PHOENIX SERVICE UNIT

PHOENIX, ARIZONA

MEDICATION FORMULARY

April 20, 2026

THE FORMULARY REPRESENTS THE AGENTS APPROVED
FOR USE BY THE
PHARMACY AND THERAPEUTICS COMMITTEE
(Doses listed are those commonly stocked by pharmacy, but are not all inclusive)

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

111 MOUTHWASH (DIPHENHYDRAMINE/MAALOX/WATER)
Synonym: MOUTHWASH; MOUTHWASH, DENTAL DEPARTMENT
AHFS Type: EENT PREPARATIONS, MOUTHWASHES AND GARGLES (52.28.00)
1) CONTAINS:
1 part diphenhydramine elixir
1 parts aluminum & magnesium hydroxide gel (Maalox or Mylanta)
1 parts distilled water
2) For use in patients with stomatitis. Patients with pharyngitis should receive a recommendation to purchase Chloraseptic (tm) or similar OTC product.

ACAMPROSATE 333MG ENTERIC COATED TAB
Synonym: CAMPRAL
AHFS Type: CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS (28.92)
Restricted to:
1) Limited to 30-day supply
2) Follow-up may be by visit in the clinic or telephone encounter. Documentation of the pattern of ETOH use and psychosocial treatment is required with each revisit.

GUIDE-ME ACCU-CHEK TEST STRIPS 50'S
Synonym: CHEMSTRIPS, GUIDE-ME
AHFS Type: NON-CATEGORIZED

ACETAMINOPHEN 160MG/5ML ORAL SUSP 120ML
Synonym: TYLENOL
AHFS Type: MISCELLANEOUS ANALGESICS AND ANTIPYRETICS (28.08.92)

ACETAMINOPHEN 325MG TAB, 80MG TAB
Synonym: TYLENOL
AHFS Type: MISCELLANEOUS ANALGESICS AND ANTIPYRETICS (28.08.92)

ACETAMINOPHEN INJECTION 1000MG/100ML VIAL
Synonym: OFIRMEV
AHFS Type: MISCELLANEOUS ANALGESICS AND ANTIPYRETICS (28.08.92)
Note: Restrictions removed April 2022 P&T committee to increase access to intravenous opioid sparing medications. Please note maxium dosage if combine IV and oral acetaminophen
Dosing: Patients 50kg and above: 1000mg IV over 15 min.
Patients less than 50kg: 15 mg/kg IV over 15 min
May repeat q6h to maximum 8g in 48 hour period.

ACETAMINOPHEN SUPPOS 120MG, 325MG SUPPOS, 650MG SUPPOS
Synonym: TYLENOL
AHFS Type: MISCELLANEOUS ANALGESICS AND ANTIPYRETICS (28.08.92)

ACETAZOLAMIDE 250MG TAB, 500MG SR CAP
Synonym: DIAMOX, DIAMOX SEQUESL
AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)

ACETAZOLAMIDE INJ 500MG VIAL
Synonym: DIAMOX
AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)

ACETIC ACID 0.25% IRRIG 1000ML
AHFS Type: IRRIGATING SOLUTIONS (40.36.00)

ACETIC ACID 2% OTIC SOL
Synonym: DOMEBORO OTIC
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

ACETYLCHOLINE CL INTRAOCULAR SOLN 1:100
Synonym: MIOCHOL-E

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

ACETYLCYSTEINE 600MG CAP
Synonym: ACETADOTE
AHFS Type: OTHER MISCELLANEOUS THERAPEUTIC AGENTS (92:92)
Restricted to: Cannabis Use Disorder. 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: ANTIDOTE THERAPEUTICS, ANTIDOTES, ACETAMINOPHEN ANTIDOTES (91:04.04)
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: ANTIDOTE THERAPEUTICS, ANTIDOTES, ACETAMINOPHEN ANTIDOTES (91:04.04)

ACYCLOVIR 200MG/5ML SUSPENSION
Synonym: ZOVIRAX
AHFS Type: ANTIVIRALS (8.18.00)
NOTE: Doses must be reduced for renal insufficiency.

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

ADALIMUMAB-bwwb Citrate-free INJ 40MG/0.4ML PEN
Synonym: HADLIMA CITRATE FREE
AHFS Type: IMMUNOMODULATORY AGENTS, DISEASE MODIFYING ANTI-RHEUMATIC DRUGS, TUMOR NECROSIS FACTOR INHIBITORS, MISCELLANEOUS (90:24.16.92)
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 supporativa 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 hepatitis B, hepatitis C, tuberculosis, coccidiomycosis, and histoplasmosis: Hepatitis C Antibody, Hepatitis B Surface Antigen, Hepatitis B Core Antibody IgM, Tuberculin skin test (TST) or Interferon-gamma release assay (IGRA), cocci serology, and histoplasmosis serology (if patient has lived in a histoplasmosis endemic area). Chest radiography may also be considered when clinically indicated in patients with risk factors, even with a negative result on TST or IGRA
4) Contraindicated in patients with active infections, current or recent cancer or with systemic lupus erythematosus.

ADHESIVE TAPE/COVER
For continuous glucose monitor sensors

ADENOSINE INJ 6MG/2ML SYR
Synonym : ADENOCARD
AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)
NOTE: Located on crash cart

ALBUMIN HUMAN 25% INJ 25GM/100ML VIAL
AHFS Type: BLOOD DERIVATIVES (16.00.00)
NOTE: Tubing obtained from warehouse, not pharmacy

ALBUTEROL 0.083% SVN SOLN, 3ML VIAL
Synonym: VENTOLIN; PROVENTIL
AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

ALBUTEROL 0.5% SVN SOLN, 20ML, 0.5ML VIAL
Synonym: VENTOLIN; PROVENTIL
AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

ALBUTEROL INHALER (MDI) 8.5GM
Synonym: VENTOLIN, PROVENTIL
AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)
NOTE: 200 doses per inhaler

ALBUTEROL/IPRATROPIUM RESPIMAT INH 4GM
Synonym: COMBIVENT RESPIMAT; IPRATROPIUM/ALBUTEROL INHALER
AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)

ALCOHOL, ISOPROPYL 70%
Synonym: ISOPROPANOL
AHFS Type: NON-CATEGORIZED
OTC DRUG, NOT DISPENSED TO OUTPATIENTS

ALCOHOL SWABS
For diabetes patients using injectables

ALENDRONATE 35MG TAB, 70MG TAB
Synonym: FOSAMAX
AHFS Type: MISCELLANEOUS THERAPEUTIC AGENTS, BONE RESORPTION INHIBITORS (92:24)
NOTES:
1) Due to risk of osteonecrosis of the jaw, a dental exam and preventative dentistry should be performed, whenever possible, prior to placing patients on chronic bisphosphonate therapy. The dental visit will be considered "medically necessary", which will allow the patients to be placed on a priority list for timely dental appointments and follow-up.
2) Recommended dose
a) Treatment of osteoporosis: 70mg per week
b) Prevention of osteoporosis: 35mg per week
3) Use of a fracture risk calculator is encouraged for patients with osteopenia.
4) Avoid in use in patients with swallowing difficulties, esophageal motility disorders, or the inability to remain upright for ≥30 minutes.
5) Correct hypocalcemia and vitamin D deficiency prior to initial therapy. Ensure adequate calcium and vitamin D intake during therapy.

ALLOPURINOL 100MG TAB, 300MG TAB
Synonym: ZYLOPRIM
AHFS Type: MISCELLANEOUS THERAPEUTIC AGENTS, ANTIGOUT AGENTS (92:16)

ALPROSTADIL INJ 500MCG/1ML AMPULE
Synonym: PROSTIN-VR PEDIATRIC
AHFS Type: Vasodilating Agents (24.12.92)
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 CHLORIDE 20% SOLN
Synonym: DRYSOL
AHFS Type: SKIN AND MUCOUS MEMBRANE AGENTS, ASTRINGENTS (84:12)

ALVIMOPAN 12 MG CAP
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 Alvimopan Risk Evaluation and Mitigation Strategies (REMS) 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 Alvimopan REMS program is prohibited.

AMIODARONE 200MG TAB
Synonym: CORDARONE
AHFS Type: ANTIARRHYTHMIC AGENTS (24.04.04)
NOTE: Restricted to cardiology or upon recommendation by cardiologist.
Recommended Monitoring:
Electrocardiogram: Baseline and when clinically relevant
Liver Function Tests: Baseline and every 6 months
Thyroid Function Tests: Baseline and every 6 months
Chest X-Ray: Baseline and every 12 months
Ophthalmologic Exam: Baseline if significant visual impairment, or for symptoms
Pulmonary Function Tests: Baseline and for unexplained cough or dyspnea, especially if pre-existing lung disease, If CXR abnormalities, or suspicion of pulmonary toxicity.

AMIODARONE INJ 150MG/3ML VIAL
Synonym : CORDARONE
AHFS Type: ANTIARRHYTHMIC AGENTS (24.04.04)
HIGH ALERT MEDICATION

AMINO ACIDS 5%/DEXTROSE 20% INJ, 2000ML BAGS, contains electrolytes
Synonym: CLINIMIX-E (TPN SOLUTION)
AHFS Type: CALORIC AGENTS (40.20)
Note:
Contains electrolytes: sodium 35mEq/L, potassium 30mEq/L, acetate 80mEq/L, chloride 39mEq/L, phosphate 15mM/L, calcium 4.5mEq/L, magnesium 5 mEq/l.
Must be administered with no additional additives due to compounding limitations.

AMINO ACIDS 4.25%/DEXTROSE 5% INJ, 1000ML BAGS, 2000ML BAGS, contains electrolytes
Synonym: CLINIMIX-E (PPN SOLUTION)
AHFS Type: CALORIC AGENTS (40.20)
HIGH ALERT MEDICATION
Note:
Contains electrolytes: sodium 35mEq/L, potassium 30mEq/L, acetate 80mEq/L, chloride 39mEq/L, phosphate 15mM/L, calcium 4.5mEq/L, magnesium 5 mEq/l.
Must be administered with no additional additives due to compounding limitations.

AMINOCAPROIC ACID 5GM/20ML INJ
Synonym: AMICAR
AHFS Type: HEMOSTATICS (20.28)

AMITRIPTYLINE 10MG TAB, 25MG TAB, 50MG TAB
Synonym: ELAVIL

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

AMLODIPINE 10MG TAB, 2.5MG TAB, 5MG TAB
Synonym : NORVASC
AHFS Type: CALCIUM-CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES (24.28.08)
NOTE: First line dihydropyridine calcium channel blocker.

AMMONIUM LACTATE 12% LOTION
Synonym: AmLactin, Lac-Hydrin
AHFS Type: Emollients, Demulcents, and Protectants (84.24.12)

AMOXICILLIN 250 MG CAP, 500 MG CAP
Synonym : AMOXIL
AHFS Type: PENICILLINS (8.12.16)

AMOXICILLIN 400MG/5ML ORAL SUSP
Synonym : AMOXIL
AHFS Type: PENICILLINS (8.12.16)

AMOXICILLIN/CLAV 400MG/5ML ORAL SUSP
Synonym : AUGMENTIN
AHFS Type: PENICILLINS (8.12.16)
Note: Contains phenylalanine. Do not use in patients 3 months and younger, hemodialysis patients, or phenylketonurics, use 250mg/5ml in these patients.
Restricted to:
1) Restricted to 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) 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.
4) Pediatric lymphadenitis 45mg/kg/day divided bid. See PIMC Pediatric Lymphadenitis treatment guidelines.
5) The AUGMENTIN 250mg/5ml SUSP (NF) divided tid should be used if child is less than 3 months or has renal issues.

AMOXICILLIN/CLAV 600MG/5ML ORAL SUSP
Synonym : AUGMENTIN ES
AHFS Type: PENICILLINS (8.12.16)
Note: Contains phenylalanine. Do not use in patients 3 months and younger, hemodialysis patients, or phenylketonurics, use 250mg/5ml in these patients.
Restricted to:
1) Restricted to 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) 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.
4) Pediatric lymphadenitis 45mg/kg/day divided bid. See PIMC Pediatric Lymphadenitis treatment guidelines.
5) The AUGMENTIN 250mg/5ml SUSP (NF) divided tid should be used if child is less than 3 months or has renal issues.

AMOXICILLIN/CLAV 500 MG TAB, 875MG TAB
Synonym : AUGMENTIN
AHFS Type: PENICILLINS (8.12.16)

AMPHETAMINE MIX 5MG (ADDERALL) TAB
Synonym: ADDERALL
AHFS Type: AMPHETAMINES (28.20.04)
Notes:
1) Restricted to use by Behavioral Health, Pediatric Clinic, and Family Practice for the treatment of ADHD.
2) Up to a 90 day supply may be prescribed if the prescription is for the same drug and same dose as the prior prescription.
3) For any new starts, or changes in dose, the prescriber may order up to three separate 28 day prescriptions, designating future fill dates in the comments field. Pharmacy will then process these prescriptions on or after the designated date(s).
4) Prescribers must check PDMP for all new prescriptions and on an annual basis (P&T May 2020).

**SEE CONTROLLED SUBSTANCE PROXY FORM

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

**SEE CONTROLLED SUBSTANCE PROXY FORM

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. Use AMBISOME if ABELCET unavailable. Mix in dextrose only

AMPHOTERICIN B LIPOSOMAL INJ 100MG VIAL
Synonym: AMBISOME
AHFS Type: ANTIFUNGAL ANTIBIOTICS (8.14.28)
HIGH ALERT MEDICATION
Notes: Dosing guidelines: 3 to 6 mg/kg/day as single infusion over 2 hours. Use ABELCET if AMBISOME unavailable. Mix in dextrose only.

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

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

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

ANTIVENIN, CENTRUROIDES (Scorpion) IMMUNE F(ab')$_2$ INJ
* STORED IN THE 2nd FLOOR PHARMACY, ROOM TEMPERATURE, INJECTABLE SECTION, UNDER "SCORPION" *
Synonym: ANASCORP
AHFS Type: ANTITOXINS AND IMMUNE GLOBULINS (80:04)
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, hypersalivation).
2. Initial dose is 1 vial for all ages, UNLESS the patient has respiratory compromise, in which case the initial dose is 3 vials.
   a. Each vial should be diluted with 5ml NS, then vials can be combined and further diluted in 50ml NS. Infuse over 10 minutes.
3. After the initial dose (of 1 or 3 vials), additional doses of 1 vial at a time may be considered at 30-minute intervals if symptoms have not resolved.

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

Storage: Room Temperature, 2nd Floor Pharmacy, Injectable Section

ANTIVENIN, LACTODECTUS MACTANS (Black Widow Spider) INJ

Synonym : BLACK WIDOW ANTIVENIN

AHFS Type: ANTITOXINS AND IMMUNE GLOBULINS (80:04)

Note: This product is not always stocked because it is often in short supply. Consultation with a toxicologist is recommended. Contact a regional poison control center at 1-800-222-1222 to determine if antivenin administration is warranted and to assist with obtaining from the manufacturer if it is not available in the pharmacy. If not available, the wholesale provider will process the order, and the manufacturer will ship product directly to the hospital. 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 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.
3) Not recommended in patients with renal disease.
    a. For GFR 30 to < 60ml/min/1.73m^2, use alternative agents if possible. If not possible, reduce dose by 50 to 75%.
    b. Avoid if GFR < 30 ml/min/1.73m^2.
4) Codeine is contraindicated for **any** use in children under 12 years of age
5) Breastfeeding is not recommended when taking codeine
6) 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
**SEE CONTROLLED SUBSTANCE PROXY FORM

APAP/OXYcodone 325/5MG TAB

Synonym: PERCOCET, ENDOCET, ROXICET

AHFS Type: OPIATE AGONISTS (28.08.08)

CII Controlled Substance, MAY NOT BE REFILLED

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

CONTINUED PRESCRIPTIONS

1) Limited to maximum of 60 tablets per MONTH per patient (to provide 1 to 2 rescue doses per day). Use of quantities > 60 per month requires a non-formulary approval.
2) Confirmatory urine drug screens should detect oxycodone at clinically appropriate levels (e.g.100 nanogram/ml).

**SEE OPIOID RESTRICTIONS
**SEE CONTROLLED SUBSTANCE PROXY FORM

APIXABAN 2.5MG TAB, 5MG TAB

Synonym: ELIQUIS

AHFS Type: ANTICOAGULANTS (20.12.04)

HIGH ALERT MEDICATION

Use Criteria:

1) Apixaban is first line direct-acting oral anticoagulant (DOAC) for new starts, and rivaroxaban is second line.
2) Rivaroxaban is first line treatment for venous thromboembolism **prophylaxis** (not treatment) for hospitalized and/or recently discharged patients.
3) Patients established on therapy with rivaroxaban (whether prescribed by PIMC or outside prescriber) may continue therapy with rivaroxaban (March 2018 P&T).
4) Formulary use for either agent is restricted to FDA-approved indications.
5) Patients on DOAC agents must have PCP visit a minimum of every six months.
6) Apixaban prescriptions are limited to a 90-day supply.
7) For inpatients, an EHR order set must be used for the initial order (including patients taking apixaban prior to admission)

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

ARIPIPRAZOLE LAUROXIL 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML
Synonym: ARISTADA
AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)
Restricted to Behavioral Health for treatment of schizophrenia
1) Prior to initial injection, establish tolerability by providing 14 day trial of aripiprazole and
2) After initial injection, oral aripiprazole must be continued for 21 days until steady state of injection is reached
NOTE: If last injection >7 weeks (441mg) or >12 weeks (662mg, 882mg, 1064mg), patient must complete 21 day oral overlap

ASCORBIC ACID 500MG TAB
Synonym: VITAMIN C
AHFS Type: VITAMIN C (88:12)
NOTE: OTC DRUG NOT DISPENSED TO OUTPATIENTS, except:
1) Wound healing (ophthalmology, skin wounds)
2) Co-administration with urinary antiseptics (e.g. methenamine)
3) Co-administration with iron for improved absorption.

ASPIRIN 120MG SUPPOS, 300MG SUPPOS, 600MG SUPPOS
Synonym: ASA
AHFS Type: NONSTEROIDAL ANTI-INFLAMMATORY AGENTS, SALICYLATES (28.08.04.24)

ASPIRIN ENTERIC COATED TAB , 325MG TAB, 81MG TAB
Synonym: ECASA
AHFS Type: NONSTEROIDAL ANTI-INFLAMMATORY AGENTS, SALICYLATES (28.08.04.24)

ASPIRIN 325MG TAB (non-coated), 81MG TAB (chewable)
Synonym: ASA
AHFS Type: NONSTEROIDAL ANTI-INFLAMMATORY AGENTS, SALICYLATES (28.08.04.24)

ATENOLOL 25MG TAB, 50MG TAB, 100MG TAB
Synonym: TENORMIN
AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)

ATOMOXETINE 10MG CAP, 18MG CAP, 25MG CAP, 40MG CAP, 60MG CAP
Synonym: STRATTERA
AHFS Type: CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS (28.92)
Note: Restricted to Behavioral Health, Pediatrics and Primary Care/ Internal Medicine for treatment of ADD or ADHD.

ATORVASTATIN 10MG TAB, 20MG TAB, 40MG TAB, 80MG TAB
Synonym: LIPITOR
AHFS Type: HMG-CoA REDUCTASE INHIBITORS (24.06.08)
Note:
1) Serious drug interactions may increase the risk of myopathy.
a. Change to pravastatin or rosuvastatin if patient taking medications metabolized by CYP3A4.
2) Check creatinine kinase for patients on high dose at least yearly or if patient develops muscle aches or weakness.

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, 1MG/ML SYR
AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)

AZATHIOPRINE 50MG TAB
Synonym : IMURAN
AHFS Type: ANTIMETABOLITES, IMMUNOSUPRESSIVE THERAPY, MISCELLANEOUS (90:28.08.92)
HIGH ALERT MEDICATION
Monitoring requirements:
1) CBC and CMP recommended to be done at 3 to 4 weeks after initiation of therapy
2) Subsequently CBC and CMP are to be done at 2 and 3 months after initiation.
3) For the first 3 months of therapy, the patient will receive a maximum 30-day supply per prescription.
4) For stable* patients, subsequent monitoring of CBC and CMP may be done every 3 months, and the patient may receive a 90-day supply per prescription.
*Stable patient is defined as:
- Patient does not experience any adverse drug events including anorexia, nausea, vomiting, rash, oral ulceration, abnormal bruising, severe sore throat or infections.
- Patient is not concurrently on interacting medications allopurinol or febuxostat.
- Patient's LFT's are within normal limits, WBC is ≥ 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.
8) TPMT or NUDT15 genotyping or phenotyping should be considered prior to initiation.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

AZELASTINE HYDROCHLORIDE NASAL SOLUTION 0.1% 137MCG/SPRAY (30ML)
Synonym: ASTEPRO
AHFS Type: ANTIALLERGIC AGENTS (52:02)

AZITHROMYCIN 100MG/5ML ORAL SUSP, 200MG/5ML ORAL SUSP
Synonym: ZITHROMAX
AHFS Type: MACROLIDES, OTHER MACROLIDES (8:12.12.92)
Restricted to:
a) 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, OTHER MACROLIDES (8:12.12.92)
NOTES:
a) Due to significant resistance of strep pneumonia to azithromycin, monotherapy with azithromycin for CAP is not recommended.
b) Chlamydia cervicitis or urethritis: use in patient or partner in either documented or suspected infection. Use of observed dose is preferred. A dose may be sent with the patient for the contact(s) provided that the provider verifies that the patient agrees to give the dose to the contact.
c) Gonorrhea cervicitis, urethritis or pharyngitis:
Use doxycycline (alt. azithromycin) po in combination with ceftriaxone 500 mg IM if less than 150kg, 1gm if 150kg or more, at time of treatment. Expedited partner therapy is done with doxycycline (azithromycin for allergy and pregnancy) and cefixime 800 mg. This is NOT to be used for clinic patients (ceftriaxone considered SUPERIOR to cefixime) and only reserved for partner who is not present. Expedited partner therapy is NOT recommended for men who have sex with men.

AZITHROMYCIN 600MG TAB

Synonym : ZITHROMAX
AHFS Type: MACROLIDES, OTHER MACROLIDES (8:12.12.92)
NOTE: For MAC prophylaxis or treatment in patients with HIV

AZITHROMYCIN INJ 500MG VIAL
Synonym: ZITHROMAX
AHFS Type: MACROLIDES, OTHER MACROLIDES (8:12.12.92)
NOTE: Change to oral therapy as soon as feasible; Oral and IV therapy are equally bioavailable.

AZTREONAM INJ 1GM VI
Synonym: AZACTAM
AHFS Type: MISC. ANTIBIOTICS (8.12.28)
NOTE: For gram negative coverage only
Restricted to hospital treatment of patients with severe beta-lactam allergy; or as alternative to aminoglycosides in patients at high risk for renal toxicity for the following indications:
1) Empirically for Complicated/High-Risk pneumonia
2) Targeted therapy for documented pseudomonas infection resistant to other anti-pseudomonal agents

BACITRACIN TOPICAL OINTMENT 30GM
AHFS Type: ANTIBIOTICS (84.04.04)

BACITRACIN OPHTH OINTMENT 500 UNITS/GRAM, 3.5 GM
Synonym: AK-Tracin, Ocutracin
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES (52.04.04)
Notes:
1. Due to cost, plain bacitracin ointment is restricted to patients who have allergy or intolerance of bacitracin/polymyxin (Polysporin) ophthalmic ointment.
2. Plain bacitracin will be stocked only in Specialty Pharmacy.

BACITRACIN/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-CATEGORIZED

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

BECAPLERMIN GEL 0.01% 15GM
Synonym : REGRANEX
AHFS Type: UNCLASSIFIED THERAPEUTIC AGENTS (92.00.00)
Restricted to Surgery, Podiatry, and Wound Care team use.
1) Must be refrigerated. Originally packaged with 6 months dating. If not refrigerated, is stable for 30 days at up to 86 degrees F. Stability above this temp is unknown.
2) For outpatients or discharges, dispense in a cooler with ice pack & be sure that the patient has appropriate refrigeration at home.
3) NOTE: Not routinely stocked in the pharmacy due to short dating & expense. If we have some, it will be in the Main Pharmacy refrigerator.
4) Per the McNeil Medical Information folks (10/2/98): Regranex may still be used if left at room temperature for 3 days, once left out at room temperature, the expiration date is 30 days. Once left out at room temperature, it may not be left out again or it must be discarded.

BENZATHINE BENZYLPENICILLIN TETRAHYDRATE 1,200,000units
Synonym: LENTOCILIN
Temporarily approved for treatment of syphilis when Bicillin-LA is unavailable.
Avoid if allergy to soybeans.
Reconstitute with supplied lidocaine for 1,200,000 units/4 ml.
Must be given as 2 deep IM injections in upper quadrant of buttocks (8ml total for 2,400,000 unit dose).

BENZOCAINE 20% SPRAY, 0.5ml UD
Synonym: HURRICAINE SPRAY
AHFS Type: LOCAL ANESTHETICS (52:16)

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

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

BENZOYL PEROXIDE 5%/CLINDAMYCIN 1.2% GEL, 45GM
Synonym: BENZACLIN
AHFS Type: ANTIBACTERIALS, TOPICAL (84.04.04)

BENZTROPINE 1MG TAB, 2MG TAB
Synonym : COGENTIN
AHFS Type: ANTIPARKINSONIAN AGENTS, ANTICHOLINERGIC AGENTS (28:36.08)

BENZTROPINE 2MG/2ML INJECTION
Synonym : COGENTIN
AHFS Type: ANTIPARKINSONIAN AGENTS, ANTICHOLINERGIC AGENTS (28:36.08)

BETAMETHASONE INJ 30MG/5ML VIAL
Synonym : CELESTONE SOLUSPAN
AHFS Type: ADRENALS (68.04.00)

BETAXOLOL-S 0.25% OPHTH SUSP 5ML
Synonym : BETOPIC-S
AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)
Restricted to Ophthalmology and Optometry (including outside consultants) for initial prescription.

BEVACIZUMAB (& BIOSIMILARS) INJ 1.25MG/0.5ML SYR
Synonym : AVASTIN, ZIRABEV, MVASI, ALYMSYS
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
HIGH ALERT MEDICATION

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

NOTE:

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

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.

BICTEGRAVIR/EMTRICITABINE/TENOFOVIR
Synonym: BIKTARVY
AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)
LIMITED TO 30 DAY SUPPLY.

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

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

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

PIMC *Helicobacter Pylori* treatment regimens:

4 DRUG REGIMEN
Tetracycline 500 mg po qid x 14 days
Metronidazole 500 mg po qid x 14 days
Bismuth Subsalicylate 524 mg po qid x 14 days
Omeprazole 40 mg po bid x 14 days (or longer)

3 DRUG REGIMEN†
Amoxicillin 1000mg po tid x 14 days
Rifabutin 150mg po bid x 14 days
Omeprazole 40mg po tid x 14 days
* in penicillin allergic patients, substitute Metronidazole 500 mg po tid x 14 days for Amoxicillin

SALVAGE REGIMEN
Levofloxacin 500 mg po qday x 14 days
Amoxicillin 1gm po bid x 14 days*
Omeprazole 40 mg po bid x 14 days (or longer)
* in penicillin allergic patients, substitute Metronidazole 500 mg po tid x 14 days for amoxicillin

BLOOD GLUCOSE MONITOR (GUIDE-ME)

BORIC ACID VAGINAL SUPPOSITORY
AHFS Type: NON-CATEGORIZED, ANTI-INFECTIVE, VAGINAL

BOTULINUM TOXIN TYPE A
Synonym : BOTOX
AHFS Type: NON-CATEGORIZED, NEUROMUSCULAR BLOCKER AGENT, TOXIN
Restricted to: Restricted to Pain clinic, Surgery, Neurology, ENT or Eye Departments for prolonged relaxation of small muscle spasm.

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

BRIMONIDINE 0.15% OPHTH SOLN 5ML, 0.2% OPHTH SOLN
Synonym : ALPHAGAN
AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)
Restrictions:
1. Ophthalmology and Optometry (including outside consultants) for initial prescription.
2. ENT for paralysis of eyelid muscle (0.2%)
NOTE: Stocked as 5ml or 10ml depending on availability

BROMFENAC 0.09% OPHTH SOLN 5ML
Synonym: XIBROM
AHFS Type: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)
Restricted to ophthalmology department.
2nd line agent, restricted to failure or intolerance of ketorolac.

BROMOCRIPTINE 2.5MG TAB
Synonym : PARLODEL
AHFS Type: ANTI-PARKINSONIAN AGENTS, DOPAMINE RECEPTOR AGONISTS, ERGOT-DERIVATIVE DOPAMINE RECEPTOR AGONISTS (28:36.20.04)
Restricted to use in patients with hyperprolactemic disorders.
NOTE: Not approved for routine use in postpartum patients with breast engorgement.

BUDESONIDE NASAL SPRAY 32MCG/SPRAY
Synonym : RHINOCORT
AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)
Restricted to second line nasal corticosteroid when fluticasone treatment is ineffective or results in an adverse drug reaction

BUDESONIDE INHALATION SUSP 0.25MG/2ML, 0.5MG/2ML
Synonym : PULMICORT
AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)
Nonformulary for use as respiratory agent. Restricted to ENT for treatment and prevention of nasal polyps

BUDESONIDE/FORMOTEROL 80MCG/4.5MCG, 160MCG/4.5MCG INHALERS
Synonym: SYMBICORT, BREYNA
AHFS: ADRENALS (68:04)
Notes:
1. Budesonide/Formoterol is first line ICS/LABA for asthma stepped approach utilizing 2023 GINA guidelines for patients 6 years and older.
2. Mometasone/Formoterol is second line ICS/LABA for asthma.
3. Fluticasone/Salmeterol is third line ICS/LABA for asthma.

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 0.5% INJ 10ML VIAL, 30ML VIAL
Synonym : MARCAINE
AHFS Type: LOCAL ANESTHETICS (72.00.00)

BUPIVACAINE 0.25%/EPI 1:200,000 INJ 30ML VIAL
Synonym : MARCAINE
AHFS Type: LOCAL ANESTHETICS (72.00.00)
Restricted to Podiatry & O.R.

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

BUPIVACAINE LIPOSOME 133MG INJ 10ML VIAL
Synonym: EXPAREL
AHFS Type: LOCAL ANESTHETICS (72.00.00)
NOTE: Stored in the refrigerator, restricted to use in OR only

BUPRENORPHINE 2MG, 8MG TAB
Synonym: SUBUTEX
AFHS Type: OPIATE PARTIAL AGONISTS (28:08.12)
CIII Controlled Substance
Prescribers must check PDMP for all new prescriptions and on an annual basis (P&T May 2020).
Restrictions:
1) Prescribed to patients for treatment of opioid use disorder and limited to a 28 day supply.
2) Refills allowable per CIII restrictions; however, patients should have regular follow-up and management by provider (i.e., q3months for stable patients.
3) Bridge prescriptions for discharges from inpatient limited to quantity sufficient until outpatient MOUD appointment up to maximum 14-day supply

BUPRENORPHINE EXTENDED-RELEASE 100MG/0.5 ML, 300MG/1.5ML INJ
Synonym: SUBLOCADE
AFHS Type: OPIATE PARTIAL AGONISTS (28:08.12)
CIII Controlled Substance
Note: REMS certification ID for PHOENIX INDIAN MEDICAL CENTER is FAC1566328687, tel. 1-866-258-3905
Prescribed to patients for treatment opioid use disorder for clinic use only:

a. Prescriptions are limited to patients with demonstrated tolerance to oral transmucosal buprenorphine for at least a 7-day trial prior to injection
b. Healthcare setting and pharmacy must be certified in the Sublocade REMS program
c. Injections are administered in clinic only, no sooner than every 26 days
d. Sublocade is **never to be dispensed directly to patients**. It will be dispensed to a healthcare provider who will administer the injection in clinic.

BUPRENORPHINE/NALXONE 2MG/0.5MG, 8MG/2MG SL TAB, 2MG/0.5MG, 4MG/1MG, 8MG/2MG, 12MG/3MG SL FILM
Synonym: SUBOXONE
AFHS Type: OPIATE PARTIAL AGONISTS (28:08.12)
CIII Controlled Substance
Prescribers must check PDMP for all new prescriptions and on an annual basis (P&T May 2020).
Restrictions:
4) Prescribed to patients for treatment of opioid use disorder and limited to a 28 day supply.
5) Refills allowable per CIII restrictions; however, patients should have regular follow-up and management by provider (i.e., q3months for stable patients.
6) Bridge prescriptions for discharges from inpatient limited to quantity sufficient until outpatient MOUD appointment up to maximum 14-day supply

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) May be prescribed by Internal Medicine, Primary Care Medicine, OB/GYN, Pediatric, and Behavioral Health providers.
2) Use with caution in patients who have seizure disorder, eating disorders, or patients undergoing abrupt discontinuation of alcohol or sedatives.
3) Use for tobacco cessation is restricted to patients meeting one of the following conditions:
   a. Enrolled in the Pharmacy Chronic Care Clinic for tobacco cessation
   b. Followed by a substance use dependence specialist
   c. Obstetric patients followed by a Women's Clinic provider
   d. For prescriptions received from an outside provider, a consult must be placed to the Pharmacy Chronic Care Clinic before the prescription may be filled. A maximum of 12 months of treatment may be completed; continuation past this will require enrollment in the Pharmacy Chronic Care Clinic.

BUSPIRONE 5MG TAB, 10MG TAB, 15MG TAB
Synonym : BUSPAR
AHFS Type: ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISCELLANEOUS (28.24.92)
Restricted to initiation of therapy by behavioral health providers or primary care providers for diagnosis of generalized anxiety disorder.

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

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

CADEXOMER IODINE GEL 40GM
Synonym : IODOSORB
AHFS Type: NON-CATEGORIZED
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

CALCIPOTRIENE 0.005% CREAM 60G
Synonym: DOVONEX
AHFS Category: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.92)
NOTE: Initial prescription restricted to Dermatology (or primary care/pediatric provider when no dermatologist on staff).
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)

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

CANTHARIDIN 0.7%
Synonym: YCANTH
AHFS Type: SKIN AND MUCOUS MEMBRANE AGENTS, KERATOLYTIC AGENT (84:28)
Restricted to:
1. In clinic administration only
2. Pediatric and Dermatology patients who have failed other options or have decreased pain tolerance to other therapies

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

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

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

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

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

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

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

CARBOPLATIN 10MG/ML 450MG VIAL, 600MG VIAL
Synonym: PARAPLATIN
AHFS Type: ANTINEOPLASTIC AGENTS
Restricted to Oncology

CARBOPROST TROMETHAMINE INJ
Synonym : HEMABATE
AHFS Type: OXYTOCICS (76:00)
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)

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)

CARVEDILOL 3.125MG TAB, 6.25MG TAB, 12.5MG TAB, 25MG TAB
Synonym : COREG
AHFS Type: BETA-ADRENERGIC BLOCKING AGENTS (24.24.00)

CEFADROXIL 250MG TAB
Synonym: DURICEF
AHFS Type: CEPHALOSPORINS (8.12.06)
Note: Once daily 1st generation alternative to cephalexain. Should be avoided in penicillin allergic patients due to similar side chain and cross reactivity

CEFAZOLIN INJ 1GM VIAL, 500MG VIAL, 1GM/50ML PREMIX BAG, 2GM/100ML PREMIX BAG
Synonym: ANCEF, KEFZOL
AHFS Type: FIRST GENERATION CEPHALOSPORINS (8:12.06.04)

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.

CEFEPIME INJ 1GM VIAL, 2GM VIAL

Synonym : MAXIPIME

AHFS Type: CEPHALOSPORINS (8.12.06)

Restricted to:

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

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

CEFIXIME 400MG TAB

Synonym : SUPRAX

AHFS Type: CEPHALOSPORINS (8.12.06)

Restricted to expedited partner treatment (EPT) of heterosexual partners of patients diagnosed with gonorrhea (except pharyngeal gonorrhea) when used in combination with doxycycline 100 mg orally (azithromycin for allergy and pregnancy). 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.

CEFPODOXIME 200MG CAP

Synonym: VANTIN

AHFS Type: CEPHALOSPORINS, THIRD GENERATION (8.12.06)

Restricted to treatment of acute uncomplicated pyelonephritis:

1. Allergy or adverse reaction to penicillin,
   AND
2. Documented resistance or failure to respond to alternative formulary agents.
3. May be used first line (empirically) for pyelonephritis (if cefuroxime is unavailable).

CEFTAZIDIME INTRAVITREAL INJECTION 2.25MG/0.1ML SYRINGE

Synonym: FORTAZ

AHFS Type: CEPHALOSPORINS (8.12.06)

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

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

Synonym: ROCEPHIN

AHFS Type: CEPHALOSPORINS (8.12.06)

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

Synonym: CEFTIN

AHFS Type: CEPHALOSPORINS (8.12.06)

Restricted to:

PEDIATRIC USE:

1) 1st line therapy for acute otitis media (AOM) in penicillin allergic patients dosed at 30mg/kg/day divided bid. See PIMC AOM. (Or cefdinir if cefuroxime is unavailable)
2) 2nd/3rd line therapy in treatment failures in AOM dosed at 30mg/kg/day divided bid. See PIMC AOM 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) 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-CATEGORIZED

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 m ultiple 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 m ultiple 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, SULFAMETHOXAZOLE, AMPHOTERICIN B, HYDROCORTISONE OTIC POWDER
Synonym: CSF-H OTIC POWDER

AHFS Type: NON-CATEGORIZED
Restricted to ENT, in clinic use only. Product obtained from compounding pharmacy.

CHLORHEXIDINE ORAL RINSE 0.12% 480ML
Synonym: PERIDEX
AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)
Restrictions:
1. 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.
2. ENT

CHLOROTHIAZIDE INJ 500MG VIAL
Synonym: DIURIL
AHFS Type: THIAZIDE DIURETICS (40.28.20)
NOTE: May be given by direct injection or diluted & given as an IV infusion. Not for IM or subcutaneous use.

CHLORPHENIRAMINE 4MG TAB
Synonym: CHLOR-TRIMETON, TELDRIN
AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)

CHLORPROMAZINE 100MG TAB, 25MG TAB
Synonym: THORAZINE
AHFS Type: PHENOTHIAZINES (28.16.08.24)

CHLORPROMAZINE INJ 50MG/2ML AMP
Synonym: THORAZINE
AHFS Type: PHENOTHIAZINES (28.16.08.24)

CHLORTHALIDONE 25MG TAB
Synonym: HYGROTON, THALITONE
AHFS type: THIAZIDE-LIKE DIURETICS (40.28.24)

CHOLECALCIFEROL 10MCG (400 UNITS), 25MCG (1,000 UNITS) TAB, 1,250MCG (50,000 UNITS) CAP
Synonym: Vitamin D3
AHFS type: VITAMINS (88:16)
NOTES: for treatment of Vitamin D deficiency, hypocalcemia, hypoparathyroidism, and prevention of osteoporosis/fractures. 50,000 unit capsule initial dosing is once weekly, more than weekly dosing requires evaluation for adherence and vitamin D levels. For patients at high risk of fractures a serum 25(OH)D level >30 ng/mL has been suggested.

CHOLECALCIFEROL 10MCG (400 UNITS)/ML DROPS
Synonym: Vitamin D3
AHFS type: VITAMINS (88:16)
Restricted to: For pediatric patients only
NOTE: Pharmacy may auto substitute for multivitamin oral, susp (i.e. Poly-vi-sol) depending on availability.

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

CICLOPIROX NAIL LACQUER
Synonym: PENLAC
AFHS Type: ANTIFUNGALS (84.04.08)
Restricted:
1. Sherman Indian School
2. Dermatology

CINACALCET 30MG TAB, 60MG TAB, 90MG TAB
Synonym: SENSIPAR
AHFS Type: HORMONE AND SYNTHETIC SUBSTITUTES, ANTIPARATHYROID AGENTS (68:24.01)

Restricted to:
1. Nephrology for secondary hyperparathyroidism in endstage renal disease
2. Endocrinology for primary hyperparathyroidism for patients unable or underwilling to undergo surgical intervention

CIPROFLOXACIN 0.3% OPHTH OINT 3.5GM
Synonym : CIPRO, CILOXAN
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)
Restricted to Ophthalmology and Optometry or upon Ophthalmology/Optometry recommendation

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
Restricted to Ophthalmology andOptometry or upon Ophthalmology/Optometry recommendation
OTIC USE
1) External otitis (preferred treatment):
Recommended dose = 4 drops in the affected ear bid. IF concomitant steroid is desired, preferred regimen is: Ciprodex.
2) ENT, for:
a) Chronic OM with perforation that has failed to respond to another topical antibiotic.
b) Post-op infection secondary to middle ear surgery.

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

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

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

CIPROFLOXACIN AND DEXAMETHASONE OTIC SUSPENSION
Synonym: CIPRODEX
AHFS Type: EYE, EAR, NOSE, AND THROAT PREPARATIONS, ANTI-INFECTIVES (52:04)

CISATRACURIUM BESYLATE INJ 20MG/10ML VIAL
Synonym : NIMBEX
AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)
HIGH ALERT MEDICATION
NOTE: For use in anesthesia in patients with significant renal or hepatic impairment. Stored in Refrigerator. Not reversed by Sugammadex

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

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

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

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:
1) PIMC 2025 antibiogram shows 61% resistance GBS to clindamycin, use when C&S confirmed.
2) D zone test required to confirm inducible resistance to clindamycin.
3) If used for antitoxin effect, per SSTI IDSA guidelines (2014), can discontinue use after 48-72 hours if significant clinical improvement and no fever.

CLINDAMYCIN 1% TOPICAL GEL 30GM TUBE
Synonym: CLEOCIN-T
AHFS Type: 84.04.04 SKIN AND MUCOUS MEMBRANE AGENTS, ANTIBACTERIALS
NOTE: Should not be used as monotherapy in treatment of acne. Combine with benzoyl peroxide to reduce likelihood of development of bacterial resistance to clindamycin.

CLINDAMYCIN 1% TOPICAL LOTION, 60ML BOTTLE
Synonym: CLEOCIN-T
AHFS Type: 84.04.04 SKIN AND MUCOUS MEMBRANE AGENTS, ANTIBACTERIALS
NOTE: Should not be used as monotherapy in treatment of acne. Combine with benzoyl peroxide to reduce likelihood of development of bacterial resistance to clindamycin.

CLINDAMYCIN 2% VAGINAL CREAM, 40GM TUBE
Synonym: CLEOCIN
AHFS Type: 84:04.04 Antibacterials (Skin and Mucous Membrane)
NOTE: If using for treatment of male partner(s) of female patient with recurrent bacterial vaginosis: apply a 2cm diameter volume to penile skin bid x 7 days. Use in combination with oral metronidazole. (May be sent with the patient for the partner provided that the provider verifies that the patient agrees to give the medication to the contact.)

CLOBETASOL 0.05% CREAM 30GM, 60GM
Synonym: CORMAX, TEMOVATE
AHFS Type: SKIN AND MUCOUS MEMBRANE AGENTS, ANTI-INFLAMMATORY AGENTS, CORTICOSTEROIDS (84:06.08)
Restricted to Dermatology (or primary care/pediatric provider when no dermatologist on staff) and Rheumatology.

CLOBETASOL 0.05% OINT 15GM
Synonym: TEMOVATE, CORMAX
AHFS Type: SKIN AND MUCOUS MEMBRANE AGENTS, ANTI-INFLAMMATORY AGENTS, CORTICOSTEROIDS (84:06.08)
Restricted to
1) Dermatology (or primary care/pediatric provider when no dermatologist on staff)

2) Other services for the treatment of lichen sclerosis
3) Pediatrics for treatment of phimosis and penile adhesions not resolved physiologically
4) Rheumatology

CLOBETASOL 0.05% SCALP SOLN 25ML
Synonym: CORMAX, CORMAX
AHFS Type: SKIN AND MUCOUS MEMBRANE AGENTS, ANTI-INFLAMMATORY AGENTS, CORTICOSTEROIDS (84:06.08)
Restricted to Dermatology (or primary care/pediatric provider when no dermatologist on staff) and Rheumatology.

CLOMIPHENE 50MG TAB
Synonym: CLOMID
AHFS Type: ESTROGENS AND ANTI-ESTROGENS (68.16.00)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

CLONAZEPAM 0.5MG TAB, 1MG TAB
Synonym: KLONOPIN
AHFS Type: BENZODIAZEPINES (28.12.08)
CIV Controlled Substance
NOTES:
A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.
Controlled substance III or IV may not be authorized for more than 5 refills.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

CLONAZEPAM 0.25MG, 0.5MG, 1MG, 2MG ORALLY DISINTEGRATING TAB
Synonym: KLONOPIN (Replaces KLONOPIN "WAFER")
AHFS Type: BENZODIAZEPINES (28.12.08)
CIV Controlled Substance
Note:
1) Prescribing of this agent is restricted to Pediatrics and Neurology.
2) A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.
3) Controlled substance III or IV may not be authorized for more than 5 refills.

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

CLONIDINE 0.1MG, 0.2MG TAB, 0.3MG TAB
Synonym: CATAPRES
AHFS Type: CENTRAL ALPHA-AGONISTS (24.08.16)

CLONIDINE PF INJECTION 100MCG/ML, 10ML
Synonym: DURACLON
AHFS type: CENTRAL ALPHA-AGONISTS (24.08.16)
Restricted to Anesthesia

CLOPIDOGREL 75MG TAB
Synonym: PLAVIX
AHFS Type: PLATELET AGGREGATION INHIBITORS (20.12.18)

CLOTRIMAZOLE 1% CREAM 30GM
Synonym: LOTRIMIN. MYCELEX
AHFS Type: ANTIFUNGALS (84.04.08)

CLOTRIMAZOLE 1% TOPICAL SOLN 10ML
Synonym: LOTRIMIN, MYCELEX
AHFS Type: ANTIFUNGALS (84.04.08)
Restricted to use in hairy areas and ear

CLOTRIMAZOLE 1% VAGINAL CREAM 45GM

Synonym: GYNE-LOTRIMIN. LOTRIMIN, MYCELEX
AHFS Type: ANTIFUNGALS (84.04.08)

CLOTRIMAZOLE 10MG TROCHE
Synonym: LOTRIMIN, MYCELEX
AHFS Type: ANTIFUNGALS (84.04.08)

CLOZAPINE 25MG TAB, 100MG TAB
Synonym: CLOZARIL
AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)
Restrictions:
1) All prescribing is restricted to Behavioral Health.
2) ANC should be monitored at least every 3 months
3) Dispense quantities are limited to a 30 day supply
4) Dose titrations should be slow (between 12.5mg and 50mg per day) based on diagnosis and include monitoring of side effects
5) Strongly recommend a bowel regimen be prescribed when prescribing clozapine

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

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

COAL TAR 0.5% SHAMPOO 120ML
Synonym : SEBUTONE, BALNETAR, PRAGMATAR, TAR
AHFS Type: KERATOPLASTIC AGENTS (84.32.00)
OTC DRUG, NOT DISPENSED TO OUTPATIENTS, except for psoriasis.

COCAINE 4% TOPICAL SOLN 4ML
AHFS Type: EENT PREPARATIONS, LOCAL ANESTHETICS (52.16.00)
CII Controlled substance. May not be refilled.

CODEINE SULFATE 30MG TAB
AHFS Type: OPIATE AGONISTS (28.08.08)
CII Controlled substance. May not be refilled.
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.
4) Not recommended for use in patients with renal disease.
    a. For GFR 30 to < 60ml/min/1.73m^2, use alternative agents if possible. If not possible, reduce dose by 50 to 75%.
    b. Avoid if GFR < 30 ml/min/1.73m^2.

***SEE OPIOID RESTRICTIONS
**SEE CONTROLLED SUBSTANCE PROXY FORM

COLCHICINE 0.6MG TAB
Synonym: Colcrys
AHFS Type: CARDIOVASCULAR DRUGS, NONSTEROIDAL ANTI-INFLAMMATORY (24:44)
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 JELLY 4%
Synonym : VCF
AHFS Type: CONTRACEPTIVES (68.12.00)

CORTENEMA see HYDROCORTISONE 100MG ENEMA

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

Ciprodex 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

COVID-19 VACCINE, MRNA
Synonym: COMIRNATY or SPIKEVAX
AFHS Type: VACCINES (80.12.00)
Approved for use per ACIP (CDC) guidelines. Formulations for ages 6 months to $\leq$ 11 years are still under emergency use authorization.
Refrigerated or frozen as appropriate.

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)

CYANOCOBALAMIN INJ 1000MCG/1ML VIAL
Synonym : VITAMIN B 12
AHFS Type: VITAMIN B COMPLEX (88:08)

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

CYCLOPHOSPHAMIDE 500MG INJ
Synonym : CYTOXAN
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

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

CYCLOPHOSPHAMIDE 50MG TAB
Synonym : CYTOXAN
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
HIGH ALERT MEDICATION
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

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

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

DANTROLENE LYOPHYLIZED INJ 250MG VIAL
Synonym : RYANODEX
AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)
Note: Six vials stocked in Malignant Hyperthermia Cart in O.R. for antidote to treat malignant hyperthermia

DAPSONE 100MG TAB
AHFS Type: SULFONES (8.16.92)
Restricted to treatment or prophylaxis of Pneumocystis carinii pneumonia in those patients who can't tolerate TMP/SMX

DAPTOMYCIN INJ 500MG VIAL
AHFS Type: Miscellaneous Antibiotics (8:12:28)
Synonym : Cubicin
Restricted to:
1) Use for treatment of MRSA skin & soft tissue infections and MRSA bacteremia in patients for whom vancomycin is contraindicated or for vancomycin failure.
2) Not approved for treatment of pulmonary infections.
3) If vancomycin cannot be used, daptomycin is preferred over linezolid for MRSA bacteremia.

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

DARUNAVIR/ COBICISTAT
Synonym: PREZCOBIX
AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)
NOTE: Do not use darunavir/cobicistat in combination with abacavir and lamivudine in patients with a pre-antiretroviral therapy HIV RNA ≥100,000 copies/mL
RESTRICTED: SAGE CLINIC or 30 days with no refills for continuation of care.
LIMITED TO 30 DAY SUPPLY

DARUNAVIR/ COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE
Synonym: SYMTUZA TAB
AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)
RESTRICTED: SAGE CLINIC or 30 days with no refills for continuation of care.
LIMITED TO 30 DAY SUPPLY

DEFEROXAMINE 500MG INJECTION

Synonym : DESFERAL
AHFS Type: HEAVY METAL ANTAGONISTS (64.00.00)
NOTE: Not routinely stocked

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

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

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

DESONIDE 0.05% CREAM, LOTION & OINTMENT
Synonym: Desowen, Tridesilon
AFHS type: ANTI-INFLAMMATORY AGENTS (84.06.00)

DEXAMETHASONE 0.5MG TAB, 4MG TAB, 6MG TAB, 1MG/ML ORAL SOLUTION (INTENSOL), 4MG/ML INJ, 10MG/ML INJ
Synonym : DECADRON
AHFS Type: ADRENALS (68.04.00)
Recommended dosage of dexamethasone 1mg/ml oral solution for pediatric croup or asthma exacerbation = 0.6mg/kg as one time dose, to maximum of 16mg.
NOTE: Dexamethasone 4mg/ml, 30ml multidose vial restricted to Physical Therapy Department or pharmacy compounding

DEXAMETHASONE 24MG/ML INJ
Synonym: DECADRON
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)
NOTES: This product is procured from compounding pharmacy, used by ENT for trans-tympanic injection in patients with sudden hearing loss.

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

DEXMEDETOMIDINE 200MCG/2ML VIAL, 400MCG/100ML PREMIX BOTTLE
Synonym: PRECEDEX
AHFS Type: ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISCELLANEOUS (28.24.92)
HIGH ALERT MEDICATION
NOTE:
1) Mechanically ventilated patients at high risk for delirium.
2) Mechanically ventilated patients having difficulty being extubated.
3) Procedural sedation when sedative and analgesic sparing properties desired.
4) Alcohol Withdrawal managed in ICU and refractory to standard benzodiazepine treatment.

DEXTROMETHORPHAN (15MG/5ML) W/ GUAIFENESIN COUGH SYRUP UNIT DOSE
Synonym : ROMILAR, DM SYRUP

AHFS Type: ANTITUSSIVES (48.08.00)
OTC DRUG, NOT DISPENSED TO OUTPATIENTS
NOTE: Do not use in patients less than 6 years old, per P&T decision 3/2008

DEXTROSE 50% INJ 25GM/50ML SYR, 50ML VIAL
AHFS Type: CALORIC AGENTS (40.20.00)
HIGH ALERT MEDICATION

DIABETES SUPPLIES:
GUIDE ME
FREESTYLE LIBRE
DEXCOM
LANCETS
ALCOHOL PADS
SHARPS CONTAINERS
SYRINGES
NEEDLES

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

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/ML CONCENTRATED 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)

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

DICLOXACILLIN 250MG CAP
Synonym: DYNAPEN
AHFS Type: PENICILLINS (8.12.16)

DICYCLOMINE 10MG CAP, 20MG TAB
Synonym: BENTYL
AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)

DIFLUPREDNATE 0.05% OPHTHALMIC EMULSION (5ML)
Synonym: DUREZOL
AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)
Restricted to Ophthalmology providers, or upon recommendation of an ophthalmologist, for treatment of severe uveitis or for use after ophthalmic surgery.

DIGOXIN 0.05MG/ML ORAL SOLN, 0.125MG (YELLOW) TAB, 0.25MG (WHITE) TAB, INJ 0.5MG/2ML AMP
Synonym: LANOXIN
AHFS Type: CARDIOTONIC AGENTS (24.04.08)
HIGH ALERT MEDICATION
Obtain digoxin level and EKG at least once yearly.

DIGOXIN IMMUNE FAB (OVINE) 40MG/VIAL INJ
Synonym: DIGIFAB
AHFS Type: ANTITOXINS AND IMMUNE GLOBULINS (80:04)

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.

DIMERCAPTOSUCCINIC ACID (SUCCIMER) 100MG CAPSULES
Synonym: CHEMET
AHFS Type: HEAVY METAL ANTAGONISTS (64:00)
NOTE: not routinely stocked

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

DIPHTHERIA/TETANUS/ACELLULAR PERTUSSIS (DtaP)
Synonym : INFANRIX, DAPTOCEL
AHFS Type: TOXOIDS (80.08.00)
NOTE: For use in infants, per CDC recommendations.

DIPHTHERIA/TETANUS/ACELLULAR PERTUSSIS/HEP-B/POLIO (INACTIVATED) COMBINED
Synonym: PEDIARIX, DTaP-HEPB-IPV
AHFS type: TOXOIDS (80.08.00) + VACCINES (80.08.12)
NOTE: For use in infants, per CDC recommendations.

DIPHTHERIA/TETANUS/ACELLULAR PERTUSSIS/ POLIO (INACTIVATED)/ HAEMOPHILUS INFLUENZA TYPE B/HEPATITIS B COMBINED
Synonym: VAXELIS, DtaP-IPV-Hib-HepB
AHFS Type: TOXOIDS (80:08.00) + VACCINES (80:08.12)
NOTE: For use in infants, per CDC recommendations. Refrigerated

DIPHTHERIA/TETANUS/ACELLULAR PERTUSSIS/POLIO (INACTIVATED)
Synonym: KINRIX, QUADRACEL, DTaP-IPV
AHFS type: TOXOIDS (80.08.00) + VACCINES (80.08.12)
NOTE: For use in infants, per CDC recommendations. Refrigerated

DITROPAN see OXYBUTYNIN

DIURIL see CHLOROTHIAZIDE INJ

DIVALPROEX 125MG SPRINKLE CAPSULE
Synonym: DEPAKOTE, VALPROIC ACID
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)
Restricted to patients with documented intolerance to valproic acid or dose not available with valproic acid tablets
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

DIVALPROEX 125MG TAB
Synonym: DEPAKOTE, VALPROIC ACID
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)
NOTE: This is a delayed release formulation that is usually dosed every 12 hours.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

DIVALPROEX ER 250MG (WHITE) TAB, 500MG (GRAY) TAB
Synonym: DEPAKOTE ER
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)
NOTES: This is an extended release formulation that is normally dosed once daily.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

DOBUTAMINE INJ 250MG/20ML VIAL, 250MG/250ML PREMIX BAG
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.
HIGH ALERT MEDICATION

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

DOCUSATE SODIUM 20MG/5ML ORAL SYRUP
Synonym: COLACE, DOSS
AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

DOLUTEGRAVIR
Synonym: TIVICAY
AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)
NOTE: Initial Hep B labs needs to be checked
RESTRICTED:
1) SAGE CLINIC
2) Post-Exposure Prophylaxis (PEP) or
3) 30 days with no refills for continuation of care.
NOTE: For PEP, considered second line to raltegravir. Must use in combination with Truvada (tenofovir **disoproxil fumarate**/emtricitabine). Initiate within 72 hours of exposure. Dispense full 28-day supply. Ensure consult entered for SAGE Clinic to follow up with patient.

LIMITED TO 30 DAY SUPPLY

DOLUTEGRAVIR/ABACAVIR/LAMIVUDINE
Synonym: TRIUMEQ
AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)
NOTE: HLA B5701 testing must be documented prior to initiation of therapy.
Restricted to:
1) Sage Clinic Team
2) 30 days with no refills for continuation of care (if prescribed outside of Sage Clinic)
LIMITED TO 30 DAY SUPPLY

DOLUTEGRAVIR/LAMIVUDINE
Synonym: DOVATO
AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)
NOTE: Initial Hep B labs needs to be checked
Restricted: SAGE CLINIC or 30 days with no refills for continuation of care.
LIMITED TO 30 DAY SUPPLY

DOLUTEGRAVIR 50MG/ RILPIVIRINE 25MG
Synonym: JULUCA
AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)
RESTRICTED: SAGE CLINIC or 30 days with no refills for continuation of care.
LIMITED TO 30 DAY SUPPLY

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, 800MG/250ML D5W PREMIX
AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)
HIGH ALERT MEDICATION

DORZOLAMIDE 2% OPHTH SOLN 5ML
Synonym : TRUSOPT
AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)
Restricted to Ophthalmology and Optometry (including outside consultants) for initial prescription.

DORZOLAMIDE/TIMOLOL OPHTH SOLN 10ML
Synonym : DORZOLAMIDE/TIMOLOL, COSOPT
AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)
Restricted to Ophthalmology and Optometry (including outside consultants) 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, 3MG TAB, 6MG TAB
Synonym: SINEQUAN (cap), ADAPIN (cap), SILENOR (tab)
AHFS Type: TRICYCLICS AND OTHER NOREPINEPHRINE-REUPTAKE INHIBITORS (28.16.04.28)

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

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

NOTES: Gonorrhea cervicitis, urethritis or pharyngitis: Use doxycycline (alt. azithromycin) po in combination with ceftriaxone 500 mg IM at time of treatment. Expedited partner therapy is done with doxycycline (azithromycin for allergy and pregnancy) and cefixime 800 mg. This is NOT to be used for clinic patients (ceftriaxone considered SUPERIOR to cefixime) and only reserved for partner who is not present. Expedited partner therapy is NOT recommended for men who have sex with men .

May be used for Doxy-PEP which will show two prescriptions per protocol

1) First prescription will be for 100 mg twice daily for 7 days to be processed first by pharmacy.
2) Second prescription will be for 100 mg, take two tablets within 24 hours, but no later than 72 hours after sexual exposure.

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.

DROSPIRENONE 4MG TABLETS, 28 DAY PACK
Synonym: SLYND
AHFS Type: HORMONES AND SYNTHETIC SUBSTITUTES, CONTRACEPTIVES, PROGESTINS (68:12)

DRYSOL see ALUMINUM CHLORIDE

DULOXETINE 20MG CAP, 30MG CAP, 60MG CAP
Synonym: CYMBALTA
AHFS Type: SELECTIVE SEROTONIN AND NOREPINEPHRINE-REUPTAKE INHIBITORS (28.16.01.16)
NOTES:

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

DYCLONINE LOZENGES 2MG
Synonym : SUCRETS REGULAR STRENGTH
AHFS Type: EENT PREPARATIONS, LOCAL ANESTHETIC (52.16)
Restricted to ENT Service.

DYCLONINE 1% ORAL SOLUTION
AHFS Type: EENT PREPARATIONS, LOCAL ANESTHETIC (52.16)
Restricted to Dental Clinic use as “swish and spit” oral anesthetic prior to deep scaling.
Obtained from Compounding Pharmacy.

EDETATE CALCIUM DISOD INJ 1000MG/5ML AMP
Synonym : EDTA, CALCIUM DISODIUM VERSENTATE
AHFS Type: HEAVY METAL ANTAGONISTS (64.00.00)
NOTE: injection 1 g/5 ml, not routinely stocked

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

EMPAGLIFLOZIN 10MG TAB, 25MG TAB
Synonym: JARDIANCE
AHFS Type: Sodium-glucose Cotransporter 2 Inhibitors (68.20.18)
Limited to 1-month supply per fill.

1) Follow current ADA standards for pharmacologic treatment of Type 2 diabetes mellitus.
2) For patients with heart failure, with or without diagnosis of diabetes.

3) Do not initiate in patients with eGFR < 20ml/min/1.73m^2.

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) VTE TREATMENT - 1mg/kg SQ every 12 hours or 1.5mg/kg SQ every 24 hours for 5 days (minimum) and until INR greater than 2 for patients being transitioned to warfarin.
   a. For inpatients, an EHR order set must be used for initial order.
   b. Co-administer warfarin, unless contraindicated or transition to DOAC is planned.
2) PROPHYLAXIS - 40mg sq qday for 28 days for gynecologic or abdominal surgery with cancer.
3) PROPHYLAXIS – 30mg sq daily (for CrCl<30ml/min) or 40mg sq qday to BID (if BMI>40) for VTE prevention.
4) Severe renal or hepatic impairment - dosage guidelines do not exist, use of LMWH is contraindicated.

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

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

EPINEPHRINE INJ 1MG/1ML VIAL, 20ML VIAL, 1 ML AMP (PRESERVATIVE AND SULFITE FREE FOR OR USE ONLY)
Synonym: ADRENALIN
AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)
HIGH ALERT MEDICATION

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

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

EPINEPHRINE RACEMIC 2.25% INH SOLN
Synonym : VAPONEFRIN
AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)
NOTE: Located in inpatient refrigerator, shelf 11

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

ERENUMAB-AOOE 70MG/ML, 140MG/ML INJ
Synonym: AIMOVIG
AHFS Type: ANTIMIGRAINE AGENTS, MISC (28.32.92)
Restricted to: Neurology and for use in patients with failure or ADR to 2 classes of migraine prevention medication
NOTE: May not be suitable for patients with uncontrolled hypertension

ERGOCALCIFEROL 1,250MCG (50,000 UNIT) CAP, 200 MCG (8,000 UNITS)/ML ORAL SOLN
Synonym : CALCIFEROL, VITAMIN D2
AHFS Type: VITAMIN D (88:16)
NOTE: 50,000 unit capsule initial dosing is once weekly, more than weekly dosing requires evaluation for adherence and vitamin D levels. Oral Solution contains 8000 units/ml. Equivalent to 0.2mg ergocalciferol/ml. Provides 200 USP Units (5mcg)/drop

ERTAPENEM INJ 1 GM VIAL
Synonym : INVANZ
AHFS Type: MISC. ANTIBIOTICS (8.12.28)
Restricted to:
1. Infections caused by organisms demonstrating resistance (especially via extended-spectrum beta-lactamase production) to other available formulary agents, carbapenems are preferred agents for treatment of infections caused by ESBL producing organisms.
2. Severe, acute intraabdominal infection in penicillin allergic patients
3. Infections in patients with allergy or intolerance to penicillin or cephalosporin, however use with caution in severe penicillin allergy (possible cross-reactivity)

NOTE: Ertapenem is not to be prescribed for surgical prophylaxis UNLESS the patient has had +ESBL in the past year.

ERYTHROMYCIN 250MG TAB
Synonym : E-MYCIN, ERYTHROCIN
AHFS Type: MACROLIDES (8.12.12)
NOTE: Provided as the base tablet (enteric coated).
Restricted to:
1) Pre-operative bowel preparation for elective colon resection.
2) Gastroparesis treatment.
3) Pertussis treatment (optional) if unable to tolerate azithromycin

ERYTHROMYCIN EYE OINT 3.5GM
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)
NOTE: 0.5%

ERYTHROMYCIN LACTOBIONATE INJ 500MG VIAL
AHFS Type: MACROLIDES (8.12.12)
Restricted to:
1) Inpatient treatment of gastroparesis.
2) Procedures requiring gastric emptying stimulation.

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

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

ESOMEPRAZOLE MAGNESIUM 2.5MG, 5MG, 10MG, 20MG, 40MG POWDER PACKETS
Synonym: NEXIUM
AHFS Type: GASTROINTESTINAL DRUGS, ANTIULCER AGENTS AND ACID SUPPRESSANTS, PROTON-PUMP INHIBITORS (56:28.36)
Restricted to:
1) Pediatric patients unable to take omeprazole or lansoprazole capsules or needing a dose lower than 20mg
2) Patients with nasogastric or gastric tubes

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, LOW DOSE VAGINAL TABLET
Synonym: YUVAFEM
AHFS Type: ESTROGENS (68:16)
For women intolerant of increased moisture with other vaginal formulations.

ESTRADIOL PATCH (estraderm)
Synonym: ESTRADIOL TRANSDERMAL 0.05, ESTRADERM, ALORA
AHFS Type: ESTROGENS (68.16.00)
Hormone replacement therapy
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

ESTRADIOL TRANSDERMAL GEL 0.1% 0.25mg, 0.5mg, 0.75mg, 1mg, 1.25mg
Synonym: DIVIGEL
AHFS Type: ESTROGENS (68.16.00)
Hormone replacement therapy
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

ESTRADIOL VAGINAL CREAM 42.5GRAM TUBE
Synonym: ESTRACE
AHFS type: ESTROGENS (68.16.04)
First line agent before Premarin cream
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

ESTRADIOL VAGINAL RING 7.5MCG/24HR
Synonym: ESTRING
AHFS type: ESTROGENS (68:16:04)
Hormone replacement therapy.
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)
Second line agent to estradiol vaginal cream.
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.

ETANERCEPT INJ 25MG/ML VIAL, SYR, 50MG/ML SURE-CLICK SYR, 50MG/ML ENBREL MINI CARTRIDGE
Synonym: ENBREL
AHFS Type: IMMUNOMODULATORY AGENTS, DISEASE MODIFYING ANTI-RHEUMATIC DRUGS, TUMOR NECROSIS FACTOR INHIBITORS, MISCELLANEOUS (90:24.16.92)
HIGH ALERT MEDICATION

Restricted to:

1) Rheumatology: For treatment of Rheumatoid Arthritis, Psoriatic Arthritis, or Ankylosing Spondylitis, and Plaque Psoriasis in patients with aggressive disease who have failed or were intolerant to conventional DMARDs.
2) Dermatology: For treatment of patients with plaque psoriasis.
    a. NOTE: Initial psoriasis dose is 50mg subcutaneously 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 hepatitis B, hepatitis C, tuberculosis, coccidiomycosis, and histoplasmosis: Hepatitis C Antibody, Hepatitis B Surface Antigen, Hepatitis B Core Antibody IgM, 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 active infections, current or recent cancer or with systemic lupus erythematosus.

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/NORGESTIMATE TRIPHASIC TAB, 28'S
Synonym: ORTHO TRI-CYCLEN, TRINESSA
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

ETHINYL ESTRADIOL 0.03MG/DROSPIRENONE 3MG TAB, 28'S
Synonym: OCELLA, YASMIN, SYEDA
AHFS Type: CONTRACEPTIVES (68.12.00)
NOTE: Use with caution in patients with conditions that predispose to hyperkalemia (renal or hepatic insufficiency or adrenal insufficiency). Women using medications that may increase serum potassium (including ACEIs, ARBs, K-sparing diuretics, aldosterone antagonists & NSAIDs) should have their serum potassium levels checked during the first treatment cycle.

ETHINYL ESTRADIOL/ETONOGESTREL CONTRACEPTIVE RING, 3 per Box
Synonym: NUVARING
AHFS Type: CONTRACEPTIVES (68.12.00)
NOTE: Requires careful patient selection and training. Refrigerate before dispensing

ETHINYL ESTRADIOL 0.02MG/ LEVONORGESTREL 0.1MG TAB, 28's
Synonym: LEVLITE, ORSYTHIA, SRONYX
AHFS Type: CONTRACEPTIVES (68.12.00)
Sronyx: Suggested for use in obese and near-menopausal patients. This product replaces LoEstrin & Levlite.

ETHINYL ESTRADIOL 0.03MG/ LEVONORGESTREL 0.15MG TAB, 91'S
Synonym: JOLESSA TAB 91
AHFS Type: CONTRACEPTIVES (68.12.00)
Jolessa: extended cycle oral contraceptive contains 84 active tablets and 7 placebo tablets.

ETHINYL ESTRADIOL0.035MG/NORETHINDRONE 1MG TAB, 28'S
Synonym: CYCLAFEM 1/35, NORINYL 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 ESTRADIOL0.02MG/NORETHINDRONE 1MG/FERROUS FUMARATE 75MG TAB, 28'S
Synonym: LOESTRIN FE
AHFS Type: CONTRACEPTIVES (68.12.00)
Contains 21 consecutive tabs with norethindrone 1mg & ethinyl estradiol 20 mcg followed by 7 ferrous fumarate 75mg.

ETHINYL ESTRADIOL/NORELGESTROMIN PATCH
Synonym: XULANE
AHFS Type: CONTRACEPTIVES (68.12.00)
Note: Each patch releases 35mcg 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: CRYSELLE, ELINEST
AHFS Type: CONTRACEPTIVES (68.12.00)
Each 28 tab pack contains 21 consecutive tabs with norgestrel 0.3mg and ethinyl estradiol 30 mcg followed by 7 inert tabs.

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

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

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

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

EXEMESTANE 25MG TAB
Synonym: AROMASIN
AHFS Type: ANTINEOPLASTIC AGENTS (10:00.00)
Restricted to Oncology Service for treatment of breast cancer.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

EZETIMIBE 10MG TAB
Synonym : ZETIA
AHFS Type: CHOLESTEROL ABSORPTION INHIBITORS (24.06.05)

FAMOTIDINE 20MG TABS
Synonym: PEPCID
AHFS Type: Histamine H_2-Antagonists (56.28.12)

FAMOTIDINE 40MG/5ML SUSP
Synonym: PEPCID
AHFS Type: Histamine H_2-Antagonists (56.28.12)

FAMOTIDINE INJ 10MG/2ML VIAL

Synonym: PEPCID
AHFS Type: Histamine H_2-Antagonists (56.28.12)
NOTE: Usual dose (normal renal function) = 20mg IVPB q12h

FAT EMULSION 20% 500ML
Synonyms: Lipid Emulsion, Intralipid, Liposyn
AHSF Type: CALORIC AGENTS (40.20)
Uses:
1) Calorie source for patients receiving parenteral nutrition
2) Must be administered with a 1.2 micron filter per ISMP safety alerts, stored in 2nd floor inpatient pharmacy store room and procured from warehouse.
2) For "lipid rescue" therapy of systemic toxicity from local anesthetic agents, and for some drug overdoses.
Lipid rescue kits are stored in the Operating Room Areas, 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 54MG TAB, 160MG TAB
Synonym: TRIGLIDE
AHFS Type: FIBRIC ACID DERIVATIVES (24:06.06)

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

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

FENTANYL INJ 10MCG/ML PCA SYRINGE
Synonym: SUBLIMAZE
AHFS Type: OPIATE AGONISTS (28.08.08)
HIGH ALERT MEDICATION
CII Controlled Substance. Not dispensed for outpatient use.
Note: Compounded by Pharmacy with only 12 hr beyond use date. Restricted to patients with morphine intolerance or GFR < 30 ml./min.

FERRIC SUBSULFATE SOLUTION 8ML
Synonym : MONSEL'S SOLUTION, MONSEL'S PASTE (MODIFIED SOLN)
AHFS Type: ANTIHEMORRHAGIC AGENTS, HEMOSTATICS (20:28.16)
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)

FILGRASTIM-sndz INJ 300MCG/0.5ML SYR, 480MCG/0.8ML SYR
Synonym : NEUPOGEN
AHFS Type: HEMATOPOIETIC AGENTS (20.16.00)

FINASTERIDE 5MG TAB
Synonym : PROSCAR
AHFS Type: MISCELLANEOUS THERAPEUTIC AGENTS, 5-α-REDUCTASE INHIBITORS (92:04)
For the treatment of benign prostatic hypertrophy.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

FLECAINIDE 50MG TAB, 100MG TAB, 150MG TAB
Synonym : TAMBOCOR
AHFS Type: ANTIARRHYTHMIC AGENTS (24.04.04)
Restricted to cardiology or cardiology consult.

FLUCONAZOLE 100MG TAB, 150MG TAB, 200MG TAB
Synonym : DIFLUCAN
AHFS Type: ANTIFUNGAL ANTIBIOTICS (8.14.08)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

FLUCONAZOLE INJ 200MG/100ML NS PREMIX, 400MG/200ML NS PREMIX
Synonym : DIFLUCAN
AHFS Type: ANTIFUNGAL ANTIBIOTICS (8.14.08)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

FLUDROCORTISONE 0.1MG TAB
Synonym : FLORINEF
AHFS Type: ADRENALS (68.04.00)

FLUMAZENIL INJ 0.5MG/5ML VIAL
Synonym : ROMAZICON
AHFS Type: CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS (28.92.00)
Restricted to:
1) Benzodiazepine overdose (acute, not chronic)
2) Reversal of excessive benzodiazepine sedation associated with procedures

FLUNISOLIDE NASAL 0.025% SOLN 25ML
Synonym : NASALIDE
AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)
Restricted to third line nasal corticosteroid when
1) Fluticasone or budesonide treatment is ineffective or results in an adverse drug reaction, or
2) When treatment with fluticasone or budesonide is inadvisable due to possible drug-drug interactions (e.g. patient on an agent that is an inhibitor of CYP 3A4 metabolism).

FLUOCINOLONE ACETONIDE 0.01% OTIC OIL, 20ML
Synonym: DERMOTIC
AHFS Type: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)
NOTE: Restricted to ENT
CONTAINS PEANUT OIL: Peanut oil is refined, non antigenic. Use with caution in patients with peanut allergy.

FLUOCINONIDE 0.05% CREAM 30GM, 60GM
Synonym : LIDEX
AHFS Type: ANTI-INFLAMMATORY AGENTS (84.06.00)
A high potency topical steroid, only for use in patients not responding to triamcinolone (Aristocort, Kenalog).
NOTE: Stocked in both 30gm & 60gm

FLUOCINONIDE 0.05% OINT 15GM, 60GM
Synonym : LIDEX
AHFS Type: ANTI-INFLAMMATORY AGENTS (84.06.00)
NOTE: A high potency topical steroid, only for use in patients not responding to triamcinolone.

FLUOCINONIDE TOPICAL SOLN 0.05% 60ML
Synonym : LIDEX
AHFS Type: ANTI-INFLAMMATORY AGENTS (84.06.00)
NOTE: Recommended for use on hairy areas (scalp), not for use on face or groin.

FLUORESCEIN 10% INJ 5ML AMP
Synonym : FLUORESCITE
AHFS Type: DIAGNOSTIC AGENTS (36:00)
For intra-operative evaluation of ureteral patency/integrity, recommended dose is 10 to 25mg IV as bolus:
- Dilute 1ml of 10% sodium fluorescein in 9ml saline, which makes 10mg/ml strength
- Administer 1 to 2.5ml intravenously
- Fluorescent yellow urine will be seen from patent ureteral orifices
- Fluid bolus, reverse Trendelenburg, or IV Lasix dose may speed flow of dye

FLUORESCEIN OPHTHALMIC STRIP 1MG
Synonym : FLUOR-I-STRIPS, FLUORETS
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

FLUORESCEIN SODIUM/ BENOXINATE HCL SOLN 0.25%
Synonym : ALTAFLUOR BENOX
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)
Restricted to Ophthalmology and Optometry use in clinic.
NOTE: 1) Requires refrigeration before dispensing, Main Pharmacy refrigerator, 30 day expiration when stored at controlled room temp

FLUORIDE 1.1% PASTE 3.4 OUNCE TUBE
Synonym: PREVIDENT 5000
AHFS Type: DENTAL AGENTS, NUTRITIONAL SUPPLEMENTS (34:04)
Restricted to dental providers.

FLUOROMETHOLONE 0.1% OPHTH SUSP 15ML
Synonym : FML, FLUOR-OP
AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)
Restrictions:
1) Ophthalmic use: All steroid ophthalmic preparations are restricted to use by Ophthalmology or Optometry or with consult.

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 (or primary care provider when no dermatologist on staff) for the treatment of actinic keratoses.
NOTES:
1) Contraindicated during pregnancy/breastfeeding.

2) Do not place into open wounds/cuts.
3) Avoid with pets.

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 (or primary care when no dermatologist on staff) for use in the treatment of actinic keratoses.

NOTES:

1) Contraindicated during pregnancy/breastfeeding.
2) Do not place into open wounds/cuts.
3) Avoid with pets.

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 10MG CAP, 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.

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) Third line formulary choice for use in stepped care approach for patients per P&T decision 03/2024
2) Asthma: Stepped care approach per 2023 GINA guidelines
3) Not approved for patients 5 years and younger

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

Synonym : FLOVENT

AHFS Type: ADRENALS (68.04.00)

Restricted to:

1) Pediatrics Service use for
   a) Patients 6-11year olds with Steps 1, 2, or 3 per GINA 2024 Guidelines
   b) Patients 5 years and younger
2) Adult patients with persistent asthma who cannot use ICS-LABA (budesonide/formoterol) or do not respond to mometasone 400mcg (2 puffs) daily

FLUTICASONE NASAL SPRAY 50MCG 16GM

Synonym : FLONASE NASAL SPRAY

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

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

FOLIC ACID 1MG TAB

Synonym: FOLATE

AHFS Type: VITAMIN B COMPLEX (88:08)

FOMEPIZOLE INJ 1.5GM/1.5ML VIAL

Synonym: Antizol

AHFS type: ANTIDOTES, METHANOL OR ETHYLENE GLYCOL POISONING (91:04.08)

NOTE: For the treatment of ethylene glycol (antifreeze) and methanol (wood alcohol) poisoning. May also be used as adjunct to acetaminophen toxicity. Loading dose 15mg/kg given IV. Maintenance dose of 10mg/kg IV every 12 hours for 4 doses, then 15mg/kg IV every 12 hours thereafter until ethylene glycol or methanol concentrations are undetectable or are under

20mg/dL. The patient should also be asymptomatic and have a normal pH. Administer each dose as a slow infusion over 30 minutes.

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

FOSAPREPITANT INJ 150MG VIAL
Synonym: EMEND
AHFS Type: ANTIEMETICS (56.22.00)
Restricted to prevention of chemotherapy induced nausea & vomiting in patients:
1) Receiving highly emetogenic chemotherapy drugs (cisplatin > 50mg/m^2, dacarbazine, carmustine, cyclophosphamide, mechlorethamine, procarbazine, streptozocin)
2) Receiving moderately emetogenic chemotherapy with clinical failure or intolerance of standard anti-emetic therapy.

FOSFOMYCIN 3GM POWDER SACHET
Synonym: MONUROL
AHFS Type: Urinary Antiinfectives (8.36.00)
Approved use criteria:
1) Management of symptomatic urinary tract infection (cystitis) with no other oral options available (e.g. multiple antibiotic allergies, resistance to other agents).
2) Susceptibility of isolated organism should be confirmed whenever possible – this requires send-out to referral laboratory.
3) Note: due to limited systemic absorption/tissue penetration, fosfomycin should NOT be used for pyelonephritis, or other infections outside of the urinary tract, or asymptomatic bacteriuria (except in pregnancy).
4) Single dose regimens may be effective however, studies have evaluated for ESBL infections high dose treatment with 3gm every 72 hours x 2 to 3 doses

FOSPHENYTOIN INJ 100MG PE/2ML VIAL, 500MG PE/10ML VIAL
Synonym : CEREBYX
AHFS Type: HYDANTOINS (28.12.12)
Restricted to:
1) For use in patients for whom use of oral phenytoin is not possible.
2) All orders for fosphenytoin will be assumed to be in Phenytoin Equivalents (PE).
3) All orders for IV phenytoin will be switched to fosphenytoin.
4) Wait 2 hours after IV infusion and 4 hours after IM dose to obtain phenytoin level.

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

FUROSEMIDE 10MG/ML INJ 2ML, 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.

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) Opthalmology department
2) ENT departments
3) For otitis externa failures to Cortisporin (Neomycin/PolymycinB/HC) ear drops
4) Dermatology (or primary care/pediatric provider when no dermatologist on staff) for pseudomonal infections of the nailbed

GENTAMICIN 15MG/ML FORTIFIED OPHTHALMIC DROPS
Synonym: Garamycin
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)
NOTE: Restricted to ophthalmology. Must obtain from outside compounding pharmacy due to PIMC IV room restrictions, allowable only to compound low-risk compounded sterile preparations (CSPs) with 12 hour beyond use date (BUD) (eye drops are considered medium risk CSPs)

GENTAMICIN 20MG/2ML PF INJ, 40MG/1ML MDV VIAL
Synonym: GARAMYCIN
AHFS Type: AMINOGLYCOSIDES (8.12.02)
NOTE: Use 20mg/2mL preservative free in neonates

GENTAMICIN OPHTH OINT 3.5GM
Synonym: GARAMYCIN
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES (52.04.04)
Restricted to:
1) Opthalmology 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, 2.5MG XL TAB, 5MG XL TAB, 10MG XL TAB
Synonym: GLUCOTROL, GLUCOTROL XL, GLIPIZIDE XL
AHFS Type: SULFONYLUREAS (68.20.20)

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

GLUCOSE 3.75GM TAB
Synonym: BD GLUCOSE TABS
AHFS Type: CALORIC AGENTS (40.20.00)

NOTE: Recommended dose is 2 to 3 tablets at the first sign of hypoglycemia

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

GLUCOSE MONITOR, CONTINUOUS, SENSOR, READER
Synonym: DEXCOM G6, DEXCOM G7
AHFS Type: NON-CATEGORIZED
First line CGM for patients using insulin pumps.
Second line CGM for patients who have either failed or are unable to use FreeStyle Libre.

GLUCOSE MONITOR, CONTINUOUS, SENSOR, READER
Synonym: FREESTYLE LIBRE 2 and 3
AHFS Type: NON-CATEGORIZED
Restrictions: Restrict new starts to primary, endocrine, and OB/GYN providers if they meet the following criteria for use:

1) All insulin treated diabetes patients (Type 1 or Type 2)
2) Non-insulin treated diabetes
   a. A1C≥6.5% despite adherence to therapy
   b. Documented glucose variability or postprandial >180
   c. Recent hospitalization for hyper/hypoglycemia
   d. On oral antidiabetic agents (GLP-1, SGLT2, or dual agonists) requiring trend data
3) Suboptimal Glycemic Control
   a. A1C≥6.5% despite therapy optimization
   b. Demonstrated high glucose variability (as indicated in EHR trend reports)
4) Hypoglycemia Criteria
   a. ≥ 2 documented events of glucose<70 mg/dl within 3 months
   b. Patient reported hypoglycemia unawareness
5) Special Populations
   a. Pregnant women with diabetes or gestational diabetes requiring self-monitoring blood glucose ≥ 4 times daily, regardless of insulin use.
   b. Older adults (>65 years) on insulin or at risk for hypoglycemia
   c. Patients with cognitive limitations, low health literacy, or SMBG barriers

GLYCERIN SUPPOS (INFANT), (ADULT)
AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)

GLYCERIN, USP
AHFS Type: NON-CATEGORIZED, PHARMACEUTICAL AIDS

GLYCOPYRROLATE INJ 0.2MG/1ML VIAL, 1MG TABS
Synonym : ROBINUL
AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)
Tablets restricted to

1. Management of sialorrhea
2. Post-operative use
3. Hospice/palliative care

GRANULEX SPRAY 113.4 GM CAN
Synonym: CASTOR OIL 788MG/PERUVIAN BALSAM 87MG/TRYPSIN 90U AEROSOL,TOP
AHFS Type: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.92)
NOTE: Restricted to Wound Care Clinic and Surgery Service

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

GUAIFENESIN LA 600MG TAB

Synonym : HUMIBID
AHFS Type: EXPECTORANTS (48.16.00)

GUANFACINE 1MG TAB, 2MG TAB
Synonym : TENEX
AHFS Type: HYPOTENSIVE AGENTS (24.08.00)
NOTE: The 2mg tablet is not routinely stocked

GUANFACINE ER 1MG TAB, 2MG TAB
Synonym: INTUNIV
AHFS Type: HYPOTENSIVE AGENTS (24.08.00)
Restricted to
1. Excessive sedation with guanfacine IR
2. Patient requiring greater than twice a day guanfacine IR

HAEMOPHILUS INFLUENZA TYPE B
Synonym: Pedvaxhib
AHFS Category: VACCINES (80.12.00)
Approved for use per ACIP (CDC) guidelines. When used alone is the only product recommended for AI/AN population per ACIP.

HALOPERIDOL 0.5MG TAB, 1MG TAB, 2MG TAB, 5MG TAB, 2MG/ML ORAL SOLN, 5MG/1ML INJ
Synonym: HALDOL
AHFS Type: BUTYROPHENONES (28.16.08.08)

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”
NOT STOCKED BY PHARMACY

HEPARIN INJ 5,000 UNITS/0.5ML SYRINGE, 10,000 UNITS/1ML VIAL, 25,000 UNITS/250ML PREMIX BAG
AHFS Type: ANTICOAGULANTS (20.12.04)
HIGH ALERT MEDICATION
NOTE: Protocol for nurse monitoring and adjusting found on policy stat: Anticoagulation Therapy

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

HEPATITIS-B IMMUNE GLOBULIN
Synonym : H-BIG
AHFS Type: ANTITOXINS AND IMMUNE GLOBULINS (80:04)
NOTE: Approved for use per CDC Postexposure Prophylaxis for Occupational and Non-occupational Exposure and Perinatal Exposure Guidelines.

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

HUMAN PAPILLOMAVIRUS VACCINE
Synonym: GARDASIL 9, HPV (9-valent)
AHFS Type: VACCINES (80.12.00
Approved for use per ACIP (CDC) guidelines

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

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

HYDRALAZINE 20MG/ML INJ
Synonym: Apresoline
AHFS Type: HYPOTENSIVE AGENTS (24.08.00)

HYDROCHLOROTHIAZIDE 25MG TAB, 50MG TAB
Synonym : HCTZ, HYDRODIURIL, ESIDRIX
AHFS Type: THIAZIDE DIURETICS (40.28.20)

HYDROCHLOROTHIAZIDE/TRIAMTERENE 75/50 tab
Synonym: MAXZIDE
AHFS Type: POTASSIUM-SPARING AND THIAZIDE DIURETICS (40.28.16 AND 40.28.20)

HYDROcodone 7.5MG/ACETAMINOPHEN 325MG PER 15ML ORAL SOLUTION
Synonym: VICODIN SOLUTION
AHFS Type: OPIATE AGONISTS (28.08.08)
CII Controlled substance. May not be refilled.
Restrictions:
1. Treatment of pain in patients less than 12 years of age.
2. ENT for tonsillectomy patients

**SEE OPIOID RESTRICTIONS
**SEE CONTROLLED SUBSTANCE PROXY FORM

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

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

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

HYDROCORTISONE 5 MG TAB, 10MG TAB, 20MG TAB
Synonym : CORTEF, CORTRIL
AHFS Type: ADRENALS (68.04.00)

HYDROCORTISONE INJ 100MG/2ML VIAL
Synonym : SOLU-CORTEF
AHFS Type: ADRENALS (68.04.00)

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

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

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

HYDROPHILIC OINTMENT
AHFS Type: NON-CATEGORIZED

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

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

HYDROXOCOBALAMIN INJ 5 GRAM / 1 VIAL KIT
Synonym: Cyanokit, Cyanide Antidote
AHFS Type: ANTIDOTES
Stored in Emergency Department Pyxis.

HYDROXYZINE 10MG TAB, 25MG CAP/TAB
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.

ICOSAPENT ETHYL (E-EPA) 1GM CAPSULES
Synonym: VASCEPA
AHFS Type: ANTILIPEMIC AGENTS, MISCELLANEOUS (24:06.92)
Restricted to:
1) Adverse drug reaction or contraindication to fibric acid derivatives
2) Failure to reach triglyceride goal while taking fibric acid derivative

IMIQUIMOD 5% CREAM 3GM/BX
Synonym: ALDARA
AHFS Type: SKIN AND MUCOUS MEMBRANE AGENTS, ANTI-PROLIFERANTS (84:18)
Restricted to use on external genital warts that fail usual therapy (podophyllum or cryotherapy), or where usual therapy is contraindicated, or as an alternative to taking the patient to the operating room.
NOTE: Usual dose is apply to warts at hs, wash off after 6 to 10 hours. Use every other day, 3 days per week (i.e. M,W,F or Tu,Th,Sat). Recommended maximum duration of therapy: 16 weeks

IMMUNE GLOBULIN (HUMAN) IM INJ
Synonym: GamaSTAN, IGIM
AHFS Type: ANTITOXINS AND IMMUNE GLOBULINS (80:04)
NOTE: Refrigerated. Not routinely stocked. For post exposure prophylaxis of hepatitis A, healthy persons aged $\geq$ 12 months may receive hepatitis A vaccine, as soon as possible within 2 weeks of exposure. Immune globulin may be given to the following persons/circumstances within 2 weeks of hepatitis A exposure (per 2018 CDC/ACIP recommendations for postexposure prophylaxis):
1) Age less than 12 months
2) Age greater than 40 years, give in addition to hepatitis A vaccine if provider's risk assessment determines use is warranted
3) > 12 months immunocompromised or chronic liver disease
4) > 12 months when vaccine is contraindicated

INDOCYANINE GREEN 25MG VIAL
Synonym: IC Green
AHFS Type: DIAGNOSTIC AGENTS, LIVER FUNCTION (36:44)

INDOMETHACIN 25MG CAP
Synonym: INDOCIN
AHFS Type: OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.04.92)

INFLIXIMAB-ABDA INJ 100MG
Synonym: RENFLEXIS
AHFS Type: IMMUNOMODULATORY AGENTS, DISEASE MODIFYING ANTI-RHEUMATIC DRUGS, TUMOR NECROSIS FACTOR INHIBITORS, MISCELLANEOUS (90:24.16.92)
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 dispensed 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 hepatitis B, hepatitis C, invasive fungal infections or first receive appropriate treatments: Hepatitis C Antibody, Hepatitis B Surface Antigen, Hepatitis B Core Antibody IgM, 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.
High dose influenza also for use in rheumatology patients taking immunosuppressants, to be administered in rheumatology clinic.

INFLUENZA VACCINE, LIVE
Synonym: Flu Mist
AHFS Type: Vaccines (80.12.00)
Restricted to patients eligible for the Vaccine for Children Program (18 years or younger), IF ACIP (CDC) recommended. Live virus vaccine, requires medication reconciliation prior to vaccine administration, not routinely stocked

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

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

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

INSULIN GLARGINE U-100 (LANTUS) VIAL, 3ML PREFILLED SYRINGE (PEN)
Synonym : LANTUS, LANTUS SOLOSTAR PEN
AHFS Type: INSULINS (68.20.08)
HIGH ALERT MEDICATION
Biosimilar, automatic substitution & interchangeable with any Insulin Glargine per P&T August 2022
NOTE:
Insulin pen use on inpatient setting is limited to patients who are new to use of insulin pens and require teaching. The pen will be labeled with the patient name and record number, and stored in a bin assigned to that patient. Under no circumstances are insulin pens to be used for multiple patients.

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

INSULIN HUMAN 100UNIT/100ML NS PREMIX
Synonym: MYXREDLIN
AHFS Type: INSULINS (68.20.08)
HIGH ALERT MEDICATION

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

INSULIN REGULAR U-500 (HUMAN) 20ML VIAL, HUMULIN-R KWIK PEN®
AHFS Type: INSULINS (68.20.08)
HIGH ALERT MEDICATION
NOTE:
1) Unlike other insulin pens, inpatient use of U-500 Regular Insulin pens is permitted due to the discontinuation of U-500 insulin vials. 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.

IOHEXOL 300mg/ml 10ml and 100ml bottles
Synonym: Omnipaque
AHFS Type: ROENTGENOGRAPHY (36.68)

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)

IPRATROPIUM BROMIDE NASAL 0.03%, 0.06%
Synonym: ATROVENT NASAL
AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12:08.08)

1. 0.03% for perennial allergic/nonallergic rhinitis in 6 years and older (dose is 2 sprays in each nostril 2-3 times a day)
2. 0.06% for seasonal allergic rhinitis and symptomatic relief of rhinorrhea associated with common cold in 5 years and older
    a. Seasonal allergic rhinitis 2 spays in each nostril qid for up to 3 weeks
    b. Rhinorrhea with colds (not to be used for more than 4 days):
        i. 2 sprays in each nostril tid for 5-11 year olds
        ii. 2 sprays in each nostril 3-4 times a day for 12 – 18 years
        iii. 2 sprays in each nostril qid for 19 years and older

IRON SUCROSE COMPLEX 20MG/ML (Elemental Iron) INJ 5ML VIAL, 10ML VIAL
Synonym: VENOFER
AHFS Type: IRON PREPARATIONS (20.04.04)
NOTE: For Intravenous use only. DOSING INFORMATION: 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 IV push (undiluted) over 2 to 5 minutes – maximum dose by this route is 200mg, repeat no more often than every other day.
2) May be diluted in normal saline and administered as an infusion
    a. 300mg in 250 ml NS infused over 1.5 hours every other day for 3 doses
HIGH ALERT MEDICATION

ISONIAZID 300MG TAB
Synonym: INH
AHFS Type: ANTITUBERCULOSIS AGENTS (8.16.00)
NOTE: for safety reasons (overdose toxicity) – maximum dispense quantity is 10 grams of INH or (~33 tablets of 300mg). Antidote for overdose is injectable pyridoxine, stocked in 2nd floor pharmacy when available, on manufacture backorder.

ISONIAZID 100MG/ML 10ML INJ
Synonym: INH
AHFS Type: ANTITUBERCULOSIS AGENTS (8.16.00)

ISONIAZID 50MG/5ML ORAL SYRUP
Synonym: INH
AHFS Type: ANTITUBERCULOSIS AGENTS (8.16.00)

ISOSORBIDE DINITRATE 10MG TAB, 20MG TAB
Synonym: ISORDIL, SORBITRATE
AHFS Type: VASODILATING AGENTS (24.12.00)
1) Not sustained release
2) Dose with 10 to 14 hour drug free interval to avoid tolerance
3) Standard dose time is 0800-1300-1800 (8AM-1PM-6PM)

ISOSORBIDE MONONITRATE 30MG XR TAB, 60MG XR TAB, 120MG XR TAB
Synonym: IMDUR
AHFS Type: VASODILATING AGENTS (24.12.00)

ISOSULFAN BLUE INJ 10MG/ML

Synonym: LYMPHAZURIN, LYM-100
AHFS Type: DIAGNOSTIC AIDS (36.00.00)
Diagnostic aid

ISOTRETINOIN 40MG CAP
Synonym: ACCUTANE
AHFS Type: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.36.00)
HIGH ALERT MEDICATION
Prescribing must follow iPledge program guidelines.

1) The decision to offer therapy must be made by dermatology (or primary care/pediatric provider when no dermatologist on staff).
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
5) A washout period of 2-4 weeks is recommended for patients switching from doxycycline to isotretinoin.
6) All isotretinoin prescriptions will be dispensed through the Specialty Clinic Pharmacy.

IVABRADINE 5MG TAB, 7.5MG TAB
Synonym: CORLANOR
AHFS Type: CARDIOTONIC AGENTS (24.04.08)
Restricted to cardiology

IVERMECTIN 3MG TAB
Synonym: STROMECTOL
AHFS Type: ANTHELMINTHIC (08.08)
Restricted to:

For treatment of LICE

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

For treatment of SCABIES:

1. Permethrin 5% cream is recommended by CDC as first-line therapy for scabies. Re-treatment with permethrin cream is indicated if symptoms persist beyond 2 weeks after treatment.
2. Ivermectin 200mcg/kg oral (2 doses given 7 days apart) is recommended by CDC as alternative scabicide for patients who have failed to respond to two topical permethrin treatments, or for patients who cannot tolerate or are unable to appropriately use topical permethrin.
3. For crusted (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.

JYNNEOS VACCINE, INJ
Synonym: JYNNEOS
AFHS Type: VACCINES (80.12.00)
For adult use per ACIP (CDC) guidelines.

KETAMINE INJ 50MG/ML, 100MG/ML
Synonym : KETALAR
AHFS Type: NERVOUS SYSTEM AGENTS, GENERAL ANESTHETICS, NON-BARBITURATES (28:04.08)
HIGH ALERT MEDICATION
For use by Anesthesia or credentialed ED and ICU physicians
Restrictions for use by non-anesthesia providers:

1. ED providers for infusion to treat acute pain in the emergency department.
2. ED and ICU for drip as monotherapy or adjuvant for sedation and pain control in intubated patients.

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.

KETOTIFEN 0.025% OPHTH SOLN 5ML
Synonym: ZADITOR
AHFS type: EENT PREPARATATIONS, 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

LACOSAMIDE 50MG TAB, 100MG TAB, 150MG TAB, 200MG TAB, 10MG/ML ORAL SOLUTION
Synonym: VIMPAT
AHFS type: ANTICONVULSANTS, OXAZOLIDINEDIONES (28:12.16)
Initial prescription restricted to neurology.

LACTIC ACID, CITRIC ACID, POTASSIUM BITARTRATE 1.8%/1%/0.4% gel, 5GM
Synonym: PHEXXI
AHFS type: CONTRACEPTIVES (68.12)

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.

LANCETS
For use with blood glucose monitor

LANCET DEVICE
For use with blood glucose monitor

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.

LATANOPROST EYE DROPS
Synonym: XALATAN
AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)
Restricted to Ophthalmology and Optometry (including outside consultants) for initial prescription.
NOTES: Refrigerate until dispensed.

LEFLUNOMIDE 10MG TAB, 20MG TAB
Synonym: ARAVA
AHFS Type: IMMUNOMODULATORY AGENTS, DISEASE MODIFYING ANTI-RHEUMATIC AGENTS, MONOCARBOXYLIC ACID AMIDE AGENTS (90:24.04)
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 associated with use of leflunomide, the following FDA recommendations were adopted for monitoring leflunomide therapy (P&T decision 07/2010 & 08/2018, updated 1/2026):
   a. Patients will be issued a maximum of 60 days supply. This ensures LFTS will be checked at least every 8 weeks.
   b. If the ALT rises to greater than 3 x ULN, interrupt leflunomide treatment. If leflunomide is likely the cause, begin cholestyramine washout, monitor LFTs weekly until normalized.

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

LENTOCILIN – see BENZATHINE BENZYLPENICILLIN TETRAHYDRATE

LETROZOLE 2.5MG TAB
Synonym: FEMARA
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
Restricted to Oncology Service for treatment of breast cancer.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

LEUCOVORIN 5MG TAB
Synonym: FOLINIC ACID
AHFS Type: ANTIDOTES, CHEMOTHERAPY ANTIDOTES/PROTECTANTS (91:04.12)
HIGH ALERT MEDICATION

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

LEUPROLIDE ACETATE INJ 3.75MG VIAL
Synonym: LUPRON
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
HIGH ALERT MEDICATION
Restricted to OB/GYN and Oncology departments
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

LEVETIRACETAM 250MG TAB, 500MG TAB, 100MG/ML ORAL SOLUTION, 500MG/5ML INJ, 1000MG/100ML PREMIX BAG
Synonym: KEPPRA
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)

LEVETIRACETAM EXTENDED-RELEASE 500MG TAB, 750MG TAB
Synonym: KEPPRA XR
AHFS Type: MISCELLANEOUS ANTICONVULSANTS

LEVOCARNITINE 200MG/ML 5 ML VIAL
Synonym: CARNITOR
AHFS Type: DIETARY SUPPLEMENT
Restricted to valproic acid toxicity

LEVOFLOXACIN 250MG TAB, 500MG TAB, 750MG TAB
Synonym: LEVAQUIN
AHFS Type: QUINOLONES (8.22.00)
Restricted to:

1. Treatment of community acquired pneumonia (CAP)
2. Step-down therapy for patients who have been treated with intravenous levofloxacin during their hospitalization.
3. Salvage regimen for *Helicobacter Pylori* treatment (per P&T 7/2017):
   Levofloxacin 500mg po qday x 14 days
   Amoxicillin 1gm po bid x 14 days*
   Omeprazole 40 mg po bid x 14 days
   * in penicillin allergic patients, substitute Metronidazole 500mg po tid x 14 days for amoxicillin
   (See Bismuth Subsalicylate and Rifabutin listings for other *H. Pylori* regimens).
4. Third-line alternative treatment of chlamydia trachomatis infection (dose 500mg po qday x 7 days). Preferred 1st line agent is doxycycline and 2nd line agent is azithromycin.
5. Prevention and/or treatment of intraocular infections as recommended by ophthalmologist.
6. Treatment of epididymitis a) in patients 35 years of age or older who are at low risk for sexually transmitted infections or b) in patients of any age who practice insertive anal intercourse in combination with ceftriaxone
   NOTE: Fluoroquinolones are not recommended for the treatment of acute epididymitis if gonorrhea is suspected because of the widespread resistance of N. gonorrhoeae to these drugs.

Additional considerations:

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

LEVOFLOXACIN INJ 500MG/20ML VIAL, 500MG/100ML BAG, 750MG/150ML BAG
Synonym: LEVAQUIN
AHFS Type: QUINOLONES (8.22.00)
Restricted to inpatient treatment of pneumonia. An initial dose may be administered in the ED for patients who will be admitted or unable to tolerate po.

LEVONORGESTREL 19.5 MCG/DAY IUD
Synonym: INTRAUTERINE DEVICE, IUD, KYLEENA

AHFS Type: CONTRACEPTIVES (68.12.00)

LEVONORGESTREL 20 MCG/DAY IUD
Synonym: INTRAUTERINE DEVICE, IUD, MIRENA
AHFS Type: CONTRACEPTIVES (68.12.00)

LEVONORGESTREL 1.5 MG TAB
Synonym: PLAN B – ONE STEP
AHFS type: CONTRACEPTIVES (68.12.00)
Notes: Use of this agent will conform to IHS policy for emergency contraception.

LEVOTHYROXINE TAB: 0.025MG (ORANGE), 0.05MG (WHITE), 0.075MG (VIOLET), 0.088MG (GREEN), 0.1MG (YELLOW), 0.112MG (PINK) TAB, 0.125MG (TAN), 0.15MG (BLUE), 0.175MG (LILAC)
Synonym: SYNTHROID, LEVOXYL, EUTHYROX
AHFS Type: THYROID AGENTS (68.36.04)

LEVOTHYROXINE 0.1MG INJ
Synonym: SYNTHROID, LEVOXYL, EUTHYROX
AHFS Type: THYROID AGENTS (68.36.04)
NOTE: single use injection vial, stable for 2 hours after mixing. Mix with saline.

LIDOCAINE 1% INJ 20ML VIAL, 50ML VIAL
Synonym: XYLOCAINE
AHFS Type: LOCAL ANESTHETICS (72.00.00)

LIDOCAINE 1% W/EPI INJ 20ML
Synonym: XYLOCAINE
AHFS Type: LOCAL ANESTHETICS (72.00.00)

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

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

LIDOCAINE 2% JELLY 6ML SYRINGES
Synonym: GLYDO
AHFS Type: LOCAL ANESTHETICS (72.00.00)
NOTE: For clinic and inpatient use only. Not to be dispensed OTC, use Regenecare

LIDOCAINE 2% JELLY 85GM TUBE
Synonym: REGENECARE and REGENECARE HA
AHFS Type: LOCAL ANESTHETICS (72.00.00)
NOTE: two different formulations stocked based on availability, with aloe vera or hydrogel

LIDOCAINE 2% W/EPI 30ML INJ
AHFS Type: LOCAL ANESTHETICS (72.00.00)

LIDOCAINE 4% TOPICAL SOLN 50ML
AHFS Type: LOCAL ANESTHETICS (72.00.00)

LIDOCAINE 5% OINT 35GM
AHFS Type: ANTIPRURITIS AND LOCAL ANESTHETICS (84.08.00)

LIDOCAINE 5% PATCH
Synonym: LIDODERM
AHFS Type: ANTIPRURITICS AND LOCAL ANESTHETICS (84.08.00)

LIDOCAINE VISCOUS 2% ORAL SOLN 100ML, 15ML UD CUP
AHFS Type: LOCAL ANESTHETICS (72.00.00)

LIDOCAINE-MPF 1% INJ 30ML VIAL
Synonym : XYLOCAINE-MPF
AHFS Type: LOCAL ANESTHETICS (72.00.00)
NOTE: 30ml single dose vial contains 10mg/ml. Methylparaben free for infiltration and & nerve block including caudal & epidural use

LIDOCAINE-MPF 2% INJ 10ML VIAL
Synonym: XYLOCAINE-MPF
AHFS Type: LOCAL ANESTHETICS (72.00.00)
NOTE: in 10ml single dose vial contains 20mg/ml. Methylparaben free for infiltration and & nerve block including caudal & epidural use

LIDOCAINE/PRILOCAINE TOP CREAM 30GM, 5GM
Synonym: EMLA, EUTECTIC MIXTURE OF LOCAL ANESTHETICS
AHFS Type: LOCAL ANESTHETICS (72.00.00)
Apply at least one hour before the start of a routine procedure and two hours before a painful procedure. Cover with occlusive dressing.

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) Concomitant use with SSRI's, MAOI's, and tyramine containing foods may interact and cause serotonin syndrome.

NOTES:
1) Suggested empiric therapy for patients with suspected MRSA should include trimethoprim/sulfa. Clindamycin may be effective, but MRSA susceptibility rates are lower for clindamycin (~88% per 2025 antibiogram) than for trimethoprim/sulfamehtoxazole (90%).
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) Concomitant use with SSRI's, MAOI's, and tyramine containing foods may interact and cause serotonin syndrome.
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.

LIOTHYRONINE 5MCG TAB, 25MCG TAB
Synonym: CYTOMEL
AHFS Type: THYROID AGENTS (68.36.04)
Restricted to endocrinology use or upon endocrinology consultation.

LISDEXAMFETAMINE 20MG CAP, 30MG CAP, 50MG CAP, 70MG CAP
Synonym: VYVANSE
AHFS Type: AMPHETAMINES (28.20.04)
CII Controlled Substance
Notes:

1) Restricted to use by Behavioral Health, Pediatric Clinic, and Family Practice for treatment of ADHD or binge eating disorder (BED) in adults.
2) The prescriber may order up to three separate 28 day prescriptions, designating future fill dates in the comments field. Pharmacy will then process these prescriptions on or after the designated date(s).
3) Maximum day supply is 30 due to cost/insurance considerations. (P&T March 2016). A 28 day supply allows prescription re-issuance to occur on the same day of the week.
4) Prescribers must check PDMP for all new prescriptions and on an annual basis (P&T May 2020)

**SEE CONTROLLED SUBSTANCE PROXY FORM

LISINOPRIL 5MG TAB, 10MG TAB, 20MG TAB, 40MG TAB
Synonym: PRINIVIL, ZESTRIL
AHFS Type: CARDIOVASCULAR DRUGS, ANGIOTENSIN-CONVERTING ENZYME INHIBITORS (24:32.04)
NOTE: Initial dose in patients with ClCr <30ml/min is 5mg

LISINOPRIL/HYDROCHLOROTHIAZIDE 20MG/25MG TABLETS
Synonym: ZESTORETIC
AHFS Type: CARDIOVASCULAR DRUGS, ANGIOTENSIN-CONVERTING ENZYME INHIBITORS (24:32.04)

LITHIUM CARBONATE ER 300MG TAB, 450MG TAB
Synonym: LITHOBID
AHFS Type: ANTIMANIC AGENTS (28.28)
Restricted to Behavioral Health

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:
1. Risk for propylene glycol toxicity if total daily dose is greater then 1mg/kg/day.
2. Must be refrigerated (stored in C2 safe refrigerator).
3. Preferred over diazepam for IM injections. 1mg lorazepam approximately equal to 5mg diazepam.
4. 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)

LOSARTAN/HYDROCHLOROTHIAZIDE 100MG/25MG TAB
Synonym: HYZAAR
AHFS Type: ANGIOTENSIN II RECEPTOR ANTAGONISTS (24:32.08)

LOTEPREDNOL 0.5% OPHTHALMIC SUSP, 5ML BT
Synonym: LOTEMAX
AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)
NOTE: All steroid ophthalmic preparations are restricted to use by Ophthalmology or Optometry or with consult.

LUBIPROSTONE 8MCG CAP, 24MCG CAP
Synonym: AMITIZA
AHFS Type: GASTROINTESTINAL DRUGS, CONSTIPATION THERAPY, CHLORIDE CHANNEL ACTIVATORS (56:18.08)
Restricted to diagnosis of
4. Chronic idiopathic constipation
5. Opioid induced constipation (in chronic noncancer patients)
6. Irritable bowel syndrome with constipation in women 18 years and older

LUBRICANT SURG FOIL PAK
Synonym : SURGILUBE, KY JELLY
AHFS Type: NON-CATEGORIZED

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-CATEGORIZED

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: 250ml, 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

AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)
HIGH ALERT MEDICATION

MANNITOL 25% INJ 50ML VIAL, 20% 500ML PREMIX BAG
AHFS Type: OSMOTIC DIURETICS (40.28.12)

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

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

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 IM 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.

MEDROXYPROGESTERONE ACETATE, SC INJ 104MG/0.65ML
Synonym: depo-subQ-provera 104
AHFS Type: PROGESTINS (68.32.00)
Repeat every 12-14 weeks
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

MEGESTROL ACETATE 40MG TAB, 40MG/ML SUSP
Synonym: MEGACE
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

MELATONIN 3MG TAB
AHFS Type: NON-CATEGORIZED, NATURAL PRODUCT

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, upon neurologist recommendation., or to primary care provider working in Dementia Clinic.

MENINGOCOCCAL B VACCINE INJ
Synonym: BEXSERO, TRUMENBA*
AHFS Type: VACCINES (80.12.00)
Approved for use per ACIP (CDC) guidelines.
NOTE: **Bexsero** and **Trumenba.** These two vaccines are **NOT interchangeable** and the same vaccine must be used for all doses:

MENINGOCOCCAL DIPHTHERIA TOXOID CONJ. VACCINE INJ
Synonym: MENQUADFI, MenACWY
AHFS Type: VACCINES (80.12.00)
Approved for use per ACIP (CDC) guidelines. Includes serogroups A,C,Y, and W (quadrivalent). Refrigerated
Note: MENQUADFI replaces MENACTRA per P&T approval May 2022

MENTHOL/ ZINC OXIDE OINTMENT
Synonym: CALMOSEPTIN
AHFS Type: NON-CATEGORIZED
Restrictions: Approved for use by podiatry, surgery and ob/gyn only

MEPERIDINE INJ 25MG SYR, 50MG SYR
Synonym: DEMEROL
AHFS Type: OPIATE AGONISTS (28.08.08)
HIGH ALERT MEDICATION
CII Controlled substance. Not dispensed for outpatient use.
Restricted to patients who do not have renal impairment, defined as:
1) Serum creatinine greater than 1.3 mg/dL, or
2) Calculated GFR less than 50 ml/min

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

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

MEROPENEM INJ 500MG, 1GM VIAL
Synonym : MERREM
AHFS Type: MISC. ANTIBIOTICS (8.12.28)
Restricted to:
1) Prophylaxis of infective complications in the setting of acute necrotizing pancreatitis
   a) Prophylactic antibiotics have no proven benefit in mild to moderate pancreatitis without necrotization
   b) May be used empirically in the setting of severe pancreatitis (e.g. associated shock, peritonitis, respiratory depression, etc.) while awaiting results of contrast-enhanced CT scan confirming necrotizing pancreatitis
   c) Limit antibiotic duration to 7-10 days, since longer durations have been associated with development of resistant bacteria and fungal infections
2) Serious infections caused by organisms resistant (proven by culture and sensitivity) to other formulary agents
3) Serious infections caused by extended-spectrum beta-lactamase (ESBL) positive organisms when susceptibility is unknown.
4) Serious infections in patients with an allergy or intolerance to other formulary agents

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

MESALAMINE 375MG SR CAP

Synonym: APRISO
AHFS Type: ANTI-INFLAMMATORY AGENTS (56.36.00)
Initial prescription is restricted to Gastroenterology or Rheumatology for use in inflammatory bowel disease.

MESALAMINE 4GM/60ML ENEMA
Synonym: ROWASA
AHFS Type: ANTI-INFLAMMATORY AGENTS (56.36.00)
Initial prescription is restricted to Gastroenterology or Rheumatology for use in inflammatory bowel disease.

METFORMIN 500MG, 850MG, 1000MG TAB, 500MG XR TAB
Synonym: GLUCOPHAGE, GLUCOPHAGE XR
AHFS Type: BIGUANIDES (68.20.04)
Recommended precautions (FDA labeling changes April 2016):

1) Before starting metformin, obtain the patient's eGFR.
2) Metformin is contraindicated in patients with an eGFR < 30 ml/min/1.73m^2.
3) Starting metformin in patients with an eGFR between 30-45 ml/min/1.73m^2 is not recommended.
4) Obtain an eGFR at least annually in all patients taking metformin, and more frequently in patients at risk for development of renal impairment (e.g. elderly).
5) In patients whose eGFR falls below 45 ml/min/1.73m^2, assess the benefits and risks of continuing treatment. Discontinue metformin if the patient's eGFR later falls below 30 ml/min/1.73m^2.
6) Discontinue metformin before administration of iodinated contrast in patients undergoing arterial catheter studies that might result in emboli to the renal arteries, those with known AKI, and those with eGFR<30 ml/min. Continue to hold for 48 hours after the procedure and only reinitiate after renal function has been re-evaluated and determined to be appropriate for resumption.

METHADONE 10MG TAB
Synonym: DOLOPHINE
AHFS type: OPIATE AGONISTS (28.08.08)
RESTRICTIONS:

1. For use in hospitalized patients to maintain or detoxify an opioid addicted patient, as an adjunct to medical or surgical treatment of conditions other than addiction.
2. For use in outpatient setting **(NO EXCEPTIONS TO THESE RESTRICTIONS)**:
   a. If patient is enrolled in an established methadone clinic:
      1. Methadone will not be given if patient has signed in **only** for a missed methadone dose
      2. Methadone may be administered in house if patient has signed in to be seen for other acute conditions
   b. If not enrolled in a methadone clinic, effort to enroll patient in a methadone clinic must be documented. Then, patient may be given daily dose administered in the ED/clinic (not dispensed directly to patient) for a maximum of 3 doses. (Three one-time orders will be needed.)
3. Established methadone patient's dose must be verified and documented in EHR prior to receiving a dose

CII Controlled substance.

METHAZOLAMIDE 50MG TAB
Synonym: NEPTAZANE
AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)

METHENAMINE HIPPURATE 1GM TAB
Synonym: HIPREX
AHFS Type: URINARY ANTI-INFECTIVES (8.36.00)

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

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

METHOTREXATE 2.5MG TAB
Synonym: AMETHOPTERIN
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)

HIGH ALERT MEDICATION
NOTE: Maximum order quantity is 90 days supply
Once stable provider may elect to order 1 refill
Recommended monitoring labs: CBC, CMP Q 2-3 months
Provider may use methotrexate order set to order MTX and labs.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

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

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

METHYLENE BLUE 0.5%, 1% 10ML INJ
AHFS Type: ANTIDOTES, METHEMOGLOBINEMIA ANTIDOTES (91:04.16)
NOTE: 0.5% or 1% depending on availability

METHYLERGONOVINE 0.2MG TAB
Synonym: METHERGINE
AHFS Type: OXYTOCICS (76.00.00)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

METHYLERGONOVINE INJ 0.2MG/ML VIAL
Synonym: METHERGINE
AHFS Type: OXYTOCICS (76.00.00)
Requires refrigeration.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

METHYLPHENIDATE 10MG TAB, 5MG TAB
Synonym: RITALIN
AHFS Type: RESPIRATORY AND CNS STIMULANTS (28.20.32)
CII Controlled Substance
Notes:
1) Restricted to use by Behavioral Health, Pediatric Clinic, and Family Practice for treatment of ADHD.
2) Up to a 90 day supply may be prescribed if the prescription is for the same drug and same dose as the prior prescription.
3) For any new starts, or changes in dose, the prescriber may order up to three separate 28 day prescriptions, designating future fill dates in the comments field. Pharmacy will then process these prescriptions on or after the designated date(s).
4) Prescribers must check PDMP for all new prescriptions and on an annual basis (P&T May 2020).
**SEE CONTROLLED SUBSTANCE PROXY FORM

METHYLPHENIDATE 18MG XR TAB, 27MG XR TAB, 36MG XR TAB, 54MG XR TAB
Synonym: CONCERTA
AHFS Type: RESPIRATORY AND CNS STIMULANTS (28.20.32)
CII Controlled Substance
Notes:
1) Restricted to use by Behavioral Health, Pediatric Clinic, and Family Practice for treatment of ADHD.
2) Up to a 90 day supply may be prescribed if the prescription is for the same drug and same dose as the prior prescription.
3) For any new starts, or changes in dose, the prescriber may order up to three separate 28 day prescriptions, designating future fill dates in the comments field. Pharmacy will then process these prescriptions on or after the designated date(s).
4) Prescribers must check PDMP for all new prescriptions and on an annual basis (P&T May 2020).

**SEE CONTROLLED SUBSTANCE PROXY FORM

METHYLPREDNISOLONE 4MG #21 TABS PER PACK
Synonym: MEDROL DOSE PAK
AHFS Type: ADRENALS (68:04)

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

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

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

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

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

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

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

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

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

METRONIDAZOLE 1% GEL 60GM
Synonym: METROGEL
AHFS Type: MISCELLANEOUS ANTI-INFECTIVES (8.40.00)
Restricted to treatment of acne rosacae or rosacae blepharitis.

METRONIDAZOLE 500MG TAB
Synonym: FLAGYL
AHFS Type: ANTIPROTOZOALS (8.30.92)
NOTE: If using for treatment of male partner(s) of female with recurrent bacterial vaginosis: 500mg po bid x 7 days in combination with clindamycin 2% vaginal cream topically. (May be sent with the patient for the partner provided that the provider verifies that the patient agrees to give the medication to the contact.)

METRONIDAZOLE INJ 500MG/100ML NS PREMIX
Synonym: FLAGYL
AHFS Type: ANTIPROPROTOZOALS (8.30.92)
NOTE: Reduce dose in patients with severe liver impairment or CNS disease (e.g. seizure disorder).

METRONIDAZOLE VAGINAL GEL
Synonym: METROGEL
AHFS Type: MISCELLANEOUS LOCAL ANTI-INFECTIVES (84.04.16)

MICONAZOLE 2% CREAM 142GM
Synonym: BAZA
AHFS Type: ANTIFUNGALS (84.04.08)

MICONAZOLE 2% VAGINAL CREAM 45GM
Synonym: MONISTAT
AHFS Type: ANTIFUNGALS (84.04.08)
NOTE: Recommended for use in candida glabrata and krusei fungal infections

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, 50MG/10ML VIAL, 50MG/50ML PREMIX BAG
Synonym: VERSED
AHFS Type: BENZODIAZEPINES (28.24.08)
HIGH ALERT MEDICATION
NOTE: 50MG/10ML VIAL used in pharmacy for compounding. CIV Controlled Substance

MIDODRINE 5MG TABLET
Synonym: PROAMATINE
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 (or primary care/pediatric provider when no dermatologist on staff) 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.

MIRABEGRON 25MG, 50MG TAB
Synonym: MYRBETRIQ
AHFS Type: 86:12.08.12 SELECTIVE β3-ADRENERGIC AGONISTS
Restricted: Second-line formulary agent for the treatment of overactive bladder with failure or contraindications to Oxybutynin ER.

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

MOMETASONE FUROATE 220MCG INHALATION
Synonym: ASMANEX
AHFS Type: ADRENALS (68:04)
Alternative (second line) regimen per GINA 2024 Guidelines for Steps 1 and 2 in patients 12 years and older

MOMETASONE FUROATE 100MCG/FORMOTEROL 5MCG 120s, MOMETASONE FUROATE 200MCG/FORMOTEROL 5MCG, 120 sprays INHALATION
Synonym: DULERA
AHFS Type: ADRENALS (68.04.00)
Restricted to:
1) Second line formulary choice for use in stepped care approach for patients with asthma who fail full dose treatment or have adverse reaction to budesonide/formoterol (Symbicort) per P&T decision 03/2024.
2) Asthma: Stepped care approach per 2023 GINA guidelines.
3) COPD: Severe disease (Stage III or IV) with significant symptoms despite therapy with one or more long-acting bronchodilators.
4) For use in patients 13 years & older.

MONTELUKAST 4MG CHEW TAB, 5MG CHEW TAB, 10MG TAB
Synonym : SINGULAIR
AHFS Type: LEUKOTRIENE MODIFIERS (48.10.24)

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
**SEE CONTROLLED SUBSTANCE PROXY FORM

MORPHINE I.R. 15MG IMMED RELEASE TAB, 30MG IR TAB
AHFS Type: OPIATE AGONISTS (28.08.08)
HIGH ALERT MEDICATION
CII Controlled substance. May not be refilled.
Restrictions:
1) Limited to maximum of 60 tablets per MONTH per patient (to provide 1 or 2 rescue doses per day).
2) Use of quantities > 60 per month requires a non-formulary approval.
**SEE OPIOID RESTRICTIONS
**SEE CONTROLLED SUBSTANCE PROXY FORM

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

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

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

MORPHINE CONCENTRATED ORAL SOLN 20MG/ML
Synonym: ROXANOL
AHFS Type: OPIATE AGONISTS (28.08.08)
HIGH ALERT MEDICATION
CII Controlled substance. Not dispensed for outpatient use. Restricted to inpatient use per comfort care protocol

MORPHINE PF INJ 10MG/1ML VIAL, 10MG/10ML AMP/VIAL
AHFS Type: Opiate Agonists (28.08.08)
HIGH ALERT MEDICATION
CII Controlled substance. Not dispensed for outpatient use.
**SEE OPIOID RESTRICTIONS
**SEE CONTROLLED SUBSTANCE PROXY FORM

MOXIFLOXACIN 400MG TABLETS
Synonyms: Avelox
AHFS Type: ANTI-INFECTIVE AGENTS, ANTIBACTERIALS, QUINOLONES (8:12.18)
Restricted for use in tuberculosis (TB) treatment only, in consultation with a TB specialist.

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)
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)
Used for PPN only

MULTIVITAMIN, OPHTHALMIC WITH LUTEIN AND ZEAXANTHIN GELCAPS
Synonym: AREDS 2 FORMULA, PRESERVISION
AHFS Type: MULTIVITAMIN PREPARATIONS (88:28)
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)
For pediatric patients or adult patients unable to swallow vitamin tablets.
NOTE: Contains 10MCG (400IU) vitamin D per 1 mL. Pharmacy may autosubstitute for plain Vitamin D drops depending on availability.

MULTIVITAMIN TAB
Synonym: MULTIVITAMIN TAB, MVI, HEXAVITAMIN
AHFS Type: MULTIVITAMIN PREPARATIONS (88:28)
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 MOFETIL 250MG
Synonym: CELLCEPT
AHFS Type: ANTIMETABOLITES, IMMUNOSUPPRESSIVE THERAPY, MISCELLANEOUS (90:28.08.92)
Restricted to: Use in solid organ transplant patients under the care of a transplant specialist, and Rheumatology Service
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

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

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

NAFCILLIN INJ 1GM VIAL
Synonym: UNIPEN
AHFS Type: PENICILLINS (8.12.16)

NALOXONE INJ 0.4MG/1ML, 2mg/2ml syringe
Synonym: NARCAN
AHFS Type: OPIATE ANTAGONISTS (28.10.00)

NALOXONE NASAL SPRAY, OTC 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) Initial prescription limited to 30-day supply with no refills.
2) Once follow-up established, may prescribe 30-day supply with refills.
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 return to use 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)
2) For use in patient with alcohol use disorder:
    a. Restricted to Behavioral Health, Primary Care, Internal Medicine, and Women's Clinic providers
    b. Must have demonstrated naltrexone tolerance with at least 7 day trial of oral naltrexone tablets
NOTE: Not dispensed to outpatients, for health-care provider administration only.

NAPROXEN 250MG TAB, 500MG TAB
Synonym: NAPROSYN
AHFS Type: OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.04.92)

NEOMYCIN/POLYMYXIN B/DEXAMETHASONE OPHTH OINT 3.5GM
Synonym: MAXITROL, DEXACIDIN, AK-TROL
AHFS Type: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS, CORTICOSTEROIDS (52:08.08)
All steroid ophthalmic preparations are restricted to use by Ophthalmology or Optometry or with consult.

NEOMYCIN/POLYMYXIN B/DEXAMETHASONE OPHTH SUSP 5ML
Synonym: MAXITROL, DEXACIDIN, AK-TROL
AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS, CORTICOSTEROIDS (52:08.08)
All steroid ophthalmic preparations are restricted to use by Ophthalmology or Optometry or with consult.

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

NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN 10ML
Synonym: NEOMYCIN/POLYMYXIN/GRAMICIDIN, NEOSPORIN OPTHALMIC SOLUTION
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)

NEOSTIGMINE METHYLSULFATE 1:1000 INJ 1MG/ML 10ML VIAL
Synonym: PROSTIGMIN
AHFS Type: PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS (12.04.00)

NETARSUDIL 0.02% OPTH SOLN
Synonym: RHOPRESSA
AHFS Type: ANTI-GLAUCOMA AGENTS (54.40.92)
Restricted to:
1) Ophthalmology
2) Not for monotherapy, should be combined with prostaglandin analog
3) Must have failed at least one other formulary agent (i.e. dorzolamide, dorzolamide/timolol, or brimonidine)

NICARDIPINE 20MG/200ML PREMIX
Synonym: CARDENE
AHFS Type: CALCIUM-CHANNEL BLOCKING AGENTS (24.28.00)

NICOTINE (TRANSDERMAL) 7MG/DAY, 14MG/DAY, 21MG/DAY
Synonym: NICODERM, HABITROL, NICOTROL
AHFS Type: MISCELLANEOUS AUTONOMIC DRUGS (12.92.00)
Restricted:
1) Use in the outpatient setting for patients meeting one of the following conditions:
   a. Enrolled in the Pharmacy Chronic Care Clinic for tobacco cessation
   b. Followed by a substance use dependence specialist
   c. Obstetric patients followed by a Women's Clinic provider
2) Use in the inpatient setting for patients in need of nicotine cessation support during admission
   a. Outpatient prescriptions for continuation on discharge may be entered with a consult to the Pharmacy Chronic Care Clinic for a one-time fill with a quantity sufficient to last until follow-up.

NICOTINE POLACRILEX GUM 2MG, 4MG
Select SYNONYM: NICORETTE
AHFS CODE: MISCELLANEOUS AUTONOMIC DRUGS (12.92.00)
Restricted to:
1) Use in the outpatient setting for patients meeting one of the following conditions:
   a. Enrolled in the Pharmacy Chronic Care Clinic for tobacco cessation
   b. Followed by a substance use dependence specialist
   c. Obstetric patients followed by a Women's Clinic provider
2) Use in the inpatient setting for patients in need of nicotine cessation support during admission
   a. Outpatient prescriptions for continuation on discharge may be entered with a consult to the Pharmacy Chronic Care Clinic for a one-time fill with a quantity sufficient to last until follow-up
3) Patients who previously quit nicotine use through the Pharmacy Chronic Care Clinic in need temporary assistance staying quit may receive a single box of nicotine gum or lozenges up to two times within a 6 month period; a chart note documenting the fill will be entered by the processing pharmacist with each fill. A consult will be placed to the Pharmacy Chronic Care Clinic for any requests exceeding this limitation.

NICOTINE POLACRILEX LOZENGE 2MG, 4MG
Select SYNONYM: COMMIT
AHFS Type: MISCELLANEOUS AUTONOMIC DRUGS (12.92.00)
Restricted to:
1) Use in the outpatient setting for patients meeting one of the following conditions:
   a. Enrolled in the Pharmacy Chronic Care Clinic for tobacco cessation
   b. Followed by a substance use dependence specialist
   c. Obstetric patients followed by a Women's Clinic provider
2) Use in the inpatient setting for patients in need of nicotine cessation support during admission
   a. Outpatient prescriptions for continuation on discharge may be entered with a consult to the Pharmacy Chronic Care Clinic for a one-time fill with a quantity sufficient to last until follow-up
3) Patients who previously quit nicotine use through the Pharmacy Chronic Care Clinic in need of temporary assistance staying quit may receive a single box of nicotine gum or lozenges up to two times within a 6 month period; a chart note documenting the fill will be entered by the processing pharmacist with each fill. A consult will be placed to the Pharmacy Chronic Care Clinic for any requests exceeding this limitation.

NIFEDIPINE 10MG CAP
Synonym: PROCARDIA
AHFS Type: CALCIUM-CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES (24.28.08)
NOTE:
1) Approved for use in angina & tocolysis.
2) Not approved for hypertension.

NIFEDIPINE 0.2% IN KY JELLY
AHFS Category: NON-CATEGORIZED

(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)

NIRMATRELVIR 150MG/ RITONAIVR 100MG
Synonym: PAXLOVID
AHFS Type: ANTIVIRAL AGENTS (8.18)
Approved for use in adults 18 years and older, refer to EUA approval for treatment of pediatrics 12-17 years old.

1. GFR ≥ 60ml/min
    a. Standard Dose Pack
        i. 300mg nirmatrelvir, 100mg ritonavir twice daily
2. GFR ≥ 30 to < 60 ml/min
    a. Reduced Dose Pack
        i. 150mg nirmatrelvir, 100mg ritonavir twice daily
3. GFR < 30ml/min
    a. Severe renal Impairment Dose Pack
        i. 300mg nirmatrelvir, 100mg ritonavir on day 1, then 150mg nirmatrelvir, 100mg ritonavir daily on days 2 through 5.

NIRSEVIMAB-ALIP 50MG, 100MG PREFILLED SYRINGE
Synonym: BEYFORTUS
AHFS Type: MONOCLONAL ANTIBODIES (08.18.24)
Per ACIP Guidelines

NITAZOXANIDE 500MG TAB, 100MG/5ML SUSPENSION
Synonym: ALINIA
AHFS Type: MISCELLANEOUS ANTIPROTOZOALS (8.30.92)
NOTE: Restricted to diarrheal illness in the setting of proven cryptosporidium infection.

NITROFURANTOIN 100MG MACRO CAP
Synonym: MACROBID, NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS
AHFS Type: URINARY ANTI-INFECTIVES (8.36.00)
NOTE:

1) Not recommended for patients less than 12 years old (use nitrofurantoin suspension)
2) Generally, not recommended for male patients (insufficient tissue concentrations to treat occult prostatitis) EXCEPT 7 day treatment may be used for uncomplicated UTI with no signs of prostatitis or signs/symptoms of systemic infection
3) Not recommended for patients with creatinine clearance < 30ml/min.
4) In pregnancy, should not be used at term (38-42 weeks gestation), during labor, or when onset of labor is imminent, due to risk of hemolytic anemia in the neonate.
5) Recommended dosage:
   Treatment - 100mg po BID x 5 days
   Prophylaxis - 100mg daily
6) Can be used for simple UTI (cystitis) caused by ESBL isolate with susceptability 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 PATCH 0.1MG, 0.2MG, 0.4MG, 0.6MG
Synonym: Nitro-Dur®
AHFS Type: NITRATES AND NITRITES (24:12.08)

NITROGLYCERIN INJ 25MG/250ML D5W PREMIX, 50MG/10ML VIAL
Synonym: TRIDIL
AHFS Type: VASODILATING AGENTS (24.12.00)
HIGH ALERT MEDICATION
NOTE: This is the standard PIMC nitroglycerin drip (contains 100 mcg/ml)

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

NOREPINEPHRINE INJ 4MG/4ML VIAL, 4MG/250ML PREMIX, 8MG/250ML PREMIX
Synonym: LEVARTERENOL, LEVOPHED
AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)
HIGH ALERT MEDICATION

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

NORETHINDRONE ACETATE 5MG TAB
Synonym: AYGESTIN
AHFS Type: PROGESTINS (68.32)

NORGESTREL 0.075 TAB
Synonym: Opill
AHFS Type: CONTRACEPTIVES (68.12.00)
Note: Package of 28, OTC product

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/VIAL, 1000MCG/5ML VIAL, 50MCG/1ML SYRINGE
Synonym: SANDOSTATIN
AHFS Type: HORMONES AND SYNTHETIC SUBSTITUTES, SOMATOSTATIN AGONISTS (68:29.04)
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).

OFLOXACIN 0.3% OPHTHALMIC SOLN
Synonym: OCUFLOX
AHFS Type: QUINOLONES (8.22.00)
Note: Can be used instead of Moxifloxacin, which is the preferred agent from outside ophth. surgicenters

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

OLANZAPINE 5MG TAB, 10MG TAB
Synonym: ZYPREXA
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.

OLANZAPINE 10MG SOLUTION RECONSTITUTED, INJECTION
Synonym: ZyPREXA
AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)
Restricted to: ICU and ED patients with agitation not responding to other formulary agents.

OLOPATADINE 0.1% OPHTH SOLN 5ML
Synonym: PATANOL
AHFS Type: EENT PREPARATIONS, ANTIALLERGIC AGENTS (52:02)
Restricted as second line choice for treatment of allergic conjunctivitis by non-Eye providers.

OMEPRAZOLE 20MG CAP
Synonym: PRILOSEC
AHFS Type: 56.28.36 Proton-pump Inhibitors

PIMC *Helicobacter Pylori* treatment regimens:

4 DRUG REGIMEN
Tetracycline 500 mg po qid x 14 days
Metronidazole 500 mg po qid x 14 days
Bismuth Subsalicylate 524 mg po qid x 14 days
Omeprazole 40 mg po bid x 14 days (or longer)

3 DRUG REGIMEN†
Amoxicillin 1000mg po tid x 14 days
Rifabutin 150mg po bid x 14 days
Omeprazole 40mg po tid x 14 days
* in penicillin allergic patients, substitute Metronidazole 500 mg po tid x 14 days for Amoxicillin

SALVAGE REGIMEN
Levofloxacin 500 mg po qday x 14 days
Amoxicillin 1gm po bid x 14 days*
Omeprazole 40 mg po bid x 14 days (or longer)
* in penicillin allergic patients, substitute Metronidazole 500 mg po tid x 14 days for amoxicillin

ONDANSETRON 4MG TAB, 8MG TAB, 4MG/5ML ORAL SOLUTION
Synonym: ZOFRAN
AHFS Type: ANTIEMETICS (56.22.00)

ONDANSETRON 4MG ORALLY DISINTEGRATING TABLETS
Synonym: ZOFRAN
AHFS Type: ANTIEMETICS (56.22.00)

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

ORLISTAT 60MG CAP, 120MG CAP
Synonym: ALLI, XENICAL
AHFS Type: 56.40.00 MISCELLANEOUS GI DRUGS
Patients treated with orlistat must be enrolled in a medically supervised weight loss program, to include attending weight loss support group meetings and regular visits with a provider.
NOTE: 2 x 60mg capsules are preferred due to cost when available

OSELTAMIVIR 30MG CAP, 45MG CAP, 75MG CAP, SUSPENSION (6MG/ML OR 15MG/ML DEPENDING ON AVAILABILITY)
Synonym: TAMIFLU
AHFS Type: NEURAMINIDASE INHIBITORS (8.18.28)
NOTE: Capsules can be opened and sprinkled on soft foods or dissolved in small amount of liquid for pediatric patients

OXCARBAZEPINE 150MG TAB, 600MG TAB
Synonym: TRILEPTAL
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)
Restricted to Behavioral Health.
Restricted to Neurology as an alternate to carbamazepine or for patients unable to tolerate carbamazepine.
NOTE: May cause significant hyponatremia - monitor serum Na if symptomatic or if patient placed on diuretics.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

OXYBUTYNIN 5MG TAB, 10MG XL TAB
Synonym: DITROPAN
AHFS Type: GENITOURINARY SMOOTH MUSCLE RELAXANTS, ANTIMUSCARINICS (86:12.04)
NOTE: The 10mg XL tablet is the formulary agent of choice for "overactive bladder". If an immediate release (IR) and an extended release (ER) formulation are available, then ER formulations should preferentially be prescribed over IR formulations because of lower rates of dry mouth. For patients with failure to oxybutynin, second- line formulary agent is mirabegron.

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).
2) Use of quantities > 60 per month requires a non-formulary approval.
3) Confirmatory urine drug screen should detect oxycodone at clinically appropriate levels (e.g.100 nanogram/ml).

**SEE OPIOID RESTRICTIONS
**SEE CONTROLLED SUBSTANCE PROXY FORM

OXYMETAZOLINE 0.05% NASAL SPRAY 30 ML
Synonym: AFRIN
AHFS Type: EENT PREPARATIONS, VASOCONSTRICTORS (52.32.00)
Restricted to: May not be dispensed for patients less than 6 years old.

OXYTOCIN INJ 10 UNIT VIAL
Synonym: PITOCIN
AHFS Type: OXYTOCICS (76.00.00)

HIGH ALERT MEDICATION
NOTE: Available for IM use as concentrated injection 10units/ml. Standardized IV solution is Oxytocin 30 units in 500ml NS.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

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

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

5,000 Strength		**20,000 Strength**	
Lipase	5,000 units	Lipase	20,000 units
Protease	17,000 units	Protease	68,000 units
Amylase	27,000 units	Amylase	84,000 units

PANTOPRAZOLE INJ 40MG VIAL
Synonym : PROTONIX
AHFS Type: 56.28.36 Proton-pump Inhibitors

PANTOPRAZOLE 20MG TAB, 40MG TAB
Synonym : PROTONIX
AHFS Type: 56.28.36 Proton-pump Inhibitors

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
See benzathine benzylpenicillin tetrahydrate (Lentocilin) for use in syphilis only when Bicillin-LA unavailable.

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 SA TAB
Synonym: TRENTAL
AHFS Type: HEMORRHEOLOGIC AGENTS (20.24.00)

PERFLUTREN LIPID MICROSPHERES INJ, 2ML VIAL
Synonym: DEFINITY
AHFS Type: DIAGNOSTIC AGENT (36:00)
For use to enhance echocardiography imaging. Store in 2nd floor inpatient pharmacy refrigerator

PERMETHRIN CREME RINSE 59ML
Synonym: NIX
AHFS Type: SCABICIDES AND PEDICULICIDES (84.04.12)

PERMETHRINS 5% CREAM (Elimite) 60GM
Synonym: ELIMITE
AHFS Type: SCABICIDES AND PEDICULICIDES (84.04.12)

PETROLATUM, LIQUID
Synonym: SKIN MOISTURIZER, KERI LOTION, SKIN LOTION
AHFS Type: EMOLLIENTS, DEMULCENTS, AND PROTECTANTS (84.24.00)
OTC DRUG, NOT DISPENSED TO OUTPATIENTS
NOTE: Generic 2oz bottle available for inpatient use

PETROLATUM, WHITE 30GM, 454 GM
Synonym: VASELINE
AHFS Type: NON-INDEXED THERAPEUTIC AGENTS (99.00.00)
NOTE: Emollient of choice for patients with eczema.

PHENAZOPYRIDINE 100MG TAB
Synonym: PYRIDIUM
AHFS Type: ANTIPRURITICS AND LOCAL ANESTHETICS (84.08.00)
NOTE: May turn urine reddish-orange
Contraindicated in glomerulonephritis, severe hepatitis, uremia, pyelonephritis during pregnancy and impaired renal function (est. Ccr < 50ml/min).

PHENOBARBITAL 15MG TAB, 30MG TAB, 100MG TAB
AHFS Type: BARBITURATES (28.12.04)
CIV Controlled Substance
NOTES:
A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.
Controlled substance III or IV may not be authorized for more than 5 refills.

PHENOBARBITAL 20MG/5ML ORAL ELIXIR
AHFS Type: BARBITURATES (28.12.04)
CIV Controlled Substance
NOTES:
A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.
Controlled substance III or IV may not be authorized for more than 5 refills.

PHENOBARBITAL INJ 130MG/1ML VIAL
AHFS Type: BARBITURATES (28.12.04)
When prescribed for alcohol withdrawal, restricted to patients located in the Emergency Department or admitted to IMC/ICU
CIV Controlled Substance. Not dispensed to outpatients.

PHENTERMINE 37.5MG TAB
Synonym: ADIPEX B
AHFS Type: ANOREXIGENIC AGENTS, AMPHETAMINE DERIVATIVES (28:20.08.04)

CIV Controlled Substance.
REMS drug: must provide the patient with the Medication Guide and the Risk of Birth Defects
Restrictions:
1) For use in adults with BMI greater than or equal to 30 or 27 kg/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 efficacy and safety are demonstrated, a 28 day supply with up to two refills is allowable.

PHENTOLAMINE MESYLATE INJ 5MG/2ML VIAL
Synonym: REGITINE
AHFS Type: SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS (12.16.00)

PHENYLEPHRINE 0.25% NASAL SPRAY 15ML
Synonym: NEO-SYNEPHRINE
AHFS Type: EENT PREPARATIONS, VASOCONSTRICTORS (52.32.00)
OTC DRUG, NOT DISPENSED TO OUTPATIENTS

PHENYLEPHRINE 10MG/ML INJ 1ML VIAL
Synonym: NEO-SYNEPHRINE
AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)
HIGH ALERT MEDICATION

PHENYLEPHRINE 2.5% OPHTH SOLN, 10% OPHTH SOLN
Synonym: NEO-SYNEPHRINE
AHFS Type: EENT PREPARATIONS, MYDRIATICS (52.24.00)
Restricted to Ophthalmology and Optometry or with ophthalmology/optometry consult.

PHENYTOIN 100MG CAP
Synonym: DILANTIN
AHFS Type: HYDANTOINS (28.12.12)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

PHENYTOIN 125MG/5ML ORAL SUSP
Synonym: DILANTIN
AHFS Type: HYDANTOINS (28.12.12)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

PHENYTOIN 50MG CHEW TAB
Synonym: DILANTIN
AHFS Type: HYDANTOINS (28.12.12)
NOTE: tablets are chewable
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

PHOSPHORUS 250MG POWDER CONCENTRATE
Synonym: NEUTRA-PHOS
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
NOTE: LOOK ALIKE/SOUND ALIKE ISSUE - possible confusion with PhosLO (Calcium acetate)
NeutraPHOS use = to RAISE serum PHOSphorus
phosLO use = to LOWER serum phosphorus
Contains 250 mg phosphorus per packet (equivalent to approximately 8mM)

PHYSOSTIGMINE SALICYLATE 1MG/ML INJ

Synonym: ANTILIRIUM
AHFS Type: PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS (12.04.00)

PHYTONADIONE 1MG/ 0.5ML INJECT
Synonym: AQUA-MEPHYTON, VITAMIN K-1
AHFS Type: VITAMIN K ACTIVITY (88:24)
NOTE: Neonatal concentration

PHYTONADIONE 5MG TAB
Synonym: MEPHYTON, VITAMIN K-1
AHFS Type: VITAMIN K ACTIVITY (88:24)

PHYTONADIONE INJ 10MG/ML AMP
Synonym: AQUA-MEPHYTON, VITAMIN K-1
AHFS Type: VITAMIN K ACTIVITY (88:24)
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 Chronic Care Clinic.
2) For patients without signs of bleeding with INR > therapeutic range, but < 10, no vitamin K recommended. Hold warfarin until INR declines. Consider adjusting dose as appropriate.
3) For patients without signs of bleeding and INR > 10, consider low dose oral vitamin K 2.5mg. Check INR in 24 hours and consider resuming warfarin at a lower dose with more frequent monitoring.
4) For patients with non-major bleed at any INR elevation, consider administration of vitamin K 2.5-5mg PO or IV. Hold warfarin, check INR in 24 hours, and consider resuming warfarin at a lower dose with more frequent monitoring.
5) For patients with major or life threatening bleed at any INR elevation, administer 5-10mg IV vitamin K (maximum infusion rate: 1mg/minute). Administration of 4F-PCC (Kcentra) is recommended as vitamin K does not immediately correct coagulopathy. If 4F-PCC is unavailable, plasma may be used as an alternative. Once stable, consider resuming warfarin at a lower dose with more frequent monitoring, or consider switching to a DOAC if indicated.

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

PILOCARPINE 5MG TAB
Synonym: SALAGEN
AHFS Type: AUTONOMIC DRUGS, PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS (12:04)
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, 3.375GM/100ML PREMIX, 4.5GM/100MLPREMIX
Synonym: ZOSYN
AHFS Type: PENICILLINS (8.12.16)
Note: Caution drug-drug interaction with vancomycin leading to supratherapeutic vancomycin levels and acute kidney injury.
Restricted to the following indications:
- Intra-abdominal infection

- Complicated skin/skin structure infections, including cellulitis in patients with DM
- Suspected or proven pseudomonas infection – any source
- Complicated/high-risk pneumonia (e.g. recent hospitalization/antibiotics, nursing home patient, suspected aspiration)
- Febrile neutropenia
- Empiric treatment of severe sepsis of unknown cause

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

PNEUMOCOCCAL VACCINE INJ
Synonym: PREVNAR 20 (PCV-20)
AHFS Type: VACCINES (80.12.00)
Approved for use per ACIP (CDC) guidelines. Refrigerated.

PODOFILOX 0.5% TOPICAL SOLN 3.5ML
Synonym: CONDYLOX
AHFS Type: KERATOLYTIC AGENTS (84.28.00)

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

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

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

POLYMYXIN/TRIMETHOPRIM OPHTH SOLN 10ML
Synonym: POLYTRIM
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)
NOTE: Preferred agent for treatment of suspected external eye infections. (P&T 8/2008)

POLYVINYL ALC (refresh) OPH SOL 20ML/BX
Synonym: LUBRICANT OCULAR
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

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

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

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

POTASSIUM CHLORIDE 20MEQ DISPERSIBLE TAB

Synonym: KLOR-CON M20
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
Note: Pharmacy is authorized to substitute dosage form based on price and availability of potassium chloride oral solution, dispersible tablets, or powder packets (per P&T action April 2024).

POTASSIUM CHLORIDE 20% ORAL SOLUTION
Synonym: KCL LIQUID
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
Note: Pharmacy is authorized to substitute dosage form based on price and availability of potassium chloride oral solution, dispersible tablets, or powder packets (per P&T action April 2024).

POTASSIUM CHLORIDE 20MEQ PACKET
Synonym: K-LOR
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
Note: Pharmacy is authorized to substitute dosage form based on price and availability of potassium chloride oral solution, dispersible tablets, or powder packets (per P&T action April 2024).

POTASSIUM CHLORIDE INJ 2mEq/ml, 30ML VIAL, 10mEq/100ML PREMIX, 20mEq/100ML PREMIX
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 or ED (monitored patients only). See hospital policy, Intravenous Electrolytes – Storage, Preparation, and Administration for further information.

POTASSIUM IODIDE SOLUTION, ORAL 1G/ML 30ML
Synonym: SSKI
AHFS Type: ANTITHYROID AGENTS (38:36.08)
Restricted to:
1) Endocrinology or endocrinology recommendation.
2) Emergency Department for use as antidote to radioiodide toxicity.
3) Surgery Department for short term preoperative use in patients with Graves disease prior to thyroidectomy.

POTASSIUM PHOSPHATE INJ 45MM/15ML VIAL, 15MM/250ML PREMIX
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 potassium phosphate is available commercially as 15mM in 250ml of 0.9% sodium chloride (contains 22mEq 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 – Storage, Preparation, and Administration policy for additional information.

POVIDONE IODINE 10% SOLN 240ML
Synonym: BETADINE
AHFS Type: NON-CATEGORIZED
NOTE: OTC DRUG, NOT ROUTINELY DISPENSED TO OUTPATIENTS
Restricted to: Surgery department for treatment of open wounds

PRALIDOXIME CHLORIDE 1G/20ML
Synonym: PROTOPAM
AHFS Type: ANTIDOTES, ORGANOPHOSPHATE ANTIDOTES (91:04.20)

PRAMIPEXOLE 0.125MG, 0.25MG, 1MG TAB
Synonym: MIRAPEX
AHFS type: ANTIPARKINSONIAN AGENTS, DOPAMINE RECEPTOR AGONISTS, NONERGOT-DERIVATIVE DOPAMINE RECEPTOR AGONISTS (28:36.20.08)

PRASTERONE 6.5MG VAGINAL INSERT
Synonym: INTRAROSA
AHFS type: ADRENALS (68.04)

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)
Preferred alpha blocker for treatment of Post-Traumatic Stress Disorder.

PREDNISOLONE ACETATE 1% OPTH SOL
Synonym: PRED FORTE, PREDFORTE
AHFS: EENT PREPARATIONS, ANTI-INFLAMMATORY AGENTS (52.08.00)
All steroid ophthalmic preparations are restricted to use by Ophthalmology or Optometry or with consult.

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

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

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

PREDNISOLONE/SULFACETAMIDE OPH SOLN 10ML
Synonym: SULFACETAMIDE & PREDNISOLONE OPH SOLN, BLEPHAMIDE
AHFS Type: EENT PREPARATIONS, ANTI-INFECTIVES, ANTIBACTERIALS (52:04.04)
Restrictions:
1. Ophthalmology and Optometry only or with consult.
2. ENT
3. Approved for use for otitis externa.

PREGABALIN 25 MG CAP, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 225 MG, 300 MG CAP
SYNONYM: LYRICA
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)

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)

PROCAINAMIDE 100MG/ML (10ML) VIAL
AHFS Type: ANTIARRHYTHMIC AGENT, CLASS Ia (24:04.04)

PROCHLORPERAZINE 10MG TAB
Synonym: COMPAZINE
AHFS Type: ANTIEMETICS (56.22.00)
Restricted to
1) Patients not responding to or intolerant of promethazine.
2) Oncology patients for chemotherapy induced nausea/vomiting

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.

PROGESTERONE, MICRONIZED 100MG CAP, 200MG CAP
Synonym: PROMETRIUM
AHFS Type: HORMONES AND SYNTHETIC SUBSTITUTES, PROGESTINS (68:32)
For use in women 18 years of age and older.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

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

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

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

PROMETHAZINE INJ 25MG/ML AMP
Synonym : PHENERGAN
AHFS Type: ANTIHISTAMINE DRUGS (4.00.00)
HIGH ALERT MEDICATION
Restricted to: Promethazine injection is restricted to I.M. ONLY
- The pharmacist must contact the prescriber & present alternatives when promethazine is ordered by the IV route.
- Pharmacy may auto-substitute prochlorperazine when an order has been written for IV promethazine & the MD cannot be reached.
- Promethazine 12.5 – 25mg = Prochlorperazine 5 – 10mg

NOTE: IV removed form the formulary August 2020 P&T Committee due to ISMP safety alert

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
HIGH ALERT MEDICATION
AHFS Type: GENERAL ANESTHETICS, MISCELLANEOUS (28.04.92)
Outpatient Use: Anesthesia or credentialed ED physicians following sedation guidelines.
Inpatient and ED Use: Continuous infusion for sedation of intubated patients.

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

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

HIGH ALERT MEDICATION

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

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

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

PROTHROMBIN COMPLEX CONCENTRATE-4 FACTOR INJECTION ~ 1000 unit vial
Synonym: KCENTRA, 4F-PCC
AHFS Type: HEMOSTATICS (20.28.16)
Restrictions:
Formulary use is restricted to treatment of life-threatening hemorrhage secondary to warfarin or direct oral anticoagulant (DOAC) therapy/overdose. The pharmacy will keep ~ 5,000 units (the maximum dose) on hand. Must notify supervisor if product is used. Refrigerated in Main Pharmacy.
NOTE: Contraindicated for use in patients with HIIT as the product contains heparin.

Guidelines for use - adapted from Mayo Clinic Protocol - see 12/2015 P&T Minutes

1. Discontinue anticoagulant
2. Obtain hematology consultation if feasible
3. Obtain baseline labs: CBC, PT/INR, PTT, Fibrinogen, and Thrombin
   *Thrombin only if bleeding related to dabigatran (Pradaxa)
4. For Warfarin:
   a. Give 10mg phytonadione (Vitamin K) vial slow IV infusion over 1 hr. (Consider lower dose or withholding of Vitamin K if re-anticoagulation desired after bleeding stabilized).
   b. PCC-4 dose is based on INR:

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 DOACs (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 60MG TAB
Synonym : SUDAFED
AHFS Type: SYMPATHOMIMETIC (ADRENERGIC) AGENTS (12.12.00)
Restriction: may not be dispensed for patients less than 6 years old.

PSYLLIUM HYDRO MUCILLOID 283GM/BT
Synonym : METAMUCIL
AHFS Type: CATHARTICS AND LAXATIVES (56.12.00)
NOTE: powder = 14 oz. (contains anhydrous dextrose).

PYRANTEL PAMOATE 50MG/ML ORAL SUSP
Synonym : ANTIMINTH
AHFS Type: ANTHELMINTICS (8.08.00)
NOTE: Usual dose is 1ml/10 lb body weight (11mg/kg) up to a maximum of 20 ml (1 gm).

PYRAZINAMIDE 500MG TAB
Synonym : PZA
AHFS Type: ANTITUBERCULOSIS AGENTS (8.16.00)

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

PYRIDOXINE 100MG/ML INJ
Synonym : VITAMIN B6
AHFS Type: VITAMIN B COMPLEX (88:08)

PYRIDOXINE 50MG TAB
Synonym : VITAMIN B-6, VITAMIN B6
AHFS Type: VITAMIN B COMPLEX (88:08)

QUETIAPINE 25MG, 100MG TAB, 200MG TAB, 400MG TAB
Synonym: SEROQUEL
AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)
Initial prescriptions should be written by a behavioral health provider. Other providers may prescribe for continuation of therapy.

RABIES IMMUNE GLOBULIN 10ML
Synonym: RABIES IMMUNE GLOBULIN, HUMAN
AHFS Type: ANTITOXINS AND IMMUNE GLOBULINS (80:04)
NOTE: Refrigerated. Approved for use per ACIP (CDC) guidelines. Within Maricopa County, most bites do not require post-exposure treatment. Not for use in previously immunized patients. Call 602-747-7500 (24 hours a day) for consultation.

RABIES VACCINE, HUMAN DIPLOID
Synonym: RABAVERT
AHFS Type: VACCINES (80.12.00)
Approved for use per ACIP (CDC) guidelines. Use of any rabies vaccine requires an order from a medical provider. Physical examination by a medical provider is required for use in post-exposure prophylaxis. In post-exposure prophylaxis, a 4-dose series (day 0, 3, 7 & 14) is recommended for immunocompetent patients and a 5-dose series (days 0, 3, 7, 14 & 28) is recommended for patients with altered immunocompetence (See MMWR 3/19/2010 vol 59, RR-2). Within Maricopa County, most bites do not require post-exposure treatment. Call 602-747-7500 (24 hours a day) for consultation.
Refrigerated.

RALTEGRAVIR 400MG TAB
Synonym: ISENTRESS
AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)
HIGH ALERT MEDICATION
Restricted to: Post-Exposture Prophylaxis (PEP) and treatment of HIV infection among patients with contraindications for first-line agents
NOTE: For PEP, must use in combination with Truvada (tenofovir **disoproxil fumarate**/emtricitabine). Dispense full 28-day supply. Preferred PEP agent if childbearing potential. Patient to follow up with SAGE Clinic team. Ensure consult entered for SAGE Clinic to follow-up with patient.
LIMITED TO 30 DAY SUPPLY

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

REMIFENTANIL HYDROCHLORIDE 1MG SINGLE DOSE VIAL
Synonym: Ultiva
AHFS Type: CENTRAL NERVOUS SYSTEM AGENTS, OPIOID AGONISTS (28:08.08)
Restricted to O.R.

RESPIRATORY SYNCYTIAL VACCINE (RSV) INJ
Synonym: AREXVY, ABRYSVO

AHFS Type: VACCINES (80.12.00)
NOTES: Approved for use per ACIP (CDC) guidelines. Refrigerated.

RIBOFLAVIN 100MG TAB
AHFS Type: VITAMIN B COMPLEX (88:08)
NOTES: For migraine prophylaxis, especially in patients who are refractory to other agents. Preferred dose is 400mg once daily.

RIFABUTIN 150MG CAP
Synonym: Mycobutin
AHFS Type: ANTINFECTIVE AGENTS, ANTITUBERCULOSIS AGENT (8:16.04)
Restricted to 2nd line, 3 drug treatment regimen for *H. pylori*
Amoxicillin 1000mg po tid x 14 days
Rifabutin 150mg po bid x 14 days
Omeprazole 40mg po tid x 14 days
*In penicillin allergic patients, substitute Metronidazole 500mg po tid x 14 days for amoxicillin

RIFAMPIN 300MG CAP
Synonym: RIFADIN, RIMACTANE
AHFS Type: ANTITUBERCULOSIS AGENTS (8.16.00)

RIFAPENTIN 150MG TAB
Synonym: PRIFTIN
AHFS Type: ANTITUBERCULOSIS AGENTS (8.16.00)

RIFAXIMIN 550MG TAB
Synonym: XIFAXIN
AHFS Type: MISCELLANEOUS ANTIBIOTICS (8.12.28)
Restricted to prevention of hepatic encephalopathy (HE) recurrence in patients who have been hospitalized with HE despite treatment with lactulose. Note: Continued concomitant lactulose therapy may be appropriate.
LIMITED TO 30 DAY SUPPLY

RILPIVIRINE/EMTRICITABINE/TENOFOVIR ALAFENAMIDE
Synonym: ODEFSEY
AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)
RESTRICTED: SAGE CLINIC or 30 days with no refills for continuation of care.
LIMITED TO 30 DAY SUPPLY

RIMEGEPANT 75MG ODT
Synonym: NURTEC ODT
AHFS Type: CALCITONIN GENE-RELATED PEPTIDE (CGRP) ANTAGONISTS (28:32.12)
Initial prescriptions are restricted to neurology.

RISPERIDONE 1MG (WHITE) TAB, 2MG (ORANGE) TAB, 3MG (YELLOW) TAB, 4MG (GREEN) TAB
Synonym: RISPERDAL
AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)
Initial prescriptions should be written by a behavioral health provider. Other providers may prescribe for continuation of therapy.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

RITUXIMAB (& BIOSIMILARS) INJECTION 500MG VIAL, 100MG VIAL
Synonym: RUXIENC, TRUXIMA
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
HIGH ALERT MEDICATION
Restricted to Hematology/Oncology, Rheumatology, and Neurology 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
Criteria for Use:
1) Apixaban is first line direct-acting oral anticoagulant (DOAC) for new starts, and rivaroxaban is second line.
2) Rivaroxaban is first line treatment for venous thromboembolism **prophylaxis** (not treatment) for hospitalized and/or recently discharged patients.
3) Patients established on therapy with rivaroxaban (whether prescribed by PIMC or outside prescriber) may continue therapy with rivaroxaban (March 2018 P&T).
4) Formulary use for either agent is restricted to FDA-approved indications.
5) Patients on DOAC agents must have PCP visit a minimum of every six months.
6) Rivaroxaban prescriptions are limited to a 30-day supply, due to cost.
7) For inpatients, an EHR order set must be used for the initial order (including patients on rivaroxaban prior to admission).

RIZATRIPTAN 5MG, 10MG ORALLY DISINTEGRATING TABLETS
Synonym: MAXALT-MLT
AHFS Type: CENTRAL NERVOUS SYSTEM AGENTS, ANTIMIGRAINE AGENTS, SELECTIVE SEROTONIN AGONISTS (28.32.28)
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 10MG/ML, 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 0.5% 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)
Restrictions:
7. patients with heart failure
8. LIMITED TO 30 DAY SUPPLY
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. Treatment of gastroparesis related nausea and vomiting when first line agents are ineffective, not tolerated, or contraindicated.
2. Prophylaxis of post-operative nausea and vomiting in high-risk patients.
3. Inpatient use per comfort care protocol.
4. ENT for postoperative use and/or sialorrhea related to Sjogren's disease.

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

SEMAGLUTIDE INJ 2MG/3ML, 4MG/3ML, 8MG/3ML PEN
Synonym: OZEMPIC
AHFS Type: 68.20.06 Incretin Mimetics (68.20.06)
Criteria for Use:
1) Follow current ADA standards for pharmacologic treatment of Type 2 diabetes mellitus
2) An educational handout will be provided to the patient when semaglutide is initiated, describing use of the pen, titration, and potential adverse effects.
3) Follow-up HBA1C after three to four months of therapy to evaluate response and appropriateness of continuation. Patients with inadequate response should be referred to DCOE for evaluation of possible barriers to adherence and dietary adherence, or therapy should be discontinued.
4) Limited to 1-month quantity per fill.

SEMAGLUTIDE INJ 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML
Synonym: WEGOVY
AHFS Type: 68.20.06 Incretin Mimetics (68.20.06)
Note: Supplied as four individual prefilled pens for weekly administration.
Criteria for Use:
1) Approved for pediatric patients 12 years and older with BMI >95th percentile and adults with BMI greater than or equal to 30 or 27 kg/m2 with weight related comorbid conditions
2) Baseline weight must be recorded at medication initiation.
3) Required baseline labs (within the last 6 months): A1c, LFTs, Cholesterol panel
4) Weight-loss group consult must be placed at initiation of medication.
5) Safety should be assessed within at least the first three months and prescribing must be under the provider direct supervision.
6) Efficacy should be assessed after 6 months of use. If after 6 months of use weight loss is less than 5%, semaglutide is considered ineffective and should be discontinued.

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)

SHARPS CONTAINER
For disposing of insulin needles, syringes, lancets.

SILDENAFIL 25MG TAB, 50MG TAB, 100MG TAB
Synonym : VIAGRA
AHFS Type: VASODILATING AGENTS, PHOSPHODIESTERASE INHIBITORS (24.12.12)
Restricted: Erectile dysfunction quantity restricted to once daily prn
Guidelines for use:
1) USE OF NITRATES IS AN ABSOLUTE CONTRAINDICATION
2) USE OF GUANYLATE CYCLASE STIMULATORS (eg, riociguat) IS AN ABSOLUTE CONTRAINDICATION

SILVER NITRATE APPLICATOR
AHFS Type: KERATOLYTIC AGENTS (84.28.00)
Note: Clinic/hospital use only

SULFADIAZINE 1% CREAM 50GM, 400GM
Synonym : SILVADENE, SULFADIAZINE SILVER
AHFS Type: MISCELLANEOUS LOCAL ANTI-INFECTIVES (84.04.16)

SIMETHICONE 80MG CHEW TAB
Synonym: MYLICON
AHFS Type: ANTIFLATULANTS (56.10.00)

SIMETHICONE ORAL DROPS
Synonym: MYLICON
AHFS Type: ANTIFLATULANTS (56.10.00)
NOTES: Drops = 40mg/0.6ml

SIMVASTATIN 5MG TAB, 10MG TAB, 20MG TAB, 40MG TAB
Synonym: ZOCOR
AHFS Type: HMG-CoA REDUCTASE INHIBITORS (24.06.08)
HMG-CoA reductase inhibitor (statin) of choice for use in treatment of hyperlipidemia following NCEP guidelines.
NOTES:
1) Doses should be given once daily in the evening
2) Serious drug interactions may increase the risk of myopathy
a. Change to pravastatin or rosuvastatin if patient taking medications metabolized by CYP3A4

SITAGLIPTIN 25MG TAB, 50MG TAB, 100MG TAB
Synonym: JANUVIA
AHFS Type: DIPEPTIDYL PEPTIDASE INHIBITORS (68.20.05)
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.

SODIUM ACETATE 2MEQ/ML INJ
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
NOTE: For use in preparation of IV's. Stored ONLY in the pharmacy.

SODIUM BICARB INJ 4.2% 5MEQ/10ML SYR
AHFS Type: ALKALINIZING AGENTS (40.08.00)

NOTE: on pediatric crash cart in ED and ISS

SODIUM BICARBONATE 650MG TAB
AHFS Type: ALKALINIZING AGENTS (40.08.00)
NOTE: 650MG = 7.7 mEq/tab

SODIUM BICARBONATE INJ 50MEQ/50ML VIAL
AHFS Type: ALKALINIZING AGENTS (40.08.00)
NOTE: Available in prefilled syringe on crash carts & 50ml vial (single use).

SODIUM CHLORIDE 0.9% INJ 10ML SYRINGE
Synonym: NORMAL SALINE FLUSH
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
NOTE: Stocked and distributed by Materials Management department.

SODIUM CHLORIDE 3% INJ 500ML
Synonym: 3% SODIUM CHLORIDE
AHFS Type: REPLACEMENT PREPARATIONS (40.12.00)
HIGH ALERT MEDICATION
NOTE: For treatment of SEVERE, SYMPTOMATIC hyponatremia. Must be infused slowly. Stored in Inpatient Pharmacy Storage Room on 2nd Floor

SODIUM CHLORIDE 5% OPHTH OINT 3.5GM
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)
Restricted to Ophthalmology providers, or upon recommendation of an ophthalmologist.

SODIUM CHLORIDE 5% OPHTH SOLN 15ML
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)
Restricted to Ophthalmology providers, or upon recommendation of an ophthalmologist.

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 SALINE NASAL SPRAY
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

SODIUM CHLORIDE 1GM TABLET
AHFS Type: ELECTROLYTIC, CALORIC, AND WATER BALANCE REPLACEMENT PREPARATIONS (40:12)

SODIUM CHLORIDE/ALOE VERA NASAL GEL
Synonym: AYR NASAL GEL
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)
Restricted to ENT for procedure use.
Stocked in Main Pharmacy, Operating Room, and Specialty Pharmacy for clinic use.

SODIUM CHLORIDE/SODIUM BICARBONATE SINUS RINSE, KIT (Bottle/50 pkts); REFILL (100 pkts).
Synonym: NEILMED SINUS RINSE
AHFS Type: MISCELLANEOUS EENT DRUGS (52.92.00)

SODIUM FLUORIDE 0.55MG TAB (EQUIVALENT TO 0.25MG FLUORIDE)
AHFS Type: NUTRITIONAL SUPPLEMENT (NON-CATEGORIZED)
For fluoride supplementation in pediatric patients whose drinking water contains <0.6ppm fluoride

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-CATEGORIZED
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 Intravenous Electrolytes – Storage, Preparation, and Administration policy 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. Due to rare but significant complications (intestinal necrosis):
For rectal use only. Patient must meet **ALL** of the following criteria: patient has potentially life-threatening hyperkalemia; dialysis is not readily available; patient is unable to take oral medications (i.e., sodium zirconium cyclosilicate); other therapies to eliminate potassium from the body have failed or are not possible (eg, diuretics, rapid restoration of kidney function).
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 ZIRCONIUM CYCLOSILICATE 5 GM PACKETS, 10 GM PACKETS
Synonym: LOKELMA
AHFS Type: POTASSIUM-REMOVING AGENTS (40.18.18)

SOTALOL 80MG TAB
Synonym: BETAPACE
AHFS Type: CARDIOVASCULAR DRUGS (24.00.00)
Restricted to cardiology or cardiology consult
1) Baseline QTc interval and CrCl must be determined prior to initiation.
2) If CrCl ≤60 mL/minute, dosing interval adjustment is necessary.
3) When initiating sotalol, patients should be hospitalized for at least 3 days in order to monitor cardiac rhythm and assess for QT prolongation.
ISMP HIGH ALERT MEDICATION

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 INJ 20MG/ML, 10ML VIAL
Synonym: ANECTINE
AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)
HIGH ALERT MEDICATION

SUCRALFATE 1GM TAB
Synonym: CARAFATE
AHFS Type: Protectants (56.28.32)
NOTE: If patient unable to swallow tablet, may dissolve in 10 to 15ml water and drink resulting suspension.

SUCRALFATE 1GM/10ML ORAL SUSP
Synonym: CARAFATE

AHFS Type: Protectants (56.28.32)
Restricted for pediatric patients requiring a dose less than 1gm.

SUGAMMADEX 100MG/ML INJ
Synonym: BRIDION
AHFS Type: ANTIDOTE THERAPEUTICS, ANTIDOTES, NEUROMUSCULAR BLOCKING AGENT ANTIDOTES (91:04.28)
Restricted to Anesthesia Department, indicated for the reversal of neuromuscular blockade induced by rocuronium bromide and vecuronium bromide in adults undergoing surgery.
NOTE:
1) Contraindicated in patients with severe renal impairment (CrCl<30ml/min)
2) Does not reverse succinylcholine

SULFAMETHOXAZOLE/TRIMETH single strength tab, double strength tab
Synonym: BACTRIM DS, SEPTRA DS, COTRIMOXAZOLE DS, TRIMETHOPRIM/SULFAMETHOXAZOLE
AHFS Type: MISCELLANEOUS ANTI-INFECTIVES (8.40.00)
NOTE:
1) A DS tablet contains: trimethoprim 160mg, sulfamethoxazole 800mg
2) Use with caution in patients with pre-existing renal insufficiency. Trimethoprim decreases tubular secretion of creatinine (without decreasing GFR). Trimethoprim/sulfa may lead to hyperkalemia, especially in patients with pre-existing renal insufficiency, or in those patients taking ACE inhibitors.
3) For uncomplicated cystitis, empiric use of SMX/TMP is discouraged due to E. Coli resistance rates of 23% as per PIMC antibiogram. Suggested agents for empiric use are nitrofurantoin, cephalexin, cefadroxil, or cefuroxime.
4) Preferred first line agent for empiric or confirmed MRSA skin and soft tissue infections. If patient BMI > 40, recommendation is to 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, deliver and administer immediately, do not refrigerate. Dose may be up to 15-20mg/kg/day of trimethoprim.

Dose is calculated based on **trimethoprim** component. Total daily dose is divided into either q6h or q8h dosing. See dosing table below.

DOSING CHART FOR TRIMETHOPRIM / SULFAMETHOXZAZOLE

	10mg/kg/day		15 mg/kg/day		20 mg/kg/day	
Pt Weight (kg)	**mg/day**	**mL/day***	**mg/day**	**mL/day***	**mg/day**	**mL/day***
40	400	25	600	38	800	50
45	450	28	675	42	900	56
50	500	31	750	47	1000	62
55	550	34	825	51	1100	69
60	600	37	900	56	1200	75
65	650	40	975	61	1300	81
70	700	43	1075	66	1400	88
75	750	46	1125	70	1500	94
80	800	49	1200	75	1600	100
85	850	52	1275	80	1700	106
90	900	55	1350	84	1800	112
95	950	58	1425	89	1900	119

* ml/day has been rounded to the nearest whole number

SULFAMETHOXAZOLE/TRIMETH ORAL SUSP
Synonym : BACTRIM SUSP, SEPTRA SUSP, COTRIMOXAZOLE SUSP
AHFS Type: MISCELLANEOUS ANTI-INFECTIVES (8.40.00)
NOTE: Contains per 5ml: Trimethoprim 40mg and Sulfamethoxazole 200mg
Pediatric dose: 8-12mg/kg/day of trimethoprim

SULFASALAZINE 500MG TAB
Synonym : AZULFIDINE
AHFS Type: SULFONAMIDES (8.24.00)

SULINDAC 200MG TAB
Synonym: CLINORIL
AHFS Type: OTHER NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (28.08.04.92)

SUMATRIPTAN 25MG TAB, 50MG TAB, 100MG TAB
Synonym : IMITREX
AHFS Type: ANTIMIGRAINE AGENTS, SELECTIVE SEROTONIN AGONISTS (28.32.28)
Restricted to treatment of migraine headaches.
1) MAXIMUM DAILY DOSE is 200mg
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, Rosaceae) or concomitant medications 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: SKIN AND MUCOUS MEMBRANE AGENTS, IMMUNOMODULATORY AGENTS (84:06.28)
1) Severe atopic dermatitis that has failed a trial of topical steroids.
Treatment of vitiligo or eyelid dermatitis (especially on eyelids, face & other sensitive areas) – recommend facial moisturizer to reduce initial burning on application.
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: IMMUNOSUPPRESIVE THERAPIES, CALCINEURON INHIBITORS, MISCELLANEOUS (90:28.28.92)
Restricted to use in solid organ transplant patients under the care of a transplant specialist, and Rheumatology service.
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

TADALAFIL 2.5MG, 5 MG TAB
Synonym: CIALIS
AHFS Type: VASODILATING AGENTS, PHOSPHODIESTERASE INHIBITORS (24.12.12)
Guidelines for use:
3) USE OF NITRATES IS AN ABSOLUTE CONTRAINDICATION
4) USE OF GUANYLATE CYCLASE STIMULATORS (eg, riociguat) IS AN ABSOLUTE CONTRAINDICATION

TAMOXIFEN 10MG TAB
Synonym : NOLVADEX
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

TAMSULOSIN 0.4MG CAP, ER
Synonym: FLOMAX
AHFS Category: ALPHA-ADRENERGIC BLOCKING AGENTS (12.16.04)

TAZAROTENE 0.5%, 1% CREAM
Synonym: TAZORAC
AHFS Type: MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS (84.92)
Restricted to dermatology (or primary care/pediatric provider when no dermatologist on staff). For acne indication only, 2nd line agent after failure or intolerance to tretinoin.

TENECTEPLASE 50MG VIAL
Synonym: TNKase
AHFS Type: THROMBOLYTIC AGENTS (20:12.20)
Restricted to:
1. Acute ischemic stroke per stroke protocol based on expert consultation
2. High risk (massive) pulmonary embolism presenting with hemodynamic instability (e.g., hypotension, shock) based on expert consultation
3. STEMI when primary percutaneous coronary intervention (PCI) is not readily available based on expert consultation
4. All patients receiving tenecteplase should be transferred to a higher level of care

TENOFOVIR ALAFENAMIDE/EMTRICITABINE
Synonym: DESCOVY
AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)
HIGH ALERT MEDICATION
Restricted to:
1. Second line agent to tenofovir **disoproxil fumarate**/emtricitabine
2. Sage Clinic team or 30 days with no refills for continuity of care

LIMITED TO 30 DAY SUPPLY

TENOFOVIR **DISOPROXIL FUMARATE**/EMTRICITABINE
Synonym: TRUVADA TAB
AHFS Type: ANTIRETROVIRAL AGENTS (8.18.08)
HIGH ALERT MEDICATION
Restricted to: Pre-exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP) and treatment of HIV infection

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 (both HIV COMBO & HIV 1 QUANT PCR Viral Load) 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 clinic pharmacists.
2) For PEP: Must use in combination with raltegravir or dolutegravir. Initiate within 72 hours of exposure. Dispense full 28-day supply. Ensure consult entered for SAGE Clinic to follow up with patient.

LIMITED TO 30 DAY SUPPLY

TERBINAFINE 250MG TAB
Synonym : LAMISIL
AHFS Type: ANTIFUNGAL ANTIBIOTICS (8.14.04)
Approved for treatment of superficial fungal infections including onychomycosis of the finger nail and toe nail.

TERBINAFINE 1% CREAM, 30 GM TUBE
Synonym: LAMISIL
AHFS Type: ANTIFUNGALS (84.04.08)
For treatment of resistant fungal infections.

TERBUTALINE 1MG/ML INJ 1ML VIAL
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 (enanthate or cypionate).
For patients who self inject, pharmacy will dispense syringes, 18 gauge needles to draw up the medication, and 22 gauge needles for injecting.
Controlled Substance, Schedule III
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

TESTOSTERONE GEL 1.62% PUMP
Synonym : ANDROGEL PUMP
AHFS Type: ANDROGENS (68.08.00)
NOTE: For use in men with proven hypogonadism, and female to male transgender patients.
Controlled drug class C-III
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

TESTOSTERONE GEL 1%, 5 GM PACKETS
Synonym : ANDROGEL
AHFS Type: ANDROGENS (68.08.00)
NOTE: For use in men with proven hypogonadism, and female to male transgender patients.
Controlled drug class C-III
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

TETANUS & DIPHTHERIA TOXOIDS (ADULT) INJ
Synonym: DIPTHERIA & TETANUS (ADULT), Td (Adult)
AHFS Type: TOXOIDS (80.08.00)
NOTE: Refrigerated. Approved for use per ACIP (CDC) guidelines. Not routinely stocked, can substitute Tdap.

TETANUS/DIPHTHERIA/ACELLULAR PERTUSSIS VACCINE, INJ
Synonym: Tdap, ADACEL, BOOSTRIX
AHFS Type: TOXOIDS (80.08.00)
NOTE: For adolescent and adult use per ACIP (CDC) guidelines. Refrigerated.

TETANUS IMMUNE GLOBULIN 250 UNITS
Synonym: TIG, HYPERTET
AHFS Type: ANTITOXINS AND IMMUNE GLOBULINS (80:04)
NOTE: Approved for use per ACIP (CDC) guidance and the package insert.
Prophylaxis: based on wound and immunization status. 250 units IM in conjunction with tetanus toxoid-containing vaccine.
Treatment: Give 250 units IM or alternate dose per package insert. Administer active tetanus containing vaccine as soon as the patient's condition has stabilized.
Refrigerated.

TETRACAINE 4% TOPICAL SOLN, 120mL
Synonym: PONTOCAINE
AHFS Type: LOCAL ANESTHETICS (52.16.00)
Note: This product is procured from a compounding pharmacy for ENT clinic us; Unavailable as of May 2022

TETRACYCLINE 500MG CAP
Synonym: SUMYCIN
AHFS Type: TETRACYCLINES (8.12.24)
Restricted to H.pylori treatment.

THIAMINE 50MG, 100MG TABS
Synonym: VITAMIN B1
AHFS Type: VITAMIN B COMPLEX (88:08)

THIAMINE INJ 100MG/ML VIAL
Synonym: VITAMIN B1
AHFS Type: VITAMIN B COMPLEX (88:08)

THROMBIN 20,000 UNIT TOPICAL
Synonym: THROMBOSTAT
AHFS Type: HEMOSTATICS (20.12.16)
NOTE: Depending on availability, may stock either 10,000unit or 20,000unit strength.

THYROTROPIN ALFA INJECTION
Synonym: THYROGEN
AHFS Type: THYROID FUNCTION (36.60.00)
Restricted to Endocrinology
NOTE: stored in Main Pharmacy Refrigerator, drawer 7

TICAGRELOR 60MG, 90MG TABS
Synonym: BRILINTA
AHFS Type: PLATELET-AGGREGATION INHIBITORS (20:12.18)
Restricted to:
1) Initial prescription restricted to cardiology or by cardiology consult
2) Approved in patient with a history of MI
3) And/or status post revascularization procedure
4) ED administration in patients with ACS (STEMI) after direct consultation with Cardiology

TIMOLOL 0.5% OPHTH SOLN 5ML
Synonym : TIMOPTIC
AHFS Type: ANTIPROTOZOALS, MISCELLANEOUS (8.30.92)
Restricted to Ophthalmology or Optometry (including outside consultants) for initial prescription.

TINIDAZOLE 500MG TAB
Synonym : TINDAMAX
AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)
Restricted to treatment of giardiasis and trichomoniasis. Third-line treatment for bacterial vaginosis after failure to metronidazole and clindamycin, oral and topical

TIOTROPIUM RESPIMAT 4 GM INHALER
Synonym: SPIRIVA RESPIMAT
AHFS Type: ANTIMUSCARINICS/ANTISPASMODICS (12.08.08)
Restrictions:
1. Patients with a diagnosis of COPD that has been confirmed by pulmonary function tests.
2. Patients with severe (Step 5) asthma (as per GINA guidelines 2024)

TIRZEPATIDE INJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML AUTO-INJECTOR
Synonym: MOUNJARO
AHFS Type: INCRETIN MIMETICS (68.20.06)
Note: Supplied as four individual prefilled auto-injectors (pens) for weekly administration.
Criteria for Use:
1) Follow current ADA standards for pharmacologic treatment of Type 2 diabetes mellitus
2) Second line to Ozempic® (semaglutide) for patients failing to meet A1C goals with maximum dose semaglutide.
3) An educational handout will be provided to the patient when semaglutide is initiated, describing use of the pen, titration, and potential adverse effects.
4) 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.
5) Limited to 1-month quantity per fill.

TIRZEPATIDE INJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML AUTO-INJECTOR
Synonym: ZEPBOUND
AHFS Type: INCRETIN MIMETICS (68.20.06)
Note: Supplied as four individual prefilled auto-injectors (pens) for weekly administration.
Criteria for Use:
1) Approved for adult patients 18 years and older with BMI >95th percentile and adults with BMI greater than or equal to 30 or 27 kg/m^2 with weight related comorbid conditions

2) Baseline weight must be recorded at medication initiation.
3) Required baseline labs (within the last 6 months): A1c, LFTs, Cholesterol panel
4) Weight-loss group consult must be placed at initiation of medication.
5) Safety should be assessed within at least the first three months and prescribing must be under the provider direct supervision.
6) Efficacy should be assessed after 6 months of use. If after 6 months of use weight loss is less than 5%, tirzepatide is considered ineffective and should be discontinued.
7) Not for use in pediatric patients, safety and efficacy have not been established

TIZANIDINE 4MG TAB
Synonym: Zanaflex
AHFS Type: SKELETAL MUSCLE RELAXANTS (12.20.00)

TOPIRAMATE 25MG TAB, 100MG TAB
Synonym: TOPAMAX
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

TOPIRAMATE 15MG SPRINKLE CAP, 25MG SPRINKLE CAP
Synonym: TOPAMAX
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

TRAMADOL HCL 50MG TAB
Synonym: ULTRAM
AHFS Type: OPIATE AGONISTS (28.08.08)
CIV Controlled Substance
NOTES:
1) Quantity dispense limit per prescription = 30 day supply (PIMC restriction, not DEA requirement)
2) A controlled substance III or IV prescription may not be filled or refilled more than 6 months after the date on which the prescription was issued.
3) Controlled substance III or IV may not be authorized for more than 5 refills.
4) Maximum recommended daily dose = 400mg, therefore maximum pharmacy dispense quantity is 240 tablets per prescription (8 tablets per day x 30 days).
5) Drug interaction risk (risk of serotonin syndrome) - do not exceed 200mg/day in patients taking SSRI's or SNRI's. Use caution with other serotonergic drugs, e.g. TCA's, triptans, trazodone, and others.
6) Seizure risk - use with caution in patients with a history of seizures, hepatic dysfunction, alcohol use, and patients on agents that may lower seizure threshold, e.g. tricyclic antidepressants, neuroleptics, cyclobenzaprine.
7) Contraindicated for the treatment of post-tonsillectomy/adenoidectomy pain in patients younger than 18.
8) Not recommended in adolescents 12 to 18 years of age who are obese or have obstructive sleep apnea or severe lung disease.
9) Dose adjustments are required for renal and hepatic dysfunction.
10) Breastfeeding is not recommended while taking tramadol.

**SEE OPIOID RESTRICTIONS
**SEE CONTROLLED SUBSTANCE PROXY FORM

TRANEXAMIC ACID 650MG TAB, 1 GM/10ML INJ
Synonym: CYCLOKAPRON
AHFS Type: HEMOSTATIC AGENTS (20.28.16)
Administration: Dilute in 50ml 0.9% NaCl and infuse over 20 minutes (100mg/min). Alternatively, may dilute in 10mL NS and give IV push over at least 10 minutes

TRASTUZUMAB (& BIOSIMILARS) INJ 150MG VIAL
Synonym: HERCEPTIN, OGIVRI, ONTRUZANT, KANJINTI, TRAZIMERA
AHFS Type: ANTINEOPLASTIC AGENTS (10.00.00)
HIGH ALERT MEDICATION
Restricted to Oncology clinic for treatment of metastatic breast cancer (HER-2+), and adjuvant treatment of Her-2+ breast cancer.

TRAVOPROST 0.0004% OPHTH DROPS
Synonym : TRAVATAN Z
AHFS Type: EENT PREPARATIONS, ANTI-GLAUCOMA AGENTS (52.40.00)

Restricted to Ophthalmology or Optometry (including outside consultants) 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)

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: Opthalmology or Optometry or with consult.
NOTE: Located in Specialty Pharmacy Refrigerator

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

TROPICAMIDE 1% OPHTH SOLN
Synonym : MYDRIACYL
AHFS Type: MYDRIATICS (52.24.00)
Restricted to Ophthalmology and Optometry or with ophthalmology/optometry consult.

TUBERCULIN, PPD 5 T.U. 10 TEST
Synonym: PPD

AHFS Type: TUBERCULOSIS (36.84.00)

ULIPRISTAL ACETATE 30MG TAB
Synonym: ELLA
AHFS Type: CONTRACEPTIVES (68.12.00)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.
NOTE: Use of this agent will conform to IHS policy for emergency contraception

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

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

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

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

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

VALPROIC ACID 250MG CAP
Synonym: DEPAKENE
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

VALPROIC ACID 250MG/5ML ORAL SYRUP
Synonym: DEPAKENE
AHFS Type: MISCELLANEOUS ANTICONVULSANTS (28.12.92)
NIOSH Hazardous Drug: See Hazardous Drug Policy for handling/disposal info.

VALSARTAN 80MG TAB, 160MG TAB
Synonym: DIOVAN
AHFS Type: ANGIOTENSIN II RECEPTOR ANTAGONISTS (24.32.08)
NOTE: Second line choice for ARB (for those who are intolerant to losartan).

VANCOMYCIN ORAL 125MG, 250MG CAP, 50MG/ML SOLN
Synonym: VANCOCIN, FIRVANQ
AHFS Type: MISC. ANTIBIOTICS (8.12.28)
NOTE: replaces extemporaneous compounded preparation per P&T November 2018
First line treatment of * Clostridium Difficile infection *Per IDSA guidelines 2017

VANCOMYCIN INJ 500MG VIAL, 1GM VIAL, 1.25GM VIAL, 1.5GM VIAL 750MG/150ML PREMIX BAG, 1GM/200ML PREMIX BAG
Synonym: VANCOCIN
AHFS Type: MISC. ANTIBIOTICS (8.12.28)
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.

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 infections due to gram-positive microorganisms in patients with serious allergy to beta-lactam antimicrobials.
   b) Prophylaxis, as recommended by the American Heart Association for endocarditis prior to certain procedures in patients at high risk of endocarditis.
   d) 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 FORTIFIED 50MG/ML OPHTHALMIC DROPS

Synonym: VANCOMYCIN

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

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)

VARENICLINE TABLET 0.5MG, 1MG

Synonym: CHANTIX

AHFS Type: AUTONOMIC DRUGS (12.92.00)

Restrictions:

1) Use is restricted to patients meeting one of the following conditions:
   a. Enrolled in the Pharmacy Chronic Care Clinic for tobacco cessation
   b. Followed by a substance use dependence specialist
   c. Obstetric patients followed by a Women's Clinic provider
   d. For prescriptions received from an outside provider, a consult must be placed to the Pharmacy Chronic Care Clinic before the prescription may be filled. A maximum of 12 months of treatment may be completed; continuation past this will require enrollment in the Pharmacy Chronic Care Clinic.
2) An initial evaluation for use will include assessment of baseline mood disorders, review of concomitant behavioral health medications, and assessment of suicidal ideation. The prescribing/referring provider will be contacted by a Pharmacy Chronic Care Clinic pharmacist if the appropriateness of treatment is in question.

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 XR 37.5MG CAP, 75MG CAP, 150MG CAP
Synonym: EFFEXOR XR
AHFS Type: SELECTIVE SEROTONIN AND NOREPINEPHRINE-REUPTAKE INHIBITORS (28.16.01.16)
Note: Patients under 16 years of age must have a Behavioral Health consult.

VERAPAMIL 80MG TAB
Synonym: CALAN
AHFS Type: CALCIUM-CHANNEL BLOCKING AGENTS, MISCELLANEOUS (24.28.92)

VERAPAMIL SR 180MG TAB, 240MG TAB
Synonym: CALAN SR
AHFS Type: CALCIUM-CHANNEL BLOCKING AGENTS, MISCELLANEOUS (24.28.92)

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

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

VITAMIN A 10,000IU CAP
AHFS Type: VITAMIN A (88:04)

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, Nephro-vite
AFHS Type: MULTIVITAMIN PREPARATIONS (88:28)

WARFARIN 1MG TAB, 2MG TAB, 2.5 TAB, 3MG TAB, 4MG TAB, 5MG TAB, 6MG TAB, 7.5MG TAB
Synonym: COUMADIN
AHFS Type: ANTICOAGULANTS (20.12.04)
HIGH ALERT MEDICATION
1) A dietary consult must be ordered for all patients starting on warfarin therapy. The dietary consult will provide information about vitamin K containing foods.
2) A current INR must be available and used to monitor all patients receiving warfarin. The physician is responsible for documentation of the INR for patients not being followed through Pharmacy Chronic Care 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).

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

WATER FOR INJECTION, STERILE, 10ML VI
Synonym:
AHFS Type: NON-CATEGORIZED

ZINC OXIDE 16% OINT 60GM
Synonym: BOUDREAUX'S BUTT PASTE
AFHS Type: NON-CATEGORIZED

ZINC OXIDE 20% OINT 30GM
AHFS Type: NON-CATEGORIZED
OTC DRUG, NOT DISPENSED TO OUTPATIENTS

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

ZIPRASIDONE 20MG CAP, 40MG CAP, 60MG CAP, 80MG CAP
Synonym: GEODON
AHFS Type: ATYPICAL ANTIPSYCHOTICS (28.16.08.04)
Initial prescriptions should be written by a behavioral health provider. Other providers may prescribe for continuation of therapy.

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

ZOLEDRONIC ACID INJ 4MG/100ML BAG, 5MG/100ML BAG
Synonym: ZOMETA (4MG STRENGTH), RECLAST (5MG STRENGTH)
AHFS Type: MISCELLANEOUS THERAPEUTIC AGENTS, BONE RESORPTION INHIBITORS (92:24)
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 for oncology patients. May cause renal deterioration with repeated doses or when used with other potential nephrotoxic drugs.
    a) CrCl should be calculated using Cockcroft-Gault formula and actual body weight for osteoporosis.
2) Do not use if calculated CrCl < 35 ml/min for osteoporosis or <30ml/min for oncology
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 starting dose for women is 5mg.
4. The recommended maximum dose for those over 65 years is 5mg.
5. 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.
6. Controlled substance III or IV may not be authorized for more than 5 refills.

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

ZOSTER VACCINE, RECOMBINANT
Synonym: SHINGRIX
AHFS Type: VACCINES (80.12.00)

NOTE: Approved for use per ACIP (CDC) guidelines. Refrigerated. Requires reconstitution.

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AHFS*	Medications on PIMC Formulary
4.00 Antihistamine Drugs	Cetirizine 10mg tab, 1mg/mL syrup Chlorpheniramine 4mg tab Cyproheptadine 4mg tab Diphenhydramine 25mg cap, 12.5mg/5mL soln, 50mg/mL INJ vial Fexofenadine 180mg XR tab Loratadine 10mg tab, 5mg/5mL soln Promethazine 25mg tab, 6.25mg/5mL syrup,12.5mg, 25mg suppository, 25mg/mL INJ amppyrant
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* Cefadroxil 500mg tab Cefazolin Inj 1gm vial, 500mg vial, 1gm/50ml premix bag, 2gm/100ml premix bag Cefdinir 300mg tab, 250mg/5ml susp Cefepime Inj 1gm vial, 2gm vial Cefixime 400mg tab Cefpodoxime 200mg cap 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 Ertapenem INJ 1gm vial Meropenem INJ 500mg, 1gm vial *8:12.12.04 Macrolides, Erythromycins* Erythromycin 250mg tab, INJ 500mg vial *8:12.12.92 Macrolides, Other Macrolides* Azithromycin 100mg/5mL susp, 200mg/5mL susp, 250mg tab, 600mg tab, INJ 500mg *8.12.16 Penicillins* Amoxicillin 250mg cap, 500mg cap, 400mg/5mL susp Amoxicillin/Clav 500mg tab, 875mg tab, 400mg/5mL susp, 600mg/5mL ES susp Ampicillin INJ 1gm vial, 250mg vial, 500mg vial Ampicillin/Sulbactam INJ 1.5gm vial, 3gm vial Dicloxacillin 250mg cap Nafcillin INJ 1 gm vial Pen-G Benzathine INJ 1.2 mil unit syr, 600,000 unit syr Pen-G Pot INJ 5 million unit vial Penicillin VK 250mg Tab, 250mg/5mL soln

Piperacillin/Tazobactam INJ 2.25gm vial, 3.375gm vial, 4.5gm vial, 3.375gm/50ml premix bag, 4.5gm/100ml premix bag

8.12.18 Quinolones

Ciprofloxacin 250mg tab, 500mg tab, 750mg tab, INJ 400mg/200mL bag

Ofloxacin Ophth Soln 0.3%

Levofloxacin 250mg tab, 500mg tab, 750mg tab, INJ 500mg/20mL vial, 500mg/100ml bag, 750mg/150ml bag

Moxifloxacin 400mg tab

8.12.20 Sulfonamides

Sulfamethoxazole/Trimeth DS tab, INJ vial, susp, single strength tab

Sulfasalazine 500mg tab

8.12.24 Tetracyclines

Doxycycline 100mg tab, 50mg/mL oral syrup, INJ 100mg vial

Minocycline 100mg cap

Tetracycline 500mg cap

8.12.28 Antibacterials, Miscellaneous

Clindamycin 150mg cap, 300mg cap, 75mg/5mL soln, INJ 900mg/6mL vial, 600mg/50ml bag, 900mg/50ml bag

Daptomycin INJ 500mg vial

Linezolid 600mg tab, INJ 600mg/300ml bag

Rifaximin 550mg tab

Vancomycin Cap 125mg, 250mg

Vancomycin Soln 50mg/mL

Vancomycin INJ 500mg vial, 750mg/150ml premix bag, 1gm vial, 1gm/200ml premix bag

Vancomycin Intravitreal Inj 1mg/0.1ml syringe

8.14 Antifungals

Amphotericin B Lipid Complex INJ 100mg vial

Fluconazole 100mg tab, 150mg tab, 200mg tab, INJ 200mg/100mL NS premix, 400mg/200mL NS premix

Griseofulvin 125mg/5mL microsize suspension

Nystatin 100,000 units/ml susp

Terbinafine 250mg tab

8.16 Antimycobacterials

Dapsone 100mg tab

Ethambutol 100mg tab, 400mg tab

Isoniazid 100mg tab, 300mg tab, INJ 100mg/mL, 50mg/5mL syrup

Pyrazinamide 500mg tab

Rifabutin 150mg cap

Rifampin 300mg cap

8.18 Antivirals

Nirmatrelvir 150mg/ Ritonavir 100mg tabs

8.18.08 Antiretrovirals

Biktarvy tab (bictegravir 50mg/emtricitabine 200mg/tenofovir 25mg)

Descovy tab (tenofovir alafenamide/emtricitabine)

Dovato tab (dolutegravir 50 mg/lamvidudine 300mg)

Genvoya tab (elvitegravir 150 mg/cobicistat 150 mg/emtricitabine 200 mg/tenofovir alafenamide 10 mg)

Juluca tab (dolutegravir 50 mg/rilpivirine 25 mg)

Odefsey (emtricitabine 200 mg/rilpivirine 25 mg/tenofovir alafenamide 25 mg)

Prezcobix (darunavir 800 mg/cobicistat 150 mg)

Symtuza (darunavir 800 mg/cobicistat 150 mg/emtricitabine 200 mg/tenofovir alafenamide 10 mg)

Tivicay (dolutegravir 50mg)

	Raltegravir 400mg tab Triumeq tab (dolutegravir 50mg/ abacavir 600mg/lamivudine 300mg) Truvada tab (emtricitabine 200mg/tenofovir disoproxil fumarate) 300mg *8.18.24 Monoclonal Antibodies* Nirsevimab-alip 50mg, 100mg prefilled syringe *8.18.28 Neuroaminidase Inhibitors* Oseltamivir 30mg cap, 45mg cap, 75mg cap, 12mg/mL or 15mg/mL susp (depending on availablility) *8.18.32 Nucleosides and Nucleotides* Acyclovir 200mg/5ml suspension, INJ 500mg vial Valacyclovir 500mg tab, 1000mg tab *8.18.40 HCV Antivirals* Epclusa (sofosbuvir 400mg/velpatasvir 100mg) Mavyret tab (glecaprevir 100mg/pibrentasvir 40mg) **8.30 Antiprotozoals** *8.30.08 Antimalarials* Hydroxychloroquine 200mg tab *8.30.92 Miscellaneous Antiprotozoals* Metronidazole 500mg tab, INJ 500mg/100mL NS Premix Nitazoxanide 500mg tab, 100mg/5ml susp Tinidazole 500mg tab **8.36 Urinary Anti-infectives** Fosfomycin 3gm powder sachet Methenamine Hippurate 1gm tab Nitrofurantoin 100mg macro cap, 25mg/5mL susp
10.00 Antineoplastic Agents	Anastrozole 1mg tab Bevacizumab INJ 1.25mg/0.5ml syringe Capecitabine (Xeloda) 500mg tab Carboplatin 10mg/ml 450mg vial, 600mg vial Cisplatin INJ 10mg, 50mg, 100mg vial Cyclophosphamide 500mg tab, INJ 500mg Doxorubicin INJ 10mg, 50mg Etoposide INJ 100mg vial Exemestane 25mg tab Fluorouracil INJ 2.5gm/50mL vial Letrozole 2.5mg tab Leuprolide Acetate INJ 3.75mg vial Megestrol Acetate 40mg tab, 40mg/ml susp Methotrexate 2.5mg tab, INJ 50mg/2mL vial Rituximab-pvvr INJ 100mg, 500mg vial Rituximab/Hyaluronidase INJ 1400mg/23400 units, 1600mg/26800 units Tamoxifen 10mg tab Trastuzumab INJ 440mg vial Vincristine INJ 2mg/2mL vial
12.00 Autonomic Drugs	**12.04 Parasympathomimetic (Cholinergic) Agents** Donepezil 5mg tab Neostigmine methylsulfate 1:1000 INJ 1mg/ml 10 ml vial Pilocarpine 5mg tab Physostigmine Salicylate INJ 1mg/mL Pyridostigmine INJ 5mg/mL **12.08 Anticholinergic Agents** *12.08.08 Antimuscarinics/ Antispasmodics* Atropine Sulfate INJ 0.4mg/1mL vial, 1mg/10mL syr

	Dicyclomine 10mg cap, 20mg tab Glycopyrrolate INJ 0.2mg/1mL vial, 1mg tab Ipratropium 0.02% U/D svn soln, 14.7gm inhaler, 0.03% and 0.06% nasal solution Scopolamine transderm patch Tiotropium (Spiriva Respimat) 4gm inhaler Umeclidinium/Vilanterol 62.5/25mcg inhaler **12.12 Sympathomimetic (Adrenergic) Agents** Albuterol 0.083%, 0.5% svn soln, 17gm inhaler Albuterol/Ipratropium 4gm inhaler (Combivent Respimat) Dobutamine INJ 250mg/20mL Dopamine INJ 200mg/5mL vial, 400mg/250mL D5W premix, 800mg/250ml D5W premix Ephedrine Sulfate INJ 50mg/mL vial Epinephrine 1:10,000 1mg/10mL syr, 1:1000 1mg/1mL amp, auto-inj 0.15mg/0.3ml syr, auto-inj 0.3mg/0.3mL syr, racemic 2.25% inh soln Midodrine 5mg TAB Norepinephrine INJ 4mg/4ml vial, 4mg/250ml premix, 8mg/250ml premix Phenylephrine 10mg/mL inj 1ml vial Pseudoephedrine 60mg tab Terbutaline INJ 1mg/ml 1ml vial **12.16 Sympatholytic (Adrenergic Blocking) Agents** Phentolamine Mesylate INJ **12.20 Skeletal Muscle Relaxants** Baclofen 10mg tab Cisatracurium Besylate INJ Cyclobenzaprine 10mg tab Dantrolene lyophilized 250mg inj Methocarbamol 750mg tab Rocuronium INJ 10mg/ml 5ml vial Succinylcholine INJ 20mg/ml 10ml vial Tizanidine 4mg tab Vecuronium INJ 10mg/10mL vial **12.92 Autonomic Drugs, Miscellaneous** Nicotine transdermal 7, 14, 21mg/day, polacrilex gum 2mg, 4mg, polacrilex lozenge 2mg, 4mg Varenicline 0.5mg, 1mg tab
16.00 Blood Derivatives	Albumin Human 25% INJ 12.5gm/50mL vial

20.00 Blood Formation, Coagulation, and Thrombosis	**20.04 Antianemia Drugs** *20.04.04 Iron Preparations* Ferrous Gluconate 324mg tab Ferrous Sulfate 5mg/mL drops, 325mg tab Iron Sucrose Complex INJ 20mg/mL 5ml vial, 10ml vial **20.12 Antithrombotic Agents** *20.12.04 Anticoagulants* Apixaban 2.5mg tab, 5mg tab Enoxaparin INJ 30mg, 40mg, 60mg, 80mg, 100mg, 120mg, 150mg syringes Fondaparinux INJ 2.5mg, 5mg, 7.5mg, 10mg syringes Heparin Flush INJ 100 units/mL vial (5mL prefilled syringes) Heparin INJ 5,000 units/0.5ml syringe, 10,000 units/1mL vial, 25,000units/250mL premix bag Rivaroxaban 10mg tab, 15mg tab, 20mg tab Warfarin 1mg tab, 2mg tab, 2.5mg tab, 3mg tab, 4mg tab, 5mg tab, 6mg tab, 7.5mg tab *20.12.14 Platelet-reducing Agents* *20.12.18 Platelet-Aggregation Inhibitors* Clopidogrel 75mg tab Ticagrelor 60mg, 90mg tab **20.16 Hematopoietic Agents** Darbepoetin INJ 40mcg, 60mcg, 100mcg syr, 200mcg/1mL vial Filgrastim-sndz INJ 300mcg/0.5mL syr, 480mcg/0.8mL syr Pegfilgrastim-jmdb INJ 6mg/0.6mL syr **20.24 Hemorrheologic Agents** Pentoxyfylline 400mg SA tab **20.28 Antihemorrhagic Agents** *20.28.08 Antiheparin Agents* Protamine Sulfate INJ 50mg/5mL vial *20.28.16 Hemostatics* Aminocaproic Acid 5gm/20mL inj Ferric Subsulfate soln Prothrombin Complex Concentrate 4-Factor Thrombin 20,000 unit topical Tranexamic Acid 650mg tab, INJ 1gm/10ml vial *20.40 Thrombolytic Agents* Alteplase Cathflo 2mg vial Tenecteplase 25mg vial
24:00 Cardiovascular Drugs	**24.04 Cardiac Drugs** *24.04.04 Antiarrhythmic Agents* Adenosine INJ 6mg/2mL syr Amiodarone 200mg tab, INJ 150mg/3mL vial Flecainide 50mg tab, 100mg tab, 150mg tab Lidocaine 2% INJ 100mg/5mL syr Procainamide INJ 100mg/ml (10ml) vial *24.04.08 Cardiotonic Agents* Digoxin 0.05mg/mL soln, 0.125mg tab, 0.25mg tab, INJ 0.5mg/2mL amp Ivabradine 5mg tab, 7.5mg tab **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 54mg tab, 160mg tab Gemfibrozil 600mg tab *24.06.08 HMG-CoA Reductase Inhibitors* Atorvastatin 10mg tab, 20mg tab, 40mg tab, 80mg tab Pravastatin 10mg tab, 20mg tab, 40mg tab, 80mg tab Rosuvastatin 5mg tab, 10mg tab, 20mg tab, 40mg tab Simvastatin 5mg tab, 10mg tab, 20mg tab, 40mg tab **24.08 Hypotensive Agents** Clonidine 0.1mg tab, 0.2mg tab, 0.3mg tab, INJ 100mcg/mL Guanfacine 1mg tab, 2mg tab Guanfacine ER 1mg tab, 2mg tab Hydralazine 10mg tab, 25mg tab, INJ 20mg/mL Methyldopa 250mg tab, 500mg tab Minoxidil 2.5mg tab, 10mg tab Nitroprusside Sod INJ 50mg vial **24.12 Vasodilating Agents** Alprostadil INJ 500mcg/1ml ampule Isosorbide Dinitrate 10mg tab, 20mg tab Isosorbide Mononitrate 30mg XR tab, 60mg XR tab, 120mg XR tab Nitroglycerin 0.4mg sl tab, 2% oint, 0.1mg, 0.2mg, 0.4mg, 0.6mg patches INJ 25mg/250mL D5W premix, INJ50mg/10Ml vial *24.12.12 Phosphodiesterase Inhibitors* Sildenafil 25mg tab, 50mg tab, 100mg tab Tadalafil 5mg 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 Nicardipine 20mg/200ml premix Nifedipine 10mg cap, XL 30mg tab, XL 60mg tab, XL 90mg tab Verapamil 80mg tab, SR 180mg tab, SR 240mg tab, INJ 5mg/2mL vial **24.32 Renin-Angiotensin-Aldosterone System Inhibitors** *24.32.04 Angiotensin-Converting Enzyme Inhibitors* Enalaprilat INJ 2.5mg/2mL vial Lisinopril 5mg tab, 10mg tab, 20mg tab, 40mg tab Lisinopril/Hydrochlorothiazide 20mg/25mg tab Ramipril 2.5mg cap, 5mg cap, 10mg cap *24.32.08 Angiotensin II Receptor Antagonists* Losartan 25mg tab, 50mg tab, 100mg tab Losartan/Hydrochlorothiazide 100mg/25mg tab Valsartan 80mg tab, 160mg tab

	24.32.20 Mineralocorticoid (Aldosterone) Receptor Antagonists Spironolactone 25mg tab, 100mg tab *24.32.92 Renin-Angiotensin Aldosterone System Inhibitors, Misc* Sacubitril/ Valsartan 24mg/26mg tab, 49mg/51mg tab, 97mg/103mg tab **24.44 Nonsteroidal Anti-inflammatory** Colchicine 0.6mg tab
28.00 Central Nervous System Agents	**28.04 General Anesthetics** Etomidate INJ 20mg/10mL vial Propofol INJ 200mg/20mL vial, 500mg/50mL vial, 1000mg/100ml vial Sevoflurane 250Ml *28:04.08 Non-barbiturates* Ketamine INJ 50mg/mL, 100mg/mL **28.08 Analgesics and Antipyretics** *28.08.04 Nonsteroidal Anti-inflammatory Agents* Aspirin 120mg supp, 300mg supp, 600mg supp, 325mg EC tab, 325mg tab, 81mg EC tab, 81mg tab Celecoxib 100mg cap, 200mg cap Diclofenac 1% Gel, 100 gm tube Ibuprofen 100mg/5mL susp, 200mg tab, 400mg tab, 600mg tab, 800mg tab Indomethacin 25mg cap Ketorolac INJ 30mg/1mL vial/syringe, 60mg/2mL vial Meloxicam 7.5mg, 15mg tab Methylsalicylate 15% and Menthol 10% Analgesic Balm Nabumetone 500mg tab, 750mg tab Naproxen 250mg tab, 500mg tab Piroxicam 20mg cap Salsalate 500mg tab, 750mg tab Sulindac 200mg tab *28.08.08 Opiate Agonists* APAP/Codeine 300mg/30mg tab APAP/OXYcodone 325mg/5mg tab Codeine Sulfate 30mg tab Fentanyl 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr patch Fentanyl INJ 100mcg/2ml vial, 250mcg/5mL amp Fentanyl PCA INJ 10mcg/ml HYDROcodone 7.5mg/Acetaminophen 325mg per 15ml solution HydroMORPHONE INJ 0.5mg/0.5mL syr, 1mg/mL syr Meperidine INJ, 25mg syr, 50mg syr Morphine ER 15mg tab, ER 30mg tab, ER 60mg tab, IR 15mg tab, IR 30mg tab, INJ INJ 2mg/mL syr, 4mg/mL syr, 10mg/mL syr, INJ 30mg/30ml PCA vial, 10mg/5mL soln, 20mg/mL soln Morphine PF INJ 10mg/1mL vial, 10mg/10mL amp/vial OXYcodone 5mg tab Remifentanil hydrochloride 1mg SDV Tramadol 50mg tab *28.08.12 Opiate Partial Agonists* Buprenorphine 2mg, 8mg tab Buprenorphine extended-release 100mg, 300mg vial Buprenorphine/ Naloxone 2mg/0.5mg, 8mg/2mg SL tab *28.08.92 Analgesics and Antipyretics, Miscellaneous* Acetaminophen 160mg/5mL susp, 325mg tab, 80mg tab, 120mg supp, 325mg supp, 650mg supp, INJ 1000mg/100ml vial **28.10 Opiate Antagonists** Naloxone INJ 0.4mg/1mL, Nasal Spray (OTC) 4mg/0.1mL

Naltrexone 50mg tab
Naltrexone extended-release INJ, susp

28.12 Anticonvulsants

28.12.04 Barbiturates

Phenobarbital 15mg tab, 30mg tab, 100mg tab, 20mg/5mL elixir, INJ 130mg/1mL vial
Primidone 50mg tab, 250mg tab

28.12.08 Benzodiazepines

Clonazepam 0.5mg tab, 1mg tab
Clonazepam 0.25mg, 0.5mg, 1mg, 2mg orally disintegrating tab

28.12.12 Hydantoins

Fosphenytoin INJ 100mg PE/2mL vial, 500mg PE/10ml vial
Phenytoin 100mg cap, 125mg/5mL susp, 50mg chewable tab

28:12.16 Oxazolidinediones

Lacosamide 50mg, 100mg, 150mg, 200mg tabs, 10mg/ml oral solution

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 250 mg tab, 500mg tab, 100mg/ml oral solution, 500mg/5ml INJ, 1000mg/100ml premix 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
Oxcarbazepine 150mg tab, 600mg tab
Pregabalin 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap 225 mg cap, 300 mg cap
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, 3mg tab, 6mg tab
Duloxetine 20mg cap, 30mg cap, 60mg cap
Escitalopram 10mg tab, 20mg tab
Fluoxetine 10mg cap, 20mg cap, 20mg/5ml oral soln
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 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
Aripiprazole Lauroxil 441mg/1.6ml, 662/2.4ml, 882/3.2ml, 1064/3.9ml

Chlorpromazine 100mg tab, 25mg tab, INJ 50mg/2Ml
Clozapine 25mg tab, 100mg tab
Haloperidol 0.5mg tab, 1mg tab, 2mg tab, 5mg tab, 2mg/ml soln, INJ 5mg/1mL amp
Lurasidone 20mg tab, 40mg tab, 60mg tab, 120mg tab
Olanzapine 5mg OD tab, 5mg tab, 10mg tab, 10mg INJ
Quetiapine 25mg tab, 100mg tab, 200mg tab, 400mg tab
Risperidone 1mg tab, 2mg tab, 3mg tab, 4mg tab
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
Methylphenidate XR 18mg tab, XR 36mg tab, XR 27mg tab, XR 54mg tab

28.20.08 Anorexigenic Agents

Phentermine 15mg, 37.5mg

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, INJ 50mg/50ml premix bag

28.24.92 Anxiolytics, Sedatives, and Hypnotics; Miscellaneous

Buspirone 10mg tab, 15mg tab, 5mg tab
Dexmedetomidine INJ, 200mcg/2ml vial, 400mcg/100ml bottle
Hydroxyzine 10mg tab, 25mg tab, 25mg cap, 10mg/5mL syrup
Zolpidem 5mg tab, 10mg tab

28.28 Antimanic Agents

Lithium carbonate ER 300mg tab, ER 450mg tab

28.32 Antimigraine Agents

28:32.12 Calcitonin Gene-related Peptide (CGRP) Antagonists

Rimegepant ODT 75mg

28.32.28 Selective Serotonin Agonists

Rizatriptan 5mg, 20mg orally disintegrating tab
Sumatriptan 25mg tab, 50mg tab, 100mg, INJ 6mg/0.5mL, 5mg nasal spray

23.32.92 Antimigraine Agents, Misc

Erenmumab-aooe 70mg, 140mg inj

28.36 Antiparkinsonian Agents

Benztropine 1mg tab, 2mg tab, 2mg/2ml INJ
Bromocriptine 2.5mg tab
Carbidopa/Levodopa 10/100mg tab, 25/100mg tab, 25/250mg tab
Carbidopa/Levodopa SR 25/100mg, 50/200mg tab
Pramipexole 0.125, 0.25, 1mg 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

34:00 Dental Agents	**34:04 Nutritional Supplements** Fluoride paste 1.1% Sodium Fluoride 0.55mg tab
36.00 Diagnostic Agents	Fluorescein 10% INJ Isosulfan Blue INJ 10mg/mL Perflutren Lipid Microspheres Inj, 2ml vial **36.04 Adrenocortical Insufficiency** Cosyntropin INJ 0.25mg vial **36.40 Kidney Function** None **36:44 Liver Function** Indocyanine green 25mg vial **36.60 Thyroid Function** Thyrotropin Alfa INJ **36.68 Roentgenography** Barium Sulfate 2% Suspension Gadoterate Dimeglumine 0.5mmol/mL INJ Iodixanol 270mg/mL INJ Iohexol 300mg/ml 10ml and 100ml bottle Iopamidol 61% INJ Iopamidol-M 61% INJ Iothalamate meglumine 60% INJ **36.84 Tuberculosis** Tuberculin, PPD
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, 10mEq/100ml premix, 20mEq/100ml premix 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 Chloride 1gm tab 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 Sodium Zirconium Cyclosilicate 5 GM packet, 10 GM packet *40.18.19 Phosphate-removing Agents*

	Sevelamer *Carbonate* 800mg tab, 2.4gm powder packet **40.20 Caloric Agents** Amino Acids 5%/Dextrose 15%, 1000mL bag, 2000mL bag Amino Acids 4.25%/Dextrose 5%, 1000mL bag, 2000mL bag Dextrose 50% INJ 25gm/50mL syr, INJ 50mL vial Fat Emulsion 20% INJ 500ml bag Glucose 3.75gm 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 Chlorthalidone 25mg tab Furosemide INJ 10mg/mL, INJ 100mg/10mL, 10mg/mL soln, 20mg tab, 40mg tab Hydrochlorothiazide 25mg tab, 50mg tab Mannitol 25% INJ Maxzide 75/50mg tab Metolazone 2.5mg tab, 5mg tab, 10mg tab **40.36 Irrigating Solutions** Acetic Acid 0.25% irrig **40.40 Uricosuric Agents** Probenecid 500mg tab
44.00 Enzymes	Hyaluronidase 150 units/1ml INJ
48.00 Respiratory Tract Agents	**48.08 Antitussives** Dextromethorphan 15mg/5mL w/ Guaifenesin cough syrup **48.10 Anti-inflammatory Agents** *48.10.24 Leukotriene Modifiers* Montelukast 4mg chew tab, 5mg chew tab, 10mg tab **48.16 Expectorants** Guaifenesin LA 600mg tab **48.36 Surfactants** Poractant Alfa Intratracheal Suspension 240mg/3ml vial
52.00 Eye, Ear, Nose, and Throat (EENT) Preparations	**52.02 Antiallergic Agents** Azelastine Hydrochloride 0.1% nasal solution 30ml Cromolyn Sodium 0.4% ophth soln Ketotifen 0.025% ophth soln Olopatadine 0.1% ophth soln **52.04 Anti-infectives** *52.04.04 Antibacterials* Bacitracin ophth oint 500 units/gram Bacitracin/polymyxin ophth oint Ciprofloxacin 0.3% ophth oint, 0.3% ophth soln, 6% otic suspension Neomycin/polymyxin/hydrocortisone otic soln, otic susp Erythromycin ophth oint Gentamicin 0.3% ophth soln, ophth oint Gentamicin 15mg/ml fortified ophth soln Moxifloxacin 0.5% ophth soln Neomycin/Polymyxin/Gramicidin ophth soln Ofloxacin ophth soln Polymyxin/trimethoprim ophth soln Prednisolone/Sulfacetamide ophth soln Vancomycin ophth soln *52.04.20 Antivirals* Trifluridine 1% ophth soln

52.04.92 Anti-infectives, Miscellaneous

Carbamide Peroxide 6.5% otic soln

52.08 Anti-inflammatory Agents

Bromfenac 0.09% ophth soln
Budesonide nasal spray 32mcg/spray
Budesonide Nebs 0.25/2mL, 0.5mg/2mL
Cyclosporine 0.05% ophth emul
Difluprednate 0.05% ophth emul
Flunisolide nasal 0.025% soln
Fluocinolone acetonide 0.01% otic oil 20mL
Fluorometholone 0.1% ophth soln
Fluticasone nasal 0.05% spray
Ketorolac 0.05% ophth soln
Loteprednol 0.5% ophth susp
Neo/Polymyx/Dex ophth oint, ophth susp
Predisolone 1% ophth sol
Prednisolone Acetate 0.125% ophth soln
Triamcinolone Acetonide Inj 40mg/ml (Preservative-free), 1 ml vial

52.16 Local Anesthetics

Cocaine 4% topical soln
Benzocaine spray 0.5ml UD
Dyclonine 2mg lozenges, 1% Oral-Topical Solution
Proparacaine 0.5% ophth soln
Tetracaine 4% topical soln

52.24 Mydriatics

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

52.28 Mouthwashes and Gargles

1-1-1 Mouthwash (ben/Al-Mg/H2O)
Hydrogen Peroxide 3% soln

52.32 Vasoconstrictors

Oxymetazoline 0.05% nasal spray
Phenylephrine 0.25% nasal spray

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
Latanoprost ophth soln
Methazolamide 50mg tab
Netarsudil 0.02% ophth soln
Pilocarpine 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
Carboxymethylcellulose 0.5% ophth (Refresh Plus – Preservative-free)
Carboxymethylcellulose 0.5%/Glycerin 1%/Polysorbate 80 0.5%
(Refresh Optive Advantage, Preservative-free)
Carboxymethycellulose 1% ophth (Celluvisc)

	Dexamethasone 24mg/ml injection Fluorescein 10%, ophth strip Fluorescein Sodium/ Benoxinate HCL 0.25% soln Fluorouracil (5-FU) 10mg/mL Hyaluronate 23mg/mL INJ, oph, syr Hypromellose 0.3% ophth solution Lubricant, Ocular oint 3.5gm, drops 15mL Polyvinyl Alcohol (Refresh) ophth soln Sodium Chloride Nasal Spray Sodium Chloride/Aloe Vera Nasal Gel Sodium Chloride 5% ophth oint, ophth soln Sodium Chloride/Sodium Bicarbonate Nasal Rinse, Kit/Packets
56.00 Gastrointestinal Drugs	**56.04 Antacids and Adsorbents** Aluminum & Magnesium Hydroxide & Simethicone susp Charcoal-Activated 25gm in water Charcoal-Activated 50gm with sorbitol Magnesium Oxide 400mg tab Milk of Magnesia **56.08 Antidiarrhea Agents** Bismuth Subsalicylate 262mg tab Lactobacillus Caplets Loperamide 1mg/7.5mL liquid, 2mg cap **56.10 Antiflatulents** Simethicone 80mg chew tab, oral drops **56.12 Cathartics and Laxatives** Bisacodyl 5mg tab, 10mg supp Docusate Sodium 100mg cap, 20mg/5mL syrup Glycerin supp Magnesium Citrate soln Mineral oil liquid, enema 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 H_2-Antagonists* Famotidine 10mg/2ml vial Famotidine 20 mg tabs, 40mg/5ml susp *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* Esomeprazole magnesium powder packet 2.5mg, 5mg, 10mg, 20mg, 40mg Lansoprazole 15mg cap, 30mg cap 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 Dimercaptosuccinic acid (succimer) 100mg cap Edetate Calcium Disod INJ 1000mg/5mL amp
68.00 Hormones and Synthetic Substitutes	**68.04 Adrenals** Betamethasone INJ 30mg/5mL vial Budesonide 80mcg/Formoterol 4.5mcg inhaler, Budesonide 160mcg/formoterol 4.5mcg inhaler Dexamethasone 0.5mg tab, 4mg tab, 6mg tab, 1mg/ml oral solution (Intensol), 0.5mg/5ml oral solution, INJ 4mg/mL, 10mg/mL Fludrocortisone 0.1mg tab Fluticasone 100/Salmeterol 50 disk, 250/Salmeterol 50 disk, 500/Salmeterol 50 disk Fluticasone 44mcg inhaler, 110mcg inhaler, 220mcg inhaler Hydrocortisone 5mg tab, 10mg tab, 20mg tab, INJ 100mg/2mL vial Methylprednisolone 4mg tabs (21 dose pack) 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 Prasterone vaginal insert 6.5mg 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 1.62% pump **68.12 Contraceptives** Condoms, Latex, Lubricated Contraceptive jelly Diaphragm, Contoured Drospirenone 4mg tab, 28's Ethinyl Estradiol 0.03mg/Desogestrel 0.15mg Monophasic tab, 28's (Desogen, Emoquette, Reclipsen, or equivalent) Ethinyl Estradiol /Desogestrel Triphasic tab, 28's (Ortho-Tri Cyclen, Trinessa, Trivora, or equivalent) Ethinyl Estradiol 0.03mg/Drospirenone 3mg tab, 28's (Ocella, Yasmin, or equivalent) Ethinyl Estradiol/Etonorgestrel Vaginal Ring

(Nuvaring)
Ethinyl Estradiol 0.02mg/Levonorgestrel 0.2mg tab, 28's
(Levlite , Orsythia, Sronyx, or equivalent)
Ethinyl Estradiol 0.03mg/Levonorgestrel 0.15mg tab, 91's
(Jolessa, or equivalent)
Ethinyl Estradiol 0.035mg/Norethindrone 1mg tab, 28's
(Cyclafem 1/35, Norinyl 1/35, Ortho Novum 1/35, or equivalent)
Ethinyl Estradiol 0.02mg/Norethindrone 1mg/Ferrous Fumarate 75mg tab, 28's
(Loestrin FE)
Ethinyl Estradiol/Norelgestromin Patch
(Xulane, or equivalent)
Ethinyl Estradiol 0.03mg/Norgestrel 0.3mg tab, 28's
(Lo-ovral, Cryselle, or equivalent)
Etonogestrel Implant
(Nexplanon, or equivalent)
Intrauterine Device, Copper
(Paragard, or equivalent)
Intrauterine Device, Levonorgestrel 19.5mcg/day
(Kyleena, or equivalent)
Intrauterine Device, Levonorgestrel 20mcg/day
(Mirena, or equivalent)
Lactic acid, citric acid, potassium bitartrate 1.8%/1%/0.4% gel, 5gm
Levonorgestrel 1.5mg tab (Emergency Contraceptive)
(Plan B, Next Choice, or equivalent)
Norethindrone 0.35mg tab, 28's
(Nora-BE, or equivalent)
Norethindrone acetate 5mg tab
Norgestrel 0.075mg tab, 28's
(Opill)
Ulipristal Acetate 30mg tab (Emergency Contraceptive)

68.16 Estrogens and Antiestrogens

Clomiphene (clomid) 50mg tab
Estradiol 1mg tab, 2mg tab, patch 0.05mmg/day, patch 0.1mg/day, transdermal gel 0.25mg, 0.5mg, 0.75mg, 1mg, 1.25mg, vaginal cream 42.5gm, vaginal ring 7.5mcg/24hr
Estradiol Valerate INJ 100mg/5mL vial
Estrogens, conj 0.3mg tab, 0.625mg tab, 1.25mg tab, vag cr 0.625mg/gm, INJ 25mg

68.20 Antidiabetic Agents

68.20.04 Biguanides
Metformin 500mg tab, 850mg tab, 1000mg tab, XR 500mg tab

68:20.05 Dipeptidyl Peptidase Inhibitors
Sitagliptin 25mg tab, 50mg tab, 100mg tab

68.20.06 Incretin Mimetics
Semaglutide INJ 2mg/1.5ml, 2mg/3ml pen
Semaglutide INJ 0.25mg/0.5ml, 0.5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml auto-injector
Tirzepatide INJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML auto-injector

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 Glargine U-100 vial, 3mL prefilled syringe (pen)
Insulin NPH U-100 vial

	Insulin Regular U-100 vial Insulin Regular U-500 vial, 3 ml prefilled syringe Insulin Human 100 units/100mL NS Premix *68.20.18 Sodium-glucose Cotransporter 2 (SGLT2 Inhibitors)* Empagliflozin 10mg tab, 25mg tab *68.20.20 Sulfonylureas* Glipizide 5mg tab, 10mg tab, XL 2.5mg tab, XL 5mg tab, XL 10mg tab *68.20.28 Thiazolidinediones* Pioglitazone 15mg tab, 30mg tab, 45mg tab **68.22 Antihypoglycemic Agents** Glucagon INJ 1mg/mL emergency kit **68:24 Antiparathyroid Agents** Cinacalet 30mg tab, 60mg tab, 90mg tab **68.28 Pituitary** Desmopressin 0.1mg tab, 0.2mg tab, 0.01% nasal solution Vasopressin INJ 20units/1mL **68.29.04 Somatostatin Agonists** Octreotide INJ 50mcg/ml syr, 100mcg/ml amp/vial, 1,000mcg/5 mL vial **68.32 Progestins** Medroxyprogesterone 10mg tab, 2.5mg tab, INJ 150mg/mL, SQ 104mg/0.65mL Norethindrone Acetate 5mg tab Progesterone in Oil 50mg/mL INJ Progesterone, micronized 100mg cap, 200mg cap **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 Potassium Iodide 1gm/ml 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 Bupivacaine Liposome 133mg INJ Lidocaine 1% INJ Lidocaine 2% INJ Lidocaine 1% w/Epi INJ Lidocaine 2% w/Epi INJ Lidocaine-MPF 1% INJ, 2% INJ Lidocaine 2% jelly, 4% topical soln Lidocaine viscous 2% oral topical soln Lidocaine/Prilocaine top cream 30GM, 5GM Ropivacaine 0.2% INJ, 0.5% INJ
76.00 Oxytocics	Carboprost Tromethamine INJ Methylergonovine INJ 0.2mg/mL vial, 0.2mg tab Oxytocin INJ 10unit vial
80.00 Serums, Toxoids, and Vaccines	**80.04 Antitoxins and Immune Globulins** Antivenin - Centruroides (Scorpion) Immune F(ab')$_2$ INJ "ANASCORP®" Antivenin - Lactodectus Mactans (Black Widow Spider) INJ Digoxin Immune Fab (Ovine) INJ

	Hepatitis-B Immune Globulin INJ Immune Globulin (Human) INJ Rabies Immune Globulin INJ Tetanus Immune Glob 250units INJ **80.08 Toxoids** Diptheria/Tetanus/Acellular Pertussis (DtaP) Diptheria/Tetanus/Acellular Pertussis/Hep-B/Polio (inactivated) combined Diphtheria/Tetanus/Acellular Pertussis/ Polio (Inactivated)/ Haemophilus Influenza Type B/Hepatitis B Combined Diptheria/Tetanus/Acellular Pertussis/Polio (inactivated) Tetanus & Diphtheria toxoids INJ (Td) – adult Tetanus/diphtheria/acellular pertussis (Tdap) **80.12 Vaccines** COVID-19 vaccine, INJ Haemphilius Influenza Type B, INJ Hepatitis-A vaccine 720units/0.5mL and 1440units/mL INJ Hepatitis-B vaccine INJ 20mcg/ml (Adult), 10mcg/0.5ml (Pediatric) OR 5mcg/0.5ml (Pediatric) HPV vaccine INJ (9-valent) Influenza Vaccine, Inactive INJ Influenza Vaccine, LIVE (nasal) JYNNEOS Vaccine INJ Measles/Mumps/Rubella vaccine INJ Meningococcal Serogroup B Vaccine INJ Meningococcal Diphtheria Toxoid Conj vaccine INJ Pneumococcal vaccine INJ (PCV13 and PCV20) Poliovirus vaccine (IPV) INJ Rabies vaccine, human diploid INJ Respiratory Syncytial Vaccine INJ Rotavirus vaccine, LIVE, oral pentavalent Varicella vaccine, single dose vial INJ Zoster vaccine, recombinant INJ
84.00 Skin and Mucous Membrane Agents	**84.04 Anti-infectives** *84.04.04 Antibacterials (Skin and Mucous Membrane)* Bacitracin oint Benzoyl peroxide 5%/Clindamycin 1.2% gel Clindamycin 1% gel Clindamycin 1% lotion Clindamycin 2% vaginal cream Metronidazole 0.75% lotion, 1% gel, vaginal gel Minocycline Microspheres 1mg (dental use) Mupirocin 2% oint *84.04.08 Antifungals* Ciclopirox Nail Lacquer Clotrimazole 1% cream, 1% topical soln, 1% vaginal cream, 10mg troche Gentian Violet 1% top soln Ketoconazole 2% cream, shampoo Miconazole 2% cream, 2% vag cream 2% powder Nystatin cream Terbinafine 1% cream *84.04.12 Scabicides and Pediculicides* Permethrin crème rinse Permethrins 5% cream *84.04.92 Local Anti-infectives, Miscellaneous*

	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 **84:06.28 Immunomodulatory Agents** Tacrolimus 0.1% oint **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 **84:12 Astringents** Aluminum Chloride 20% soln **84.16 Cell Stimulants and Proliferants** Tretinoin 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream **84:18 Anti-proliferants** Imiquimod 5% cream 3gm/box **84.24 Emollients, Demulcents, and Protectants** Ammonium Lactate 12% Lotion Lanolin Petrolatum Liquid, White Vitamin A&D oint **84.28 Keratolytic Agents** Benzoyl peroxide gel, 5% (aqueous base) Cantharidin 0.7% Salicylic Acid 17% top soln, 40% plaster Silver Nitrate applicator 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 Podofilox 0.5% top soln

	Tazarotene 0.5% cream, 1% cream
86.00 Smooth Muscle Relaxants	**86.12 Genitourinary Smooth Muscle Relaxants** **86:12.04 Antimuscarinics** Oxybutynin 5mg tab, 10mg XL tab **86:12.08.12 Selective β3-Adrenergic Agonists** Mirabegron 25mg, 50mg tab
88.00 Vitamins	**88.04 Vitamin A** Vitamin A 10,000IU cap **88.08 Vitamin B Complex** Cyanocobalamin 1,000mcg tab, INJ 1,000mcg/1mL Folic Acid 1mg tab Hydroxocobalamin INJ 5gm/2mL vial kit Pyridoxine 100mg/mL INJ, 50mg tab Riboflavin 100mg tab Thiamine 50mg, 100mg tab, INJ 100mg/mL vial **88.12 Vitamin C** Ascorbic Acid 500mg tab **88:16 Vitamin D** Calcitriol 0.25mcg cap Cholecalciferol 10mcg (400IU), 25mcg (1000IU), 1,250mcg (50,000IU) tab Cholecalciferol 10mcg (400IU)/mL drops Ergocalciferol 1,250mcg (50,000 unit cap), 8,000units/mL oral soln **88.24 Vitamin K Activity** Phytonadione 1mg/0.5mL INJ, 5mg tab, INJ 10mg/mL amp **88.28 Multivitamin Preparations** Multivit w/Minerals & FA tab Multivitamin INJ Multivitamin, ophthalmic with lutein and zeaxanthine gelcaps Multivitamin oral susp Multivitamin tab Vitamin B&C Complex
90:00 Immunomodulatory Agents	**90:24 Disease-Modifying Antirheumatic Drugs** **90:24.16 Tumor Necrosis Factor Inhibitors** **90:24.04 Monocarboxylic Acid Amide Agents** Leflunomide 10mg, 20mg tab **90:24.16.92 Tumor Necrosis Factor Inhibitors, Miscellaneous** Adalimumab-bwwb Citrate-free INJ 40mg/0.4ml pen Etanercept INJ 25mg/mL vial, syr, 50mg/ml pen, cartridge Infliximab-abda INJ 100mg **90:28 Immunosuppressive Agents** **90:28.08.92 Antimetabolites, Immunosuppressive Therapy, Miscellaneous** Azathioprine 50mg tab Mycophenolate Mofetil 250mg cap Tacrolimus 0.5mg cap, 1mg cap
91:00 Antidote Therapeutics	**91:02 Alcohol Deterants** **91:04 Antidotes** **91:04.04 Acetaminophen Antidotes** Acetylcysteine 20% inhalation/oral soln Acetylcysteine 6gm/30ml vial **91:04.08 Methanol or Ethylene Glycol Poisoning** Fomepizole 1.5gm/1.5ml vial

	91:04.12 Chemotherapy Antidotes/Protectants Leucovorin 5mg tab (Folinic Acid) **91:04.16 Methehemoglobinemia Antidotes** Methylene Blue 0.5%, 1% INJ 10mL **91:04.20 Organophosphate Antidotes** Pralidoxime Chloride 1g/20Ml **91:04.28 Neuromuscular Blocking Agents Antidotes** Sugammadex INJ 100mg/mL
92.00 Miscellaneous Therapeutic Agents	**92:04 5-α-Reductase Inhibitors** Finasteride 5mg tab **92:16 Antigout Agents** Allopurinol 100mg tab, 300mg tab **92:24 Bone Resorption Inhibitors** Alendronate 35mg tab, 70mg tab Zoledronic Acid INJ 4mg/100ml bag, 5mg/100ml bag **92.44 Immunosuppressive Agents** **92.92 Other Miscellaneous Therapeutic Agents** Acetylcysteine 600mg cap Tamsulosin 0.4mg ER cap
Non-categorized	Alcohol, Isopropyl 70% Balanced Salt Soln Benzoin Compound Tincture spray Boric Acid Vaginal Suppository Cadexomer Iodine gel Cetaphil Skin Cleanser Chloramphenicol, sulfamethoxazole, amphotericin B, hydrocortisone (CSF-H) Otic Powder Chlorhexidene Oral Rinse 0.12% Dexcom G6 Continuous Glucose Sensor, Reader Dexcom G7 Continuous Glucose Sensor, Reader FreeStyle Libre 2 and 3 Continous Glucose Sensor, Reader Guide-me Accucheck test strips Hydrophilic oint Lubricant Surg Foil Pak Lubricant, Surgical 120gm Menthol and Zinc Oxide Ointment Nifedipine in KY Jelly 5mg/30gm Povidone Iodine 10% soln Sodium Hypochlorite 0.25% Topical Solution, 0.125% Topical Solution Water for Injection, Sterile, 10mL vial Zinc Oxide 16%, 20% oint **Dietary Supplement** Levocarnitine 200mg/ml inj **Natural Product** Melatonin 3mg tab **Neuromuscular Blocker Agent, Toxin** Botulinum Toxin Type A **Pharmaceutical Aids** Glycerin, USP

PIMC Formulary Approved IV and Irrigating Solutions April 2025

IV SOLUTION	VOLUME(S)
Dextrose 5%/Water	100ml, 250ml, 500ml, 1000ml
Dextrose 10% Water	500ml
D5/0.225% NS	1000ml
D5/0.225% NS with 20mEq KCl	1000ml
D5/0.45% NS	250ml†, 1000ml
D5/0.45% NS with 20mEq KCl	1000ml
D5/0.45% NS with 40mEq KCl	1000ml
D5/0.9% NS	1000ml
D5/0.9% NS with 20mEq KCl	1000ml
D5/0.9% NS with 40mEq KCl	1000ml
Lactated Ringers	500ml, 1000ml
D5W & Lactated Ringers	1000ml
0.45% NS	1000ml
0.45% NS with 20 mEq KCl	1000ml
0.9% NS	50ml, 100ml, 250ml, 500ml, 1000ml
0.9% NS with 20mEq KCl	1000ml
0.9% NS with 40mEq KCl	1000ml
ADDvantage ™ 0.9% NaCl	100ml
Mini-Bag Plus™ 0.9% NS	100ml
Sodium Chloride (Hypertonic) 3%*	500ml

IRRIGATION SOLUTION	VOLUME(S)
Acetic Acid 0.25%	1000ml
Lactated Ringers	3000ml
Sodium Chloride 0.9% (NS)	1000ml
Sterile Water	1000ml, 3000ml

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

Opioid Restrictions- April 2025

For all opioids, including acetaminophen/codeine and tramadol

1. Initial prescriptions for opioid- containing controlled substances are limited to one short-acting opioid for indication of pain for a total 5-day supply and may not exceed 50 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:
   Providers and/or pharmacists should review PDMP data (per IHM Chapter 32)
    a. When opioid prescriptions for acute pain exceed 7 days.
    b. When progressing from acute to chronic opioid therapy.
    c. Periodically every three months during opioid therapy for chronic pain.
    d. Prior to processing an outside prescription for a controlled substance.

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

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

5. Treatment Agreement:
    a. All patients on chronic opioid treatment (daily or near daily use of an opioid for >60 days over the past 90 day period) must have a treatment agreement signed and on file in the patient's medical record.
    b. The pain or chronic opioid treatment agreement must be updated and signed annually.
        i. Documentation Process for Pain Agreements:
            1. EHR→Note: PIMC Pain Agreement → Complete Note Template→ Sign Note Template
            2. Pain Agreement notification will now be present in EHR→ Visit Elements→Crisis Alerts
        ii. Recommended Documentation for rescinded Pain Agreements:
            1. EHR→Note: PIMC Pain Agreement Rescinded→ Complete Note Template→ Sign Note Template
            2. Rescinded Pain Agreement notification will now be present in EHR→ Visit Elements→Crisis Alerts

Phoenix Indian Medical Center – Controlled Substance Proxy Form

Patient Name: *_____
Medical Record Number: *_____

Request for Proxy (a person who can legally do something for you) to Collect Controlled Substance Medication(s)

Patient Information:

I, *_____, hereby request that *_____
PATIENT PRINTED NAME PROXY PRINTED NAME

be granted authorization to collect my prescription(s) for the controlled substance(s) prescribed by my primary care provider. I take full responsibility for any medication(s) that is lost or stolen once it has been given to my proxy by the pharmacy. I understand that if my prescription(s) is lost or stolen, I will not receive any additional medication(s) and will be unable to request a renewal until the next scheduled renewal date as indicated in my medical record and/or Chronic Pain Treatment Plan Agreement if applicable.

Signature: *_____ Date: *_____
PATIENT SIGNATURE

Proxy Information:

I, *_____, agree to act as the proxy for the patient listed above. I
PROXY PRINTED NAME

understand that it is my responsibility to ensure that the medication(s) I receive from the pharmacy are delivered to the patient. I acknowledge that any diversion, where the medication does not reach the intended person for whom it was prescribed, is a criminal offense punishable by law. If I engage in such acts, I am aware that I may be punished to the fullest extent of the law. I agree to present a valid form of photographic identification and to sign for the controlled substance(s) when asked to present as the proxy. If I refuse or unable to fulfill any of these requirements, I understand that the medication(s) will not be released to me.

Signature: * _____ Date:* _____
PROXY SIGNATURE

Revoke Proxy Privileges:

I, *_____, request the cancellation of proxy privileges for
PATIENT PRINTED NAME

collecting prescription(s) for controlled substance(s) that my primary care provider has prescribed for me.

Signature: * _____ Date: * _____
PATIENT SIGNATURE

PIMC Recommended Guidelines for Treatment of Pediatric Lymphadenitis – May 2022

Cervical Lymphadenitis

Cervical lymphadenitis, defined as an acute symptomatic enlargement of the cervical lymph nodes, is a very common condition in children of all ages. Acute lymphadenitis can develop over a few days but may persist for weeks to months. Most cases are self-limited and can safely be monitored for spontaneous resolution. Causes and management of lymphadenitis depends on several factors, including whether the inflamed/enlarged lymph node(s) are bilateral or unilateral:

- Acute **bilateral** lymphadenitis – usually caused by self-limited viral upper respiratory infection and requires no specific antibiotic treatment
- Acute **unilateral** lymphadenitis – usually caused by *Staphylococcus aureus* or group A *Streptococcus* (GAS) and requires treatment much more commonly than bilateral diseases – consider MRSA. If patient with unilateral disease appears well and is afebrile, measure the area and monitor (they likely do not need antibiotic treatment)

Treatment Recommendations

First-line recommendation:

Drug	Dosing	Notes
Clindamycin	30 mg/kg/day divided in 3 doses	

Alternative regimens:

Drug	Dosing	Notes
Amoxicillin/Clavulanate	**45 mg amoxicillin/kg/day** of 400 mg amoxicillin/57 mg clavulanate/5mL formulation divided bid	
*Sulfamethoxazole/trimethoprim (suspension)	1 ml/kg/day divided bid	**Add** if no improvement after 48-72 hours

* Does not cover GAS so cannot use as monotherapy

Duration of treatment: 10 to 14 days; may take 4-6 weeks for lymph nodes to regress

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

REFERENCES:

1. Dulin MF, Kennard TP, Leach L. Management of cervical lymphadenitis in children. Clinical Inquiries, 2008 (MU). 2008.
2. Healy CM, Isaacson GC, Edwards MS. Cervical Lymphadenitis in Children: Diagnostic Approach and Initial Management. Waltham, MA: UptoDate. 2018.

PIMC Recommended Guidelines for Treatment of Pediatric Odontogenic Infections – May 2022

Treatment Recommendations:

Clinical Presentation	Management	Antibiotic Recommendation
1. No swelling, no fever, a draining sinus tract may or may not be present	The patient should be seen at dental clinic within 48 hours	No antibiotics recommended
2. Swelling present, but limited to small area of vestibule or alveolus	The patient should be seen at dental clinic within 48 hours	Amoxicillin 40 mg/kg/day divided in 3 daily doses or Penicillin VK 50 mg/kg/day divided in 4 daily doses
3. Swelling present and includes a large area of the vestibule and/or alveolus (e.g. including more than two teeth), or if the swelling is extraoral, or if the patient is febrile	The patient should be seen at dental clinic	Clindamycin 25 mg/kg/day divided in 3 daily doses Consider admission for IV antibiotics when infection/swelling has advanced to adjacent compartments
4. If there is any swelling and the patient will not be seen at dental clinic within 48 hours	Give antibiotics	Clindamycin 25 mg/kg/day divided in 3 daily doses

Follow up with dental clinic as appropriate.

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

PIMC Recommended Guidelines for Treatment of Pediatric Otitis Media – May 2022

Diagnosis Evaluation:

- Bulging of the tympanic membrane (TM) ***or*** new onset of otorrhea (drainage of fluid from the ear)
- Recent (less than 48 hours) onset of ear pain or intense erythema of the TM

Management:

Observation Period:

- Consider watch and wait in patient greater than 2 years of age and recheck in 48 hours. If not improving then give antibiotics
- May also consider **SNAP** (Safety Net Antibiotic Prescription): writing a prescription that can be filled after 48 hours but before 5 days of issue if patient has not improved
- Stress to parent that if treatment is started, they MUST finish the course of antibiotics

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

Age	Certain diagnosis*	Uncertain diagnosis
<6 months	Antibacterial therapy	Antibacterial therapy
6 months to 2 years	Antibacterial therapy	Antibacterial therapy is severe illness; observation option if non-severe illness
≥2 years	Antibacterial therapy if severe illness; observation option if non-severe illness	Observation option

*A certain diagnosis meets all three criteria: rapid onset, signs and symptoms of middle ear inflammation, AND signs of middle ear effusion.
Severe illness is considered moderate to severe otalgia for at least 48 hours or fever ≥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.

Antibiotic Treatment:

First-Line Recommendation:

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

Second-line Recommendation:

Drug	Dosing	Notes
Amoxicillin/clavulanate	80-90 mg amoxicillin/kg/day and 6.4 mg clavulanate/kg/day	Use amoxicillin 600 mg/ clavulanate 42.9 mg/5 mL suspension (Weight-based quick orders are available in EHR) *Use amoxicillin 400mg/5mL or 600mg/5mL ES in child less than 3 months old OR has renal issues

*Infants ≥2 months (off-label indication): 90 mg/kg/day amoxicillin component PO divided every 12 hours for 10 days was recommended for severe otitis media in the 2004 clinical practice guidelines; however, this age group is not addressed in the most current guidelines by the American Academy of Pediatrics (AAP). The FDA-approved labeling states that safety and efficacy have not been established in infants younger than 3 months of age.

LexiComp: Infants ≥2 months and Children: Oral: 80 to 90 mg/kg/day in divided doses every 12 hours; variable duration of therapy, if <2 years of age or severe symptoms (any age): 10-day course

Alternatives for Penicillin Allergy:

Drug	Dosing	Notes
Cefuroxime	30 mg/kg/day divided bid (max dose 1 gram/day)	
Cefdinir	14 mg/kg/day in 1 or 2 equal doses (bid)	
Clindamycin	30-40 mg/kg/day in 3 divided doses	

Ceftriaxone (Rocephin) is overused in the treatment of otitis media. If you think a patient needs ceftriaxone, consult a pediatrician.

Duration of treatment:

Age and severity	Duration of treatment
Age >2 years and those with severe symptoms	10 days
Age 2 to 5 years with mild or moderate symptoms	7 days
Age 6 and over with mild or moderate symptoms	5-7 days

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

Treatment of pain:

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

Options for pain management:

1. Acetaminophen 10-15 mg/kg every 4 hours prn
2. Ibuprofen 5-10mg/ kg every 6 hours prn

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

REFERENCES:

1. Lieberthal AS, Carroll AE, Chonmaitree T, Ganiats TG, Hoberman A, Jackson MA, Joffe MD, Miller DT, Rosenfeld RM, Sevilla XD, Schwartz RH. The diagnosis and management of acute otitis media. Pediatrics. 2013 Mar 1;131(3):e964-99.
2. Pelton S, Isaacson GC. Acute otitis media in children: treatment. UptoDate. Waltham (MA): UptoDate. 2019.

PIMC Recommended Guidelines for Treatment of Pediatric Community Acquired Pneumonia- May 2022

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

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

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

Diagnostic Evaluation

The clinical diagnosis of pneumonia can be made in children with fever and historical or examination evidence of an infectious process with symptoms or signs of respiratory distress. When present, certain clinical findings increase the likelihood of pneumonia. These include tachypnea,* nasal flaring, grunting, retractions, rales, and decreased breath sounds.

*The absence of tachypnea is helpful in excluding pneumonia; the absence of the other signs is not.

Chest radiography

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

Indications for CXR include:

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

Blood work

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

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

Treatment Recommendations

The Infectious Disease Society of America established evidence-based guidelines for the management of infants and children with CAP. **The expert panel recommended that high-dose amoxicillin be used as first-line therapy for previously healthy, appropriately immunized children 3 months to 18 years of age with mild to moderate CAP suspected to be of bacterial origin**. There is not an oral cephalosporin that provides activity against *S. pneumonia* at the site of infection equal to that of high-dose amoxicillin. In addition, significant macrolide resistance exists in currently isolated strains of *S. pneumonia*; therefore, macrolides **ARE NOT** recommended as empiric therapy when pneumococcal CAP is suspected.

For children ≥ 5 years of age with presumed bacterial pneumonia who do not have clinical, laboratory or radiographic evidence that distinguishes bacterial pneumonia from atypical pneumonia, a macrolide may be **ADDED** to amoxicillin if the patient is not clinically improving. The IDSA recommendations have been incorporated into PIMC guidelines for treatment and are outlined on the following page.

Infants < 6 months → CONSULT PEDIATRICS

Indication for treatment	Infants ≥ 6 months to 5 years	5 years to 18 years
First line for presumed **viral** CAP	No antibacterial agent; consider treatment for influenza as appropriate	
First line for presumed **bacterial** CAP	Amoxicillin 90mg/kg/day divided **TID*** to a maximum of 4g/day	
First line for **non-immunized**	Amoxicillin-clavulanate⁺ 90mg/kg/day divided BID to a maximum of 4g/day	
Suspicion of **atypical pneumonia**	**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	Azithromycin (10 mg/kg on day one, followed by 5mg/kg once daily on days 2-5 to a maximum of 500 mg on day 1 followed by 250 mg on days 2- 5.
Alternative if **allergy** to first line (Type I hypersensitivity)	3rd generation cephalosporin (cefdinir) or clindamycin	

*For *S. pneumoniae* with MICs for penicillin ≥ 2.0 µg/mL, TID dosing is more effective.
⁺Clavulanate dose of 6.4mg/kg/day. Augmentin ES (600mg amoxicillin/42.9mg clavulanate/5mL suspension) is available on PIMC formulary.

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

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

PIMC Recommended Guidelines for Treatment of Pediatric Sinusitis – May 2022

The vast majority of acute rhinosinusitis cases are viral. In children, approximately 6 to 13 percent of these are complicated by the development of a secondary bacterial sinusitis. Common bacteria that may cause infection include *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Moraxella catarrhalis*, and *Streptococcus pyogenes*.

Diagnostic Evaluation

Acute bacterial sinusitis clinical presentation and diagnosis criteria are shown below:

Persistent Symptoms	Severe Symptoms	Worsening Symptoms
Nasal discharge/congestion and/or cough for ≥ 10 days without improvement	Temperature ≥ 38.5 °C (≥ 101.3 °F) with purulent rhinorrhea for at least 3 days	Worsening of nasal congestion or rhinorrhea, cough, and fever after a 3- to 4-day period of improved symptoms

Treatment Recommendations

First Line Treatment Recommendations:

Amoxicillin

- High dose: 80-90 mg/kg/day divided equally into two doses
- Maximum of 2 g/dose
- Duration of treatment: antibiotics should be administered for a minimum of 10 days

Second Line Treatment Recommendations*:

Drug	Dose		Major Side Effect
Amoxicillin/Clavulanate (Augmentin) *Duration: 10 days*	Amoxicillin component: 80-90 mg/kg/day divided equally into two doses Clavulanate component: ***Please use weight-based order set to obtain high dose amoxicillin with appropriate clavulanate dosing to help decrease diarrhea side effect.***		Diarrhea
Cefdinir (Omnicef)** *Duration: 10 days*	**≥ 6 months** 14 mg/kg orally once a day up to a maximum of 600 mg/day	**≥ 13 years** 600 mg orally every 24 hours	May turn stools orange – counsel family members on the difference between cefdinir side effect and bloody stools

*Macrolides (e.g., azithromycin) are **no longer recommended** for empiric therapy due to high rates of resistance among *S. pneumoniae* per both the IDSA and AAP.

**Cefdinir is an acceptable substitution in Type 1 and non-Type 1 penicillin allergy.

Treatment Failure:

- Considered if symptoms worsen or do not improve after 72 hours of initial management.
- If this occurs with amoxicillin, then change to Augmentin.
- If a patient relapses within 2 weeks of treatment and initial treatment was successful for mild symptoms, the same antibiotic may be reinitiated for another course.

Adjunctive (Symptomatic) Treatment:

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

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

REFERENCES:

1. Anthony W. Chow, Michael S. Benninger, Itzhak Brook, Jan L. Brozek, Ellie J. C. Goldstein, Lauri A. Hicks, George A. Pankey, Mitchel Seleznick, Gregory Volturo, Ellen R. Wald, Thomas M. File, Jr, IDSA Clinical Practice Guideline for Acute Bacterial Rhinosinusitis in Children and Adults, *Clinical Infectious Diseases*, Volume 54, Issue 8, 15 April 2012, Pages e72–e112, https://doi.org/10.1093/cid/cis370
2. Wald ER, Applegate KE, Bordley C, Darrow DH, Glode MP, Marcy SM, Nelson CE, Rosenfeld RM, Shaikh N, Smith MJ, Williams PV, Weinberg ST; American Academy of Pediatrics. Clinical practice guideline for the diagnosis and management of acute bacterial sinusitis in children aged 1 to 18 years. Pediatrics. 2013 Jul;132(1):e262-80. doi: 10.1542/peds.2013-1071. PMID: 23796742. DOI: 10.1542/peds.2013-1071

PIMC Recommended Guidelines for Treatment of Pediatric Acute Group A Streptococcal (GAS) Tonsillopharyngitis – May 2022

Group A streptococcus tonsillopharyngitis is an infection of the oropharynx caused by *Streptococcus pyogenes*. Patients commonly are between ages 5 to 15 years, have a history of strep pharyngitis exposure, and are affected in the winter or early spring months.

GAS pharyngitis commonly presents as sudden onset of:

- sore throat, tonsillar exudate patches, tender cervical adenopathy, nausea, vomiting, abdominal pain, fever, headache, tonsillopharyngeal inflammation, palatal petechiae, anterior cervical adenitis, scarlatiniform rash.[1,2]

Signs and symptoms lasting over seven days usually is not GAS related since GAS tonsillopharyngitis spontaneously resolves within two to five days.

Diagnostic Evaluation[2]

GAS pharyngitis clinical diagnosis can be established by rapid antigen detection test (RADT) and/or throat culture in conjunction with clinical presentation indicative of GAS. Negative (but not positive) RADTs should be confirmed with throat culture in children and adolescents.

Testing is not recommended for patients under 3 years of age, patients who present overt viral pharyngitis symptoms, or asymptomatic household contacts of acute GAS pharyngitis patients.

Treatment Recommendations

Goals of therapy are to[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 approximately 35% without treatment
- Decrease time and severity of signs/symptoms
- Prevent abscesses, lymphadenitis, mastoiditis

First Line Treatment Recommendations[1-5]:

Drug	Pediatric Dose	Advantage	Disadvantage
Oral Amoxicillin *Duration: 10 days*	50 mg/kg/day divided into two doses to a maximum of 1 g/day	**Treatment of choice** More palatable for children Better GI absorption Active against otitis media pathogens (sometimes concurrent) at higher doses	

Oral Penicillin V *Duration: 10 days*	**≤ 27 kg** 250 mg two to three times daily for 10 days*	**≥ 27 kg** 500 mg two to three times daily for 10 days*	Established efficacy and safety Narrow spectrum Inexpensive	Less palatable for children Must be taken on empty stomach
IM Penicillin G Benzathine (Bicillin L-A) *Single dose*	**≤ 27 kg** 600,000 units IM once	**≥ 27 kg** 1.2 million units IM once	Single dose Better option if patient cannot complete 10-day course or has increased rheumatic fever risk Only therapy shown to prevent initial attacks of ARF Bactericidal for 21-28 days	Injection discomfort

*Evidence supports twice daily or three times daily oral penicillin V for streptococcal pharyngitis[3,]

Alternative Treatment Recommendations[1,2,5]**:

	Pediatric Dose		Advantage	Disadvantage
Cephalexin *Duration: 10 days*	40 mg/kg/day orally in two equally divided doses to a maximum of 1 g/day		Alternative therapy for recurrent GAS infection Acceptable substitution in penicillin hypersensitivity but not in anaphylaxis May have better cure rates than penicillin Narrow spectrum cephalosporin preferred over broad spectrum	Not recommended first line More expensive More possible resistance in 2nd or 3rd generation cephalosporins
Clindamycin *Duration: 10 days*	**≤ 70 kg** 21 mg/kg/day orally in three equally divided doses	**≥ 70 kg** 600 mg orally three times daily	Good alternative for beta-lactam hypersensitivity/anaphylaxis Resistance is 1% in the US	
Azithromycin *Duration: 5 days*	12 mg/kg/day orally once daily to a maximum of 500 mg/day		Good alternative for beta-lactam hypersensitivity/anaphylaxis Once daily regimen may improve adherence Shorter regimen of 5 days rather than 10 is FDA approved *and* IDSA endorsed***	Not preferred

**No sulfonamides or tetracyclines recommended due to increased rate of resistance and failure to eradicate GAS from posterior pharynx

***Although cefdinir and cefpodoxime are also FDA approved for 5-day regimens, IDSA does not endorse this dosing duration for cephalosporins due to inadequacies of the supporting studies[2]

Adjunctive Therapy for Fever/Pain[2]:

Analgesics and antipyretics including acetaminophen and ibuprofen can be useful to manage symptoms such as pain and fever and are appropriate in conjunction with an indicated antibiotic. Such symptoms can last up to 7 days. Adjunctive treatment recommendations listed below:

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

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

REFERENCES:

1. Pichichero M. Treatment and prevention of streptococcal tonsillopharyngitis. In Sexton D, Edwards M, Baron E, eds., UpToDate; 2013.
2. Shulman S, Bisno A, Clegg H et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America. Clin Infect Dis. 2012;55(10):e86- e102.
3. Krober MS, Weir MR, Themelis NJ, van Hamont JE. Optimal dosing interval for penicillin treatment of streptococcal pharyngitis. Clin Pediatr (Phila). 1990 Nov;29(11):646-8. doi: 10.1177/000992289002901105. PMID: 2124962.
4. Spitzer T, Harris B. Penicillin V therapy for streptococcal pharyngitis: comparison of dosage schedules. South Med J.1977;70(1):41-2.
5. Spitzer T, Harris B. Penicillin V therapy for streptococcal pharyngitis: comparison of dosage schedules. South Med J.1977;70(1):41-2.

<table>
<tr><th colspan="3">PIMC Adult Outpatient Guideline for Urinary Tract Infections (UTIs)</th></tr>
<tr><td>Signs and Symptoms</td><td colspan="2">Cystitis:
Dysuria
Urinary frequency
Urgency
Suprapubic pain
Hematuria
Pyelonephritis:
Flank pain
Costovertebral angle tenderness
Nausea/vomiting
Hematuria
Fever or other features of systemic illness (including chills, rigors, or marked fatigue or malaise beyond baseline (Specific for patients with acute uncomplicated pyelonephritis))</td></tr>
<tr><td>Culture and Susceptibility (C&S)</td><td colspan="2">1. Urinalysis and urine C&S required for acute uncomplicate pyelonephritis
2. Urine C&S not required for acute uncomplicated cystitis
3. Tailor treatment based on culture results</td></tr>
<tr><td>Treatment Considerations</td><td colspan="2">1. PO tolerability
2. Allergies
3. Risk factor for multi-drug resistance (MDR) gram-negative UTIs include any one of the following in the prior 90 days:
- An MDR, gram-negative urinary isolate
- Hospitalization at a health care facility
- History of antibiotic exposure
- Presence of an invasive device</td></tr>
<tr><td colspan="3">NON-PREGNANT FEMALE PATIENTS
Symptomatic bladder infection in adult patients (<65 years) with a normal GU tract; Asymptomatic UTI should not be treated</td></tr>
<tr><td>Acute Uncomplicated Cystitis</td><td>Recommended Empiric Antibiotics:
1. Nitrofurantoin 100mg PO BID x5 days
- not for use in children <12 years old
- not for use in patients with CrCl <30
- not for use in patient with known G6PD deficiency
2. Cefuroxime 500mg PO BID x5 days</td><td>Alternative Empiric Antibiotics:
1. Amoxicillin/Clavulanate 875mg PO BID x5 days
2. Ciprofloxacin 500mg PO BID x3 days
- Avoid use in older adults (65+)
3. Fosfomycin 3g PO x1 dose
4. TMP/SMX DS 1 tab PO BID x3 days
- Tailored treatment based on C&S results</td></tr>
</table>

PREGNANT PATIENTS ***All asymptomatic and symptomatic patients must be treated; No fluoroquinolones or tetracyclines are to be used***		
Acute Uncomplicated Cystitis	**1.** Cefuroxime 500mg PO BID x7 days **2.** Fosfomycin 3g PO x1 dose **3.** Nitrofurantoin 100mg PO BID x5 days - Not for use in 3rd trimester (within 4 weeks of delivery) **4.** TMP/SMX DS 1 tab PO BID x3 days - Avoid in 1st trimester of pregnancy - Tailored treatment based on C&S results	

NON-PREGNANT FEMALE PATIENTS ***Symptomatic infection beyond the bladder in NON-PREGNANT patients with a normal GU tract***			
Acute Uncomplicated Pyelonephritis	**Recommended Empiric Antibiotics:** **1.** Cefuroxime 500mg PO BID x7 days + Ceftriaxone 1g IM **2.** Cefuroxime 500mg PO BID x7 days + Ceftriaxone 1g IVPB	**Alternative Empiric Antibiotics:** **1.** Cefpodoxime 200mg PO BID x7 days + Ceftriaxone 1g IM **2.** Cefpodoxime 200mg PO BID x7 days + Ceftriaxone 1g IVPB **3.** Ciprofloxacin 500mg PO BID x7 days - Avoid use in older adults (65+) **4.** TMP/SMX DS 1 tab PO BID x7 days	**High Risk for MDR Infection:** **1.** Ertapenem 1g IV or IM daily until C&S results

MALE PATIENTS		
Acute Uncomplicated Cystitis	**Recommended Empiric Antibiotics:** **1.** Nitrofurantoin 100mg PO BID x7 days - Not for use in children <12 years old	**Alternative Empiric Antibiotics:** **1.** Amoxicillin/Clavulanate 875mg PO BID x7 days **2.** Ciprofloxacin 500mg PO BID x7 days

	- Not for use in patients with known G6PD deficiency **2.** Cefuroxime 500mg PO BID x7 days	- Avoid use in older adults (65+) **3.** Fosfomycin 3g PO x1 dose **4.** TMP/SMX DS 1 tab PO BID x7 days
Tailored Treatment Based on C&S Results	▪ Although there are concerns about the potential adverse effects, including *Clostridioides difficile* infection caused by the fluoroquinolones, their benefits outweigh their risks for acute complicated UTI. ▪ *In the case that community prevalence of *E. coli* fluoroquinolone resistance is known to be higher than 10 percent (ex: at PIMC), suggestion to administer a single dose of a long-acting parenteral agent prior to administering the fluoroquinolone: 1. Ceftriaxone 1 g IV or IM once **(1st line)** 2. Ertapenem 1 g IV or IM once **(2nd line)** 3. Gentamicin 5 mg/kg IV or IM once **(3rd line)** ▪ ** ESBL-producing Enterobacterales may still be susceptible to fluoroquinolones and trimethoprim-sulfamethoxazole, in which case the above listed agents can be used. For Enterobacterales that are resistant to fluoroquinolones, trimethoprim-sulfamethoxazole, and oral beta-lactams, a parenteral agent is generally needed to complete the course of treatment. **Use a dose on the higher end of the range (e.g. meropenem 2 g every eight hours).** ▪ Nitrofurantoin and oral fosfomycin should generally be avoided in the setting of acute uncomplicated pyelonephritis because they do not achieve adequate tissue levels outside the bladder	
Key Points [references]	▪ **Complicated UTI:** catheterization ≤48 hours, elderly (≥65 years), abnormal genitourinary tract, or immunocompromised [1, 7] ▪ **Complicated pyelonephritis**: presence of obstruction, underlying renal disease, male sex, immunosuppression, stone disease, anatomic or functional urinary tract abnormality) should be treated for 14 days ▪ Empiric treatment options reflect local E.coli antibiotic susceptibilities. ▪ 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, TMP/SMX or fosfomycin as appropriate [5] ▪ If **Enterococcus faecalis**, consider nitrofurantoin or fosfomycin as appropriate [8] ▪ Fluoroquinolones are discouraged for uncomplicated 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:

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8. Sanchez M, et al. Short-term effectiveness of ceftriaxone single dose in the initial treatment of acute uncomplicated pyelonephritis in women. A randomized controlled trial. Emerg Med J. 2002 Jan;19(1):19-22. doi: 10.1136/emj.19.1.19. PMID: 11777865; PMCID: PMC1725780

Updated: March 2025

PIMC Outpatient Empiric Skin & Soft Tissue Infection PIMC Outpatient Empiric Skin & Soft Tissue Infection Protocol

Indication	Dose & Regimen
Purulent SSTI: • Cutaneous Abscess • Furuncle • Carbuncle • Inflamed epidermoid cysts	**Empiric or Confirmed (Cover Strep and MRSA):** **Choose ONE of the following** • TMP/SMX DS 160 mg/ 800 mg (1 DS tab) PO BID x 10 days ○ If BMI > 40, use 2 Bactrim DS tabs PO BID x 10 days **OR** • Doxycycline 100 mg PO BID x 10 days **OR** • Clindamycin 450 mg PO TID x 10 days **OR** • Linezolid 600mg PO BID x 10 days (restricted) **Add ONE of the following** • Cefadroxil 1000 mg PO Daily x 10 days (skin infection) • Cephalexin 500 mg PO QID x 10 days • Amoxicillin 500 mg PO TID x 10 days • AUGmentin 875 mg PO BID x 10 days
	Confirmed MSSA: **Choose ONE of the following** • AUGmentin 875 mg PO BID x 10 days **OR** • Cephalexin 500 mg PO QID x 10 days **OR** • Cefadroxil 1000mg PO Daily x 10 days (skin infection) **OR** • Dicloxacillin 500 mg PO QID x 10 days
Non-Purulent SSTI: • Mild • Non-purulent • No sepsis, AMS or hemodynamic instability	**Erysipelas and Cellulitis (Non-Diabetic):** • Cefadroxil 1000mg PO Daily x 10 days (skin infection) **OR** • Amoxicillin 500 mg PO TID x 10 days **OR** • Cephalexin 500 mg PO QID x 10 days **OR** • Penicillin VK 500 mg PO QID x 10 days **OR** • Dicloxacillin 500 mg PO QID x 10 days
	True Penicillin Allergy (e.g. anaphylaxis): • TMP/SMX DS 160 mg/ 800 mg (1 DS tab) PO BID x 10 days ○ If BMI > 40, use 2 Bactrim DS tabs PO BID x 10 days **OR** • Clindamycin 450 mg PO TID x 10 days **OR** • Linezolid 600 mg PO BID x 10 days (restricted)
Diabetic Foot Infection[1]	**Mild/ New Infection (no complicating features):** • Cefadroxil 1000mg PO Daily x 10 days (skin infection) **OR** • Cephalexin 500 mg PO QID x 10 days **OR** • Dicloxacillin 500 mg PO QID x 10 days
	Mild/ New Infection with recent abx exposure within 90 days: • AUGmentin 875 mg PO BID x 10 days
	Concern for MRSA based on culture/contact/ purulence: • Clindamycin 450 mg PO TID x 10 days **OR** • Doxycycline 100 mg PO BID x 10 days **OR** • TMP/SMX DS 160 mg/ 800 mg (1 DS tab) PO BID x 10 days ○ If BMI > 40, use 2 DS tabs PO BID x 10 days
	Moderate Infection (Cover for MRSA and Strep): • AUGmentin 875 mg PO BID PLUS TMP/SMX DS 160 mg/ 800 mg BID x 14 days ○ If BMI > 40, use 2 Bactrim DS tabs BID x 14 days **OR** • AUGmentin 875 mg PO BID PLUS Doxycycline 100 mg BID x 14 days

	True Beta Lactam Allergy (e.g. anaphylaxis): • Ciprofloxacin 750 mg PO BID PLUS Clindamycin 450 mg PO TID x 14 days **OR** • Ciprofloxacin 750 mg PO BID PLUS Linezolid 600 mg PO BID x 14 days
Bite Wounds and Cat Scratch Disease:	**Bite Wound (Human/ Cat/ Dog):** • AUGmentin 875 mg PO BID x 5 days **[prophylaxis]** • AUGmentin 875 mg PO BID x 10 days **[treatment]**
	Penicillin Allergy (Human/ Cat/ Dog): • Cefuroxime 500 mg PO BID PLUS Clindamycin 300 mg PO QID x 5 days **[prophylaxis]** • Cefuroxime 500 mg PO BID PLUS Clindamycin 300 mg PO QID x 10 days **[treatment]**
	True Penicillin Allergy for Human Bites (e.g. anaphylaxis): • Ciprofloxacin 500 mg PO BID PLUS Metronidazole 500 mg PO TID x 5 days **[prophylaxis]** • Ciprofloxacin 500 mg PO BID PLUS Metronidazole 500 mg PO TID x 10 days **[treatment]**
	True Penicillin Allergy for Cat Bites (e.g. anaphylaxis): • Ciprofloxacin 500 mg PO BID PLUS Clindamycin 300 mg PO QID x 5 days **[prophylaxis]** • Ciprofloxacin 500 mg PO BID PLUS Clindamycin 300 mg PO QID x 10 days **[treatment]**
	True Penicillin Allergy for Dog Bites (e.g. anaphylaxis): • Doxycycline 100 mg PO BID PLUS Metronidazole 500 mg PO TID x 5 days **[prophylaxis]** • Doxycycline 100 mg PO BID PLUS Metronidazole 500 mg PO TID x 10 days **[treatment]**
	Cat Scratch Disease: • Azithromycin 500 mg PO on Day 1, then 250 mg daily on days 2-5 **(Preferred)** • Doxycycline 100 mg PO BID x 10 days **(For Azithromycin allergy)**

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

Sources:
Clinical Practice Guidelines for Skin and Soft Tissue Infections: 2014 Update [IDSA]. Clin Inf Dis 2014 59: 10 to 52.
Sanford Guide to Antimicrobial Therapy 2024.
PIMC 2024 Antibiogram.

Diabetic foot Infection

1. 2023 IDSA/ IWGDF Diabetic Foot Infection Guidelines Updated 07.15.25

(Updated 12/17/2025)

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*

Check calcium 1 hour after infusion completed, and **return to Section 1 above**

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.