermatology.
3) For patients 18 years and older. For pediatric patients, initial prescription will first be reviewed by a pediatrician who will verify that appropriate workup and monitoring were performed.
4) Patients who are naïve to biologic/biosimilar therapies or with known risk factors must first have acceptable results for the following screening tests to rule out invasive fungal infections or first receive appropriate treatments: tuberculin skin test (TST) or interferon-gamma release assay (IGRA), cocci serology, and histoplasmosis serology (if patient has lived in a histoplasmosis endemic area). Chest radiography may also be considered when clinically indicated in patients with risk factors, even with a negative result on TST or IGRA.
5) Contraindicated in patients with any of the following: known hypersensitivity to any active or inactive component of Remicade (infliximab) or Renflexis (infliximab-abda); doses > 5mg/kg in patients with moderate to severe heart failure (NYHA Class III/IV); severe infections or sepsis; current or recent malignancies; active systemic lupus erythematosus.
6) Caution use during pregnancy or planning to become pregnant and lactation.
7) Not used concomitantly with other biologics/biosimilars including anakinra, abatacept, apremilast, or tofacitinib.
INFLUENZA VACCINE INJ
AHFS Type: VACCINES (80.12.00)
Approved for use per ACIP (CDC) guidelines.
Available during influenza immunization season (October through June). Content changes each year.

INFLUENZA VACCINE, LIVE
Synonym: Flu Mist
AHFS Type: Vaccines (80.12.00)
Restricted to patients eligible for the Vaccine for Children Program (18 years or younger), IF ACIP (CDC) recommended. Live virus vaccine, requires medication reconciliation prior to vaccine administration.

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

INSULIN ASPART U-100, 10ML VIAL, 3ML PREFILLED SYRINGE (PEN)
Synonym: NOVOLOG, NOVOLOG FLEX PEN
AHFS Category: 68.20.08 INSULINS
HIGH ALERT MEDICATION
NOTE: Insulin pen use on inpatient setting is limited to patients who are new to use of insulin pens and require teaching. The pen will be labeled with the patient name and record number, and stored in a bin assigned to that patient. Under no circumstances are insulin pens to be used for multiple patients.

INSULIN ASPART PROTAMINE 70% / INSULIN ASPART 30%, 3ML PREFILLED SYRINGE (PEN)
Synonym: NOVOLOG 70/30 FLEX PEN
AHFS Category: 68.20.08 INSULINS
HIGH ALERT MEDICATION
NOTE: Insulin pen use on inpatient setting is limited to patients who are new to use of insulin pens and require teaching. The pen will be labeled with the patient name and record number, and stored in a bin assigned to that patient. Under no circumstances are insulin pens to be used for multiple patients.

INSULIN DETEMIR U-100, 10ML VIAL, 3ML PREFILLED SYRINGE (PEN)
Synonym: LEVEMIR, LEVEMIR FLEXTOUCH
AHFS Type: INSULINS (68.20.08)
HIGH ALERT MEDICATION
Restrictions removed October 2015 P&T Meeting
NOTES:
1) Insulin pen use on inpatient setting is limited to patients who are new to use of insulin pens and require teaching. The pen will be labeled with the patient name and record number, and stored in a bin assigned to that patient. Under no circumstances are insulin pens to be used for multiple patients.
2) Insulin detemir can NOT be mixed with other types of insulin.
3) For adult patients requiring insulin detemir dosages of greater than 1 unit/kg, consideration should be given to changing the insulin regimen to NPH, which may have better efficacy than insulin detemir at high doses.

INSULIN GLARGINE U-100 (LANTUS) VIAL, 3ML PREFILLED SYRINGE (PEN)
Synonym: LANTUS, LANTUS SOLOSTAR PEN
AHFS Type: INSULINS (68.20.08)
HIGH ALERT MEDICATION
Restrictions removed November P&T 2018
NOTE:
Insulin pen use on inpatient setting is limited to patients who are new to use of insulin pens and require teaching. The pen will be labeled with the patient name and record number, and stored in a bin assigned to that patient. Under no circumstances are insulin pens to be used for multiple patients.

INSULIN NPH U-100 INJ 10ML
Synonym: NPH
AHFS Type: INSULINS (68.20.08)
HIGH ALERT MEDICATION
INSULIN REGULAR U-100 (HUMAN) 10ML VIAL
  AHFS Type: INSULINS  (68.20.08)
  HIGH ALERT MEDICATION

INSULIN REGULAR U-500 (HUMAN) 20ML VIAL, HUMULIN-R KWIK PEN®
  AHFS Type: INSULINS  (68.20.08)
  HIGH ALERT MEDICATION
  NOTE:
  1) Vials will be stocked for inpatient use and for outpatients using insulin pumps.
  2) Unlike other insulin pens, inpatient use of U-500 Regular Insulin pens is permitted due to the potential for dosing errors using U-500 vials and U-100 insulin syringes. A pen for an inpatient will be labeled with the patient name and record number, and stored in a bin assigned to that patient. Under no circumstances are insulin pens to be used for multiple patients.

INTRAUTERINE DEVICE (IUD)
  Synonym : IUD, PARAGARD
  AHFS Type: CONTRACEPTIVES (68.12.00)
  Contains copper

IODIXANOL 270MG/ML INJ
  Synonym: VISIPAQUE
  AHFS Category: ROENTGENOGRAPHY (36.68.00)
  HIGH ALERT MEDICATION
  Used for pulmonary embolism studies.

IOPAMIDOL 61% INJ 100ML VIAL
  Synonym: ISOVUE-300, ISOVUE M-300
  AHFS Category: ROENTGENOGRAPHY (36.68.00)
  HIGH ALERT MEDICATION
  NOTES: Limited to high risk patients as per Radiology policy. PIMC Indications: enhancement of computed tomography imaging.

IOPAMIDOL-M 61% INJ 15ML VIAL
  Synonym: ISOVUE M-300
  AHFS Type: IODIXANOL 270MG/ML INJ
  Synonym: VISIPAQUE
  AHFS Category: ROENTGENOGRAPHY (36.68.00)
  HIGH ALERT MEDICATION
  Restricted to radiology, for use in hysterosalpingograms.

IOTHALAMATE MEGLUMINE 60% INJ
  Synonym: CONRAY-60
  AHFS Type: ROENTGENOGRAPHY (36.68.00)
  HIGH ALERT MEDICATION

IPRATROPIUM 0.02% U/D SVN SOLN 75ML/BX
  Synonym: ATROVENT
  AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)

IPRATROPIUM/ALBUTEROL (DUONEB) INHL 3ML
  Synonym: DUONEB
  AHFS Type: 12.12.00
  Contains 500mcg ipratropium and 2.5mg albuterol/3ml

IPRATROPIUM INHALER (MDI) 14.7GM
  Synonym: ATROVENT
  AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)

IRON SUCROSE COMPLEX 20MG/ML INJ 5ML
  Synonym: VENOFER
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)
HIGH ALERT MEDICATION
Prescribing must follow iPledge program guidelines.
1) The decision to offer therapy must be made by dermatology.
2) Provider must be certified to prescribe isotretinoin through provider certification program.
3) Dispensing and return process follow iPledge program.
4) Maximum dispense quantity is 1-month

IVERMECTIN 3MG TAB
Synonym: STROMECTOL
AHFS Type: ANTHELMINTIC (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 (Norweigan) 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, 100MG/ML
Synonym: KETALAR
AHFS Type: UNCLASSIFIED AGENT 99.99.00
HIGH ALERT MEDICATION
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% OPHTH 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 euvoletic 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)
   HIGH ALERT MEDICATION

LACTOBACILLUS CAPLETS
   Synonyms: BACID, ACIDOPHILUS
   AHFS Type: ANTI-DIARRHEA AGENTS (56.08.00)
   NOTE: Restricted to:
   1) Treatment of patients with C. Difficile associated diarrhea (CDAD) as an adjunct to standard antibiotic therapy.
   2) For prevention of recurrence of CDAD, in patients who have a history of CDAD and are prescribed antibiotics.

LACTULOSE SOLUTION 473ML
   Synonym: CHRONULAC, CEPHULAC
   AHFS Type: AMMONIA DETOXICANTS (40.10.00)

LAMOTRIGINE 5MG CHEWABLE, 25MG TAB, 100MG TAB
   Synonym: LAMICTAL
   AHFS Type: 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

LANSOPRAZOLE 15MG CAP, 30MG CAP
   Synonym: PREVACID
   AHFS Type: 56.28.36 Proton-pump Inhibitors
   Restricted to:
   1) Diagnosis of GERD not responding to omeprazole and pantoprazole, or in patients with intolerance to omeprazole and pantoprazole.
2) Patient with GI toxicity to NSAIDs, after a trial of NSAIDs with a low risk of GI toxicity, and intolerance to omeprazole and pantoprazole.

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

- **Synonym:** FIRST-LANSOPRAZOLE
- **AHFS Type:** 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:** ANTI-GLAUCOMA AGENTS
- **Restricted to Ophthalmology and Optometry for initial prescription.**

**LEFLUNOMIDE  10MG TAB, 20MG TAB**

- **Synonym:** ARAVA
- **AHFS Type:** DISEASE MODIFYING ANTI-RHEUMATIC AGENTS
- **Restricted to:**
  1) Patients with RA who fail or are intolerant to methotrexate, -AND-
  2) Rheumatology clinic use or documented verbal consult with Rheumatologist

**NOTE:**

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

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

**LETOZOOLE 2.5MG TAB**

- **Synonym:** FEMARA
- **AHFS Type:** ANTIINEOPLASTIC AGENTS
- **Restricted to Oncology Service for treatment of breast cancer.**

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

**LEUPROLIDE ACETATE INJ 3.75MG VIAL**

- **Synonym:** LUPRON
- **AHFS Type:** ANTIINEOPLASTIC AGENTS
- **High Alert Medication**
- **Restricted to OB/GYN**

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

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

**Synonym:** KEPPRA
- **AHFS Type:** MISCELLANEOUS ANTICONVULSANTS

**LEVFLOXACIN 250MG TAB, 500MG TAB, 750MG TAB**

- **Synonym:** LEVAQUIN
- **AHFS Type:** QUINOLONES

**Restricted to:**

1. Treatment of community acquired pneumonia (CAP)
2. Step-down therapy for patients who have been treated with intravenous levofloxacin during their hospitalization.
3. Salvage regimen for Helicobacter Pylori treatment (per P&T 7/2017):
   Levofloxacin 500mg po qday x 14 days
Amoxicillin 1gm po bid x 10 14 days*
Omeprazole 20 mg po bid x 14 days
* in penicillin allergic patients, substitute Metronidazole 500mg po 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/EP I INJ 20ML
Synonym: XYLOCAINE
AHFS Type: LOCAL ANESTHETICS (72.00.00)

LIDOCAINE 2% INJ 100MG/5ML SYR
AHFS Type: ANTIARRHYTHMIC AGENTS (24.04.04)
NOTE: In pre-filled syringe containing 100mg/5ml for direct IV injection.
HIGH ALERT MEDICATION

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

LIOHYTROLINE 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 ClCr <30ml/min is 5mg

LITHIUM CARBONATE ER 300MG TAB, 450MG TAB
Synonym: LITHOBID
AHFS Type: ANTIMANIC AGENTS (28.28)
For Psychiatry department only

LOPERAMIDE 1MG/7.5ML ORAL LIQUID 120ML
Synonym: IMODIUM
AHFS Type: ANTIDIARRHEA AGENTS (56.08.00)

LOPERAMIDE 2MG CAP
Synonym: IMODIUM
AHFS Type: ANTIDIARRHEA AGENTS (56.08.00)

LORATADINE 10MG TAB, 5MG/ML ORAL SOLUTION
Synonym: CLARITIN
AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

LORAZEPAM 0.5MG, 1MG, 2MG TAB
Synonym: ATIVAN
AHFS Type: BENZODIAZEPINES (28.24.08)
NOTE: 1mg approximately equal to 5mg of diazepam
CIV Controlled Substance
NOTES:
A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.
Controlled substance III or IV may not be authorized for more than 5 refills.

LORAZEPAM INJ 2MG/ML-1ML VIAL, 2MG/ML-10ML VIAL
Synonym: ATIVAN
AHFS Type: BENZODIAZEPINES (28.24.08)
HIGH ALERT MEDICATION
NOTES: Must be refrigerated (stored in 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

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
Synonym: LACRI LUBE, HYPOTEARS
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

LUBRICANT, OCULAR DROPS 15ML
Synonym: HYPOTEARS
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

LUBRICANT, SURGICAL 120GM
Synonym: SURGILUBE, KY JELLY
AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

LURASIDONE 20MG TAB, 40MG TAB, 60MG TAB, 120MG TAB
Synonym: LATUDA
AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)
NOTES: Initial prescriptions should be written by a behavioral health provider. Other providers may prescribe for continuation of therapy.

MAGNESIUM CITRATE SOLN 300ML
Synonym: CITRATE OF MAGNESIA
AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)
NOTE:
1) The standardized order prior to flexible sigmoidoscopy is: Magnesium Citrate - One bottle (300ml) the night prior to the procedure, followed by clear liquids the day of the procedure. Fleets enema x 2 may be used prior to the procedure if stool is still present.
2) As a cathartic in poisonings, the usual dose is: Adult: 300ml (1 bottle), Peds: 4ml/kg

MAGNESIUM OXIDE 400MG TAB
AHFS Type: ANTACIDS AND ADSORBENTS (56.04.00)
NOTE: Each tablet contains 20mEq of magnesium.

MAGNESIUM SULFATE 50% INJ 1GM/2ML VIAL, 5GM/10ML VIAL
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)
HIGH ALERT MEDICATION

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

MANNITOL 25% INJ
AHFS Type: OSMOTIC DIURETICS (40.28.12)

MAVYRET TAB
Synonym: GLECAPREVIR/PIBRENTASVIR
AHFS Type: HCV ANTIVIRALS (8.18.40)
NOTE: Restricted to Sage Clinic

MAXZIDE (generic) 75/50 tab
Synonym: HYDROCHLOROTHIAZIDE/TRIAMTERENE
AHFS Type: POTASSIUM-SPARING AND THIAZIDE DIURETICS (40.28.16 AND 40.28.20)
NOTE: each tablet contains hydrochlorothiazide 50mg & triamterene 75mg

MEASLES/MUMPS/RUBELLA VACCINE, LIVE
Synonym: MMR
AHFS Type: VACCINES (80.12.00)
Approved for use per ACIP (CDC) guidelines.
NOTE: Refrigerated or frozen.

MEASLES/MUMPS/RUBELLA/VARICELLA VACCINE, LIVE
Synonym: PROQUAD, MMRV
Approved for use per ACIP (CDC) guidelines.
NOTE: Frozen. Requires reconstitution.

MECLIZINE 25MG 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.

MEGACE 40MG 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)
**HIGH ALERT MEDICATION**
CII Controlled substance. Not dispensed for outpatient use.
Restricted to patients who do not have renal impairment, defined as:
1) Serum creatinine greater than 1.3 mg/dL, or
2) Calculated GFR less than 50 ml/min
For the following indications:
1) Short term (maximum 72 hours) treatment of moderate-severe acute pain in patients who are 65 years of age or less.
2) Peri-procedural analgesia (e.g. GI, Surgical, Interventional Radiological Procedures).
3) Treatment of post-anesthesia shivering.
4) Treatment or prevention of drug (e.g. amphotericin) or blood-product related rigors.
5) Maximum daily dose = 600 mg.

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

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
METHIMAZOLE 10MG TAB
   Synonym: TAPAZOLE
   AHFS Type: ANTITHYROID AGENTS (68.36.08)

METHOCARBAMOL 750MG TAB
   Synonym: ROBAXIN
   AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)

METHOTREXATE 2.5MG TAB
   Synonym: AMETHOPTERIN
   AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
   HIGH ALERT MEDICATION
   NOTE: Maximum order quantity is 90 days supply
       New prescription must be entered each time (no refills)
       Recommended monitoring labs: CBC, CMP Q 2-3 months
       Provider may use methotrexate order set to order MTX and labs.
       NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

METHOTREXATE INJ 50MG/2ML VIAL
   Synonym: AMETHOPTERIN
   AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
   HIGH ALERT MEDICATION
   NOTE: When used for rheumatological disease management -
       Maximum order quantity is 90 days supply
       Recommended monitoring labs: CBC, CMP Q 2-3 months
       Provider may use methotrexate order set to order MTX and labs.
       *Stored in MAIN pharmacy*
       NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

METHYLDOPA 250MG TAB, 500MG TAB
   Synonym: ALDOMET
   AHFS Type: HYPOTENSIVE AGENTS (24.08.00)

METHYLENE BLUE 0.5% 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).

METHYPREDNISOLONE ACETATE 40MG/1ML VIAL, 80MG/1ML VIAL
Synonym: DEPO-MEDROL
AHFS Type: ADRENALS (68.04.00)

METHYPREDNISOLONE SOD SUCCINATE INJ 40MG VIAL, 125MG VIAL, 500MG VIAL, 1GM VIAL
Synonym: SOLU-MEDROL
AHFS Type: ADRENALS (68.04.00)

METHYLSALICYLATE 15% AND MENTHOL 10% ANALGESIC BALM
Synonym: BEN-GAY
AHFS Type: NON-STERoidal ANTI-INFLAMMATory AGENTS (28.08.04)

METOCLOPRAMIDE 10MG TAB
Synonym: REGLAN
AHFS Type: PROKINETIC AGENTS (56.32.00)
NOTE: Manufacturers must add a boxed warning about the risk of tardive dyskinesia associated with high dose or long-term use.
The symptoms are rarely reversible and there is no known treatment.
1) A dietary consult is recommended for patients with gastroparesis
2) Confirmation of the gastroparesis diagnosis by GI is recommended BEFORE embarking on long-term treatment with metoclopramide.
3) The prescribing physician must document patient discussion and education (through use of Metoclopramide order templates).

METOCLOPRAMIDE 5MG/5ML ORAL SYRUP
Synonym: REGLAN
AHFS Type: PROKINETIC AGENTS (56.32.00)

METOCLOPRAMIDE INJ 10MG/2ML VIAL
Synonym: REGLAN
AHFS Type: PROKINETIC AGENTS (56.32.00)
NOTE: Protect from light. May turn yellow on prolonged exposure.

METOLAZONE 2.5MG TAB, 5MG TAB, 10MG TAB
Synonym: ZAROXOLYN
AHFS Type: THIAZIDE-LIKE DIURETICS (40.28.24)

METOPROLOL 25MG TAB, 50MG TAB
Synonym: LOPRESSOR
AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)

METOPROLOL-XR (SUSTAINED-ACTION) 25MG TAB, 50MG TAB, 200MG TAB
Synonym: TOPROL-XR
AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)

METOPROLOL INJ 5MG/5ML AMP
Synonym: LOPRESSOR
AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)
HIGH ALERT MEDICATION

METRONIDAZOLE 0.75% LOTION 59ML
AHFS Type: MISCELLANEOUS ANTI-INFECTIVES (8.40.00)
Restricted to treatment of Rosacea complicated by dry skin.

METRONIDAZOLE 1% GEL 60GM
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)
Restrict to: Use as a barrier ointment around draining wounds (with fungal infection), and use in incontinent patients

MICONAZOLE 2% POWDER 85GM
Synonym: MICATIN
AHFS Type: ANTIFUNGALS (84.04.08)
NOTE: For use in ostomy and panus fold fungal infections

MIDAZOLAM 2MG/ML ORAL SYRUP
Synonym: VERSED
AHFS Type: BENZODIAZEPINES (28.24.08)
HIGH ALERT MEDICATION
For pre-procedure use only (ambulatory surgery, dental surgery or procedure room).
Pharmacy prepares in 10mg/5ml oral syringes.
CIV Controlled Substance

MIDAZOLAM INJ 2MG/2ML VIAL
Synonym: VERSED
AHFS Type: BENZODIAZEPINES (28.24.08)
HIGH ALERT MEDICATION
NOTE: Use per conscious sedation guidelines. CIV Controlled Substance

MIDAZOLAM INJ 50MG/10ML VIAL
Synonym: VERSED
AHFS Type: BENZODIAZEPINES (28.24.08)
HIGH ALERT MEDICATION
NOTE: Used in pharmacy for compounding. CIV Controlled Substance

MIDODRINE 5MG TABLET
Synonym: PROAMANTINE
AHFS Type: ALPHA-1-ADRENERGIC AGONIST (12.12.04)

MILK OF MAGNESIA
Synonym: MOM
AHFS Type: ANTACIDS AND ADSORBENTS (56.04.00)
OTC DRUG, NOT DISPENSED TO OUTPATIENTS

MINERAL OIL
AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)
MINERAL OIL ENEMA
Synonym: FLEETS OIL RETENTION ENEMA
AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

MINOCYCLINE MICROSPHERES 1MG
Synonym: ARESTIN
AHFS Type: Skin & Mucous Membrane Antibacterials (84.04.04)
NOTE: for use by Dental in the treatment of periodontitis with deep pockets that do not respond to scaling and root planing and treatment for periodontal surgery or extraction is not planned.

MINOCYCLINE 100MG CAP
Synonym: MINOCIN
AHFS Type: TETRACYCLINES (8.12.24)
Restricted to Dermatology for severe acne (failure to doxycycline or erythromycin).

MINOXIDIL 2.5MG TAB, 10MG TAB
Synonym: LONITEN
AHFS Type: HYPOTENSIVE AGENTS (24.08.00)
Restricted to use in patients with refractory hypertension.

MIRTAZAPINE 15MG TAB, 30MG TAB
Synonym: REMERON
AHFS Type: ANTIDEPRESSANTS, MISCELLANEOUS (28.16.04.92)
Patients under 16 years of age must have a Behavioral Health consult.

MISOPROSTOL 100MCG TAB, 200MCG TAB
Synonym: CYTOTEC
AHFS Type: MISCELLANEOUS GI DRUGS (56.40.00)
Restricted to Women and Infants Service Line providers (Obstetricians and Certified Nurse Midwives)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

MOMETASONE FUROATE 220MCG INHALATION
Synonym: ASMANEX
AHFS Type: ADRENALS (68:04)

MOMETASONE FUROATE 100MCG/FORMOTEROL 5MCG 120s, MOMETASONE FUROATE 200MCG/FORMOTEROL 5MCG, 120 sprays INHALATION
Synonym: DULERA
AHFS Type: ADRENALS (68.04.00)
Restricted to:
1) 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) Wixela-Dulera approximate dose equivalents:

<table>
<thead>
<tr>
<th>Wixela Inhub</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>
<tr>
<td>100mcg/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)
HIGH ALERT MEDICATION
CII Controlled substance. May not be refilled.
NOTE: Extended release product, DO NOT CRUSH, CUT OR CHEW
**SEE OPIOID RESTRICTIONS

MORPHINE IR. 15MG IMMED RELEASE TAB, 30MG IR TAB
AHFS Type: OPIATE AGONISTS (28.08.08)
HIGH ALERT MEDICATION
CII Controlled substance. May not be refilled.
**SEE OPIOID RESTRICTIONS

MORPHINE INJ 2MG/ML SYR, 4MG/ML SYR, 10MG/ML SYR
AHFS Type: OPIATE AGONISTS (28.08.08)
HIGH ALERT MEDICATION
CII Controlled substance. Not dispensed for outpatient use.

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

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

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

MORPHINE 20MG/ML CONC ORAL SOLN
AHFS Type: OPIATE AGONISTS (28.08.08)
HIGH ALERT MEDICATION
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
AHFS Type: MULTIVITAMIN PREPARATIONS (88.28.00)
Used for PPN only
MULTIVITAMIN, OPHTHALMIC WITH LUTEIN AND ZEAXANTHIN GELCAPS
Synonym: AREDS 2 FORMULA, PRESERVISION
AHFS Type: MULTIVITAMIN PREPARATIONS (88.28.00)
Initial prescription restricted to Eye Clinic providers for treatment of age-related macular degeneration.

MULTIVITAMIN ORAL LIQUID
Synonym: POLY-VI-SOL, VITAMIN, MULTIVITAMIN
AHFS Type: MULTIVITAMIN PREPARATIONS (88.28.00)
For pediatric patients or adult patients unable to swallow vitamin tablets.

MULTIVITAMIN TAB
Synonym: MULTIVITAMIN TAB, MVI, HEXAVITAMIN
AHFS Type: MULTIVITAMIN PREPARATIONS (88.28.00)
OTC DRUG, NOT DISPENSED TO OUTPATIENTS except for pregnant women who are intolerant to PNV (take with 1mg FA).

MUPIROCIN 2% OINT 22GM
Synonym: BACTROBAN
AHFS Type: ANTIBIOTICS (84.04.04)

MYCOPHENOLATE 250MG
Synonym: CELLCEPT
AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)
Restricted to: Use in solid organ transplant patients under the care of a transplant specialist, and Rheumatology Service
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

NABUMETONE 500MG TAB, 750MG TAB
Synonym: RELAFEN
AHFS Type: OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.04.92)

NADOLOL 20MG TAB, 40MG TAB
AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)
Approved for use in patients with portal hypertension and documented gastroesophageal varices to prevent either first or recurrent variceal bleeding.
NOTE: Usual adult starting dose is 40mg daily. Elderly patients starting dose is 20mg daily.
***Requires dose reduction for significant renal impairment

NACFILLIN 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 (28.08.92)

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

NEOSTIGMINE METHYLSULFATE 1:1000
Synonym: PROSTIGMIN
AHFS Type: PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS (12.04.00)

NICARDIPINE 20MG/200ML BAG
Synonym: CARDENE
AHFS Type: VASODILATING AGENTS, MISCELLANEOUS (24.12.00)
Restricted: For treatment of hypertension in patient with acute ischemic stroke eligible for acute reperfusion therapy.
NOTE: AHA/ASA 2018 Guidelines for Early Management of Patients with Acute Ischemic Stroke: Blood Pressure
Patient otherwise eligible for acute reperfusion therapy, except BP is >185/110 mm HG—
Nicardipine 5mg/hr IV, titrate up by 2.5mg/hr every 5-15min, maximum 15mg/hr; when desired BP reached, adjust to
maintain proper BP limits.

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)
   HIGH ALERT MEDICATION
   NOTE: This is the standard PIMC nitroglycerin drip (contains 100 mcg/ml)

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

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

NORETHINDRONE 0.35MG TAB
   Synonym : NORA-BE
   AHFS Type: CONTRACEPTIVES (68.12.00)
   NOTE: Package of 28

NORTRIPTYLINE 10MG CAP, 25MG CAP
   Synonym: PAMELOR, AVENTYL
   AHFS Type: TRICYCLICS AND OTHER NOREPINEPHRINE-REUPTAKE INHIBITORS (28.16.04.28)

NYSTATIN CREAM 15GM, 30GM
   Synonym: NILSTAT, MYCOSTATIN
   AHFS Type: ANTIFUNGALS (84.04.08)

NYSTATIN ORAL SUSP 100,000 UNITS/ML
   Synonym: MYCOSTATIN, NILSTAT
   AHFS Type: ANTIFUNGAL ANTIBIOTICS (8.12.04)

OCTREOTIDE INJ 100MCG/1ML AMP
   Synonym: SANDOSTATIN
   AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)
1) Restricted to:
   a) Enterocutaneous fistula
   b) Metastatic carcinoid
   c) Vasoactive intestinal peptide secreting tumor
   d) Acute Gastrointestinal hemorrhage

   NOTE: Recommended routes of administration are SQ injection or IV infusion. Not recommended for IV push administration (risk of hypotension and bradycardia).

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

OLANZAPINE (ZYDIS) 5MG OD TAB
   Synonym: ZYPREXA ZYDIS
   AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)
   Restricted to: Behavioral Health, and Emergency Department for direct administration to the patient pending definitive patient management by Behavioral Health.

OLANZAPINE 5MG TAB, 10MG TAB
   Synonym: ZYPREXIA
   AHFS Type: ANTIPSYCHOTIC AGENTS (28.16.08)
   Restricted to Behavioral Health or Neurology
   For pediatric patients less than 12 years old, the following guidelines apply (effective 10/05):
   1) First time Rx's limited to child psychiatrists or developmental pediatricians.
   2) In emergencies, a one-week initial Rx can be provided by any medical provider with documentation of the emergent need for the medication and a recommendation for a follow-up assessment by child psychiatry.
   3) Refills and ongoing titration or switches within class are NOT limited to child psychiatry once the patient has been started on an atypical anti-psychotic.

OLOPATADINE 0.1% OPHTH 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 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

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: 56.40.00 MISCELLANEOUS GI DRUGS
Patients treated with orlistat must be enrolled in a medically supervised weight loss program, to include attending weight loss support group meetings and monthly visits with a provider.
NOTE: 2 x 60mg capsules are preferred due to cost when available

OSELTMAMIVIR 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, 500ML PREMIX
  Synonym: PITOCIN
  AHFS Type: OXYTOCICS (76.00.00)
  HIGH ALERT MEDICATION
  NOTE: Available for IM use as concentrated injection 10units/ml. Standardized IV solution is Oxytocin 30 units in 500ml NS.
  This is stored on 4W and in the inpatient pharmacy. Not routinely compounded at PIMC, purchased from CAPS Pharmacy.
  NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

PALIVIZUMAB INJ 100MG/ML
  Synonym: SYNAGIS
  AHFS Type: MONOCLONAL ANTIBODIES (08.18.24)
  NOTE: For use in premature infants at risk for developing severe RSV disease. Patients are to be cohorted to achieve cost savings from splitting vials. Given as monthly injections (15mg/kg) monthly from November through April.

PALONOSETRON INJ 0.25MG/5ML
  Synonym: ALOXI
  AHFS Type: 5-HT3 RECEPTOR ANTAGONISTS (56.22.20)
  Restricted to Oncology Department for patients with highly emetogenic chemotherapy regimens, failures to ondansetron or severe delayed nausea.

PANCRELIPASE TAB 5,000 UNITS DR CAP, 20,000 UNITS DR CAP
  Synonym: ZENPEP, PANCREATIN
  AHFS Type: DIGESTANTS (56.16.00)
  NOTE: Delayed Release Capsules contain:

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<th>Strength</th>
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<th>Protease</th>
<th>Amylase</th>
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<td>20,000</td>
<td>20,000 units</td>
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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.
  NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

PEGFILGRASTIM-jmdb INJ 6MG/0.6ML SYR
  Synonym: FULPHILA
  AHFS Type: HEMATOPOIETIC AGENTS (20.16.00)
  Restricted to Oncology use for primary prophylaxis of febrile neutropenia inpatients with chemotherapy and/or radiation-induced neutropenia.

PENICILLIN-G BENZATHINE INJ 2.4 MIL UNIT SYR, 1.2 MIL UNIT SYR, 600,000 UNIT SYRINGE
  Synonym: BICILLIN LA
  AHFS Type: PENICILLINS (8.12.16)
  Note: For treatment of syphilis use 2.4 MU SYR

PENICILLIN-G POT INJ 3 MILLION UNIT/50ML PREMIX BAG, 5 MILLION UNIT VI, 20 MILLION UNIT VI
  Synonym: PENICILLIN G POTASSIUM
AHFS Type: PENICILLINS (8.12.16)

PENICILLIN VK 250MG TAB
Synonym: PENICILLIN VK, PEN VK
AHFS Type: PENICILLINS (8.12.16)

PENICILLIN VK 250MG/5ML ORAL SOLN
Synonym: PENICILLIN VK, PEN VK
AHFS Type: PENICILLINS (8.12.16)
NOTE: Must be refrigerated after reconstitution. (stable for 14 days)

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% OPTH SOLN, 10% OPTH SOLN**
Synonym: NEO-SYNEPHRINE
AHFS Type: EENT PREPARATIONS, MYDRIATICS (52.24.00)
Restricted to Ophthalmology and Optometry

**PHENYTOIN 100MG CAP**
Synonym: DILANTIN
AHFS Type: HYDANTOINS (28.12.12)
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: ANTLILIRIUM
    AHFS Type: PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS (12.04.00)

PHYTONADIONE 1MG/0.5ML INJECT
    Synonym: AQUA-MEPHYTON, VITAMIN K-1
    AHFS Type: VITAMIN K ACTIVITY (88.24.00)
    NOTE: Neonatal concentration

PHYTONADIONE 5MG TAB
    Synonym: MEPHYTON, VITAMIN K-1
    AHFS Type: VITAMIN K ACTIVITY (88.24.00)

PHYTONADIONE INJ 10MG/ML AMP
    Synonym: AQUA-MEPHYTON, VITAMIN K-1
    AHFS Type: VITAMIN K ACTIVITY (88.24.00)
    NOTE: Use of large doses of parenteral phytonadione in warfarin patients may cause relative warfarin resistance and may result
    in prolonged inability to provide therapeutic anticoagulation to these patients.
    Phytonadione may be administered PO or IV (slow IV administration in 25 to 50mL NS over 15 to 30 minutes). SC
    administration is unpredictable and not recommended
    Criteria for major bleed includes any 1 or more of the following factors: bleeding at a critical site, hemodynamic
    instability and/or overt bleeding with Hgb drop ≥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.

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

PILOCARPINE 5MG TAB
    Synonym: SALAGEN
    AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)
    Restricted to use in patients with severe mucosal drying (oral, vaginal & ocular) due to rheumatoid arthritis (Sjogren's syndrome).

PIOGLITAZONE 15MG TAB, 30MG TAB, 45MG TAB
    Synonym: ACTOS
    AHFS Type: MISCELLANEOUS ANTIDIABETIC AGENTS (68.20.92)
    NOTES:
    For use in patients with Type 2 DM.
    Should not be used for the following:
    1. Class III, IV heart failure or development while on pioglitazone (Class I/II heart failure requires vigilant monitoring of
       fluid status and avoidance of pioglitazone is recommended).
    2. Jaundice while on drug or liver enzyme elevation (ALT/AST > 2.5 X upper limit of normal).

PIPERACILLIN/TAZOBACTAM INJ 2.25GM VIAL, 3.375GM VIAL, 4.5GM VIAL
    Synonym: ZOSYN
Note: Caution drug-drug interaction with vancomycin leading to supratherapeutic vancomycin levels and acute kidney injury. Restricted to the following indications:
- Intra-abdominal infection
- Complicated skin/skin structure infections, including cellulitis in patients with DM
- Suspected or proven pseudomonas infection – any source
- Complicated/high-risk pneumonia (e.g. recent hospitalization/antibiotics, nursing home patient, suspected aspiration)
- Febrile neutropenia
- Empiric treatment of severe sepsis of unknown cause

PIROXICAM 20MG CAP
Synonym: FELDENE
AHFS Type: OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.04.92)

PNEUMOCOCCAL VACCINE INJ
Synonym: PNEUMOVAX (PPSV-23), PREVNAR (PCV-13)
AHFS Type: VACCINES (80.12.00)
Approved for use per ACIP (CDC) guidelines.

PODOFOLOX 0.5% TOPICAL SOLN 3.5ML
Synonym: CONDYLOX
AHFS Type: KERATOLYTIC AGENTS (84.28.00)
NOTE: For use per CDC guidelines in the treatment of genital warts.

POLIOVIRUS VACCINE INJ
Synonym: IPV, IPOL
AHFS Type: VACCINES (80.12.00)
NOTE: Approved for use per ACIP (CDC) guidelines. Refrigerated. Multi-dose vial – per CDC vial is exempted from the 28 day MDV policy and may be used until the expiration on the vial.

POLYETHYLENE GLYCOL 3350 PWDR 510GM/BT, 238GM/BT
Synonym: MIRALAX
AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

POLYETHYLENE GLYCOL 3350/ELECTROLYTES PWDR 4000ML
Synonym: GOLYTELY, NULYTELY, COLYTE, PEG 3350/ ELECTROLYTES
AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

POLYMYXIN/TRIMETHOPRIM OPHTH SOLN 10ML
Synonym: POLYTRIM
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)

POLYVINYL ALC (refresh) OPH SOL 20ML/BX
Synonym: LUBRICANT OCULAR
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)
Restricted to Ophthalmology and Optometry for initial prescription.

PORACTANT ALFA INTRA-TRACHEAL SUSPENSION 240MG/3ML VIAL
Synonym: CUROSURF
AHFS Type: PULMONARY SURFACTANTS (48.36.00)
For treatment of pre-term infants prior to transfer. Pharmacy will stock two vials in Second Floor Inpatient Pharmacy refrigerator.

POTASSIUM ACETATE INJ 40MEQ/20ML VIAL
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
NOTE: For use in preparation of IV’s. Stored ONLY in the Pharmacy
HIGH ALERT MEDICATION

POTASSIUM CHLORIDE 10MEQ TAB
Synonym: K-TAB, K+10, KAON CL-10
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
NOTE: Frequently available as wax matrix tab (does not dissolve) which may be noted as "ghost" in stool.

POTASSIUM CHLORIDE 20MEQ DISPERSIBLE TAB
Synonym: KLOR-CON M20
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
Note: due to significant price increase and current unavailability of potassium chloride oral solution, pharmacy is authorized to substitute this product for potassium chloride oral solution (per P&T action November 2015).

POTASSIUM CHLORIDE 20% ORAL SOLUTION
Synonym: KCL LIQUID
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
Note: due to significant price increase and current unavailability of potassium chloride oral solution, pharmacy is authorized to substitute dispersible tablets for potassium chloride oral solution (per P&T action November 2015).

POTASSIUM CHLORIDE 20MEQ PACKET
Synonym: K-LOR
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
Note: due to dramatic increase in price in powder packets, potassium chloride 20% oral solution will be substituted unless price of powder falls significantly. (Per P&T decision July 2015).

POTASSIUM CHLORIDE INJ 2mEq/ml, 30ML VIAL
Synonym: KCL
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
HIGH ALERT MEDICATION
NOTE: Concentrated KCL is only stocked for use in the pharmacy for preparation of IVs. A variety of large volume IVs 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.

POTASSIUM PHOSPHATE INJ 45MM/15ML VIAL
Synonym: K-PHOS, PHOSPHORUS, POTASSIUM
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
HIGH ALERT MEDICATION
1) Concentrated potassium phosphate is ONLY stocked in the pharmacy for preparation of IVs.
2) KPhos inj contains 3mM Phosphorus/ml (each ml also contains 4.4mEq of Potassium)
3) Premixed IV solutions with potassium phosphate are not available commercially. Pharmacy will prepare IV solutions for administration in the following standardized concentrations for convenience, safety and familiarity:
   15mM KPhos in 250ml of 0.9% sodium chloride (contains 22mEq K+)
   30mM KPhos in 500ml of 0.9% sodium chloride (contains 44mEq K+)
4) The maximum rate of administration of phosphate should be 5mM/hour (15mM over 3 hours of 30mM over 6 hours).
5) See (Intravenous Electrolytes)of the Hospital Policy & Procedures for additional information.

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

PRALIDOXIME CHLORIDE 1G/20ML
Synonym: PROTOPAM
AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)

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% OPHTH SOL
Synonym: PRED FORTE, PREDFORTE
AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)
All steroid ophthalmic preparations are restricted to use by Ophthalmology or Optometry or with consult.

PREDNISOLONE ACETATE 0.125% OPHTH SOLN 5ML
Synonym: INFLAMASE
AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)
All steroid ophthalmic preparations are restricted to use by Ophthalmology or Optometry or with consult.

PREDNISONE 1MG TAB, 5MG, 10MG TAB, 20MG TAB
Synonym: DELTASONE
AHFS Type: ADRENALS (68.04.00)

PREDNISOLONE 15MG/5ML ORAL SYRUP
AHFS Type: ADRENALS (68.04.00)

PREDNISOLONE/SULFACETAMIDE OPH SOLN 10ML
Synonym: SULFACETAMIDE & PREDNISOLONE OPH SOLN, BLEPHAMIDE
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)
All steroid ophthalmic preparations are restricted to use by Ophthalmology and Optometry only or with consult.
Approved for use for otitis externa.

PREMPHASE 0.625/5MG TAB
Synonym: PREMPHASE, ESTROGEN/MEDROXYPROGESTERONE .625/5
AHFS Type: ESTROGENS (68.16.00)
Each tablet contains:
- 0.625 mg estrogen x 14 days card #1
- 0.625 mg estrogen + 5mg medroxyprogesterone card #2

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

PREMPRO 0.3/1.5MG TAB
Synonym: ESTROGEN/MEDROXYPROGESTERONE
AHFS Type: ESTROGENS (68.16.00)
NOTE: Approved for use in hormone replacement therapy.
Each tablet contains: Ethinyl estradiol 0.3mg + medroxyprogesterone 1.5mg provided in a 28 day compact.

PREMPRO 0.625/2.5MG TAB
Synonym: ESTROGEN/MEDROXYPROGESTERONE 0.625/2.5
AHFS Type: ESTROGENS (68.16.00)
Each tablet contains:
- 0.625 mg estrogen + 2.5mg medroxyprogesterone provided as 2 x 14 day cards

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

PRIMIDONE 50MG TAB, 250MG TAB
Synonym: MYSOLINE
AHFS Type: BARBITURATES (28.12.04)

PROBENECID 500MG TAB
Synonym: BENEMID
AHFS Type: URICOSURIC AGENTS (40.40.00)

PROCHLORPERAZINE 10MG TAB
Synonym: COMPAZINE
AHFS Type: ANTIEMETICS (56.22.00)
Restricted to patients not responding to or intolerant of promethazine.

PROCHLORPERAZINE 25MG SUPP
Synonym: COMPAZINE
AHFS Type: ANTIEMETICS (56.22.00)

PROCHLORPERAZINE INJ 10MG/2ML VIAL
   Synonym: COMPAZINE
   AHFS Type: ANTIEMETICS (56.22.00)

PROGESTERONE IN OIL 50MG/ML INJ 10ML
   AHFS Type: PROGESTINS (68.32.00)
   NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

PROMETHAZINE 12.5MG SUPPOS, 25MG SUPPOS
   Synonym: PHENERGAN
   AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

PROMETHAZINE 25MG TAB
   Synonym: PHENERGAN
   AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

PROMETHAZINE 6.25MG/5ML ORAL SYRUP
   Synonym: PHENERGAN
   AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

PROMETHAZINE INJ 25MG/ML AMP
   Synonym: PHENERGAN
   AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)
   HIGH ALERT MEDICATION
   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

PROPARACAINE 0.5% OPHTH SOLN 15ML
   Synonym: OPTHETIC
   AHFS Type: EENT PREPARATIONS, LOCAL ANESTHETICS (52.16.00)
   NOT TO BE DISPENSED TO OUTPATIENTS

PROPOFOL INJ 200MG/20ML VIAL, 500MG/50ML VIAL, 1000MG/100ML VIAL
   Synonym: DIPRIVAN
   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.

PROPRANOLOL 10MG TAB, 40MG TAB
   Synonym: INDERAL
   AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)

PROPRANOLOL INJ 1MG/1ML AMP
   Synonym: INDERAL
   AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)
   HIGH ALERT MEDICATION

PROPRANOLOL LA 80MG CAP, 120MG CAP
   Synonym: INDERAL LA
   AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)
   Restricted to use for prophylaxis of migraine headaches.

PROPYLTHIOURACIL 50MG TAB
   Synonym: PTU
   AHFS Type: ANTITHYROID AGENTS (68.36.08)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

PROTAMINE SULFATE INJ 50MG/5ML VIAL
AHFS Type: ANTIHEPARIN AGENTS (20.12.08)

PROTHROMBIN COMPLEX CONCENTRATE-4 FACTOR INJECTION ~ 1000 unit vial
Synonym: KCENTRA, 4F-PCC
AHFS Type: HEMOSTATICS (20.28.16)
Restrictions:
Formulary use is restricted to treatment of life-threatening hemorrhage secondary to warfarin or 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:
      | INR  | KCentra Dose | Max Dose |
      |------|-------------|----------|
      | 2 to 3.9 | 25 units/kg | 2500 units |
      | 4 to 6   | 35 units/kg | 3500 units |
      | > 6      | 50 units/kg | 5000 units |
5. For 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 15MG/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
Synonym: VITAMIN B6
AHFS Type: VITAMIN B COMPLEX (88.08.00)

PYRIDOXINE 50MG TAB
Synonym: VITAMIN B-6, VITAMIN B6
AHFS Type: VITAMIN B COMPLEX (88.08.00)

QUETIAPINE 25MG, 100MG TAB, 200MG TAB, 400MG TAB
Synonym: SEROQUEL
AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)
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)
HIGH ALERT MEDICATION
Restricted to: Post-Exposture Prophylaxis (PEP) and treatment of HIV infection among patients with contraindications for first-line agents
Note: For PEP, initially only a 5 day supply will be dispensed, patient to follow up with Positive Care team for additional supply if full 28-day course is needed.

RAMIPRIL 2.5MG CAP, 5MG CAP, 10MG CAP
Synonym: ALTACE
AHFS Type: ANTIOTENSIN-CONVERTING ENZYME INHIBITORS (24.32.04)

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 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.

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

RISPERIDONE CONSTA 25MG/2ML SYRINGE
Synonym: RISPERDAL CONSTA
AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)
Restricted to Behavioral Health
1) Not approved for use in patients less than 12 years old.
2) Use in adolescents (12 years through 18 years old) is restricted to Child Psychiatry ONLY.
3) Use requires documentation of failure of daily treatment AND negative outcomes related to this non-compliance (e.g. recurrent hospitalization for psychiatric illness, arrest, drug/ETOH relapse).

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

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

RITUXIMAB/HYALURONIDASE INJECTION 1,400MG/23,400 UNITS, 1,600MG/26,800 UNITS
Synonym: RITUXAN HYCELA
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
Restricted to Hematology/Oncology Departments.
Note: Must have documented tolerance to IV rituximab, usually given as first dose in lymphoma treatment regimen

RIVAROXABAN 10MG, 15MG, 20MG TAB
Synonym: XARELTO
AHFS Type: ANTICOAGULANTS (20.12.04)
HIGH ALERT MEDICATION

Use Criteria:
1) Apixaban is first line direct-acting oral anticoagulant (DOAC) for new starts, and rivaroxaban is second line.
2) 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 PREMIX
Synonym: NAROPIN
AHFS Type: LOCAL ANESTHETICS (72.00.00)
For anesthesia use only for epidural drips

ROPIVACAINE 0.5% INJ 20ML
Synonym: NAROPIN
AHFS Type: LOCAL ANESTHETICS (72.00.00)
For anesthesia use only for peripheral nerve blocks/regional anesthesia.

ROSUVASTATIN 5MG TAB, 10MG TAB, 20MG TAB, 40MG TAB
Synonym: CRESTOR
AHFS Type: HMG-CoA REDUCTASE INHIBITORS (24.06.08)

ROTAVIRUS VACCINE, LIVE, ORAL PENTAVALENT
Synonym: ROTATEQ
AHFS Type: VACCINES (80.12.00)
NOTES: Approved for use per ACIP (CDC) guidelines. Refrigerated.

SACUBITRIL/VALSARTAN 24MG/26MG TAB, 49MG/51MG TAB, 97MG/103MG TAB
Synonym: ENTRESTO
AHFS Type: RENIN-ANGIOTENSIN ALDOSTERONE SYSTEM INHIBITORS, MISC (24:32.92)
Restricted to: Restricted to patients with heart failure
NOTE: Must have 36 hour washout period when switching to or from an ACE inhibitor

SALICYLIC ACID 17% TOP SOLN 15ML
Synonym: DUOFILM WART REMOVER
AHFS Type: KERATOLYTIC AGENTS (84.28.00)

SALICYLIC ACID 40% PLASTER
AHFS Type: KERATOLYTIC AGENTS (84.28.00)

SALSALATE 500MG TAB, 750MG TAB
Synonym: DISALCID
AHFS Type: NONSTEROIDAL ANTI-INFLAMMATORY AGENTS, SALICYLATES (28.08.04.24)

SCOPOLAMINE TRANSDERM PATCH
Synonym: TRANSDERM-SCOP
AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)
Restricted to:
1. PIMC consultants flying to other service units.
2. Treatment of gastroparesis related nausea and vomiting when first line agents are ineffective, not tolerated, or contraindicated.
3. Prophylaxis of post-operative nausea and vomiting in high-risk patients.

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

SEVELAMER *CARBONATE* 800MG TAB, 2.4GM POWDER PACKET
Synonym: Renvela
AHFS CODE: 40.18.19
For treatment of hyperphosphatemia in patients with end stage renal disease (CKD Stage V) on hemodialysis.

SEVOFLURANE 250ML
Synonym: ULTANE
AHFS Type: GENERAL ANESTHETICS (28.04.00)

SILDENAFIL 25MG TAB, 50MG TAB, 100MG TAB
Synonym: VIAGRA
AHFS Type: 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 ADULT OUTPATIENTS

SIMETHICONE ORAL DROPS
Synonym: MYLICON
AHFS Type: ANTIFLATULANTS (56.10.00)
OTC DRUG, NOT DISPENSED TO ADULT 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 80 mg 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)  
HIGH ALERT MEDICATION  
NOTE: For treatment of SEVERE, SYMPTOMATIC hyponatremia. Must be infused slowly. Stored in Inpatient Pharmacy Storage Room on 2nd Floor.

SODIUM CHLORIDE 5% OPHTH OINT 3.5GM  
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)  
Ophthalmology use only.

SODIUM CHLORIDE 5% OPHTH 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)
HIGH ALERT MEDICATION

SUCRALFATE 1GM TAB
Synonym: CARAFATE
AHFS Type: Protectants (56.28.32)

SUCRALFATE 1GM/10ML ORAL SUSP
Synonym: CARAFATE
AHFS Type: Protectants (56.28.32)
Restricted to inpatient use only.

SUGAMMADEX 100MG/ML INJ
Synonym: BRIDION
AHFS Type: ANTIDOTES (92.12.00)
Restricted to Anesthesia Department.

SULFAMETHOXAZOLE/TRIMETH DS TAB
Synonym: BACTRIM DS, SEPTRAX 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/sulf a 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.

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<th>mL/day*</th>
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* 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 1% CREAM, 30 GM TUBE
Synonym: LAMISIL
AHFS Type: ANTIFUNGAL ANTIBIOTICS (84.04.08)
For treatment of superficial fungal infections including onychomycosis of the finger nail and toe nail.

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.
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 TOXOID (ADULT) INJ
Synonym: DIPHTHERIA & 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: Td, 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:
- Registration of the institution (done)
- Full consent & patient education before start of therapy
- Registration of the patient with the manufacturer
- Recording patient dispensing with the manufacturer
- Patient must be on effective birth control

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 10,000 unit or 20,000 unit 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% OPTHOL 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)
  NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

TRAMADOL HCL 50MG TAB
  Synonym: ULTRAM
  AHFS Type: OPIATE AGONISTS (28.08.08)
  CIV Controlled Substance
  NOTES:
  1) Quantity dispense limit per prescription = 30 day supply (PIMC restriction, not DEA requirement)
  2) A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.
  3) Controlled substance III or IV may not be authorized for more than 5 refills.
  4) Maximum recommended daily dose = 400mg, therefore maximum pharmacy dispense quantity is 240 tablets per prescription (8 tablets per day x 30 days).
  5) Drug interaction risk (risk of serotonin syndrome) - do not exceed 200mg/day in patients taking SSRIs or SNRIs. 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)
HIGH ALERT MEDICATION
Restricted to Oncology clinic for treatment of metastatic breast cancer (HER-2+), and adjuvant treatment of Her-2+ breast cancer.

TRAVOPROST 0.0004% 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: TRIESENCE
  AHFS Type: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)
  Restricted to ophthalmology.

TRIAMCINOLONE 0.1% CREAM & OINTMENT
  Synonym: ARISTOCORT, KENALOG
  AHFS Type: ANTI-INFLAMMATORY AGENTS (84.06.00)

TRIAMCINOLONE 0.1% DENTAL PASTE
  Synonym: KENALOG IN ORABASE
  AHFS Type: ANTI-INFLAMMATORY AGENTS (84.06.00)

TRICHLORACETIC ACID 15ML
  AHFS Type: KERATOLYTIC AGENTS (84.28.00)
  CAUSTIC - See MSDS sheets for accidental exposure.
  For treatment of vaginal warts or any genital warts in pregnancy.

TRIFLUOPERAZINE 2MG TAB, 5MG TAB
  Synonym: STELAZINE
  AHFS Type: ANTIPSYCHOTIC AGENTS (28.16.08)

TRIFLURIDINE 1% OPHTH SOLN
  Synonym: VIROPTIC
  AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIVIRALS (52:04.20)
  Restricted to: Ophthalmology or Optometry or with consult.
  NOTE: Located in Silver Refrigerator #1, drawer #9

TRIHEXYPHENIDYL 2MG TAB, 5MG TAB
NOTE: HLA B5701 testing must be documented prior to initiation of therapy

TROPICAMIDE 1% OPTH SOLN
Synonym: MYDRIACYL
AHFS Type: MYDRITICS (52.24.00)

TRUVADA TAB
Synonym: TENOFOVIR/EMTRICITABINE, EMTRICITABINE/TENOFOVIR
AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)
HIGH ALERT MEDICATION
Restricted to: Pre-exposure Prophylaxis, Post-Exposure Prophylaxis (PEP) and treatment of HIV infection among patients with contraindications to first-line agents.
NOTE:
1) For PrEP: With documentation of negative HIV within the previous 7 days, may dispense a 30 day supply with 2 refills pursuant to CDC/PHS guidelines. A negative HIV test must be completed prior to every subsequent renewal (30 day supply with 2 refills) No additional testing is needed for refills, however if you note non-adherence or poor refill history send a notice to SAGE clinicpharmacists.

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.

UMECLIDINIUM/ VILANTEROL 62.5/25MCG INHALER
Synonym: ANORO ELLIPTA
AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)
Restricted to: treatment of mild to severe COPD, not for use in asthma.

UREA 10% (AND 4% AHA) CREAM 142GM
Synonym: ATRAC-TAIN
AHFS Type: KERATOLYTIC AGENTS (84.28.00)

URSODIOL 300MG CAP
Synonym: ACTIGALL
AHFS Type: 56.14 CHOLELITHOLYTIC AGENTS

VALACYCLOVIR 500MG TAB, 1000MG TAB
Synonym: VALTREX
AHFS Type: ANTIVIRAL AGENTS (8.18)
NOTE: high alert due to look-alike/sound-alike similar agent, valGANciclovir (for CMV prophylaxis/treatment). E.H.R listings will show as valACYclovir per ISMP recommendations.

VALPROATE SODIUM INJ 500MG/5ML VIAL
Synonym: DEPACon
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

VALPROIC ACID 250MG CAP
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 methicillin-resistant staphylococcus aureus (MRSA) or methicillin-resistant staphylococcus epidermidis (MRSE). A single dose administered before surgery is sufficient unless the procedures lasts more than 6 hours, in which case the dose should be repeated. Prophylaxis should be discontinued after a maximum of 2 doses

2) Discouraged:
   a) Routine surgical prophylaxis other than in a patient with life-threatening allergy to beta-lactam antibiotics.
   b) Empiric antimicrobial therapy for a febrile neutropenic patient, unless there is strong evidence at the outset that the patient has an infection due to gram-positive microorganisms, and the prevalence of MRSA in the hospital is substantial.
   c) Treatment in response to a single blood culture positive for coagulase-negative staphylococci if other blood cultures drawn in the same time frame are negative, indicating likely contamination.
   d) Continued empiric use for presumed infections in patients whose cultures are negative for beta-lactamase resistant gram-positive microorganisms.
   e) Systemic or local prophylaxis for infection or colonization of indwelling central or peripheral intravascular catheters.
   f) Selective decontamination of the gastrointestinal tract.
   g) Eradication of MRSA colonization.
   h) Primary treatment of AAC
   i) Routine prophylaxis of very-low-birthweight infants.
   j) Routine prophylaxis for patients on continuous ambulatory peritoneal dialysis or hemodialysis.
   k) Treatment (chosen for dosing convenience) of infections due to beta-lactam sensitive gram-positive microorganisms.
   l) Use of vancomycin solution for topical application or irrigation.

VANCOMYCIN INTRAVITREAL INJECTION 1MG/0.1ML SYRINGE
Synonym: **VANCOCIN**  
**AHFS Type:** MISC. ANTIBIOTICS (8.12.28)  
Restricted to ophthalmology for treatment of endophthalmitis. Purchased from compounding pharmacy and stored in freezer until use.

**VANCOMYCIN 50MG/ML OPHTHALMIC DROPS**  
**Synonym:** VANCOMYCIN  
**AHFS Type:** EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)  
Restricted to Ophthalmology or Optometry. Must obtain from outside compounding pharmacy due to PIMC IV room restrictions, allowable only to compound low-risk compounded sterile preparations (CSPs) with 12 hour beyond use date (BUD) (eye drops are considered medium risk CSPs)

**VARENICLINE TABLET 0.5MG, 1MG**  
**Synonym:** CHANTIX  
**AHFS Type:** AUTONOMIC DRUGS (12.92.00)  
**Restrictions:**  
1. Restricted to use by Pharmacy Tobacco Cessation clinic as a second line agent for patients who cannot tolerate Nicotine Replacement Therapy or bupropion OR have previously failed on either or both of these treatments and still have the desire to quit.  
2. An initial brief interview assessing the patient’s baseline mood/depression status will be completed prior to initiation of the medication. This will include inquiries about stable versus unstable mood disorders, concomitant behavioral health medications, and assessment of current suicidal thoughts or attempts in the past. If any question arises about a patient’s mood disorder, the patient’s provider will be contacted and consulted with prior to varenicline initiation.  
3. Providers should speak with patients about seeking medical attention if they experience new or worsening symptoms of cardiovascular disease while taking varenicline.

**VARICELLA VACCINE, LIVE**  
**Synonym:** VARIVAX  
**AHFS Type:** VACCINES (80.12.00)  
**NOTE:** Approved for use per ACIP (CDC) guidelines.  
*Must be stored frozen (equal to or less than 5 degrees F) and used within 30 minutes after reconstitution.

**VASOPRESSIN INJ 20UNITS/1ML VIAL**  
**Synonym:** PITRESSIN  
**AHFS Type:** PITUITARY (68.28.00)  
**HIGH ALERT MEDICATION

**VECURONIUM INJ 10MG/10ML VIAL**  
**Synonym:** NORCURON  
**AHFS Type:** SKELETAL MUSCLE RELAXANTS (12.20.00)  
**HIGH ALERT MEDICATION

**VENLAFAXINE (IMMED. RELEASE) 25MG TAB, 37.5MG TAB, 75MG TAB, 100MG TAB**  
**Synonym:** EFFEXOR  
**AHFS Type:** SELECTIVE SEROTONIN AND NOREPINEPHRINE-REUPTAKE INHIBITORS (28.16.01.16)  
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
VERAPAMIL SR 180MG TAB, 240MG TAB  
Synonym: CALAN SR  
AHFS Type: CALCIUM-CHANNEL BLOCKING AGENTS, MISCELLANEOUS (24.28.92)

VERAPAMIL INJ 5MG/2ML VIAL  
Synonym: CALAN  
AHFS Type: CALCIUM-CHANNEL BLOCKING AGENTS, MISCELLANEOUS (24.28.92)

VINCRISTINE INJ 2MG/2ML VIAL  
Synonym: ONCOVIN  
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)  
HIGH ALERT MEDICATION  
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

VISINE-A OPH SOL 15ML  
Synonym: NAPHAZOLINE/PHENIRAMINE  
AHFS Type: EENT PREPARATIONS, VASOCONSTRICTORS (52.32.00)  
Restricted to:  
1) Diagnosis of allergic conjunctivitis  
   NOTE: Limit duration of treatment to 4 days when prescribed by non-Eye providers (due to risk of rebound).(P&T 8/2008; repeated discussion in P&T 9/2013)  
2) Suggest Ketotifen (Zaditor) for patients with chronic allergic conjunctivitis who are not being evaluated by ophthalmology.

VITAMIN A 10,000IU CAP  
AHFS Type: VITAMIN A (88.04.00)

VITAMIN A PALMITATE 10,000 UNIT CAPSULES  
AHFS Type: VITAMIN A (88.04.00)  
Restricted to Ophthalmology use for retinitis pigmentosa.

VITAMIN A&D OINT 60GM  
AHFS Type: BASIC OINTMENTS AND PROTECTANTS (84.24.12)

VITAMIN B 12 see CYANOCOBALAMIN INJ 1000MCG/1ML VIAL

VITAMIN B & C COMPLEX, FULL SPECTRUM  
Synonym: MULTIVITAMIN B & C COMPLEX  
AHFS Type: MULTIVITAMIN PREPARATIONS (88.28.00)  
Note: Replaces Nephro-vite® per P&T 12/2018, auto substitution permitted

WARFARIN 1MG TAB, 2MG TAB, 3MG TAB, 4MG TAB, 5MG TAB, 6MG TAB, 7.5MG TAB  
Synonym: COUMADIN  
AHFS Type: ANTICOAGULANTS (20.12.04)  
HIGH ALERT MEDICATION  
1) A dietary consult must be ordered for all patients starting on warfarin therapy. The dietary consult will provide information about vitamin K containing foods.  
2) A current INR must be available and used to monitor all patients receiving warfarin. The physician is responsible for documentation of the INR for patients not being followed through Pharmacy Anticoagulation Clinic.  
3) A maximum of a 42 day supply may be dispensed to stable patients on chronic warfarin therapy (P&T 2/2015)  
4) For inpatients, an EHR order set must be used for the initial order (including patients on warfarin prior to admission).  
5) See hospital wide policy "IV-C-3.00 Anticoagulaton Therapy" for additional information  
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

WATER FOR INJECTION, STERILE, 10ML VI  
Synonym:  
AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)
WITCH HAZEL LIQUID
  Synonym: HAMMAMELIS WATER
  AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

ZINC OXIDE 16% OINT 60GM
  Synonym: BOUDREAUX’S BUTT PASTE
  AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)

ZINC OXIDE 20% OINT 30GM
  AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)
  OTC DRUG, NOT DISPENSED TO OUTPATIENTS

ZINC SULFATE 220MG CAP (EQUALS 50MG ZN)
  AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
  NOTE: Contains 50mg elemental Zinc

ZIPRASIDONE 20MG CAP, 40MG CAP, 60MG CAP, 80MG CAP
  Synonym: GEODON
  AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)
  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.

ZOLEDRONIC ACID INJ 4MG/100ML BAG, 5MG/100ML BAG
  Synonym: ZOMETA (4MG STRENGTH), RECLAST (5MG STRENGTH)
  AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)
  NOTES:
  1) Serum creatinine should be evaluated before each dose, and electrolytes, including magnesium and phos should be
     monitored regularly. Requires dose decrease with CrCl < 60ml/min. May cause renal deterioration with repeated doses
     or when used with other potential nephrotoxic drugs.
  2) Do not use if calculated CrCl < 35 ml/min (mfg update 9/2011)
  3) Due to risk of osteonecrosis of the jaw, a dental exam and preventative dentistry should be performed, whenever
     possible, prior to placing patients on chronic bisphosphonate therapy. The dental visit will be considered "medically
     necessary", which will allow the patients to be placed on a priority list for timely dental appointments and follow-up.

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

ZOLPIDEM 5MG TAB, 10MG TAB
  Synonym: AMBIEN
  AHFS Type: ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISCELLANEOUS (28.24.92)
  CIV Controlled Substance.
  NOTE:
  1. Supply limit: 30 days per Rx
  2. There is a potential for abuse with this agent.
  3. The recommended dose for women is 5mg.
  4. A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which
     the prescription was issued.
  5. Controlled substance III or IV may not be authorized for more than 5 refills.

ZONISAMIDE 25MG CAP, 100MG CAP
  Synonym: ZONEGRAN
  AHFS Type: ANTICONVULSANTS, MISCELLANEOUS (28.12.92)

ZOSTER VACCINE, RECOMBINANT
  Synonym: SHINGRIX
  AHFS Type: VACCINES (80.12.00)
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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## Appendix I: Formulary Agents by Class

### AHFS* Classification

*American Hospital Formulary Service*

### Medications on PIMC Formulary

#### 4.00 Antihistamine Drugs

<table>
<thead>
<tr>
<th>Drug</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actifed Tab</td>
<td>Cetirizine 10mg tab, 1mg/mL syrup</td>
</tr>
<tr>
<td></td>
<td>Chlorpheniramine 4mg tab</td>
</tr>
<tr>
<td></td>
<td>Cyproheptadine 4mg tab</td>
</tr>
<tr>
<td></td>
<td>Diphenhydramine 25mg cap, 12.5mg/5mL soln, 50mg/5mL INJ vial</td>
</tr>
<tr>
<td></td>
<td>Fexofenadine 180mg XR tab</td>
</tr>
<tr>
<td></td>
<td>Loratadine 10mg tab, 5mg/5mL soln</td>
</tr>
<tr>
<td></td>
<td>Promethazine 25mg cap, 6.25mg/5mL syrup, 12.5mg, 25mg suppository, 25mg/mL INJ ampyrant</td>
</tr>
</tbody>
</table>

#### 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
- Penicillin VK 250mg Tab, 250mg/5mL soln
- Piperacillin/Tazobactam INJ 2.25gm vial, 3.375gm vial, 4.5gm vial

8.12.18 *Quinolones*

- Ciprofloxacin 250mg tab, 500mg tab, 750mg tab, INJ 400mg/200mL bag
<table>
<thead>
<tr>
<th></th>
<th>Levofloxacin 250mg tab, 500mg tab, 750mg tab, INJ 500mg/20mL vial, 500mg/100ml bag, 750mg/150ml bag</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.12.20 Sulfonamides</td>
<td>Sulfamethoxazole/Trimeth DS tab, INJ vial, susp, single strength tab Sulfasalazine 500mg tab</td>
</tr>
<tr>
<td>8.12.24 Tetracyclines</td>
<td>Doxycycline 100mg tab, 50mg/mL oral syrup, INJ 100mg vial Minocycline 100mg cap</td>
</tr>
<tr>
<td>8.12.28 Antibacterials, Miscellaneous</td>
<td>Clindamycin 150mg cap, 300mg cap, 75mg/5mL soln, INJ 900mg/6mL vial, 600mg/50ml bag, 900mg/50ml bag Daptomycin INJ 500mg vial Linezolid 600mg tab, INJ 600mg/300ml bag Rifaximin 550mg tab Vancomycin Cap 125mg, 250mg Vancomycin INJ 500mg vial, 1gm vial, 1gm/200ml premix bag Vancomycin Intravitreal Inj 1mg/0.1ml syringe</td>
</tr>
<tr>
<td>8.14 Antifungals</td>
<td>Amphotericin B Lipid Complex INJ 100mg vial Fluconazole 100mg tab, 150mg tab, 200mg tab, INJ 200mg/100mL NS premix, 400mg/200mL NS premix Griseofulvin 125mg/5mL microsize suspension Nystatin 100,000 units/ml susp Terbinafine 250mg tab</td>
</tr>
<tr>
<td>8.16 Antimycobacterials</td>
<td>Dapsone 100mg tab Ethambutol 100mg tab, 400mg tab Isoniazid 100mg tab, 300mg tab, INJ 100mg/mL, 50mg/5mL syrup Pyrazamide 500mg tab Rifampin 300mg cap</td>
</tr>
<tr>
<td>8.18 Antivirals</td>
<td>8.18.08 Antiretrovirals Biktarvy tab (bictegravir 50mg/emtricitabine 200mg/tenofovir 25mg) Raltegravir 400mg tab Triumeq tab (abacavir 600mg/dolutegravir 50mg/lamivudine 300mg) Truvada tab (emtricitabine 200mg/tenofovir 300mg)</td>
</tr>
<tr>
<td>8.18.24 Monoclonal Antibodies</td>
<td>Palivizumab INJ 100mg/mL</td>
</tr>
<tr>
<td>8.18.28 Neuroaminidase Inhibitors</td>
<td>Oseltamivir 30mg cap, 45mg cap, 75mg cap, 12mg/mL or 15mg/mL susp (depending on availability)</td>
</tr>
<tr>
<td>8.18.32 Nucleosides and Nucleotides</td>
<td>Acyclovir 200mg/5ml suspension, INJ 500mg vial Valacyclovir 500mg tab, 1000mg tab</td>
</tr>
<tr>
<td>8.18.40 HCV Antivirals</td>
<td>Epclusa (sofosbuvir 400mg/velpatasvir 100mg) Harvoni tab (ledipasvir 90mg/ sofosbuvir 400mg) Mavryt tab (glecaprevir 100mg/pibrentasvir 40mg)</td>
</tr>
<tr>
<td>8.30 Antiprotozoals</td>
<td>8.30.08 Antimalarials Hydroxychloroquine 200mg tab</td>
</tr>
<tr>
<td>8.30.92 Miscellaneous Antiprotozoals</td>
<td>Metronidazole 500mg tab, INJ 500mg/100mL NS Premix Nitazoxanide 500mg tab, 100mg/5ml susp</td>
</tr>
<tr>
<td>8.36 Urinary Anti-infectives</td>
<td></td>
</tr>
<tr>
<td>10.00 Antineoplastic Agents</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Fosfomycin 3gm powder sachet</td>
<td></td>
</tr>
<tr>
<td>Methenamine Hippurate 1gm tab</td>
<td></td>
</tr>
<tr>
<td>Nitrofurantoin 100mg macro cap, 25mg/5mL susp</td>
<td></td>
</tr>
<tr>
<td>Anastrozole 1mg tab</td>
<td></td>
</tr>
<tr>
<td>Bevacizumab INJ 100mg/4mL vial</td>
<td></td>
</tr>
<tr>
<td>Capecitabine (Xeloda) 500mg tab</td>
<td></td>
</tr>
<tr>
<td>Cisplatin INJ 10mg, 50mg, 100mg vial</td>
<td></td>
</tr>
<tr>
<td>Cyclophosphamide 500mg tab, INJ 500mg</td>
<td></td>
</tr>
<tr>
<td>Doxorubicin INJ 10mg, 50mg</td>
<td></td>
</tr>
<tr>
<td>Etoposide INJ 100mg vial</td>
<td></td>
</tr>
<tr>
<td>Exemestane 25mg tab</td>
<td></td>
</tr>
<tr>
<td>Fluorouracil INJ 2.5gm/50mL vial</td>
<td></td>
</tr>
<tr>
<td>Levetazole 2.5mg tab</td>
<td></td>
</tr>
<tr>
<td>Leuprolide Acetate INJ 3.75mg vial</td>
<td></td>
</tr>
<tr>
<td>Megestrol Acetate 40mg tab, 40mg/ml susp</td>
<td></td>
</tr>
<tr>
<td>Methotrexate 2.5mg tab</td>
<td></td>
</tr>
<tr>
<td>Rituximab INJ 100mg, 500mg vial</td>
<td></td>
</tr>
<tr>
<td>Rituximab/Hyaluronidase INJ 1400mg/23400 units, 1600mg/26800 units</td>
<td></td>
</tr>
<tr>
<td>Tamoxifen 10mg tab</td>
<td></td>
</tr>
<tr>
<td>Trastuzumab INJ 440mg vial</td>
<td></td>
</tr>
<tr>
<td>Vincristine INJ 2mg/2mL vial</td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>12.00 Autonomic Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.04 Parasympathomimetic (Cholinergic) Agents</td>
</tr>
<tr>
<td>Bethanechol 25mg tab, 5mg tab</td>
</tr>
<tr>
<td>Donepezil 5mg tab</td>
</tr>
<tr>
<td>Neostigmine methylsulfate 1:1000</td>
</tr>
<tr>
<td>Physostigmine Salicylate INJ 1mg/mL</td>
</tr>
<tr>
<td>Pyridostigmine 60mg tab, 180mg SR tab, INJ 5mg/mL</td>
</tr>
<tr>
<td>12.08 Anticholinergic Agents</td>
</tr>
<tr>
<td>12.08.08 Antimuscarinics/ Antispasmodics</td>
</tr>
<tr>
<td>Atropine Sulfate INJ 0.4mg/1mL vial, 1mg/10mL syr</td>
</tr>
<tr>
<td>Dicyclomine 10mg cap, 20mg tab</td>
</tr>
<tr>
<td>Glycopyrrolate INJ 0.2mg/1mL vial</td>
</tr>
<tr>
<td>Ipratropium 0.02% U/D svn soln, 14.7gm inhaler</td>
</tr>
<tr>
<td>Scopolamine transderm patch</td>
</tr>
<tr>
<td>Tiotropium (Spiriva Respimat) 4gm inhaler</td>
</tr>
<tr>
<td>Umeclidinium/Vilanterol 62.5/25mcg inhaler</td>
</tr>
<tr>
<td>12.12 Sympathomimetic (Adrenergic) Agents</td>
</tr>
<tr>
<td>Albuterol 0.083% svn soln, 0.5% svn soln, 6.7gm inhaler</td>
</tr>
<tr>
<td>Albuterol/Ipratropium 4gm inhaler (Combivent Respimat)</td>
</tr>
<tr>
<td>Dobutamine INJ 250mg/20mL</td>
</tr>
<tr>
<td>Dopamine INJ 200mg/5mL vial, 200mg/250mL D5W premix</td>
</tr>
<tr>
<td>Ephedrine Sulfate INJ 50mg/mL amp</td>
</tr>
<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>
</tr>
<tr>
<td>Midodrine 5mg TAB</td>
</tr>
<tr>
<td>Norepinephrine INJ</td>
</tr>
<tr>
<td>Oxymetazoline 0.05% nasal spray</td>
</tr>
<tr>
<td>Phenylephrine 10mg/mL</td>
</tr>
<tr>
<td>Pseudoephedrine 30mg/5mL liquid, 60mg tab</td>
</tr>
<tr>
<td>Terbutaline INJ 1mg/ml</td>
</tr>
<tr>
<td>12.16 Sympatholytic (Adrenergic Blocking) Agents</td>
</tr>
<tr>
<td>Phentolamine Mesylate INJ</td>
</tr>
<tr>
<td>12.20 Skeletal Muscle Relaxants</td>
</tr>
<tr>
<td>Baclofen 10mg tab</td>
</tr>
<tr>
<td>12.92 Autonomic Drugs, Miscellaneous</td>
</tr>
<tr>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Nicotine transdermal 7, 14, 21mg/day, polacrilex gum 2mg, polacrilex lozenge 2mg</td>
</tr>
<tr>
<td>Varenicline 0.5mg, 1mg tab</td>
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</tbody>
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<table>
<thead>
<tr>
<th>16.00 Blood Derivatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albumin Human 25% INJ 12.5gm/50mL vial</td>
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</table>

<table>
<thead>
<tr>
<th>20.00 Blood Formation, Coagulation, and Thrombosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.04 Antianemia Drugs</td>
</tr>
<tr>
<td>20.04.04 Iron Preparations</td>
</tr>
<tr>
<td>Ferrous Gluconate 324mg tab</td>
</tr>
<tr>
<td>Ferrous Sulfate 125mg/mL drops, 325mg tab</td>
</tr>
<tr>
<td>Iron Sucrose Complex INJ 20mg/mL</td>
</tr>
<tr>
<td>20.12 Antithrombotic Agents</td>
</tr>
<tr>
<td>20.12.04 Anticoagulants</td>
</tr>
<tr>
<td>Apixaban 2.5mg tab, 5mg tab</td>
</tr>
<tr>
<td>Enoxaparin INJ 30mg, 40mg, 60mg, 80mg, 100mg, 120mg, 150mg syringes</td>
</tr>
<tr>
<td>Fondaparinux INJ 2.5mg, 5mg, 7.5mg, 10mg syringes</td>
</tr>
<tr>
<td>Heparin Flush INJ 100 units/mL vial (5mL prefilled syringes)</td>
</tr>
<tr>
<td>Heparin INJ 5,000 units/0.5ml syringe, 10,000 units/1mL vial, 25,000 units/250mL premix bag</td>
</tr>
<tr>
<td>Rivaroxaban 10mg tab, 15mg tab, 20mg tab</td>
</tr>
<tr>
<td>Warfarin 1mg tab, 2mg tab, 3mg tab, 4mg tab, 5mg tab, 6mg tab, 7.5mg tab</td>
</tr>
<tr>
<td>20.12.14 Platelet-reducing Agents</td>
</tr>
<tr>
<td>20.12.18 Platelet-Aggregation Inhibitors</td>
</tr>
<tr>
<td>Cilostazol 100mg tab</td>
</tr>
<tr>
<td>Clopidogrel 75mg tab</td>
</tr>
<tr>
<td>20.16 Hematopoietic Agents</td>
</tr>
<tr>
<td>Darbepoetin INJ 200mcg/1mL vial</td>
</tr>
<tr>
<td>Filgrastim INJ 300mcg/mL vial</td>
</tr>
<tr>
<td>Pegfilgrastim-jmdb INJ 6mg/0.6mL syr</td>
</tr>
<tr>
<td>20.24 Hemorrheologic Agents</td>
</tr>
<tr>
<td>Pentoxyfylline 400mg tab</td>
</tr>
<tr>
<td>20.28 Antihemorrhagic Agents</td>
</tr>
<tr>
<td>20.28.08 Antiheparin Agents</td>
</tr>
<tr>
<td>Protamine Sulfate INJ 50mg/5mL vial</td>
</tr>
<tr>
<td>20.28.16 Hemostatics</td>
</tr>
<tr>
<td>Prothrombin Complex Concentrate 4-Factor</td>
</tr>
<tr>
<td>Thrombin 20,000 unit topical</td>
</tr>
<tr>
<td>Tranexamic Acid 650mg tab, INJ 1gm/10ml vial</td>
</tr>
<tr>
<td>20.40 Thrombolytic Agents</td>
</tr>
<tr>
<td>Alteplase Cathflo 2mg vial</td>
</tr>
<tr>
<td>Tenecteplase INJ 50mg vial</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24.00 Cardiovascular Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.04 Cardiac Drugs</td>
</tr>
<tr>
<td>24.04.04 Antiarrhythmic Agents</td>
</tr>
<tr>
<td>Adenosine INJ 6mg/2mL syr</td>
</tr>
<tr>
<td>Amiodarone 200mg tab, INJ 150mg/3mL vial</td>
</tr>
<tr>
<td>Flecaainide 50mg tab, 100mg tab, 150mg tab</td>
</tr>
</tbody>
</table>
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
  Nicardipine 20mg/200ml bag
  Nitroglycerin 0.4mg sl tab, 2% oint, INJ 25mg/250mL D5W premix, INJ 50mg/10mL vial

24.12.12 Phosphodiesterase Inhibitors
  Sildenafil 25mg tab, 50mg tab, 100mg tab

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
<table>
<thead>
<tr>
<th><strong>28.00 Central Nervous System Agents</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>28.04 General Anesthetics</strong></td>
</tr>
<tr>
<td>Etomidate INJ 20mg/10mL vial</td>
</tr>
<tr>
<td>Propofol INJ 200mg/20mL vial, 500mg/50mL vial, 1000mg/100mL vial</td>
</tr>
<tr>
<td>Sevoflurane 250mL</td>
</tr>
<tr>
<td><strong>28.08 Analgesics and Antipyretics</strong></td>
</tr>
<tr>
<td><strong>28.08.04 Nonsteroidal Anti-inflammatory Agents</strong></td>
</tr>
<tr>
<td>Aspirin 120mg supp, 300mg supp, 600mg supp, 325mg EC tab, 325mg tab, 81mg EC tab, 81mg tab</td>
</tr>
<tr>
<td>Celecoxib 100mg cap, 200mg cap</td>
</tr>
<tr>
<td>Diclofenac 1% Gel, 100 gm tube</td>
</tr>
<tr>
<td>Ibuprofen 100mg/5mL susp, 200mg tab, 400mg tab, 600mg tab, 800mg tab</td>
</tr>
<tr>
<td>Indomethacin 25mg cap</td>
</tr>
<tr>
<td>Ketorolac INJ 30mg/1mL vial/syringe, 60mg/2mL vial</td>
</tr>
<tr>
<td>Meloxicam 7.5mg, 15mg tab</td>
</tr>
<tr>
<td>Methylsalicylate 15% and Menthol 10% Analgesic Balm</td>
</tr>
<tr>
<td>Nabumetone 500mg tab, 750mg tab</td>
</tr>
<tr>
<td>Naproxen 250mg tab, 500mg tab</td>
</tr>
<tr>
<td>Piroxicam 20mg cap</td>
</tr>
<tr>
<td>Salsalate 500mg tab, 750mg tab</td>
</tr>
<tr>
<td>Sulindac 200mg tab</td>
</tr>
<tr>
<td><strong>28.08.08 Opiate Agonists</strong></td>
</tr>
<tr>
<td>APAP/Codeine 12mg/5mL soln, 300mg/30mg tab</td>
</tr>
<tr>
<td>APAP/OXYcodone 325mg/5mg tab</td>
</tr>
<tr>
<td>Codeine Sulfate 30mg tab</td>
</tr>
<tr>
<td>Fentanyl 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr patch</td>
</tr>
<tr>
<td>Fentanyl INJ 100mcg/2mL vial, 250mcg/5mL amp, 2500mcg/50mL vial</td>
</tr>
<tr>
<td>Fentanyl PCA INJ 10mcg/ml</td>
</tr>
<tr>
<td>HYDROcodone 7.5mg/Acetaminophen 325mg per 15ml solution</td>
</tr>
<tr>
<td>HydroMORPHONE INJ 0.5mg/0.5mL syr, 1mg/mL syr</td>
</tr>
<tr>
<td>Meperidine INJ, 25mg syr, 50mg syr</td>
</tr>
<tr>
<td>Morphine ER 15mg tab, ER 30mg tab, ER 60mg tab, IR 15mg tab, IR 30mg tab, INJ 2mg/mL syr, 4mg/mL syr, 10mg/mL syr, INJ 30mg/30mL PCA vial, 10mg/5mL soln, 20mg/mL soln</td>
</tr>
<tr>
<td>Morphine PF INJ 10mg/1mL vial, 10mg/10mL amp/vial</td>
</tr>
<tr>
<td>OXYcodone 5mg tab</td>
</tr>
<tr>
<td>Tramadol 50mg tab</td>
</tr>
<tr>
<td><strong>28.08.12 Opiate Partial Agonists</strong></td>
</tr>
<tr>
<td>Buprenorphine 2mg, 8mg tab</td>
</tr>
<tr>
<td>Buprenorphine/ Naloxone 2mg/0.5mg, 8mg/2mg SL tab</td>
</tr>
<tr>
<td>Butorphanol INJ 2mg/1mL vial</td>
</tr>
<tr>
<td>Nalbuphine INJ 100mg/10mL vial</td>
</tr>
<tr>
<td><strong>28.08.92 Analgesics and Antipyretics, Miscellaneous</strong></td>
</tr>
<tr>
<td>Acetaminophen 160mg/5mL susp, 325mg tab, 80mg tab, 120mg supp, 325mg supp, 650mg supp, INJ 1000mg/100mL vial</td>
</tr>
<tr>
<td><strong>28.10 Opiate Antagonists</strong></td>
</tr>
<tr>
<td>Naloxone INJ 0.4mg/1mL amp, INJ 1mg/1mL amp, Nasal Spray 4mg/0.1mL</td>
</tr>
<tr>
<td>Naltrexone 50mg tab</td>
</tr>
</tbody>
</table>
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
Mirtazapine 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 cap, 5mg tab
Haloperidol 0.5mg tab, 1mg tab, 2mg tab, 5mg tab, 2mg/ml soln, INJ 50mg/1mL amp,
INJ 5mg/1mL amp
Lurasidone 20mg tab, 40mg tab, 60mg tab, 120mg tab
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
- **Methylphenidate**: 5mg tab, 10mg tab

### 28.20.08 Anorexigenic Agents

- **Phentermine**: 37.5mg 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, 200mcg/2ml vial, 200mcg/50ml bag
- **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

- **Isosulfan Blue**: INJ 10mg/mL

### 36.04 Adrenocortical Insufficiency

- **Cosyntropin**: INJ 0.25mg vial

### 36.40 Kidney Function

- **Indigotindisulfonate**: 0.8% INJ

### 36.60 Thyroid Function

- **Thyrotropin Alpha**: INJ

### 36.68 Roentgenography

- **Barium Sulfate**: 2% Suspension
- **Diatrizoxide Meglumine**: 66%/Diatrizolate Sodium: 10% INJ
- **Gadoterate Dimeglumine**: 0.5mmol/mL INJ
<table>
<thead>
<tr>
<th>36.84 Tuberculosis</th>
<th>Tuberculin, PPD</th>
</tr>
</thead>
</table>

### 40.00 Electrolytic, Caloric, and Water Balance

#### 40.08 Alkalinizing Agents
- Bicitra soln
- Polycitra-K soln
- Sodium Bicarb INJ 4.2% 5mEq/10mL syr, 650mg tab, INJ 50mEq/50mL vial

#### 40.10 Ammonia Detoxicants
- Lactulose soln

#### 40.12 Replacement Preparations
- Calcium Acetate 667mg gelcap
- Calcium Carbonate 1250mg tab
- Calcium Chloride INJ 1gm/10mL syr
- Calcitrate (315mg Ca++) + Vit D 200U tab
- Calcium Gluconate INJ 10%
- Phosphorus 250mg powder concentrate
- Potassium Acetate 40mEq/20mL vial
- Potassium Chloride 10mEq tab, 20mEq dispersible tab, 20% Soln, 20mEq packet, INJ 2mEq/mL 30mL vial
- Potassium Phosphate INJ 45mm/15mL vial
- Sodium Acetate INJ 2mEq/mL
- Sodium Chloride 0.9% INJ 10mL SYR
- Sodium Chloride 3% INJ 500mL
- Sodium Chloride INJ 4mEq/mL
- Sodium Phosphate INJ 45mm/15mL vial
- Zinc Sulfate 220mg cap

#### 40.18 Ion-Removing Agents

##### 40.18.18 Potassium-removing Agents
- Sodium Polystyrene Sulfonate susp

##### 40.18.19 Phosphate-removing Agents
- Sevelamer *Carbonate* 800mg tab, 2.4gm powder packet

#### 40.20 Caloric Agents
- Amino Acids 4.25%/Dextrose 5%, 1000mL bag, 2000mL bag
- Dextrose 50% INJ 25gm/50mL syr, INJ 50mL vial
- Fat Emulsion 20% INJ 500ml bag
- Glucose 5gm tab
- Glucose 40% gel, 37.5g tube

#### 40.28 Diuretics
- Bumetanide 1mg tab, 2mg tab, INJ 1mg/4mL vial, INJ 2.5mg/10mL vial
- Chlorothiazide INJ 500mg vial
- Chlorothalidone 25mg tab
- Furosemide INJ 10mg/mL, INJ 100mg/10mL, 10mg/mL soln, 20mg tab, 40mg tab
- Hydrochlorothiazide 25mg tab, 50mg tab
- Mannitol 25% INJ
- Maxzide 75/50mg tab
- Metolazone 2.5mg tab, 5mg tab, 10mg tab

#### 40.36 Irrigating Solutions
- Acetic Acid 0.25% irrig

#### 40.40 Uricosuric Agents
- Probenecid 500mg tab
<table>
<thead>
<tr>
<th>44.00 Enzymes</th>
<th>Hyaluronidase 200 units/1ml INJ</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>48.00 Respiratory Tract Agents</strong></td>
<td><strong>48.08 Antitussives</strong>&lt;br&gt;Dextromethorphan 15mg/5mL w/ Guaifenesin cough syrup</td>
</tr>
<tr>
<td></td>
<td><strong>48.10 Anti-inflammatory Agents</strong>&lt;br&gt;<strong>48.10.24 Leukotriene Modifiers</strong>&lt;br&gt;Montelukast 4mg chew tab, 5mg chew tab, 10mg tab</td>
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<td></td>
<td><strong>48.16 Expectorants</strong>&lt;br&gt;Guaifenesin LA 600mg tab</td>
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<td></td>
<td><strong>48.24 Mucolytic Agents</strong>&lt;br&gt;Acetylcysteine 20% inhalation/oral soln</td>
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<td></td>
<td><strong>48.36 Surfactants</strong>&lt;br&gt;Poractant Alfa Intratracheal Suspension 240mg/3ml vial</td>
</tr>
<tr>
<td><strong>52.00 Eye, Ear, Nose, and Throat (EENT) Preparations</strong></td>
<td><strong>52.02 Antiallergic Agents</strong>&lt;br&gt;Cromolyn Sodium 4% ophth soln&lt;br&gt;Ketotifen 0.025% ophth soln&lt;br&gt;Olopatadine 0.1% ophth soln</td>
</tr>
</tbody>
</table>
| | **52.04 Anti-infectives**<br>**52.04.04 Antibacterials**<br>Ciprofloxacin 0.3% ophth oint, 0.3% ophth soln, 6% otic suspension<br>Neomycin/polymyxin/hydrocortisone otic soln, otic susp<br>Erythromycin ophth oint<br>Gentamicin 0.3% ophth soln, ophth oint<br>Gentamicin 13.5mg/ml fortified ophth soln<br>Moxifloxacin 0.5% ophth soln<br>Neomycin/Polymyxin/Gramicidin ophth soln<br>Polyoxymycin/Bacitracin ophth oint<br>Polyoxymycin/trimethoprim ophth soln<br>Prednisolone/Sulfacetamide ophth soln<br>Vancomycin ophth soln<br>**52.04.20 Antivirals**<br>Trifluridine 1% ophth soln<br>**52.04.92 Anti-infectives, Miscellaneous**<br>Carbamide Peroxide 6.5% otic soln<br>DSC otic powder<br>**52.08 Anti-inflammatory Agents**<br>Bromfenac 0.09% ophth soln<br>Cyclosporine 0.05% ophth emul<br>Difluprednate 0.05% ophth emul<br>Flunisolide nasal 0.025% soln<br>Fluorometholone 0.1% ophth soln<br>Flurbiprofen 0.03% ophth soln<br>Fluticasone nasal 0.05% spray<br>Ketorolac 0.05% ophth soln<br>Lopetprednol 0.5% ophth susp<br>Neo/Polymyx/Dex ophth oint, ophth susp<br>Predisolone 1% ophth sol<br>Prednisolone Phos 0.125% ophth soln<br>Triamcinolone Acetonide Inj 40mg/ml (Preservative-free), 1 ml vial<br>**52.16 Local Anesthetics**<br>Cocaine 4% topical soln<br>Dyclonine 2mg lozenges, 1% Oral-Topical Solution<br>Proparacaine 0.5% ophth soln<br>Tetracaine 4% topical soln<br>**52.24 Mydriatics**
### 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
- Hypermellose 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 Magnessia

### 56.08 Antidiarrhea Agents
- Bismuth Subsalicylate 262mg tab
- Lactobacillus Caplets
- Loperamide 1mg/7.5mL liquid, 2mg cap

### 56.10 Antiflatulents
### 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
- **Nulytely-cherry flavor**
- **Polyethylene Glycol 3350** pwdr
- **Psyllium Hydro Mucilloid**
- **Senna Tablets**
- **Sodium Phosphate** enema

### 56.14 Cholelitholytic Agents
- **Ursodiol** 300mg cap

### 56.16 Digestants
- Pancrelipase 5000 units DR cap, 20,000 units DR cap

### 56.22 Antiemetics
- **Doxylamine** 10mg/Pyridoxine 10mg Delayed-Release Tablets
- **Fosaprepitant** INJ 150mg vial
- **Meclizine** 25mg chewable tab
- **Ondansetron** 4mg tab, 8mg tab, 4mg orally disintegrating tab, 4mg/5mL Solution, INJ 4mg/2mL vial
- **Palonosetron** 0.25mg/5mL vial
- **Prochlorperazine** 10mg tab, 25mg supp, INJ 10mg/2mL vial

### 56.28 Antiulcer Agents and Acid Suppressants
#### 56.28.12 Histamine H2-Antagonists
- **Famotidine** 20mg/50ml inj
- **Ranitidine** 150mg tab, 15mg/mL soln

#### 56.28.28 Prostaglandins
- **Misoprostol** 100mcg tab, 200mcg tab

#### 56.28.32 Protectants
- **Sucralfate** 1gm tab, 1gm/10mL susp

#### 56.28.36 Proton-pump Inhibitors
- **Lansoprazole** 15mg cap, 30mg cap, 3mg/ml Suspension (Kit for Reconstitution)
- **Omeprazole** 20mg cap
- **Pantoprazole** INJ 40mg vial, 20mg tab

### 56.32 Prokinetic Agents
- **Metoclopramide** 10mg tab, 5mg/5mL syrup, INJ 10mg/2mL vial

### 56.36 Anti-inflammatory Agents
- **Mesalamine** 375mg SR cap, 4gm/60mL enema

### 56.92 GI Drugs, Miscellaneous
- **Alvimopan** 12mg cap
- **Orlistat** 60mg cap, 120mg cap

### 60.00 Gold Compounds
- None (Aurothioglucose removed from formulary 10/2013)

### 64.00 Heavy Metal Antagonists
- **Deferoxamine** 500mg INJ
- **Dimercaprol** 10% INJ
- **Edetate Calcium Disod** INJ 1000mg/5mL amp

### 68.00 Hormones and Synthetic Substitutes
#### 68.04 Adrenals
- **Betamethasone** INJ 30mg/5mL vial
- **Dexamethasone** 0.5mg tab, 4mg tab, 1mg/ml oral solution (Intensol), 0.5mg/5ml oral solution, INJ 4mg/mL, 10mg/mL
- **Fludrocortisone** 0.1mg tab
- **Fluticasone** 100/Salmeterol 50 disk, 250/Salmeterol 50 disk, 500/Salmeterol 50 disk
- **Fluticasone** 44mcg inhaler, 110mcg inhaler, 220mcg inhaler
Hydrocortisone 5mg tab, 10mg tab, 20mg tab, INJ 100mg/2mL vial
Methylprednisolone Acetate INJ 40mg/1mL vial, 80mg/1mL vial
Methylprednisolone Sod Succinate INJ 40mg, 125mg, 500mg, 1GM vial
Mometasone Furoate 220mcg inhaler
Mometasone 100/Formoterol 5, Mometasone 200/Formoterol 5 inhaler, 120 sprays
Prednisolone 15mg/5mL syrup
Prednisone 1mg tab, 5mg tab, 10mg tab, 20mg tab
Triamcinolone Acet INJ 10mg/mL, INJ 40mg/mL

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, Orsythia, Sronyx, or equivalent)
Ethinyl Estradiol 0.03mg/Levonorgestrel 0.15mg tab, 91’s
  (Jolessa, or equivalent)
Ethinyl Estradiol 0.035mg/Norethindrone 1mg tab, 28’s
  (Cyclafem 1/35, Norinyl 1/35, Ortho Novum 1/35, or equivalent)
Ethinyl Estradiol/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 0.05mg/day, patch 0.1mg/day
Estradiol Valerate INJ 100mg/5mL vial
Estrogens, conj 0.3mg tab, 0.625mg tab, 1.25mg tab, vag cr 0.625mg/gm, INJ 25mg
Estrogens, Esterified and Methyltestosterone (Covaryx) Tab
Premphase 0.625/5mg tab
Prempro 0.3/1.5mg tab, 0.65/2.5mg tab

68.18 Gonadotropins
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
68.20.08 Insulins
Insulin 70/30 (70N/30R) vial
Insulin Aspart U-100 vial, 3mL prefilled syringe
Insulin Aspart Protamine 70% / Insulin Aspart 30%, 3mL prefilled syringe (pen)
Insulin Detemir U-100 vial, 3mL prefilled syringe (pen)
Insulin Glargine U-100 vial, 3mL prefilled syringe (pen)
Insulin NPH U-100 vial
Insulin Regular U-100 vial
Insulin Regular U-500 vial, 3 ml prefilled syringe
68.20.18 Sodium-glucose Cotransporter 2 (SGLT2 Inhibitors)
Empagliflozin 10mg tab, 25mg tab
68.20.20 Sulfonylureas
Glipizide 5mg tab, 10mg tab, XL 2.5mg tab, XL 5mg tab, XL 10mg tab
Gliburide 5mg tab
68.20.28 Thiazolidinediones
Pioglitazone 15mg tab, 30mg tab, 45mg tab
68.20.92 Antidiabetic Agents, Miscellaneous
Acarbose 100mg tab, 25mg tab
Glucovance 2.5mg/500mg, 5mg/500mg

68.22 Antihypoglycemic Agents
Glucagon INJ 1mg/mL emergency kit

68.28 Pituitary
Desmopressin 0.1mg tab, 0.2mg tab, 0.01% nasal solution
Vasopressin INJ 20units/1mL

68.32 Progestins
Medroxyprogesterone 10mg tab, 2.5mg tab, INJ 150mg/mL
Progesterone in Oil 50mg/mL INJ

68.36 Thyroid and Antithyroid Agents
68.36.04 Thyroid Agents
Levothyroxine 0.025, 0.05, 0.075, 0.088, 0.1, 0.112, 0.125, 0.15, 0.175mg tabs,
INJ 100mcg
Liothyronine 5mcg tab, 25mcg tab
68.36.08 Antithyroid Agents
Methimazole 10mg tab
Propylthiouracil 50mg tab

72.00 Local Anesthetics
Bupivacaine 0.5% INJ
Bupivacaine-MPF 0.5% INJ
Bupivacaine 0.75% spinal INJ
Bupivacaine 0.25%/Epi 1:200,000 INJ, 0.5%/Epi 1:200,000 INJ
Lidocaine 1% INJ
Lidocaine 2% INJ
Lidocaine 1% w/Epi INJ
Lidocaine 2% w/Epi INJ
Lidocaine-MPF 1% INJ, 2% INJ
Lidocaine 2% jelly, 4% topical soln
Lidocaine viscous 2% oral topical soln
Lidocaine/Adrenaline/Tetracaine topical gel
<table>
<thead>
<tr>
<th>76.00 Oxytocics</th>
<th>Methylergonovine INJ 0.2mg/mL vial, 0.2mg tab</th>
<th>Oxytocin INJ 10unit vial</th>
</tr>
</thead>
<tbody>
<tr>
<td>80.00 Serums, Toxoids, and Vaccines</td>
<td><strong>80.04 Serums</strong></td>
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<tr>
<td></td>
<td>Antivenin - Centruroides (Scorpion) Immune F(ab’)2 INJ “ANASCORP®”</td>
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<td>Antivenin - Lactodectus Mactans (Black Widow Spider) INJ</td>
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<td></td>
<td>Hepatitis-B Immune Globulin INJ</td>
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<td></td>
<td>Immune Globulin (Human) INJ</td>
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<td>Rabies Immune Globulin INJ</td>
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<td></td>
<td>Tetanus Immune Glob 250units INJ</td>
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<td><strong>80.08 Toxoids</strong></td>
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<tr>
<td></td>
<td>Diptheria &amp; Tetanus (DT) - pediatric</td>
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<td>Diptheria/Tetanus/Acellular Pertussis (DtaP)</td>
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<td>Diptheria/Tetanus/Acellular Pertussis/Hep-B/Polio (inactivated) combined</td>
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<td>Diptheria/Tetanus/Acellular Pertussis/Polio (inactivated)</td>
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<td>Tetanus &amp; Diptheria toxoids INJ (Td) – adult</td>
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<td>Tetanus/diphtheria/acellualr pertussis (Tdap)</td>
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<td><strong>80.12 Vaccines</strong></td>
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<tr>
<td></td>
<td>Hepatitis-A vaccine 720units/0.5mL and 1440units/mL INJ</td>
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<td>Hepatitis-B vaccine INJ 20mcg/ml (Adult), 10mcg/0.5ml (Pediatric)</td>
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<td>OR 5mcg/0.5ml (Pediatric)</td>
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<td>HPV vaccine INJ (9-valent)</td>
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<td></td>
<td>Influenza Vaccine, Inactive INJ</td>
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<td>Influenza Vaccine, LIVE (nasal)</td>
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<td>Measles/Mumps/Rubella vaccine INJ</td>
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<td>Meningococcal Serogroup B Vaccine INJ</td>
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<td>Meningococcal Diphtheria Toxoid Conjugate vaccine INJ</td>
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<td>Meningococcal polysaccharide Vaccine INJ</td>
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<td>Pneumococcal vaccine INJ (PCV13 and PPSV23)</td>
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<td>Poliovirus vaccine (IPV) INJ</td>
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<td>Rabies vaccine, human diploid INJ</td>
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<td></td>
<td>Rotavirus vaccine, LIVE, oral pentavalent</td>
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<td>Varicella vaccine, single dose vial INJ</td>
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<td>Zoster vaccine, recombinant INJ</td>
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<tr>
<td>84.00 Skin and Mucous Membrane Agents</td>
<td><strong>84.04 Anti-infectives</strong></td>
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<td></td>
<td><strong>84.04.04 Antibacterials</strong></td>
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<tr>
<td></td>
<td>Bacitracin oint</td>
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<tr>
<td></td>
<td>Benzoyl peroxide 5%/Clindamycin 1.2% gel</td>
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<tr>
<td></td>
<td>Clindamycin 1% gel</td>
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<tr>
<td></td>
<td>Clindamycin 1% lotion</td>
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<tr>
<td></td>
<td>Metronidazole 0.75% lotion, 1% gel, vaginal gel</td>
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<tr>
<td></td>
<td>Minocycline Microspheres 1mg (dental use)</td>
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<td></td>
<td>Mupirocin 2% oint</td>
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<td><strong>84.04.08 Antifungals</strong></td>
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<tr>
<td></td>
<td>Clotrimazole 1% cream, 1% topical soln, 1% vaginal cream, 10mg troche</td>
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<td></td>
<td>Gentian Violet 1% top soln</td>
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<tr>
<td></td>
<td>Ketoconazole 2% cream, shampoo</td>
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<td></td>
<td>Miconazole 2% cream, 2% powder</td>
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<tr>
<td></td>
<td>Nystatin cream</td>
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<tr>
<td></td>
<td>Terbinaine 1% cream</td>
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<td></td>
<td><strong>84.04.12 Scabicides and Pediculicides</strong></td>
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</tr>
<tr>
<td></td>
<td>Permethrin crème rinse</td>
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<tr>
<td></td>
<td>Permethrins 5% cream</td>
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</tbody>
</table>
### 84.04.92 Local Anti-infectives, Miscellaneous
- Chlorhexidine oral rinse 0.12%
- Selenium Sulfide 2.5% lotion
- Silver Sulfadiazine 1% cream

### 84.06 Anti-inflammatory Agents
- Clobetasol 0.05% cream, 0.05% oint, 0.05% scalp soln
- Desonide 0.05% cream, lotion, oint
- Fluocinonide 0.05% cream, 0.05% oint, 0.05% topical soln
- Hydrocortisone 1% cream, 1% oint, 2.5% oint, 100mg enema
- Hydrocortisone/Pramoxine rectal foam
- Triamcinolone 0.1% Dental Paste

### 84.08 Antipruritics and Local Anesthetics
- Benzocaine 10mg/Menthol 2mg oral lozenge
- Benzocaine 20%/Menthol 0.5% top spray
- Ethyl Chloride Spray
- Hemorrhoidal supp
- Hemorrhoidal-HC supP
- Lidocaine 5% Ointment
- Lidocaine 5% Patch
- Phenazopyridine 100mg tab

### 84.16 Cell Stimulants and Proliferants
- Tretinoin 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream

### 84.24 Emollients, Demulcents, and Protectants
- Ammonium Lactate 12% Lotion
- Biafine emulsion topical
- Lanolin
- Petrolatum Liquid, White
- Vitamin A&D oint

### 84.28 Keratolytic Agents
- Benzoyl peroxide gel, 5% (aqueous base)
- Salicylic Acid 17% top soln, 40% plaster
- Silver Nitrate applicator
- 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
- 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

### 86.12 Genitourinary Smooth Muscle Relaxants
- Oxybutynin 5mg tab, 10mg XL tab
<table>
<thead>
<tr>
<th>86.16 Respiratory Smooth Muscle Relaxants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theophylline 100mg SR tab, 200mg SR cap, 300mg SR cap</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>88.00 Vitamins</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.04 Vitamin A</td>
</tr>
<tr>
<td>Vitamin A 10,000IU cap</td>
</tr>
<tr>
<td>Vitamin A Palmitate 5000IU</td>
</tr>
<tr>
<td>88.08 Vitamin B Complex</td>
</tr>
<tr>
<td>Cyanocobalamin 1000mcg tab, INJ 1000mcg/1mL</td>
</tr>
<tr>
<td>Folic Acid 1mg tab</td>
</tr>
<tr>
<td>Hydroxocobalamin INJ 5gm/2mL vial kit</td>
</tr>
<tr>
<td>Pyridoxine 100mg/mL INJ, 50mg tab</td>
</tr>
<tr>
<td>Riboflavin 100mg tab</td>
</tr>
<tr>
<td>Thiamine 50mg, 100mg tab, INJ 100mg/mL vial</td>
</tr>
<tr>
<td>88.12 Vitamin C</td>
</tr>
<tr>
<td>Ascorbic Acid 500mg tab</td>
</tr>
<tr>
<td>88.16 Vitamin D</td>
</tr>
<tr>
<td>Calcitriol 0.25mcg cap</td>
</tr>
<tr>
<td>Cholecalciferol 400, 1000, 50,000 units tab</td>
</tr>
<tr>
<td>Ergocalciferol 50,000 unit cap, 8,000units/mL oral soln</td>
</tr>
<tr>
<td>88.24 Vitamin K Activity</td>
</tr>
<tr>
<td>Phytonadione 1mg/0.5mL INJ, 5mg tab, INJ 10mg/mL amp</td>
</tr>
<tr>
<td>88.28 Multivitamin Preparations</td>
</tr>
<tr>
<td>Multivit w/Minerals &amp; FA tab</td>
</tr>
<tr>
<td>Multivitamin INJ</td>
</tr>
<tr>
<td>Multivitamin, ophthalmic with lutein and zeaxanthine gelcaps</td>
</tr>
<tr>
<td>Multivitamin oral susp</td>
</tr>
<tr>
<td>Multivitamin tab</td>
</tr>
<tr>
<td>Vitamin B&amp;C Complex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>92.00 Miscellaneous Therapeutic Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>92.08 5-α-Reductase Inhibitors</td>
</tr>
<tr>
<td>Finasteride 5mg tab</td>
</tr>
<tr>
<td>92.12 Antidotes</td>
</tr>
<tr>
<td>Acetylcysteine INJ 6gm/30ml vial</td>
</tr>
<tr>
<td>Folic Acid 5mg tab</td>
</tr>
<tr>
<td>Fomepizole INJ 1.5gm/1.5mL vial</td>
</tr>
<tr>
<td>Methylene Blue 0.5% INJ 10mL</td>
</tr>
<tr>
<td>Pralidoxime Chloride 1g/20mL</td>
</tr>
<tr>
<td>Sodium Thiosulfate INJ 25% (12.5gm/50mL vial)</td>
</tr>
<tr>
<td>Sugammadex INJ 100mg/mL</td>
</tr>
<tr>
<td>92.16 Antigout Agents</td>
</tr>
<tr>
<td>Allopurinol 100mg tab, 300mg tab</td>
</tr>
<tr>
<td>Colchicine 0.6mg tab</td>
</tr>
<tr>
<td>92.20 Biologic Response Modifiers</td>
</tr>
<tr>
<td>Thalidomide 50mg cap</td>
</tr>
<tr>
<td>92.24 Bone Resorption Inhibitors</td>
</tr>
<tr>
<td>Alendronate 35mg tab, 70mg tab</td>
</tr>
<tr>
<td>Zoledronic Acid INJ 4mg/100ml bag, 5mg/100ml bag</td>
</tr>
<tr>
<td>92.36 Disease-Modifying Antirheumatic Agents</td>
</tr>
<tr>
<td>Adalimumab INJ 40mg/0.8mL pen</td>
</tr>
<tr>
<td>Etanercept INJ 25mg/mL vial, syr, 50mg/ml pen, cartridge</td>
</tr>
<tr>
<td>Infliximab-abda INJ 100mg</td>
</tr>
<tr>
<td>Leflunomide 20mg tab, 100mg tab</td>
</tr>
<tr>
<td>92.44 Immunosuppressive Agents</td>
</tr>
<tr>
<td>Azathioprine 50mg tab</td>
</tr>
<tr>
<td>Cyclosporine (Neoral) 100mg cap, 100mg/mL soln, 25mg cap</td>
</tr>
<tr>
<td>Mycophenolate 250mg cap</td>
</tr>
<tr>
<td>92.92 Other Miscellaneous Therapeutic Agents</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Botulinum Toxin Type A</td>
</tr>
<tr>
<td>Melatonin 3mg tab</td>
</tr>
<tr>
<td>Octreotide INJ 50mcg, 200mcg, 500mcg, 1000mcg/mL</td>
</tr>
<tr>
<td>Perflutren Lipid Microspheres Inj, 2ml vial</td>
</tr>
<tr>
<td>Tamsulosin 0.4mg ER cap</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>96.00 Pharmaceutical Aids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetone</td>
</tr>
<tr>
<td>Alcohol, Ethyl 95%</td>
</tr>
<tr>
<td>Glycerin, USP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>99.00 Non-indexed Therapeutic Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetic Acid 2% otic soln, vaginal jelly</td>
</tr>
<tr>
<td>Acetylcysteine 600mg cap</td>
</tr>
<tr>
<td>Accu-Chek Aviva test strips</td>
</tr>
<tr>
<td>Alcohol, Dehydrated INJ 1mL amp</td>
</tr>
<tr>
<td>Alcohol, Isopropyl 70%</td>
</tr>
<tr>
<td>Aluminum Acetate Effervescent tab</td>
</tr>
<tr>
<td>Aluminum Chloride 20% soln</td>
</tr>
<tr>
<td>Balanced Salt Soln</td>
</tr>
<tr>
<td>Benzoin Compound Tincture spray</td>
</tr>
<tr>
<td>Cadexomer Iodine gel</td>
</tr>
<tr>
<td>Calamine lotion</td>
</tr>
<tr>
<td>Carboprost Tromethamine INJ</td>
</tr>
<tr>
<td>Cetaphil Skin Cleanser</td>
</tr>
<tr>
<td>Cholestyramine 3% in Aquaphor Ointment</td>
</tr>
<tr>
<td>Ferric Subsulfate soln</td>
</tr>
<tr>
<td>Hydrophilic oint</td>
</tr>
<tr>
<td>Imiquimod 5% cream 3gm/box</td>
</tr>
<tr>
<td>Ketamine INJ 50mg/mL</td>
</tr>
<tr>
<td>Lubricant Surg Foil Pak</td>
</tr>
<tr>
<td>Lubricant, Surgical 120gm</td>
</tr>
<tr>
<td>Nifedipine 0.2% in KY Jelly</td>
</tr>
<tr>
<td>Pilocarpine 5mg tab</td>
</tr>
<tr>
<td>Povidone Iodine 10% soln</td>
</tr>
<tr>
<td>Sodium Hypochlorite 0.25% Topical Solution, 0.125% Topical Solution</td>
</tr>
<tr>
<td>Water for Injection, Sterile, 10mL vial</td>
</tr>
<tr>
<td>Witch Hazel liquid</td>
</tr>
<tr>
<td>Zinc Oxide 16%, 20% oint</td>
</tr>
</tbody>
</table>
## IV SOLUTION

<table>
<thead>
<tr>
<th>Dextrose 5%/Water</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100ml, 250ml, 500ml, 1000ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dextrose 10% Water</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>500ml, 1000ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D5/0.225% NS</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000ml</td>
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</table>

<table>
<thead>
<tr>
<th>D5/0.225% NS with 20mEq KCl</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000ml</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>D5/0.45% NS</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>250ml†, 1000ml</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>D5/0.45% NS with 20mEq KCl</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000ml</td>
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</table>

<table>
<thead>
<tr>
<th>D5/0.45% NS with 40mEq KCl</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000ml</td>
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</table>

<table>
<thead>
<tr>
<th>D5/0.9% NS</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000ml</td>
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</table>

<table>
<thead>
<tr>
<th>D5/0.9% NS with 20mEq KCl</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000ml</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>D5/0.9% NS with 40mEq KCl</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000ml</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dextrose 10%/0.9% NS*</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lactated Ringers</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>500ml, 1000ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D5 &amp; Lactated Ringers</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>0.45% NS</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000ml</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>0.45% NS with 20 mEq KCl</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>0.9% NS</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>50ml, 100ml, 250ml, 500ml, 1000ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>0.9% NS with 20mEq KCl</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000ml</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>0.9% NS with 40mEq KCl</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000ml</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDvantage™ D5W</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>250ml</td>
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</table>

<table>
<thead>
<tr>
<th>Mini-Bag Plus™ 0.9% NS</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100ml</td>
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</table>

<table>
<thead>
<tr>
<th>Dobutamine 250mg in D5W*</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>250ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dopamine 400mg in D5W</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>250ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heparin 25,000 units in D5W*</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Magnesium Sulfate 20gm*</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>500ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mannitol 20%*</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>500ml</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Fat Emulsion 10% and 20%*</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>500ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Potassium Chloride 10mEq</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100ml</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Potassium Chloride 20mEq</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sodium Chloride (Hypertonic) 3%*</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>500ml</td>
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</table>

## IRRIGATION SOLUTION

<table>
<thead>
<tr>
<th>Acetic Acid 0.25%</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lactated Ringers</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3000ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sodium Chloride 0.9% (NS)</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000ml</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sterile Water</th>
<th>Volume(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1000ml, 3000ml</td>
</tr>
</tbody>
</table>

† Used by NIH Research Ward only

* Pharmacy Purchased Item (all others purchased/stocked by Materials Management)
Opioid Restrictions - June 2019

For all opioids, including acetaminophen/codeine and tramadol
1. Initial prescription for CII controlled substance is limited to a 5 day supply and may not exceed 90 morphine milligram equivalents (MME) per day

   a. The above limits do not apply to the following:
      i. Active oncology diagnosis,
      ii. Hospice care,
      iii. End-of-life care (other than hospice),
      iv. Palliative care,
      v. Children on opioid wean at time of hospital discharge,
      vi. Skilled nursing facility care,
      vii. Traumatic injury, excluding post-surgical procedures, and
      viii. Chronic conditions for which the provider has received prior authorization, typically after consultation with a board-certified, fellowship-trained pain specialist.

   b. Initial prescription following a surgical procedure is limited 14 day supply or a maximum of 40 tablets. Refill for short acting opioid medications for post-surgical procedures are limited to no more than a 5-day supply.

   c. Prescriptions exceeding more than 40 tablets must be reviewed on a non-formulary basis.

2. PDMP:
   a. Providers and/or pharmacists should review PDMP data when opioid prescriptions for acute pain exceed 7 days, ranging from every prescription to every 3 months

   b. PDMP must be reviewed prior to filling outside prescriptions for controlled substances

3. Naloxone:
   a. Consider naloxone prescribing with all patients on chronic opioids prescriptions and highly recommended for patients that exceed 50 MME/day.

4. UDS:
   a. Urine drug tests are recommended at initiation of the treatment agreement and periodically every 6-12 months or more frequently if clinically indicated

5. Treatment Agreement:
   a. All patients on chronic opioid treatment (daily or near daily use of an opioid for >60 days over the past 90 day period) must have a treatment agreement signed and on file in the patient’s medical record.

   b. The pain or chronic opioid treatment agreement must be updated and signed annually.

      i. Documentation Process for Pain Agreements:
         1. EHR→Note: PIMC Pain Agreement→Complete Note Template→Sign Note Template
         2. Pain Agreement notification will now be present in EHR→Visit Elements→Crisis Alerts

      ii. Recommended Documentation for rescinded Pain Agreements:
         1. EHR→Note: PIMC Pain Agreement Rescinded→Complete Note Template→Sign Note Template
         2. Rescinded Pain Agreement notification will now be present in EHR→Visit Elements→Crisis Alerts
Unilateral disease is usually caused by Staph/Strep and requires treatment much more commonly than bilateral diseases – consider MRSA. Bilateral disease is usually viral and self-limiting therefore does not require antibiotic treatment. If patient with unilateral disease appears well and is afebrile, measure the area and monitor. They likely do not need antibiotic treatment.

1. Clindamycin 30mg/kg/day divided in 3 doses
2. Amoxicillin/Clavulanate 45mg amoxicillin/kg/day of the 250mg/5ml preparation divided 3 times a day or 400mg/5ml preparation divided bid
3. If no improvement after 48-72 hours, add sulfamethoxazole/trimethoprim suspension 1ml/kg/day divided bid (does not cover GAS so cannot use as monotherapy).

Duration of treatment is 10 to 14 days, may take 4-6 weeks for lymph node to regress.
Guidelines for Treatment of Pediatric Odontogenic Infections
PIMC P&T – November 2009

1. No swelling, no fever: a draining sinus tract may or may not be present. The patient should be seen at dental clinic within 48 hours, no antibiotics recommended.

2. Swelling present, but limited to small area of vestibule or alveolus. The patient should be seen at dental clinic within 48 hours. Antibiotics: amoxicillin 40mg/kg/day divided in 3 daily doses or penicillin VK 50mg/kg/day divided in 4 daily doses.

3. Swelling present and includes a large area of the vestibule and/or alveolus (e.g. including more than two teeth), or if the swelling is extra-oral, or if the patient is febrile. The patient should be seen at dental clinic. Antibiotics: clindamycin 25mg/kg/day divided in 3 daily doses. Consider admission for IV antibiotics when infection/swelling has advanced to adjacent compartments.

4. If there is any swelling and the patient will not be seen at dental clinic within 48 hours, give antibiotics: clindamycin 25mg/kg/day divided in 3 daily doses.

Dental emergency sign in is available Monday through Friday 8am to 10:30am, patients need to be aware that they will be seen that day, but may have to wait. Call dental clinic if not between these hours and patient may still be able to be seen that day.
Guidelines for Treatment of Pediatric Otitis Media

Diagnosis: pain, immobile TM, bulging red TM. Consider watch and wait in patient greater than 2 years of age and recheck in 48 hours. If not improving then give antibiotics. May also consider SNAP (safety net antibiotic prescription), writing a prescription that can be filled after 48 hours but before 5 days of issue if patient has not improved. Stress to parent that if treatment is started they MUST finish the course of antibiotics.

AAP/AAFP recommendations for observation versus antibiotics in the management of acute otitis media

<table>
<thead>
<tr>
<th>Age</th>
<th>Certain diagnosis*</th>
<th>Uncertain diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;6 months</td>
<td>Antibacterial therapy</td>
<td>Antibacterial therapy</td>
</tr>
<tr>
<td>6 months to 2 years</td>
<td>Antibacterial therapy</td>
<td>Antibacterial therapy if severe illness**, observation option Δ if non-severe illness</td>
</tr>
<tr>
<td>≥2 years</td>
<td>Antibacterial therapy if severe illness**; observation option *** if non-severe illness</td>
<td>Observation option ***</td>
</tr>
</tbody>
</table>

*A certain diagnosis meets all three criteria: rapid onset, signs and symptoms of middle ear inflammation, AND signs of middle ear effusion.

** Severe illness is considered moderate to severe otalgia for at least 48 hours or fever ≥39°C (102.2°F); non-severe illness is considered mild otalgia and fever <39 °C in the past 24 hours.

*** Observation is only appropriate when follow-up can be ensured and antibacterial agents started promptly if symptoms persist or worsen.

Adapted from the American Academy of Pediatrics: The Diagnosis and Management of Acute Otitis Media. Available online at http://pediatrics.aappublications.org/content/early/2013/02/20/peds.2012-3488.full.pdf+html

UpToDate Acute Otitis Media in Children: Treatment, Version 20.0, June 14, 2013.

**Treatment:**
1. Amoxicillin 80-90 mg/kg/day (maximum of 3 grams/day) divided bid to tid. If a patient has received amoxicillin within the last 30 days, has fever to 102, has concurrent purulent conjunctivitis, or has a history of recurrent OM unresponsive to amoxicillin may go to second line agent.

2. Amoxicillin/clavulanate 80-90mg amoxicillin/kg/day and 6.4mg clavulanate/kg/day. Use combination of amoxicillin/clavulanate 400mg/5ml and plain amoxicillin 400mg/5ml. (Weight-based quick orders are available in EHR.) Use 250mg/5ml preparation divided tid if child is less than 3 months or has renal issues.

3. Cefuroxime 30mg/kg/day divided bid (max dose 1 gram/day). Recommended for patients with delayed hypersensitivity reaction to penicillins.

4. Cefdinir 14mg/kg/day in 1 or 2 doses (max dose 600 mg/day). Recommended for patients with delayed hypersensitivity reaction to penicillins.

5. Clindamycin 30-40mg/kg/day in 3 divided doses. Recommended for patients with a Type 1 hypersensitivity reaction to penicillins.

Ceftriaxone (Rocephin) is overused in the treatment of otitis media. If you think a patient needs ceftriaxone, consult a pediatrician.
Duration of treatment: 10 days for children under 2 years and those with severe symptoms. A 7-day course is effective in children age 2 to 5 with mild or moderate AOM. For those over age 6 with mild or moderate OM a 5-7 day course is adequate.

If appropriate doses as above are not ordered, pharmacy will automatically adjust doses to the above and extend therapy as necessary per approval of P&T committee.

Treatment of pain
The management of pain should be addressed regardless of the use of antibiotics. Antibiotic therapy does not provide symptomatic relief in the first 24 hours. Pain and fever may persist even after 3-7 days.

Options for pain management:
1. Acetaminophen 10-15 mg/kg every 4 hours prn
2. Ibuprofen 5-10mg/ kg every 6 hours prn

Decongestants (i.e. pseudoephedrine) and antihistamines are not indicated in the treatment of otitis media.

November 2009, Updated November 2013
Community acquired pneumonia (CAP) is a common and potentially serious acute infection of the lung parenchyma. It can be caused by many pathogens, most prominently viruses and bacteria, but a pathogen-specific diagnosis can be difficult to make in children because sputum representing lower respiratory secretions can rarely be obtained, especially in the outpatient setting. Therefore, when caring for an infant or child with presumed CAP, treatment will be empirical in the vast majority of cases.

Empiric oral antimicrobial therapy should provide effective treatment for the pathogens most likely to cause lower respiratory tract infection. Providers need to consider the patient’s age, immunization status, past medical history and clinical presentation when selecting anti-infective agents. Viral etiologies predominate during early childhood and present with gradual onset of lower respiratory tract symptoms preceded by URI symptoms. Clinically, the child with viral lower respiratory tract illness is not toxic in appearance and has diffuse findings on auscultation. In school-aged children and adolescents, atypical bacterial pathogens such as *Mycoplasma pneumoniae* and *Chlamydia pneumoniae* may also give rise to a slow progression of lower respiratory tract symptoms. Children with atypical pneumonia caused by these organisms are characteristically not toxic in appearance and constitutional symptoms (headache, fever, malaise, chills, sore throat) may predominate over respiratory symptoms. Atypical pneumonia has been seen in the preschool population, but there is a high rate of spontaneous clinical resolution of the infection without need for antibiotic therapy in this younger age group.

In contrast to both viral LRTI and atypical pneumonia, bacterial CAP causes more severe infection, with abrupt onset and moderate to severe respiratory distress. All age groups are at risk for bacterial CAP. Several different organisms can cause CAP but *Streptococcus pneumoniae* is the most prominent invasive pathogen in previously healthy, appropriately immunized infants and children. Other less common pathogens include *Haemophilus influenzae*, *Streptococcus pyogenes* (group A strep), and *Staphylococcus aureus*. *H. influenzae* type B is uncommon due to the universal recommendation of HIB vaccine, and non-typable *H. influenzae* is uncommon in the absence of chronic lung disease. Group A strep is an infrequent cause of CAP but may cause severe necrotizing pneumonia. *S. aureus* is also less common but incidence is on the rise in the United States. This pathogen can cause severe CAP resulting in necrotizing or cavitary infiltrates or empyema. Pneumonia suspected to be caused by *S. aureus* is most often treated initially in the inpatient setting.

**DIAGNOSTIC EVALUATION**

The diagnosis of pneumonia can be made clinically in children with fever and historical or examination evidence of an infectious process with symptoms or signs of respiratory distress. When present, certain clinical findings increase the likelihood of pneumonia. These include: tachypnea, nasal flaring, grunting, retractions, rales, and decreased
breath sounds. The absence of tachypnea is helpful in excluding pneumonia; the absence of the other signs is not.

**Chest radiography**
Routine chest radiographs are **not** necessary for patients with suspected CAP who are well enough to be treated in the outpatient setting.

Indications for CXR include:
1. Suspected or documented hypoxemia
2. Significant respiratory distress
3. Failed initial antibiotic therapy
4. Concern for “occult pneumonia” (ambiguous clinical findings, fever > 5 days, prolonged cough)
5. Hospital admission – all patients hospitalized for management of CAP should have CXR to document presence, size, and character of infiltrates and to identify complications of pneumonia (parapneumonic effusions, necrotizing pneumonia and pneumothorax).

**Blood work**
Blood culture and CBC should not be routinely performed in nontoxic, fully immunized children with CAP managed in the outpatient setting.

Blood work should be obtained in children who fail to demonstrate clinical improvement and in those who have progressive symptoms or clinical deterioration after initiation of antibiotic therapy. Blood work will also benefit infants less than 6 months of age (who have not received 2, 4 and 6 mos HIB and PCV vaccinations) as they are at greater risk for invasive bacterial disease.

**Treatment Recommendations**
The Infectious Disease Society of America recently established evidence-based guidelines for the management of infants and children with CAP. The expert panel recommended that high-dose amoxicillin be used as first-line therapy for previously healthy, appropriately immunized children 3 months to 18 years of age with mild to moderate CAP suspected to be of bacterial origin. There is not an oral cephalosporin that provides activity against *S. pneumonia* at the site of infection equal to that of high-dose amoxicillin. In addition, significant macrolide resistance exists in currently isolated strains of *S. pneumonia*; therefore, macrolides ARE NOT recommended as empiric therapy when pneumococcal CAP is suspected. For children ≥ 5 with presumed bacterial pneumonia who do not have clinical, laboratory or radiographic evidence that distinguishes bacterial pneumonia from atypical pneumonia, a macrolide may be **ADDED** to amoxicillin if the patient is not clinically improving. The IDSA recommendations have been incorporated into PIMC guidelines for treatment and are outlined below.

**INFANTS < 6 months: CONSULT PEDIATRICS**

<table>
<thead>
<tr>
<th>Indication for treatment</th>
<th>Infants ≥ 6 months – 5 years</th>
<th>5 years – 18 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>First line for</td>
<td>No antibacterial agent;</td>
<td>No antibacterial agent;</td>
</tr>
<tr>
<td><strong>presumed viral CAP</strong></td>
<td>consider treatment for influenza as appropriate</td>
<td>consider treatment for influenza as appropriate</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td><strong>First line for presumed bacterial CAP</strong></td>
<td>Amoxicillin 90mg/kg/day divided TID* to a maximum of 4g/day (pharmacy to adjust to appropriate dosing if necessary for all antibiotics in this guide)</td>
<td>Amoxicillin 90mg/kg/day divided TID* to a maximum of 4g/day</td>
</tr>
<tr>
<td><strong>First line for non-immunized</strong></td>
<td>Amoxicillin-clavulanate+ 90mg/kg/day divided BID to a maximum of 4g/day</td>
<td>Amoxicillin-clavulanate+ 90mg/kg/day divided BID to a maximum of 4g/day</td>
</tr>
<tr>
<td><strong>Suspicion of Atypical Pneumonia</strong></td>
<td>Recall high rate of spontaneous resolution. If treatment warranted, Azithromycin (10mg/kg on day one, followed by 5mg/kg once daily on days 2-5 to a maximum of 500 mg on day 1 followed by 250 mg on days 2-5.</td>
<td>Azithromycin (10 mg/kg on day one, followed by 5mg/kg once daily on days 2-5 to a maximum of 500 mg on day 1 followed by 250 mg on days 2-5.</td>
</tr>
<tr>
<td><strong>Alternative if allergy to first line (Type I hypersensitivity)</strong></td>
<td>3rd generation cephalosporin (cefdinir), clindamycin</td>
<td>3rd generation cephalosporin (cefdinir), clindamycin</td>
</tr>
</tbody>
</table>

*For *S.pneumonia with MICs for penicillin ≥ 2.0 µg/mL, TID dosing more effective.

+Clavulanate dose of 6.4mg/kg/day. Dose may need to be divided as Amoxicillin/clavulanate 400mg/5ml and Amoxicillin 400mg/5ml to not exceed this dose. (Weight-based quick orders are available in EHR.)

**REFERENCE:** IDSA, I. D. S. o. A. B., JS; Byington, CL; Shah, SS; Alversion, B; Carter, ER; Harrison, C; Kaplan, SL; Mace, SE; McCracken Jr, GH; Moore, MR; St Peter, SD; Stockwell, JA; and Swanson, JT; The Management of Community-Acquired Pneumonia in Infants and Children Older Than 3 Months of Age: Clinical Practice Guidelines by the Pediatric Infectious Diseases Society and the Infectious Diseases Society of America. Clinical Infectious Diseases, 53(7), 2011 / CCHMC

Sept 2012, updated Nov 2013
Recommended Guidelines for Treatment of Pediatric Sinusitis: Per IDSA and AAP

Pediatric Sinusitis:
- The vast majority of acute Rhinosinusitis cases are viral.
- In children, approximately 6 to 13 percent of these are complicated by the development of a secondary bacterial sinusitis.

Clinical Presentation and Criteria for Diagnosis of Acute Bacterial Sinusitis:
- Persistent Symptoms:
  - Nasal discharge/congestion and/or cough for > 10 days without improvement.
- Severe Symptoms:
  - Temperature ≥ 38.5 degrees C with purulent rhinorrhea for a least 3 days.
- Worsening Symptoms:
  - Worsening of nasal congestion or rhinorrhea, cough, and fever after a 3- to 4-day period of improved symptoms.

Treatment:
- Due to primary viral etiology supportive care is the primary treatment plan for pediatric sinusitis.
- If patient experiences/meets any of the presentation/criteria listed above antibiotics may be initiated.

Antibiotic Treatment:
- First Line:
  - Amoxicillin:
    - Amoxicillin high dose: 80-90 mg/kg/day divided BID (max 2 gram/dose).
- Second Line:
  - Amoxicillin/Clavulanate (Augmentin):
    - Amoxicillin component should continue to be high dose of 80 – 90mg/kg/day divided BID (max 2gram/dose).
    - *Please use weight based order set to obtain high dose amoxicillin with appropriate Clavulanate dosing to help decrease diarrhea side effect.*
  - Cefuroxime axetil:
    - 30mg/kg/day divided in two doses.
  - Cefdinir (Omnicef):
    - 6 months of age and older:
      - 14 mg/kg ORALLY once a day for 10 days; maximum 600 mg/day.
    - 13 years and older:
      - 600 mg ORALLY every 24 hr for 10 days.
    - Side effect to keep in mind: Cefdinir liquid may turn stools orange so please warn family members so they do not return thinking child is having bloody stools.
  - Type 1 and non-type 1 allergy to Penicillin:
    - Cefuroxime or Cefdinir are both acceptable.
  - Macrolides (such as azithromycin) are *no longer recommended* for empiric therapy due to high rates of resistance among S. pneumoniae per both the ISDA and AAP.
Treatment failure:
- Considered if symptoms worsen or do not improve after 72 hours of initial management.
- If this occurs with amoxicillin, then change to Augmentin.
- If a patient relapses within 2 weeks of treatment and initial treatment was successful for mild symptoms, the same antibiotic may be reinitiated for another course.

Duration of Treatment
- Antibiotics should be administered for a minimum of 10 days of therapy.

Adjunctive (Symptomatic) Treatment:
- AAP completed a Cochrane review of these adjunctive treatments and found no appropriately designed studies to determine the effectiveness of the following interventions:
  - Nasal saline irrigation/lavage (not spray)/Netty Pots
  - Analgesics: acetaminophen or NSAIDS
  - Topical/oral decongestants and/or antihistamines are not recommended with moderate to strong evidence per ISDA and AAP.
  - Intranasal corticosteroids (although recommended primarily in patients with a history of allergic rhinitis).

Nov 2009, updated Nov 2014
Guidelines for Treatment of Pediatric Acute Group A Streptococcal (GAS) Tonsillopharyngitis

Patient Presentation\textsuperscript{1,2}:
- Sudden onset of sore throat, tonsillar exudate patches, tender cervical adenopathy, nausea, vomiting, abdominal pain, fever, headache, tonsillopharyngeal inflammation, palatal petechiae, anterior cervical adenitis, scarlatiniform rash.
- Patients commonly are between ages 5 to 15 years, have a history of strep pharyngitis exposure, and are affected in the winter or early spring months.
- Signs and symptoms lasting over seven days usually is not GAS related since GAS tonsillopharyngitis spontaneously resolves within two to five days.

Diagnosis\textsuperscript{3}:
- GAS pharyngitis diagnosis can be established by rapid antigen detection test (RADT) and/or throat culture in conjunction with clinical presentation indicative of GAS. Negative (but not positive) RADTs should be confirmed with throat culture in children and adolescents.
- Testing is not recommended for patients under 3 years, patients who present overt viral pharyngitis symptoms, or asymptomatic household contacts of acute GAS pharyngitis patients.

Goals of Therapy\textsuperscript{1}:
- Reduce nonsuppurative complications (acute rheumatic fever) by initiating treatment within nine days of symptom onset
- Diminish rate of infectivity and close contact transmission, which is about 35% without treatment
- Decrease time and severity of signs/symptoms; prevent abscesses, lymphadenitis, mastoiditis

Treatment Recommendations (first-line)\textsuperscript{1-5}:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Pediatric Dose</th>
<th>Advantage</th>
<th>Disadvantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Penicillin V</td>
<td>≤ 27 kg: 250mg orally two to three times daily for 10 days*</td>
<td>Treatment of choice: established efficacy and safety, narrow spectrum, inexpensive</td>
<td>Less palatable for children</td>
</tr>
<tr>
<td>Duration: 10 days</td>
<td>&gt; 27 kg: 500 mg orally two to three times daily for 10 days*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>50 mg/kg orally daily divided equally into two doses daily (max=1000mg per day) for 10 days</td>
<td>More palatable for children, better gastrointestinal absorption, active against otitis media pathogens (sometimes concurrent) at higher doses</td>
<td></td>
</tr>
<tr>
<td>Duration: 10 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IM Penicillin G Benzathine (Bicillin L-A)</td>
<td>≤ 27 kg: 600,000 units IM once</td>
<td>Single dose Better if patient can’t complete 10 day course or has increased rheumatic fever risk Only therapy shown to prevent initial attacks of ARF Bactericidal for 21-28 days</td>
<td>Injection discomfort</td>
</tr>
<tr>
<td>Single Dose</td>
<td>&gt; 27 kg: 1.2 million units IM once</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Evidence supports twice daily or three times daily oral penicillin V for streptococcal pharyngitis\textsuperscript{3,4}

Treatment Recommendations (alternative)\textsuperscript{1,2,5,***}:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Pediatric Dose</th>
<th>Advantage</th>
<th>Disadvantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cephalexin</td>
<td>40 mg/kg per day orally in two equally divided doses (maximum 1000 mg/day) for 10 days</td>
<td>Alternative therapy for recurrent GAS infection Acceptable substitution in penicillin hypersensitivity but not in anaphylaxis</td>
<td>Not recommended first line More expensive</td>
</tr>
</tbody>
</table>
|                          | Clindamycin | May have better cure rates than penicillin
Narrow spectrum cephalosporin preferred over broad spectrum | More possible resistance in 2nd or 3rd generation cephalosporins |
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clindamycin</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Duration: 10 days</strong></td>
<td>≤ 70 kg:</td>
<td>21 mg/kg/day orally in three equally divided doses for 10 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; 70 kg:</td>
<td>600mg orally three times daily for 10 days</td>
<td></td>
</tr>
<tr>
<td><strong>Azithromycin</strong></td>
<td></td>
<td>Good alternative for beta lactam hypersensitivity/anaphylaxis</td>
<td>Not preferred</td>
</tr>
<tr>
<td><strong>Duration: 5 days</strong></td>
<td>12 mg/kg/dose once daily (max=500mg/day) for 5 days</td>
<td>Good alternative for beta lactam hypersensitivity/anaphylaxis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Once daily regimen, better adherence</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Five day regimen instead of ten</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shorter duration is FDA approved and IDSA endorsed**</td>
<td></td>
</tr>
</tbody>
</table>

**Although cefdinir and cefpodoxime are also FDA approved for five day regimens, IDSA does not endorse this dosing duration for cephalosporins due to inadequacies of the supporting studies**.  
***No sulfonamides or tetracyclines recommended due to increased rate of resistance and failure to eradicate GAS from posterior pharynx.

If appropriate doses as above are not ordered, pharmacy will automatically adjust doses to the above and extend therapy as necessary per approval of P&T committee.

Adjunctive Therapy for Fever/Pain:
Analgesics and antipyretics including acetaminophen and ibuprofen can be useful to manage symptoms such as pain and fever and are appropriate in conjunction with an indicated antibiotic. Such symptoms can last up to 7 days.

1. Acetaminophen 15 mg/kg orally every 4 hours as needed
2. Ibuprofen 10 mg/kg orally every 6 hours as needed

References:

June 2014
## PIMC Adult Outpatient Guideline for Urinary Tract Infections (UTIs)

<table>
<thead>
<tr>
<th>Category</th>
<th>Acute Uncomplicated Cystitis</th>
<th>Acute Uncomplicated Pyelonephritis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Symptomatic bladder infection in an adult female (&lt;65 years) with a normal genitourinary tract</td>
<td>Symptomatic kidney infection in an adult female (&lt;65 years) with a normal genitourinary tract</td>
</tr>
<tr>
<td>Signs and Symptoms</td>
<td>General symptoms: frequency, urgency, dysuria, or suprapubic pain</td>
<td>General symptoms + costovertebral angle pain, tenderness, or fever (absence of nausea or vomiting)</td>
</tr>
<tr>
<td>Culture and Susceptibility (C&amp;S)</td>
<td>Urine C&amp;S not required; consider if risk factor for multi-drug resistance</td>
<td>Urine C&amp;S required</td>
</tr>
</tbody>
</table>
| Treatment Considerations | 1. PO tolerability  
2. Allergies  
3. Risk factor for multi-drug resistance: history of antibiotic exposure ≤90 days, history of hospitalization ≤90 days, or presence of invasive device | |
| Recommended Empiric Treatment | Empiric antibiotics  
1. Nitrofurantoin 100mg PO BID x5 days  
2. Cefuroxime 500mg PO BID x7 days (OR Cefdinir 300mg PO BID x5 days if cefuroxime is unavailable) | Start with empiric antibiotics, then tailor treatment based on C&S results  
1. Ciprofloxacin 500mg PO BID x7 days + ceftriaxone 1g IM/IV x1 dose OR gentamicin 5mg/kg IV x1 dose  
2. Cefuroxime 500mg PO BID x14 days + ceftriaxone 1g IM/IV x1 dose |
| Alternative Empiric Treatment | 1. *Ciprofloxacin 250mg PO BID x3 days  
2. Amoxicillin-clavulanate 875mg PO BID x5 days  
*Ciprofloxacin is restricted in uncomplicated cystitis | |
| Tailored Treatment Based on C&S Results | **Cephalexin 500mg PO BID x10 days**  
**TMP-SMX 1 DS PO BID x3 days**  
*Fosfomycin 3g PO x1 dose*  
*Fosfomycin is non-formulary* | **Cephalexin 1000mg BID x14 days + ceftriaxone 1g IM/IV x1 dose OR gentamicin 5mg/kg IV x1 dose**  
**TMP-SMX 1 DS PO BID x14 days** |
Key Points [references]

- **Complicated UTI**: male, pregnant, catheterization ≤48 hours, elderly (≥65 years), abnormal genitourinary tract, or immunocompromised [1, 7]
- Empiric treatment options are a reflection of local *E. coli* antibiotic susceptibilities:
  - TMP-SMX (71%), cephalothin (52%), amoxicillin-clavulanate (79%), ciprofloxacin (82%), cefuroxime (89%), and nitrofurantoin (89%)
- If diagnostic uncertainty regarding cystitis versus pyelonephritis, avoid use of agents such as nitrofurantoin and fosfomycin due to inadequate renal tissue concentrations [1]
- Use 30 mL/min as the CrCl cut-off for nitrofurantoin [6]
- If ESBL+, consider nitrofurantoin or fosfomycin as appropriate [5]
- If *Enterococcus faecalis*, consider nitrofurantoin or fosfomycin as appropriate [8]
- Fluoroquinolones are discouraged for cystitis due to a concern for fluoroquinolone resistance, a concern about the association with increased rates of MRSA, and a concern for *C. difficile* [1]
- Broad spectrum beta-lactam antibiotics are discouraged due to concern for ESBL+ resistance [1]

References:


Updated: November 2015
**PIMC Outpatient Empiric Skin & Soft Tissue Infection Protocol**

<table>
<thead>
<tr>
<th>Indication</th>
<th>Dose &amp; Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purulent SSTI:</strong></td>
<td><strong>Empiric or Confirmed MRSA:</strong></td>
</tr>
<tr>
<td>• Cutaneous Abscess</td>
<td>• TMP/SMX 160 mg /800 mg (1 DS tab) PO BID x 10 days</td>
</tr>
<tr>
<td>• Furuncle</td>
<td>o If BMI &gt; 40, use 2 DS tabs PO BID OR</td>
</tr>
<tr>
<td>• Carbuncle</td>
<td>• Doxycycline 100 mg PO BID x 10 days [OR]</td>
</tr>
<tr>
<td>• Inflamed epidermoid cysts</td>
<td>• Clindamycin 300 mg – 450 mg PO TID x 10 days</td>
</tr>
<tr>
<td></td>
<td>o If BMI &gt; 40, use 450 mg – 600 mg PO TID</td>
</tr>
<tr>
<td></td>
<td><strong>Confirmed MSSA:</strong></td>
</tr>
<tr>
<td></td>
<td>• Cephalexin 500 mg PO TID to QID x 10 days [OR]</td>
</tr>
<tr>
<td></td>
<td>• Dicloxacillin 500 mg PO TID to QID x 10 days [OR]</td>
</tr>
<tr>
<td></td>
<td>• Clindamycin 300 mg – 450 mg PO TID x 10 days</td>
</tr>
<tr>
<td><strong>Erysipelas &amp; Cellulitis:</strong></td>
<td><strong>Confirmed MSSA:</strong></td>
</tr>
<tr>
<td><strong>Non-Diabetic, Extremities:</strong></td>
<td>• Amoxicillin 500 mg PO TID x 10 days [OR]</td>
</tr>
<tr>
<td>• Mild</td>
<td>• Penicillin VK 500 mg PO QID x 10 days</td>
</tr>
<tr>
<td>• Non-purulent</td>
<td><strong>Penicillin Rash, Unlikely True Allergy:</strong></td>
</tr>
<tr>
<td>• No sepsis, AMS or hemodynamic instability</td>
<td>• Cephalexin 500 mg PO QID x 10 days</td>
</tr>
<tr>
<td><strong>True Penicillin Allergy (e.g. anaphylaxis):</strong></td>
<td>• Clindamycin 300 - 450 mg PO QID x 10 days</td>
</tr>
<tr>
<td><strong>Empiric, MRSA Strongly Suspected:</strong></td>
<td></td>
</tr>
<tr>
<td>• TMP/SMX 160 mg/800 mg PO BID x 10 days [OR]</td>
<td></td>
</tr>
<tr>
<td>• Doxycycline 100 mg PO BID x 10 days [OR]</td>
<td></td>
</tr>
<tr>
<td>• Clindamycin 300 – 450 mg PO QID x 10 days</td>
<td></td>
</tr>
<tr>
<td><strong>Erysipelas &amp; Cellulitis:</strong></td>
<td><strong>Empiric, MRSA Strongly Suspected:</strong></td>
</tr>
<tr>
<td><strong>Diabetic</strong></td>
<td>• TMP/SMX 160 mg/800 mg PO BID x 5 days PLUS one of the following:</td>
</tr>
<tr>
<td></td>
<td>o Cephalaxin 500 mg PO QID OR Pen VK 500 mg PO QID</td>
</tr>
<tr>
<td></td>
<td><strong>Penicillin Allergy:</strong></td>
</tr>
<tr>
<td></td>
<td>• TMP/SMX 160 mg/800 mg PO BID PLUS Clindamycin 300 – 450 mg PO TID x 5 days</td>
</tr>
<tr>
<td><strong>Bite Wounds:</strong></td>
<td><strong>Penicillin Allergy:</strong></td>
</tr>
<tr>
<td>(Dog, Cat, &amp; Human)</td>
<td>• Amox/Clav 875 mg/125 mg PO BID x 5 days [prophylaxis]</td>
</tr>
<tr>
<td></td>
<td>• Amox/Clav 875 mg/125 mg PO BID x 10 days [treatment]</td>
</tr>
<tr>
<td></td>
<td><strong>Penicillin Allergy:</strong></td>
</tr>
<tr>
<td></td>
<td>• Doxycycline 100 mg PO BID x 5 days PLUS metronidazole 500 mg PO TID OR</td>
</tr>
<tr>
<td></td>
<td>• Metronidazole 500 mg PO TID x 5 days PLUS one of the following:</td>
</tr>
<tr>
<td></td>
<td>o TMP/SMX 160 mg/800 mg PO BID OR Ciprofloxacin 500 mg PO BID</td>
</tr>
<tr>
<td></td>
<td>• Clindamycin 300 mg PO QID x 5 days PLUS one of the following:</td>
</tr>
<tr>
<td></td>
<td>o Doxycycline 100 mg PO BID OR Ciprofloxacin 500 mg PO BID</td>
</tr>
<tr>
<td><strong>Cat Scratch Disease:</strong></td>
<td><strong>Patients &gt; 45 kg:</strong></td>
</tr>
<tr>
<td></td>
<td>• Azithromycin 500 mg on day 1, 250 mg daily on days 2-5</td>
</tr>
<tr>
<td><strong>Diabetic Foot:</strong></td>
<td><strong>MRSA &amp; Strep:</strong></td>
</tr>
<tr>
<td><strong>Mild Infection</strong></td>
<td>• TMP/SMX 160 mg/800 mg PO BID PLUS Cephalexin 500 mg PO QID x 14 days OR</td>
</tr>
<tr>
<td></td>
<td>• Doxycycline 100 mg PO BID PLUS Cephalexin 500 mg PO QID x 14 days</td>
</tr>
<tr>
<td></td>
<td><strong>Broad Coverage:</strong></td>
</tr>
<tr>
<td></td>
<td>• TMP/SMX 160 mg/800 mg PO BID PLUS Amox/Clav 875 mg/125 mg PO BID x 14 days OR</td>
</tr>
<tr>
<td></td>
<td>• Doxycycline 100 mg PO BID PLUS Amox/Clav 875 mg/125 mg PO BID x 14 days</td>
</tr>
</tbody>
</table>

**Medications are listed in order of preferred use (higher on the list = more preferred) within each disease state.**

Appendix I: Post-Thyroidectomy Calcium Monitoring Guidelines – Section 1

Initial Corrected* calcium level (6 hours post-op)

**ASSESS RESULT**

A. Calcium < 7; or 7-7.4 mg/dL with symptoms of hypocalcemia
   i. Give calcium gluconate† 1g (4.65mEq elemental Ca++) in 100ml NS IV over 10 minutes
   ii. Start IV infusion of elemental calcium§ 0.5mEq/kg in 1000ml NS or D5W over 12 hours
   iii. Start calcium carbonate 2500mg po BID
   iv. Start calcitriol 0.5mcg po BID
   † § see calculation notes at right

B. Calcium 7 – 7.4 mg/dL without symptoms
   i. Start/continue calcium carbonate 2500mg po BID
   ii. Start/continue calcitriol 0.5mcg po BID
   iii. Go to Section 2

C. Calcium 7.5 – 7.9 mg/dL
   i. Start/continue calcium carbonate 2500mg po BID
   ii. Start/continue calcitriol 0.5mcg po BID
   iii. Go to Section 2

D. Calcium ≥ 8 mg/dL
   Go to Section 2

† if using calcium chloride, give initial dose of 0.5 gm (6.8mEq elemental Ca++) mixed in 100ml NS
§ if calcium gluconate, admixture calculation will be 1.08ml/kg; if calcium chloride, calculation will be 0.37ml/kg

Initial Considerations:
- Calcium, albumin, phosphate, and magnesium should be checked 6 hours post-op, again the following morning, and twice a day (approximately every 12 hours) until stable.
- Check calcium level stat if patient complains of circumoral numbness, or exhibits signs of chvostek’s or tetany.
- Severe hypocalcaemia can manifest as seizures, appearance of U waves or QT prolongation on EKG.
- Since ionized calcium levels are not available, calcium should be measured with concomitant albumin level, as hypoalbuminemia can cause falsely low calcium. To correct the calcium for the albumin, the following formula should be used:

* Corrected calcium = measured calcium + [0.8 x (4.0 – measured albumin)]

All calcium levels in this guideline are assumed to be corrected calcium levels.
Appendix I: Post-Thyroidectomy Calcium Monitoring Guidelines – Section 2

Corrected calcium level on post-op day 1 and Q12H thereafter

ASSESS RESULT

A. Calcium < 7; or 7-7.4 mg/dL + symptoms of hypocalcemia
   - Return to Section 1 A. on page 1

B. Calcium 7 – 7.4 mg/dL without symptoms
   - i. Start/continue calcium carbonate 2500mg po BID
   - ii. Start/continue calcitriol 0.5mcg po BID
   - iii. Monitor calcium BID
   - iv. If calcium persistently < 7.5mg/dL after 48 hours increase calcitriol dose to 1 mcg po BID

C. Calcium 7.5 – 7.9 mg/dL
   - i. Start/continue calcium carbonate 2500mg po BID
   - ii. Start or decrease calcitriol dose to 0.25mcg po BID
   - iii. Monitor calcium BID
   - iv. If calcium level drops below 7.5 or does not increase above 7.9 by 48 hours, increase calcitriol to 0.25mcg po BID

D. Calcium ≥ 8 mg/dL
   - Continue to follow calcium level BID

Follow-up Considerations:
- If calcium levels fall below 7 mg/dL or patient develops symptoms at any time, return to Section 1 A.
- If calcium levels are ≥ 8.5 mg/dL on two consecutive checks, and patient is on calcitriol, decrease dose by 50%.
- Patient may be discharged if calcium 8.0 mg/dL or higher or has remained stable and patient is without symptoms (at discretion of provider)
- Patients discharged on calcium carbonate only should have follow-up calcium level drawn in one week.
- Patients discharged on calcium and calcitriol should have follow-up calcium drawn 2 days and 7 days after discharge.

Additional Notes:
- Magnesium should be monitored and replaced as needed (significant hypomagnesemia (magnesium levels < 1.1 mg/dL) can inhibit parathyroid hormone release.
- Hyperphosphatemia is primarily managed with phosphate binders (such as calcium carbonate); elevated phosphate suggests hypoparathyroidism as parathyroid hormone is needed for renal phosphate clearance.